Transference in Everyday Experience: Implications of Experimental Research for Relevant Clinical Phenomena

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Experimental research examining the clinical concept of "transference" (S. Freud, 1912/1958; H. S. Sullivan, 1953) using a social-cognitive model has demonstrated that mental representations of significant others are stored in memory and can be activated and applied in new social encounters, with consequences for cognition, evaluation, affect, motivation, expectancies, and self-evaluations (S. M. Andersen & N. S. Glassman, 1996; S. M. Andersen, I. Reznik, & S. Chen, 1997). These findings constitute an empirical demonstration of transference in everyday social relations and suggest that transference is a normal, nonpathological process, occurring both inside and outside of psychotherapy, following basic rules of social information processing. In this article, clinical implications of this research are discussed, including how the content versus process of transference may contribute to maladaptive transference responses and the potential value of identifying triggering cues in transference in real life and in therapy, to promote more adaptive responding.

Mental representations of significant others profoundly influence everyday life. In daily social interactions our emotions, motivations, inferences, self-evaluations, and behaviors are all affected to an extent by information in memory about our past relationships with important others. Indeed, interpersonal relationships have long been thought to be basic to both personality and psychopathology (e.g., Bowlby, 1969, 1973, 1980; Freud, 1912/1958; Greenberg & Mitchell, 1983; Guidano & Liotti, 1983; Homey, 1939; Horowitz, 1991; Kelly, 1955; Luborsky & Crits-Christoph, 1990; Rogers, 1951; Safran & Segal, 1990; Shaver & Rubenstein, 1980; Sullivan, 1953; Wachtel, 1981). The common assumption across the numerous theories in these areas is that interpersonal relationship patterns learned earlier in life with significant others may provide a framework for later social relations. Relationship patterns may influence current everyday behavior because they are stored in memory and applied to new interpersonal encounters.

In our own work, we have examined this process empirically and have conceptualized it in social-cognitive terms, that is, in terms of mental representations of significant others that can be activated and applied to new people. We regard careful empirical work on this topic as crucial in uncovering the precise mechanisms by which past relationships may influence present ones and in establishing the validity of this kind of phenomenon. To this end, we have proposed a social-cognitive model of transference that has been examined in carefully controlled experimental research with "normal" samples of participants. (For related conceptual approaches, see Baldwin, 1992; Mayer et al., 1993; Singer, 1985, 1988; Singer & Singer, 1994; Wachtel, 1981; Westen, 1988.) In this research, it has been shown that mental representations of significant others serve as storehouses of information about given individuals from one's life, and can be activated (made ready for use) and applied to (used to interpret) other individuals, and that this is especially likely when the new individual in some way resembles a significant other (Andersen & Baum, 1994; Andersen & Cole, 1990; Andersen, Glassman, Chen, & Cole, 1995; Andersen, Reznik, & Manzella, 1996; Baum & Andersen, in press; Hinkley & Andersen, 1996). We argue that this
is the basic process by which transference occurs in everyday social relations (Andersen & Glassman, 1996). Because this process is consistent with what is known about basic social cognition and the operation of social constructs, stereotypes, and exemplar representations (Andersen & Klatzky, 1987; Andersen, Klatzky, & Murray, 1990; Brewer, 1988; Higgins, 1989b; Higgins & King, 1981; Smith & Zarate, 1992), this work suggests that basic social-cognitive processes may be at the root of transference in everyday social perception.

Specifically, we have shown that people use significant-other representations to "go beyond the information given" about a new person (Bruner, 1957) by making representation-consistent inferences about him or her, that is, misremembering him or her in terms of qualities that he or she does not have, but rather are part of the significant-other representation (i.e., those not seen in the new person, but consistent with the significant-other representation; see Andersen et al., 1995; see also Cantor & Mischel, 1977). Perceivers seem to treat what they inferred at the time of learning about a new person based on the significant-other representation as something actually learned (see Johnson, Hastroudi, & Lindsay, 1993; Johnson & Raye, 1981). Hence, the new person is remembered as if he or she were more similar to the significant other than is actually the case (Andersen et al., 1995, 1996; Andersen & Cole, 1990; Hinkley & Andersen, 1996). Moreover, when a given significant-other representation is activated, representation-consistent evaluative, emotional, motivational, and self-definitional processes stored in memory with the significant-other representation are also set into play (Andersen & Baum, 1994; Andersen et al., 1996; Baum & Andersen, in press; Hinkley & Andersen, 1996). Hence, this body of work has empirically demonstrated that the transference process does occur, that it consists of significant-other activation and application, and that it has multiple consequences of various kinds in interpersonal relations.

In this article, we describe our program of experimental research on transference and consider its clinical implications. First, we briefly review major theoretical perspectives on transference and describe the basic tenets of the empirically based social-cognitive model. Next, we review the model’s basic methods and findings as a springboard for describing the clinical implications of this work. In particular, we describe the ways in which the interpersonal problems clients present in psychotherapy and the suffering they often experience in relation to such problems can be understood, under some circumstances, in terms of the content of significant-other representations and the process by which they are activated and applied to new people. In this context, we highlight the implications of our work for identifying transference when it occurs—both inside and outside therapy—and briefly consider matters of clinical intervention also. Although the implications we draw for the clinical enterprise are speculative, we believe that they are meaningfully linked both to the theoretical framework on which the social-cognitive model is based and to its empirical findings. Empirical investigation of the clinical implications outlined awaits future work. Finally, after having dealt explicitly with our own research, we review related literatures on interpersonal motivation and attachment, self-representations and relational schemas, personal-action schemas, relationship patterns, narratives, and self-discrepancy theory, and consider their interface with our own work on transference as well as their clinical implications.

The Clinical Concept of Transference

The clinical concept of transference, which has long been considered an essential component of psychodynamic psychotherapy (e.g., Ehrenreich, 1989; Greenson, 1965; Luborsky & Crits-Christoph, 1990), primarily has been examined theoretically rather than empirically. The notion that people superimpose old feelings, expectations, and patterns of behavior learned with a past significant other, onto new others—especially a therapist—is arguably the cornerstone of psychodynamic psychotherapy (e.g., Horney, 1939, 1945; Sullivan, 1940, 1953; see also Ehrenreich, 1989; Freud, 1912/1958; Greenberg & Mitchell, 1983; Luborsky & Crits-Christoph, 1990). In classical Freudian theory, transference (Freud, 1912/1958) is a crucial clinical phenomenon, occurring when the patient superimposes childhood fantasies and conflicts about a parent onto the analyst during psychoanalysis by weaving "the figure of the physician into one of the 'series' already
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constructed in his mind” (Freud, 1912/1963a, p. 107; see also Andersen & Glassman, 1996).1

In this process, the patient draws the analyst into his or her own unconscious psychosexual conflicts, which the analyst attempts to analyze by making the patient more aware of the displaced conflicts and their childhood origins (Andersen & Glassman, 1996; Ehrenreich, 1989; Greenberg & Mitchell, 1983; Luborsky & Crits-Christoph, 1990). Although we do not endorse the complex psychosexual-conflict and drive-structure model proposed by Freud, nor the notion that this process need necessarily be at the heart of psychotherapy and psychotherapeutic success in all cases, we do find the general notion of transference to be of considerable importance. In particular, Freud’s relatively simple assertion that people hold in memory “imagoes” of significant others that influence relations with new individuals, both in psychoanalysis and in everyday life (Freud, 1912/1958; Luborsky & Crits-Christoph, 1990; Schimek, 1983), makes sense to us and might well have broad-based implications for social life and its vicissitudes, of course subtracting out the proposed drive-based origins of such imagoes.

Harry Stack Sullivan (1953) argued that children construct “personifications” of the self and of the significant other (the caretaker)—essentially as mental representations of self and other—in the context of early interpersonal relations. This process occurs on the basis of needs for tenderness and connectedness with the other, as well as needs for self-expression, effectiveness (satisfaction), and overall safety and security. Personifications are linked together in memory by “dynamisms”—or dynamics—that characterize the typical relational patterns enacted by self and other. In describing transference, which Sullivan termed parataxic distortion, he emphasized the idiosyncratic and subjective nature of people’s personifications of significant others and associated dynamisms. Importantly, he also argued that an illusory situation can emerge with a new person in which the interaction pattern learned with the significant other might be more or less “replayed” with the new person, although the process may be more subtle than a replay (Wachtel, 1981). The notion of parataxic distortion, Sullivan’s definition of transference, is one that we largely adopt.

A related conceptualization of transference offered by Karen Horney (Horney, 1939) emphasizes relationship patterns with others termed neurotic trends, although without explicit discussion of significant-other representations. These relational patterns are thought to be learned with significant others as a means of satisfying basic needs (again for warmth, mastery, and security), and are thought to be played out in new relationships via transference. Although the term “neurotic” clearly implies psychopathology, Horney argued that interpersonal trends may also emerge in “normal” development and be played out as “normal” transference. This idea is quite consistent with the “normality” of Sullivan’s notion of the significant-other–self linkages in dynamisms and how these play out in everyday interactions among “normal” people as transference (parataxic distortion). On the other hand, although Horney discussed self-representations in terms of the ideal self, she did not propose mental representations of significant others, nor did she regard neurotic trends as mental representations per se. Thus her theoretical framework is less close to ours than is Sullivan’s, in which a specific significant other is linked to the self via a relational pattern or dynamism (see also Baldwin, 1992). Sullivan’s focus on the idiosyncratic, individualized quality of personifications and dynamisms also differs from Horney’s focus on fixed neurotic trends, common across individuals, and hence nomothetic (see Allport, 1937; Kelly, 1955). Like Sullivan, in our approach we utilize idiographic content from people’s own lives in defining their mental representations of their significant others, examined in a nomothetic experimental design. Hence, our model most closely parallels Sullivan’s.

Of course, numerous other theorists have written about transference with tremendous variability, ranging from self–object transfers (Kohut, 1971) and borderline transfers (Kernberg, 1976), to those involving role-relationship-model configurations (Horowitz, 1989; 1991) or core-conflictual relationship themes (Luborsky & Crits-Christoph, 1990).

1 In a different translation (from the Standard Edition vs. the Macmillan paperback), this same quote reads “the cathexis will introduce the doctor into one of the psychical ‘series’ which the patient has already formed” (Freud, 1912/1958, p. 100).
These forms of transference vary in the content of the transference that is proposed to occur, in how and when the content is acquired in development, and in what the exact mechanism of transference is presumed to be (Ehrenreich, 1989). We suggest that transference involves a mental representation of a significant other from one's past that is idiosyncratic and that may often be inappropriate (e.g., Andersen & Baum, 1994; Ehrenreich, 1989; Luborsky & Crits-Christoph, 1990) to the extent that the significant-other representation is used to respond to a person who is not the significant other. More broadly, the most widely agreed on definition of transference appears to be "the experiencing of feelings, drives, attitudes, fantasies, and defenses toward a person in the present which are inappropriate to the person and are a repetition, a displacement of reaction originating in regard to significant persons of early childhood" (Greenson, 1965, p. 156; see also Andersen & Baum, 1994). Although the social-cognitive model does not focus on drive states nor on defense, our research has demonstrated the use of significant-other representations to categorize and respond to new individuals in terms of both emotion and motivation, capturing much of what is central in defining transference. Hence, we argue that our data demonstrate transference in everyday social perception by this definition.

Although we suggest that transference involves some "inappropriateness," in that individuals "go beyond the information given" about the new person, it is important to note that our data show that transference is a basic aspect of social information processing and thus is essentially a "normal" process, not one necessarily associated with pathology or suffering. Along these lines, at times transference may be quite "appropriate" in that the significant-other representation is triggered by real features in the new person, even though inferences and memory are still likely to be swayed by the significant-other representation, as is the case in all "top-down" perception. Indeed, at times the impact of significant-other activation and application may well have a positive outcome by facilitating a more accurate understanding of the new person, perhaps by means of greater empathy, depending on the level of empathy experienced with the significant other and the new person's degree of "fit" with the significant-other representation. However, this proposition remains open to empirical examination. The importance of both positive and negative transference in the therapeutic context has long been acknowledged (Freud, 1912/1958), with positive transference regarded as having special usefulness in facilitating a therapeutic alliance. Moreover, most theories consider transference to be of clinical concern when it becomes a source of interpersonal suffering in the client's everyday life. In our view, transference should not be considered problematic simply because it occurs, but rather as a function of whether or not the transference experience involves interpersonal suffering. Hence, research on transference in everyday social relations is of clinical significance.

The Social-Cognitive Model of Transference

Overall, the findings from our research program constitute an experimental demonstration of transference in everyday social perception. We argue that the phenomenon uncovered in this research is basic to social life and deeply relevant to clinical theory. This is true in part because of the widely held clinical assumption that much human suffering may result from superimposing old interpersonal patterns learned with significant others onto new individuals in one's life (Andersen & Glassman, 1996). Moreover, the model is of relevance because the transference process itself can be conceptualized as a way of defining personality as a whole, as a set of ways of relating derived from past relationships and activated under specific circumstances (Andersen, 1997). With the aim of demonstrating the transference phenomenon and examining its mechanisms, consequences, and domains of applicability, we and our colleagues have conducted a body of experimental research that provides support for a basic social-information processing mechanism underlying transference (Freud, 1912/1958) or parataxic distortion (Sullivan, 1953). The mechanism of activation and application of a mental representation of a significant other to a new person, based on the dual influences of chronic and transient sources of significant-other activation, appears to underlie the phenomenon (Andersen et al., 1995).

Indeed, this research suggests a mechanism by which a person's emotional experiences—his or her pleasures, disappointments, pains, hopes,
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and fears—may be influenced by past experiences with significant individuals. For example, if a person felt rejected by a particular significant other while growing up, that person may continue to feel rejected by new others even when rejection is not occurring (Downey, Lebolt, & Feldman, in press; Feldman & Downey, 1995; see also Thorne, 1989). Conversely, if one took pleasure in demonstrating particular talents or skills around a significant other because of the positive response this elicited in the other, he or she may continue to seek pleasure in this manner and expect a similar response. Even if patterns like this are not entirely stable over time (Wachtel, 1981; although see Epstein, 1979) or not entirely stable across situations (e.g., Mischel, 1968, 1973; Mischel & Shoda, 1995; Shoda, Mischel, & Wright, 1989), there is little doubt that experiences with significant others have an impact on development. This impact may ultimately extend to how one interacts with new others; to what one expects, hopes for, and fears; and to what situations one enters into and how one feels about these situations once there.

In our work, we make no firm assumptions about the specific content of significant-other representations, and thus allow significant-other content to vary freely across research participants. However, we assume that the process underlying transference, that is, the use of such a representation in social perception, is uniform and involves the activation and application of a representation of a significant other to a new person (Baldwin, 1992; Greenberg & Mitchell, 1983; Westen, 1988). We acknowledge, of course, that most psychodynamic theorists argue that parental representations are particularly powerful and primordial because early interactions with parents form the basic structures people use to represent self and other. We believe it is conceivable that parental representations may well serve as an overall framework or “meta” structure into which later representations come to “fit,” but have not yet addressed this matter in our research. Instead, we have focused on the assumption that all representations of significant others exert an impact on interpersonal perception by means of a similar process, whether formed in early childhood or later childhood (a close friend), adolescence (another close friend, a first love), or adulthood (another close friend, a mentor, a spouse, an ex-spouse, a child). That is, it is assumed that the process of transference may transpire with any significant-other representation and that representations acquired in adulthood may have considerable power in transference, just as those formed earlier may have. The precise role of parental representations in transference remains an open empirical question (although see Baum & Andersen, in press, which focused largely on parental representations).

On a broader level, to some degree all significant-other representations are linked in memory to the self as a function, by definition, of the significant other’s importance to the self (see also Baldwin, 1992). We believe that numerous linkages are likely to exist in memory between self and significant-other representations, ranging from the descriptive to the evaluative, motivational, and behavioral. When the significant-other representation is activated, the linkages between the two representations should also be activated, as should particular relevant aspects of the self. For example, according to Sullivan, typical patterns of interaction between self and other should be activated when a significant-other representation is activated, which should in turn activate relevant aspects of the self-concept, although Sullivan did not conceptualize this in information-processing terms (for relevant evidence, see Hinkley & Andersen, 1996). Such assumptions are consistent with recent theorizing about relational schemas, which are assumed to link the self with significant others in memory (Baldwin, 1992; Bugental, 1992; Horowitz, 1991). Aside from the specific question of the exact level of internal organization (e.g., schematicity) in the relational connections linking self and other, most relational models assume that representations of self and other exist along with relational information linking the two, as does the present transference model.

According to Sullivan, a number of significant-other representations may exist, each linked to different aspects of the self, so that people may in some sense have as many personalities—or ways of being—as they have interpersonal relationships (Sullivan, 1953). Hence, it is perhaps the case that any given individual is likely to possess various “personalities” linked to various significant-other representations by means of specific relational patterns, as portrayed in Figure 1. As this implies, it may be of
the essence in research on transference to better specify the exact circumstances under which one particular significant-other representation is activated and applied to a new person at any given time and the extent to which it is possible for more than one such representation to be activated simultaneously. In this case, a blend of significant-other representations may perhaps be activated—those with "synonym" connections in contrast to those with "antonym" (or inhibitory) connections. Alternatively, there may be a "generalized" significant-other representation in which features of all significant others coalesce. Further empirical work is necessary to examine these questions.

**Basic Experimental Procedures and Findings**

Understanding the methods used in this kind of research is fundamental to conceptualizing the basic process of transference we have demonstrated as well as its clinical implications. In particular, because any significant other is represented in a highly idiosyncratic way, we regard it as essential that idiosyncratic stimulus-generation procedures be used in research on transference (Allport, 1937; Kelly, 1955; see also Higgins, 1989b, 1990). Accordingly, our research makes use of an entirely idiosyncratic definition of each participant's significant other. A description of the significant other is provided by the participant using simple self-reports, that is, by having the individual describe the content of his or her own mental representation of a particular significant other (Andersen & Glassman, 1996). We recognize that there may be aspects of a person's significant-other representation that he or she cannot readily articulate (i.e., that are unconscious), but also believe that self-reported descriptors are fairly representative of the information stored about the significant other in memory. Hence such descriptors of the other may be used to trigger the significant-other representation, perhaps even its unconscious components.

With respect to assessing transference, our work implies that simply asking people, including clients in psychotherapy, to describe features of a particular significant other may well be sufficient in gaining a sense of the content of the significant-other representation and the aspects of a new person that may trigger the significant-other representation. Because this is likely to be what is done by most clinicians, at least informally, our data imply that this aspect of what clinicians typically do—determining the content of mental representations of significant others—may be useful in eliciting information pertinent to transference. Thus, we would argue
that the clinical assessment of significant-other representations will often be this straightforward—asking for descriptors of the significant other—and that these descriptors hold clues as to the real or perceived characteristics of a new person most likely to trigger a particular transference response.

The idiographic research methods (Allport, 1937; Kelly, 1955) used to solicit brief descriptors of the significant other involve asking participants to complete a series of sentences about the significant other that uniquely describe him or her. The special methodological advantage of this procedure is that the idiographic materials are presented to participants in a nomothetic experimental design. The use of idiographic sentence predicates, self-generated by the participant, as experimental stimuli in a nomothetic experimental design has enabled us to draw conclusions about the basic process of transference across individuals. At the heart of our model is the activation of a mental representation of a significant other and its application to a new person, defined nomothetically across participants.

In our experimental paradigm, participants take part in a laboratory experiment in which they encounter information about a new person in the form of various sentences about this person. For participants in the experimental condition, some of the descriptors are taken from a set they produced 2 weeks or more earlier (in an allegedly unrelated experiment) to describe a significant other. After learning about this new person and completing a brief distractor task, participants complete a recognition-memory test about the person, which allows a nomothetic measurement of the transference process, defined in terms of representation-consistent inference and memory relative to various control conditions. This work has also included measures of evaluation, affect, motivation, expectancies, self-evaluation, and behavior in transference.

**Representation-Consistent Inference and Memory**

In one study, participants learned about four fictional target persons in randomized blocks, one of whom resembled their own significant other, using a microcomputer program (Andersen & Cole, 1990). After a brief distractor task, participants completed a recognition-memory test in which they rated their confidence that they actually saw and learned each target descriptor (see Cantor & Mischel, 1977). In this study, participants showed more representation-consistent memory about the target who resembled their own significant other than about control targets (as indexed by memory confidence about having learned representation-consistent features about the new person not actually presented). Overall, people appear to be particularly likely to use representations of significant others (in comparison to other social constructs) to interpret new individuals, "going beyond the information given" about them and thus verifying the transference process.

These findings have been replicated in a "real" social context in which a potential interaction partner was allegedly seated next door (Andersen & Baum, 1994; Andersen et al., 1996; Hinkley & Andersen, 1996). This time, participants learned about only one target person who was described using either the participant’s own significant-other features or a yoked participant’s significant-other features, with perfect one-to-one participant yoking across these two conditions. Moreover, in these studies, the significant-other representation was either positively or negatively toned (though described with equal numbers of positive and negative features).

As predicted, more representation-consistent memory occurred when the target resembled the participant’s own significant other rather than a yoked participant’s significant other, demonstrating once again the basic transference effect. Because the target encountered was, in addition, either positively or negatively toned—by resembling a positively or negatively toned significant other (the participant’s own or someone else’s), these data demonstrate that transference occurs independently of the overall evaluative tone of the significant-other representation. Hence, transference appears to occur for both positively toned significant-other representations and negatively toned ones. Because each target person was characterized by an equal number of positive and negative descriptors—indepen-
are not attributable to a highly uniform valence in the descriptors.

**Chronic Accessibility and Representation-Consistent Memory**

It has also been demonstrated that a basic mechanism through which significant-other representations are activated and applied in social perception is that of *chronic accessibility* (Andersen et al., 1995). By definition, chronically accessible constructs are activated and applied to a new person even when not primed in advance of encountering the target stimulus (e.g., Bargh et al., 1986; Higgins, 1989b; Higgins & Brendl, 1995; Higgins & King, 1981) because they have a general readiness to be applied. Of course, transient influences on activation stemming from the environment or from specific aspects of the new person should also lead constructs to be used (e.g., Bargh, Bond, Lombardi, & Tota, 1986; Bargh, Lombardi, & Higgins, 1988; Higgins & King, 1981).

In one study on this topic, participants again learned about four fictional target persons via a computer program (Andersen et al., 1995). However, this time the learning task either was or was not preceded by a transient contextual prime. In the prime condition, participants named and described both a significant other and a nonsignificant other in the same session as they experienced the experimental manipulation, that is, just before they learned about the four target persons based on their self-generated descriptors, in a microcomputer-based learning task. Including this initial feature-listing task in the same session as the learning trials should serve as a prime for these representations, thereby increasing their activation. In the no-prime condition, the feature-listing session was held at least 2 weeks before the learning trials so that no priming occurred. As predicted, the data showed that the most representation-consistent memory occurred when the target resembled the participant’s own significant other in contrast to the participant’s own nonsignificant other or a yoked participant’s significant other or nonsignificant other. Moreover, this effect occurred in both the prime and no-prime condition, showing that the transference effect occurs either with or without advanced priming before encountering the target person. Hence, both the chronic accessibility of significant-other representations and transient priming independently influence the activation and application of significant-other representations. The data demonstrate that significant-other representations are chronically accessible and that there is additivity in this chronicity effect and in advanced priming.

In a second study (Andersen et al., 1995), the focus was on how cues from the new person may function to trigger the significant-other representation. In this study, all participants were run without a prime condition—that is, with the pretest session held 2 weeks before—and again learned about four target persons. In this case, however, a special comparison condition was added to test whether transference occurs when no concrete triggering of the representation occurred on the basis of the target person’s features. In this new no-trigger condition, the target person described in the learning task resembled a yoked participant’s significant other and yet the recognition-memory test about this target person still contained features of one of the participant’s own significant others. Because in this no-trigger condition there was no current source of activation of the significant-other representation in the actual cues of the target person, any effect should reflect the chronic accessibility of the significant-other representation in terms of the application of the representation even when not concretely applicable (Higgins, 1996b). Beyond this, if triggering cues in the target person are present, the use of the representation should in fact become more likely than when no such stimulus triggering in the target person is present (Andersen et al., 1995), an effect that should add to significant-other-representation use based on chronic accessibility.

As predicted, participants showed more representation-consistent memory about their own significant-other features when the participants’ own significant-other representation was triggered by stimulus cues in the target person than when not. Hence, stimulus cues in the new person clearly trigger significant-other activation and application (Andersen et al., 1995). That is, when a target person is relevant to the significant-other representation, the representation is more likely to be activated and applied. However, even in the absence of stimulus-triggering, the significant-other representation is applied, leading to more representation-consis-
tent memory bias than in the control conditions. Thus even if there is little, if any, target similarity actually encountered in a new person the transference effect is likely to take place (see Higgins, 1989b; Higgins & Brendl, 1995).

Overall then, significant-other representations appear to be chronically accessible. They have a readiness to be applied to new others that is heightened both by advanced priming and by triggering stimulus cues in the newly encountered person. The data demonstrate both temporary and chronic sources of the activation of significant-other representations in transference, just as has been demonstrated in basic research in social cognition (Bargh et al., 1986; Higgins, 1989b; Higgins & King, 1981). Hence, transference can be located within the social-cognition literature. On another note, although we have focused thus far on attribute-based stimulus triggering (i.e., triggering based on significant-other features), it may also be the case that one's "theories" or "narratives" about how and why such attributes are important in describing a given significant other play a role in construct use, and hence in transference (see Chen, 1997; see also Singer & Singer, 1994). This is a pressing question for future research.

Activating Evaluation in Transference

The evaluative or "liking" responses participants experienced toward a target person in the context of transference has also been examined (Andersen & Baum, 1994). In particular, this work examined the process of schema-triggered affect in transference, defined in terms of the transfer to the new person of the same overall evaluation (positive or negative) stored in memory about the significant other (Fiske, 1982). If significant-other representations function as do other social constructs or categories, then the overall evaluation linked to them should be transferred to a target person so categorized (Fiske & Pavelchak, 1986), despite the fact that a significant-other representation is an n-of-one representation rather than a multiple-person category (see Smith & Zarate, 1990, 1992). In accordance with the schema-triggered affect model, as predicted, participants did evaluate the target resembling their own positive significant other far more favorably than the target who resembled their own negative significant other. That is, when the significant other was well liked, the relevant target was also well liked, an effect that did not occur in the yoked-participant control condition. Hence, schema-triggered evaluation (Fiske, 1982) occurs as part of transference (Andersen & Baum, 1994). This finding has been replicated in subsequent experimental work (Andersen et al., 1996).

Activating Transient Mood States in Transference

Schema-triggered transient mood states have also been assessed in this research (Andersen & Baum, 1994) using standard self-report measures. It was predicted that transient mood would emerge in a manner consistent with the overall tone of the representation, in accordance with the same process of schema-triggered affect. For example, if one feels happy (or unhappy) around a particular significant other, then this same affective experience might color one's mood with a new target person who activates the significant-other representation. The results supported this prediction, at least in part, but the effect size was small, and hence the effect was weak. Nonetheless, the findings were suggestive of the need for further work concerning the evocation of transient mood in transference. Indeed, one reason the results for schema-triggered transient mood are not as clear cut as those for evaluation may be that people engage in strategic processing to avoid negative moods (Clark & Isen, 1982), implying that transference, as with other processes, is likely to be linked in a complex manner to self-regulatory responses involving mood maintenance or repair. In this case, affect may not be determined solely by the overall tone of the significant-other representation (for some related work, see Hinkley & Andersen, 1996).

Activating Facial Expressions of Affect in Transference

Because the role of affect is of the essence in understanding the transference phenomenon, especially when the transference is maladaptive or associated with suffering, affect in transference has also been examined by looking at the facial expression of affect. Indeed, this research has shown that participants' facial expression of affect upon encoding the target features (i.e.,
while learning about the new person) reflects the overall tone of the significant-other representation. That is, participants exhibited more pleasant facial affect when learning about a target resembling their own positively versus negatively toned significant other, a pattern not seen when the target resembled a yoked participant's significant other (Andersen et al., 1996). Hence, representation-consistent transient facial affect appears to be elicited in transference. No self-reported transient mood effects emerged in this study (in contrast to Andersen & Baum, 1994), implying that the affective consequences of transference evident in facial affect are fleeting. Furthermore, as noted, participants may attempt to regulate their mood states (Clark & Isen, 1982), further complicating mood effects in transference (see also Hinkley & Andersen, 1996).

Activating Motivations in Transference

Because of the considerable importance of the desire to be emotionally close to and connected with others in interpersonal relations, such motivations in transference have also been assessed (Andersen et al., 1996). Indeed, participants indicated a greater willingness to emotionally approach (and not to emotionally distance from) a target person resembling their own positively toned versus their own negatively toned significant other. This was not true when the target resembled a yoked participant's significant other. Thus, emotionally relevant motivations concerning the relationship between the self and the significant other, such as intimacy and connectedness, appear to be activated in transference along with the significant-other representation.

Activating Expectancies for Acceptance and Rejection in Transference

The outcomes experienced with significant others, especially in response to bids for affection and connection, are important because they may define in part one's own emotional outcomes (Higgins, 1989a; see also Andersen, Reznik, & Chen, 1997). Such expectancies should be evoked in transference. Indeed, it has been shown that participants' expectation of being liked or disliked by the new person emerges in transference in accordance with the overall affective tone of the representation (Andersen et al., 1996). When participants perceived themselves as liked or loved by the significant other, they expected to be better liked by the target person resembling this significant other than by the target resembling a significant other by whom they perceived themselves as not liked or loved. This pattern was not found when the target resembled a yoked participant's significant other. Hence, the data confirm the existence of schema-triggered expectancies concerning acceptance and rejection and suggest that such information is stored and used in the transference. (For related work, see also Downey et al., in press; Feldman & Downey, 1995.)

Changes in the Working Self-Concept in Transference

Because significant-other representations are, by definition, of great relevance to the self and have been demonstrated to have important affective and motivational consequences for the self, it is crucial to understand the precise nature of the linkages between self and significant-other representations in memory and the exact impact of significant-other activation on the self (see Hinkley & Andersen, 1996). In particular, when a significant-other representation is activated and applied in transference, relevant changes in the working self-concept (e.g., Markus & Nurius, 1986) should occur. That is, changes should occur in what is currently in active memory about the self to reflect the aspects of the self that represent the self when with the significant other (Ogilvie & Ashmore, 1991). Research has demonstrated that a series of self-representations may coexist for any given person and that these may be differentially active based on environmental circumstances (e.g., Higgins, 1987, 1989a; Linville, 1985, 1987; Linville & Carlston, 1994; Markus, 1983; Markus & Nurius, 1986), in contrast with one self-representation that is active or inactive as a whole (see Higgins & Bargh, 1987; Higgins, Van Hook, & Dorfman, 1988; Segal, Hood, Shaw, & Higgins, 1988). Hence, a study was conducted in which it was predicted that significant-other resemblance in a target individual would activate the significant-other representation and thereby infuse the working self-concept with the subset of self-information pertaining to the self when with this significant
other (Hinkley & Andersen, 1996). Moreover, because the overall affective tone of the significant-other representation should be linked to the self when with the significant other, related changes in self-evaluation were expected to occur in the transference.

As predicted, changes in the working self-concept did occur in the direction of the self when with the significant other—as assessed by the exact overlap (in a measure adapted from Prentice, 1990) between the participant's working self-concept in the experiment and self-with-significant-other descriptors provided by the participant during a pretest session—suggesting that the linkages between the self and significant-other representations are in fact traversed when the significant-other representation is activated in the context of transference, resulting in predictable changes in the content of the working self-concept.

Furthermore, predicted changes in self-evaluation were also observed following the activation of a significant-other representation, indicating that the perceived valence of the features of the working self-concept listed in the experimental session that came to overlap with the self-with-significant-other description provided at pretest did in fact become more positive when the target resembled the participant's own positive versus negative significant other. Hence, not only does the self-concept change in predicted ways in transference, but self-evaluative aspects of these changes reflect the overall tone of the significant-other representation.

Interestingly, in examining the changes in self-evaluation reflected in those aspects of the working self-concept that did not come to overlap with the self when with the significant other, exactly the opposite effect was observed. That is, for nonoverlapping features, which were the majority of the working self-concept features, self-evaluation became more positive when the target resembled the participant's own negatively toned significant other. These data suggest that, in the context of negatively toned transference, self-regulatory or self-enhancement strategies may emerge—that is, a "shoring up" of positive self-perceptions occurs—in the working self-concept as a whole. This is the case even though the aspects of the self-concept overlapping with the self when with the negatively toned significant other reflected a less positive self-evaluation than in the positive transference condition, consistent with the overall tone of the significant-other representation.

Taken together, these data demonstrate that shifts in the working self-concept occur in the context of transference and that they have complex implications for self-evaluation. On the one hand, some aspects of self-evaluation come to reflect quite directly the tone of the significant-other representation, but when these aspects are negative, a compensatory or defensive self-enhancement appears to occur in the working self-concept as a whole (Hinkley & Andersen, 1996).

Clinical Implications of These Basic Findings

Based on the body of research conducted on the transference phenomenon, which demonstrates that the basic process of transference occurs and can be located within the domain of basic social information processing, we believe we can derive a meaningful set of implications for dealing with transference in a clinical setting, although speculative. We acknowledge that transference typically has not been considered in experimental social-cognitive terms, but rather within the domain of psychoanalytically based psychotherapies. The research described has concerned, in contrast, "normal" populations in nonclinical settings. However, we believe that this work is applicable to clinical issues because it has provided evidence of a basic, underlying process of transference. Hence, we believe that the transference concept has broad clinical implications for psychotherapy within a variety of treatment modalities. In fact, given that transference appears, at least in part, to be a function of basic social-cognitive processes, we believe that the transference phenomenon can be readily conceptualized so as to be relevant to cognitive-behavioral as well as psychodynamic models (and even to other therapeutic modalities, e.g., Yalom, 1980). In this article, we discuss general therapeutic matters directed toward the full range of treatment modalities. Of course, the extent to which the laboratory-based model presented does in fact meaningfully generalize to clinical work remains an empirical question.

Our social-cognitive perspective on transfer-
ence assumes that the transference phenomenon is so common that it occurs in the client’s real-world relationships and encounters, rather than only specifically or particularly in psychotherapy, and is not associated exclusively with maladaptive consequences. In fact, we argue that the process is ubiquitous in social relations and therefore is quite normal and not necessarily problematic. Some degree of error always exists in social perception because any epistemological process—a meaning-making enterprise—involves some area of “unknowing,” and hence bias or error (Kruglanski, 1989, 1990). Indeed, some errors may even have use under some circumstances. Hence, the bias induced in social perception as a function of mental representations of significant others is by no means always problematic and may at times even be of value to the individual.

The fact that the basic process of transference is “normal” in that it follows from basic information-processing rules associated with construct activation and application and occurs in “normal” populations outside of the treatment context (Andersen & Baum, 1994; Andersen & Cole, 1990; Andersen et al., 1995, 1996; Baum & Andersen, in press; Hinkley & Andersen, 1996) clearly has important clinical implications. We argue that transference is part of the basic human meaning-making process that flows from the need to comprehend, understand, predict, and make sense of events. Therefore, it is not inherently pathological, even though it traditionally has been examined in relation to psychopathology and/or psychotherapy (see also Singer & Singer, 1994). One obvious implication of this is that therapists should guard against pathologizing the transference process either as it occurs in psychotherapy or as it occurs in the client’s life outside of therapy. Indeed, the data suggest that a conceptualization of transference as pathology may be to underappreciate its roots, basic mechanisms, and ubiquity in social relations.

When Is Transference “Abnormal”?  

If the process of transference is pervasive (as analysts have suggested; see Brenner, 1976, 1982) and not exclusively “abnormal,” it is important to consider the conditions under which transference is likely to become maladaptive for a given individual. We believe this question can be examined both in terms of the process of transference we have examined in our research or in terms of the content of the significant-other representation used in transference. In terms of the process, transference may become maladaptive when an interaction pattern enacted with the new person is inappropriate or incorrect for the current situation to such an extent that it has problematic consequences. That is, the extremity with which the transference is engaged may contribute to the degree of pathology associated with it. For example, the extremity to which the individual “goes beyond the information given” about the new person, the rigidity with which such inferences are made, the degree of actual “reality confusion” in this, and the person’s capacity to correct problematic judgments as necessary are all relevant to whether the process of transference is likely to be problematic. Indeed, the extremity of transference may range from small to large in terms of the distortion of the real characteristics of the new person and from small to large in terms of affective responses toward the new person. Moreover, extremity may be reflected in the tendency to select a new person who resembles the significant other, and even the tendency to create a relationship with a new person that is similar to the relationship with the significant other. To this end, in recent work we have demonstrated the occurrence of “self-fulfilling prophecy” or “behavioral confirmation” in transference by a naive target participant (see Andersen & Berk, 1998; Berk & Andersen, 1996). Hence, transference may become maladaptive not only through cognitive and intrapersonal processes, but also through active, interpersonal ones; further research is warranted in part because a preference for familiarity, often thought to be problematic in transference, may best be reflected in actual behavior (see Zajonc, 1968, 1980; see also Bornstein & D’Agostino, 1994; Swann, 1983).

In terms of the content of significant-other representations, transference may also become maladaptive for the individual when the content and meaning of these representations involves interpersonal patterns that lead to or involve suffering. For example, if hostile, abusive behaviors of a significant other were experienced and interpreted in the context of love, the inference rule “abuse = love” might be associated with that significant-other representa-
tion, and when used in a new relationship, may lead this rule to be applied so that one conceptualizes abuse by the new person as love. As this example suggests, the content of significant-other representations most likely to lead to transference-based suffering may well be quite complex—far more so than the simple positive-negative distinction we have examined thus far in our research. Indeed, because significant others are, by definition, so very important to the self, all significant-other representations are likely to contain at least some positive content. Hence, representations of significant others considered to be positive overall may also be associated with a subset of maladaptive self-responses, which may then play out in new encounters in transference. Moreover, positively toned significant-other representations may also be related to suffering by interfering with the ability to detect threat or other problems in a new relationship, based on the strength of the overall positive response. Interestingly, research has suggested that people may maintain relationships with significant others (ones that are largely positive) by constructing narratives about the person that "soften" negative features of the relationship (Murray & Holmes, 1993, 1994). This phenomenon suggests that positively toned representations may lead to problematic outcomes, at times, by transforming negative aspects of a new person into positive ones as one did with the significant other, thus placing oneself in harm's way (see also Andersen et al., 1996). Hence, we assume that the content of both positively and negatively toned significant-other representations may, under certain conditions, be associated with pathology. Of course highly negatively toned significant-other representations seem especially likely to be associated with bad feelings and problematic relationship patterns, and thus with maladaptive transference responses.

Because the process of transference occurs in a consistent manner across individuals and is likely to be maladaptive only under certain circumstances, as detailed previously, it is likely that it is the content of the transference material that is at the heart of interpersonal suffering that occurs based on transference. Indeed, it has been argued that people in both "normal" and pathological populations are "fallible" information processors in that they appear to be prone to biases, distortions, and erroneous inferences resulting in part from the tendency to process information schematically (e.g., Bargh & Tota, 1988; Hollon & Garber, 1988; see also Kruglanski, 1989; Nisbett & Ross, 1980; Turk & Salovey, 1988). Hence, both people experiencing psychopathology and those who are not may apply representations of significant others to new people via a similar process, but the content of these representations may be very different. If the process of schema application and activation differs less across individuals than does the content of the schemas activated (Hollon & Garber, 1988), as in the content-specificity hypothesis concerning self-relevant processing in depression (e.g., Bargh & Tota, 1988; Hammen, 1988; Kuiper & Derry, 1981), then we may speculate that differences in representation content may be most pertinent to transference-based psychopathology.

Clinical Assessment and Treatment of Transference

A crucial component of clinical assessment pertaining to our social–cognitive view of transference then is identifying the idiographic content of a particular client's significant-other representations. This involves identifying the exact traits and characteristics that the client assumes the significant other possesses, including activities, ways of relating, qualities, attitudes, and so on. Also important is specific information about the client's perception of the significant other's way of relating to him or her and the client's perception of his or her own style of relating to the particular significant other, that is, the linkages between self and other (see Hinkley & Andersen, 1996). As discussed earlier, identifying a significant other may be done simply by having a client describe the significant other (in our research we collect simple sentence predicates from participants to describe a significant other). Based on this information, when a related pattern of perceptions, emotions, and motivations is observed in a new interaction with someone who is not the significant other, it may be likely that transference has occurred. Indeed, once a maladaptive transference pattern is identified in daily life or in therapy, intervention strategies designed to change the maladaptive content of problematic significant-other representations may be used. In
addition, strategies designed to decrease the use of the representation in responding indiscriminately to others, that is, the process of transference, may also be of use. Hence, both content and process may be usefully targeted for intervention.

At this point, it may be worth noting that although we have argued that assessment of transference content may be straightforward, based on the “conscious” self-reports of clients, the actual use of the significant-other representation to interpret a new individual is likely to be quite “unconscious” in nature (Glassman & Andersen, 1997) and need not require attention. Hence, the distinction between conscious and unconscious aspects of transference, as conceptualized by our model, may also be considered in terms of the distinction made in the literature between declarative and procedural knowledge (Andersen & Glassman, 1996; Glassman & Andersen, 1997; Kihlstrom, 1987). That is, stored declarative information about a given topic is accessible to consciousness, but the rules underlying the use of this knowledge is not. Of course, it is possible that certain aspects of the content of significant-other representations may not be accessible to consciousness at given times (minimally if they are not in working memory at that time and maximally if they are somehow harder to retrieve and consider). It has been demonstrated that cues presented outside of participants’ awareness can trigger the significant-other representation and thus elicit transference (Glassman & Andersen, 1997). Overall then, there is evidence to support the assumption that automatic and unconscious processes occur in transference (Glassman & Andersen, 1997). However, the extent to which the transference material—the content of significant-other representations—may be unconscious, which is nearly impossible to assess, has not yet been examined. Moreover, the degree to which these unconscious pieces are a product of psychological defense, as suggested by psychodynamic models, is also quite difficult to assess.

As we have suggested, clinical assessment is likely to be most beneficial when considering both content and process in transference. The relative importance of content versus process in transference, of course, remains an open empirical question, one that the present model has yet to directly address. Our empirical findings regarding the basic, nomothetic process of transference are consistent with the idea that because the process may be relatively uniform across individuals, the content of an individual’s significant-other representation may determine whether transference will be maladaptive. Hence, assessing the content of significant-other representations is crucial in clinical assessment pertinent to transference.

Indeed, once a particular significant-other representation has been identified as containing problematic idiographic content, the therapist might encourage the client to become aware of when the representation is used so as to help him or her begin to implement more deliberate information processing in relevant situations, so as to decrease the likelihood of the new person being assimilated into the particular significant-other representation (see also Hollon & Garber, 1988). Indeed, to the extent that the process of transference does operate outside of awareness, encouraging the client to engage in strategic piecemeal processing of relevant new individuals may make it possible to circumvent transference by making the client aware of its occurrence, in a sense “making the unconscious conscious,” as is suggested by psychodynamic models (see Singer & Singer, 1994). In other words, anything that enables the person to process information about a new person less categorically, that is, less strictly in terms of the significant-other representation, might help short-circuit transference. As the client’s reactions become less transferential and more piecemeal, the maladaptive content of the schema should slowly change in the direction of new, presumably less maladaptive experiences (Beck, 1976; see also Adler, 1929, 1957; Kelly, 1955). Moreover, the more these responses are practiced, the more likely they are to be used again (Smith, 1989). That is, encouraging the client to think in new ways, strategically and effortfully, at the outset, prior to the occurrence of transference, may change the relative accessibility of problematic interpretations, even without literally changing the original schema. In this way, more adaptive or helpful responses might be formulated and used and perhaps even schematized and/or used automatically instead (Andersen, Spielman, & Bargh, 1992).
Indeed, research on stereotyping has demonstrated that when participants are consciously motivated to short-circuit an automatic, stereotypic response because of their own personal values (for example, when they are motivated to avoid exhibiting a response, like prejudice, because they do not hold prejudicial beliefs), they may be able to do so successfully (Devine, 1989). Hence, helping to inspire a conscious motivation in a client in therapy to circumvent transferential responses may be effective in remediating transference. In a similar vein, it has been shown that goals can profoundly influence interpersonal perception (Cohen & Ebbesen, 1979; Hilton & Darley, 1991; Hoffman, Mischel, & Mazze, 1981), especially when they involve the motivation to be accurate (Kruglanski, 1989; Neuberg, 1989; Stangor & Ford, 1992). Of course, the effectiveness of the client’s efforts to be accurate will depend in part on whether the client has the attentional resources available with which to practice this in “real” life (Fiske & Neuberg, 1990), and in part on his or her being able to identify relevant transference cues before transference occurs. This implies that educating clients as to how to relax and slow down in their interpersonal encounters so that they can process information more carefully and systematically may be of value, although of course some people may be less well equipped attentionally and/or motivationally than others to change in these ways by learning these skills.

On a related note, when people believe they will be held “accountable” for their judgments (i.e., will have to justify or communicate them to a fairly ambiguous audience), they are more likely to process information systematically (Tetlock, 1985; Tetlock & Kim, 1987). Hence, inducing feelings of accountability in the client may also be effective in short-circuiting transference responses. The client may be made to feel accountable to the therapist for transference responses outside of therapy by the simple process of having to report to the therapist particular transference responses that may have recently occurred. Such a process may also make the client more accountable to him or herself, which may also be enhanced by diary-based record keeping, as done in cognitive-behavioral therapy, or via less structured means. The aim in any case would be to encourage systematic self-regulation and self-determination (Mahoney & Thoresen, 1974).

Transference in Psychotherapy Versus in Everyday Life

Our data also address the issue of transference as it occurs outside of treatment in contrast to inside of treatment. Our work demonstrates the existence of transference in everyday social relations (Andersen & Baum, 1994), an assumption that has a long history in psychoanalytic thought, but not nearly so much as in-session transference (Freud, 1912/1958; Luborsky & Crits-Christoph, 1990; Schimek, 1983). Hence, these findings provoke the speculation that one reason transference analysis in psychodynamic treatment may be therapeutic under some circumstances is because the client has similar transference responses in psychotherapy as in everyday life and working through them in therapy may generalize to real life (see also Adler, 1929).

Hence, when the occurrence of transference and its analysis in therapy is therapeutic, it may be precisely because it helps to change real-world transference responses. By contrast, when in-session transference analysis does not generalize to the client’s real life, and hence the maladaptive transference responses in his or her life do not change, we would assume this would make the treatment nontherapeutic in these terms (Adler, 1929). Less-than-therapeutic transference analysis should also emerge from repeated interpretation of aspects of the therapeutic relationship that are not transference, such as the “working alliance” (Greenson, 1965; see also Kelly & Olsen, 1988), because such responses, by definition, are actually unique to the client–therapist relationship and thus are not transferential at all (for evidence that in-session transference interpretation does not necessarily improve therapeutic outcome, see Piper, Azim, Joyce, & McCullum, 1991; Piper, Debbane, Bienvenu, de Carfel & Garent, 1986). Moreover, the “real” relationship between client and therapist may be an important facilitator of the client’s engagement in therapy and of much of the work that is done in therapy, suggesting that interpretations of such aspects of the relationship could actually be detrimental in some instances. Moreover, focusing directly on out-of-
session transference may be helpful because it targets the problematic response in terms of the typical real-world context in which it occurs.

Of course, interpretation of transference toward the therapist (in-session transference) may also be effective in changing patterns in the client’s everyday life, to the extent that it generalizes there (see Adler, 1929; see also Levenson, 1991). Indeed, the notion of the corrective experience with the therapist in the psychodynamic literature (Gill, 1980) implies that such generalization to everyday life is pertinent to therapeutic effectiveness. As has been argued elsewhere, “what is unique about transference is not its presence. It is the fact that it is analyzed” (Brenner, 1982, p. 211). In this sense, one way in which in-session transference analysis (i.e., transference toward the therapist) may be useful in treating transference in everyday life is that the therapist does not become involved in the transference in the way another person might. That is, by analyzing the transference, the therapist behaves differently than the significant other (or than others in the client’s everyday life) did, demonstrating to the client experientially that the expected response does not always occur. Such an expectancy violation is attention grabbing and may facilitate piecemeal processing of the situation with the therapist, which may, if continued over time, alter the operation of the significant-other representation, making it less accessible, or reorganizing its content in some way. Indeed, it may well be that any such incongruent information is processed more elaborately and systematically and hence may be better recalled (Hamilton, Driscoll, & Worth, 1989; Hastie & Kumar, 1979; Srull, 1981; Stangor & McMillan, 1992), although the extent to which this occurs with long-held beliefs such as those in a significant-other representation remains an open question (see Higgins & Bargh, 1987). In our view, any therapeutic strategy that enables an individual to monitor his or her responses and their consequences so as to facilitate the ability to engage in piecemeal processing of the current situation, offers the potential for relieving transference-based suffering. The precise kinds of interventions that are in fact most effective in changing transference patterns remains an important empirical question (see Luborsky & Crits-Christoph, 1990).

**Triggering Conditions of Transference**

On different note, the data on chronic and transient activation of significant-other representations show that transference can occur without any concrete applicability of the significant-other representation to the new person, clearly implying chronicity in use (Andersen et al., 1995), but also importantly that representations of significant others are most likely to be applied to a new person and to lead to transference when there is some match between the new person encountered and the representation. Hence, another crucial area of clinical assessment pertaining to transference is the triggering conditions under which significant-other activation and application are most likely to occur. We define these triggering conditions simply in terms of some similar content in the new person relative to the significant-other representation. If significant-other representations are most likely to be used in perceiving another person when explicit triggering cues in the target person exist and help set in motion the transference, it should be of tremendous value to identify for the client the most potent triggering cues he or she may encounter so that he or she can recognize their presence and the likelihood of their triggering a transference response at the time (in “on-line” processing).

Identifying such a constellation of features may be helpful in enabling advanced knowledge of when a particular significant-other representation is likely to be applied, resulting in transference. Such knowledge would enable the client to implement procedures to circumvent that response before it occurs. Moreover, understanding the triggering conditions may make it easier to change a transference pattern by highlighting the need to learn to respond differently when these characteristics are encountered in a new person.

The stimulus cues that trigger the application of a significant-other representation may be relatively stable aspects of a new person, such as gender, physical appearance, or personality style, or may be more transient aspects of the new person, such as mood at the time, momentary action patterns, or particular comments (see Mayer et al., 1993). This distinction as to the stimulus cues that may activate transference is important because the cues may not necessarily be stable characteristics of the
new person, but rather may reflect subtle changes in his or her behavior, appearance, tone of voice, or specific comments. Hence it is likely that a whole variety of cues may provoke transference, even the participant's interpretation of stimulus cues and not the cues themselves (see also Chen, 1997). Either way, becoming aware of the cue conditions of activation and use, so as to know when and how to avert a transference response, may be of distinct value.

On another level, these data imply that transference occurs in psychotherapy because real interpersonal responses of the therapist might have functioned as triggering cues. In-session transference may thus provide an important in vivo opportunity for a precise analysis of the triggering cues related to a particular transference response, in terms of the therapist's behavior, demeanor, tone of voice, content of comments, or apparent attitudes. This may provide clues as to the cues likely to trigger transference in the client's everyday life. In the psychotherapy setting, then, the therapist may well be a "real" factor in triggering a transference response, as the "point of departure" for the response (Gill, 1980; see also Ehrenberg, 1992), and seeing if these same triggering cues work similarly in real-world relationships can be very informative. On the other hand, the data also suggest that no matter what characteristics the therapist manifests, transference processes may be quite likely to occur because of the chronic accessibility of significant-other representations (Andersen et al., 1995). In any event, a therapist should readily be able to determine whether there was something in his or her own style at a particular moment or in his or her more permanent characteristics that somehow triggered a particular transference response (Gill, 1980). In this case then, examination of the transference with the therapist may directly facilitate the client's ability to circumvent transference responses in daily life through the identification of triggering cues that may set the transference in motion. This kind of "if-then" relation—"if" particular cues presented "then" a given transference response—may be helpful in understanding the unfolding of transference both in everyday social relations and in psychotherapy (see also Mischel & Shoda, 1995). If-then patterns, moreover, may more precisely characterize the transference process than do broad generalizations about unwavering states of need and conflict associated with significant others. That is, personality tendencies may be best understood as patterns of behavior and responses that exist over time in relation to particular kinds of situations (Mischel & Shoda, 1995; Shoda & Mischel, 1993; Shoda, Mischel, & Wright, 1989; see also Thorne, 1989). The actual cues of a situation or of a person in a situation, and not only broad-based interpretive tendencies, fantasies, or expectations that exist no matter what, appear to be relevant in transference. Individuals do not appear to be completely lost in fantasy (Horney, 1939; Wachtel, 1981).

On still another level, it is obvious that our data do not speak directly to questions about the therapeutic use of transference responses, how actively to analyze these responses, or how long to wait before doing so—all of which are ongoing debates within the psychodynamic literature (e.g., Gill, 1980; Gill & Muslin, 1976). Given that our data show that transference occurs in everyday life in initial interactions, however, it would suggest that one is not likely to have to wait long for a "transference neurosis" to develop in psychotherapy (see also Gill, 1980; Gill & Muslin, 1976). Moreover, the therapist may actively intervene in a transference reaction early on, because transference is likely to occur again, given its ubiquitous nature. As mentioned previously, we suggest that it is not likely to be the occurrence of transference in therapy per se that is therapeutic because transference occurs all the time. Rather, it is likely to be the changes in how the other person—the therapist—responds to the transference, by analyzing it rather than reacting to it or becoming somehow involved in it. Of course, our data in no way address issues of when a particular client may be emotionally ready to hear and benefit from transference interpretations, in what form they are best offered, or even the distinction between in-session versus out-of-session transference responses, matters which require further research attention.

Transference and Emotions, Motivations, and Expectancies

On another level, the data on schema-triggered evaluation and affect demonstrate that
representation-consistent emotional responses occur in transference (Andersen & Baum, 1994; Andersen et al., 1996). In terms of transient mood, when a negatively toned significant-other representation is activated, people come to dislike a new other to whom the representation is applied and to experience more depressive affect (relative to when a positively toned significant-other representation is activated). These mood data, though not robust, provide direct evidence that transference may in fact lead to emotional suffering, as a result of the emotional content of the representation. In terms of identifying a transference response, a therapist may watch for emotional responses similar to those experienced with a significant other, which may signal that the significant-other representation has been activated, and hence that transference has occurred (see Epstein, 1982, 1990; Lazarus, 1995; see also Andersen, 1995). As indicated, a maladaptive transference response may occur based on a positively toned significant-other representation or a negative one (see also Baum & Andersen, in press).

Moreover, the data on representation-consistent facial affect in transference (Andersen et al., 1996) demonstrate that affective responses in transference can occur immediately upon learning about the new person. Hence when identifying transference responses based on affective reactions, attention should also be focused on the client's immediate emotional reactions as seen in his or her facial expression. Furthermore, such emotional reactions may be fleeting, and may leave overall transient mood untouched, again highlighting the need to look at immediate facial affect.

Motivations and expectancies, which are also elicited in a representation-consistent manner in transference (Andersen et al., 1996), may also be used to index when a given transference response has occurred or is occurring. In terms of motivation, given that frustrated goal states appear to be of the essence in emotional self-regulation (Kruglanski & Jaffe, 1988; Martin & Tesser, 1989), the emotional investment in these motivations and their realistic likelihood of being satisfied may have diagnostic use. In addition, both motivations and expectancies have been shown to have a marked effect on interpersonal behavior (e.g., Bargh, 1990; Bargh & Gollwitzer, 1994; Cantor & Kihlstrom, 1987; Darley & Fazio, 1980; Jussim, 1986; Olson, Roese, & Zanna, 1996; Snyder, 1992; Snyder, Tanke, & Berscheid, 1977) and may therefore be predictive of how behavioral patterns play out in transference. Indeed, expectancies for acceptance versus rejection by the new person—presumably based on knowledge of how the significant other evaluates (accepts or rejects) the self—may provide the basis for a self-fulfilling prophecy to occur in which the new person's response comes to "behaviorally confirm" (Snyder, 1992) the self's beliefs about him or her (Andersen & Berk, 1998). Indeed, this mechanism may account for the psychodynamic notion of "projective identification" (Cashdan, 1988) in which the client is thought to elicit particular behaviors from others. Projective identification, however, purportedly occurs because the perceiver is motivated to project a threatening part of the self onto another person, a motivational assumption that is not necessary for such an effect to occur.

**Working Self-Concept Change**

The data on working self-concept change in transference (Hinkley & Andersen, 1996) again suggest a means by which transference responses may be identified—when the client begins to construe him or herself as he or she does when with the significant other. Hence, clinical assessment of the client when with various significant others is likely to be of use. Moreover, in terms of the connection of transference to psychological distress, these data suggest that activation of a negatively toned significant-other representation may lead to potentially painful, negative self-evaluation with regard to aspects of the working self-concept that come to overlap with the self when with the significant other, which would properly be a topic of therapeutic discourse. However, when a negatively toned transference has occurred, these painful self-evaluations may be masked by (and proportionately overwhelmed by) positive, self-bolstering feelings in the working self-concept as a whole. Providing the client with an awareness of such complexities in self-evaluation as a function of the link between the self and the significant-other representation may help him or her manage such feelings by illustrating their origin and deemphasizing the connection of the negative feelings to the client's sense of self-worth as a whole. On the
other hand, the positive bolstering of the self-concept as a whole that is likely to occur may be a valuable coping mechanism, or it may be transparently false and brittle, requiring sensitive, careful, and respectful assessment and treatment.

**Therapeutic Strategies and Outcomes in Dealing With Transference**

In considering specific therapeutic strategies for transference remediation, the demonstrated usefulness of cognitive techniques for the remediation of schematic processing and automatic thoughts (Beck, 1976) is worth considering. As indicated, encouraging a client to become more mindful of transference processes as they occur, as a first step in learning to change these patterns, may be helpful and is a long-standing part of the cognitive–behavioral treatment arsenal, referred to as self-monitoring (Mahoney & Thoresen, 1974). Because our research verifies that transference occurs outside of the therapy context, the simple monitoring of these responses as they occur in daily life, using an event-based recording method such as diary keeping or simple self-observation, may help increase attentiveness to these if–then patterns. A client can also learn to monitor in-session transference reactions as a way of practicing “on-line” monitoring for real-world situations. Once the client realizes that a maladaptive transference pattern exists, has learned to recognize its occurrence, and has decided that he or she would like to work to change it, intentional efforts can then be implemented to practice new ways of responding in place of the problematic (neurotic) ones, even in the presence of relevant triggering cues (e.g., Horney, 1939; see also Adler, 1929, 1927/1957). Once the person learns to recognize triggering conditions in advance of the response occurring, he or she may begin to expand whatever “moment of freedom” may exist between the trigger and the typical response (Mahoney & Thoresen, 1974; May, 1981; Yalom, 1980) so as to make a choice as to how to respond. With practice, the person might be able to override old habitual responses and to use a more adaptive, satisfying ones, although defining which are more satisfying, of course, is a task that must be done by the client.

Given our assumption that mental representations of self and significant others may contribute to psychopathology, the question emerges as to how any therapeutic strategy might work to change these mental representations. As noted briefly, therapy may fundamentally alter the structure and/or content of one’s significant-other representations and therefore the problematic patterns linked with them so that both are essentially “gone,” that is, no longer in memory in the same way. Alternatively, it may be more likely that therapy essentially creates an overlay of new responses on top of old ones that is then used in the place of the old responses. That is, the older, well-learned responses remain stored in memory, but are not used. Instead, thoughts, feelings, and actions acquired more recently are used in their place, perhaps eventually with some ease or automaticity (Smith & Lerner, 1986). The question is, what happens to any original memory representation when a new, competing response is learned? Does the representation remain in memory in “latent” form, usable under the right circumstances, or does it decay entirely so that no trace remains? As an example, one may have recently acquired strongly held beliefs (disliking a former lover) that conflict with older, prior feelings (tenderness and attraction) such that these older feelings are capable of resurfacing if the overlay of the more recent beliefs is somehow disrupted. Hence previous memory traces may rarely decay entirely, no matter what type of intervention is implemented. This remains a provocative question for future research, with implications for how various treatment strategies may be effective when they are effective, as well as for the conditions under which a “relapse” in change processes may occur (see Marlatt, 1979; Marlatt & Gordon, 1985; see also Bensley, Kuna, & Steele, 1988).

**Additional Clinical Implications of More Recent Social–Cognitive Transference Studies**

More recent experimental research using our standard experimental paradigm has examined the clinically relevant questions of whether transference persists over time and how role relationships may influence transference. It has been shown that transference persists over a 2-week time period and also increases in magnitude over this period, as assessed in terms of representation-consistent inference and
These effects are presumably due to significant-other representations being chronically accessible, which means that they should remain active longer than other representations (Bargh et al., 1988) and should have a special readiness to be used over time (Higgins & King, 1981). Even though transient influences on activation effects may also persist over time, chronically accessible constructs have a strong likelihood of activation and use over any period of time following a transference experience. Hence when the significant-other representation is activated, as it naturally is post-encoding, the various featural pathways within the significant-other representation should be traversed via spreading activation (Collins & Loftus, 1975), strengthening them, and strengthening even those pathways between features of the significant other that were not learned about the target person. This strengthening of linkages should cause a greater exacerbation in memory effects over time for significant-other representations, as has been demonstrated (Glassman & Andersen, in press). Such work is clinically important because the most problematic experiences in an individual's life are those that are robust and enduring (Andersen & Glassman, 1996).

One obvious clinical implication of the increasing influence of the significant-other representation on perceptions of a transference object over time is that interventions might profitably be targeted toward preventing such an increase by encouraging the client to examine the real characteristics encountered in the new person in a systematic way after the transference has occurred to help disrupt further concept-driven processing (Fiske & Neuberg, 1990). In other words, once transference has occurred, it may also be important to help a client be mindful of these recent transference responses so as not to permit the responses to become more pronounced as time passes. Of course a more ambitious therapeutic goal is to help the client learn to recognize a likely transference response before it occurs, so as to circumvent it entirely.

More provocatively, the exacerbation effect over time may speak to the long-standing psychoanalytic notion of transference neurosis, which refers to an intensification over time of transference toward a therapist. This notion suggests that once all of a client's symptoms are played out in the transference, the full pattern of the transference completes itself and diminishes (Blum, 1971; Freud, 1914/1963b; Weinshel, 1971). The formation of the transference neurosis and its successful resolution is seen as essential in psychoanalysis (Laplanche & Pontalis, 1973). Interestingly, the data on persistence and exacerbation of transference over time (Glassman & Andersen, in press) imply that the phenomenon of an increasing magnitude of transference over time conceivably may be explained by basic social–cognitive processes and hence, may not necessarily be pathological or even curative, in contrast to the suggestion of psychoanalytic theory. Indeed, the data demonstrate an increase in transference effects over time in a “normal” population (Glassman & Andersen, in press). It is important to acknowledge, however, that after initially learning about the new person, there was no further contact. We suspect transference effects may also increase over time when the new target person is seen regularly on an ongoing basis, such as in psychotherapy, but have yet to examine ongoing relationships in our work.

Along these lines, it is likely that any given long-term intimate relationship, including a therapeutic relationship, may serve to trigger and re-trigger the significant-other representation in combination with the chronic accessibility of the representation. Indeed, aspects of the therapist or of the therapeutic situation may lead to even more exacerbation than the research discussed has shown based on exactly this kind of triggering and re-triggering of the significant-other representation, which conceivably could be the case in long-term intimate relations also. On the other hand, aspects of the real situation or the real target person might explicitly contradict the significant-other representation and might thus be inhibitory or deactivating, which could contribute to a lessening of the effect over time. Work examining the precise ways in which transference plays out over time in long-term, intimate relationships or in psychotherapy clearly would be of considerable importance.

In examining role relationships in transference, the chronic relational role of the significant other in relation to the self was assessed in terms of whether the new person's interpersonal role was congruent or incongruent with the
significant other’s role, in the context of transference (Baum & Andersen, in press). Because the interpersonal role one occupies with a positively toned significant other (negative significant others were not examined in this study) is likely to be linked with goal states typically fulfilled in this particular role relationship (see Kruglanski, 1989; Kruglanski & Jaffe, 1988), a new individual resembling a positive significant other should be more likely to elicit positive mood when in a role congruent with that of the significant other. Moreover, an incongruent role might signal that typical goals with the significant other will not be able to be pursued or fulfilled, thus interfering with representation-consistent affect. Role incongruence with a positively toned significant other should therefore lead to negative mood by removing role-based means through which particular positively toned goals with that significant other are pursued. The notion that unfulfilled goals are often a source of discomfort and even of suffering is increasingly accepted (e.g., Martin & Tesser, 1989). Indeed, this is exactly what the data showed (Baum & Andersen, in press).

As predicted, when the target resembled the participant’s own (versus someone else’s) significant other and was in a role congruent, rather than incongruent with that typically occupied by the significant other (that of an authority figure), more representation-consistent positive mood was elicited in the participant (Baum & Andersen, in press). Furthermore, role incongruence in the significant-other condition led participants to feel notably badly, demonstrating representation-inconsistent mood.

Hence, relational roles appear to influence the emergence of transient mood states in transference. Although we have not yet tested this proposition for negatively toned significant-other representations and can therefore draw conclusions only about positively toned significant-other representations, we would assume that a congruent role might facilitate representation-consistent negative mood when the representation is negatively toned. Interestingly, however, in transference, role incongruence with a negative significant other may also lead to the opposite affect, positive mood, because it does not permit the typical goals with the significant other to be pursued, which in this case are negatively toned. On the other hand, role incongruence in relation to a negative significant-other representation could instead lead to even more negative mood, as with a positive significant other, because of the unfamiliarity of role incongruence, which itself may be aversive in relation to any significant other. This provocative notion warrants future research.

In terms of clinical implications, the data demonstrate that when the target is in an interpersonal role incongruent with that of a positively toned significant other, negative transient mood is elicited (Baum & Andersen, in press). This may well reflect hopes and expectations about the target, based on the activation of the representation, that are dashed by the inappropriateness of the role relationship. Hence clients may benefit from becoming more mindful of role incongruence and its potential consequences for mood states in transference. In some cases, the client might intentionally make the decision not to enter particular interpersonal situations in which the new person resembling a positive significant other does not occupy a typical role because this might lead too regularly to painful, negative mood states. Similarly, the client might, for therapeutic reasons, choose to create situations in which a new person resembling a positively toned significant other is permitted to occupy a role similar to that of the significant other, thus leading to positive mood states—if it is not otherwise maladaptive. Conversely, when a new person resembles a negatively toned significant other, the client might not permit him or her to occupy a similar role. On a related note, a client might be encouraged to seek out authority figures (supervisors, mentors, and so on) not resembling negatively toned significant others who have also occupied this role—assuming a complete break from the past—if more directly changing the patterns is too ambitious a therapeutic goal. If such stimulus seeking or intentional avoidance is not feasible, of course, efforts to engage in piecemeal processing of new others can always be useful in conjunction with considering new goals and roles that might be pursued (see also Kelly, 1955).

It is intuitively appealing that people may have a preference for congruent or familiar role relationships with new individuals in transference, in that congruent roles enable them to pursue familiar interpersonal goals in such
relationships—even when the relationships are negatively toned or otherwise unhealthy (Andersen & Glassman, 1996; see also Luborsky & Crits-Christoph, 1990). Thus it is worth noting that basic research in social psychology has confirmed the existence of this kind of self-verification process (see Swann, 1983; Swann & Ely, 1984). People do appear to seek some amount of self-consistency (Greenwald, 1980). Beyond this, Freud offered a related dynamic explanation for why people engage in transference—repetition compulsion (Freud, 1914/1963b). A more modern conceptualization of this process posits that transference provides the potential for acquiring mastery over prior traumatic events (Luborsky & Crits-Christoph, 1990), and hence that individuals may chronically attempt to fulfill a particular interpersonal goal in a more satisfying way, not simply to repeat the past (see also Wachtel, 1981) but to improve on it. In any event, we do not assume that an effort to “fix” the past is necessary in the emergence of transference. What seems like a motivated preference for familiarity or “fixing” may emerge mainly because a new person or situation is sufficiently similar to a significant-other representation that the representation is triggered, which in combination with its chronic accessibility, leads corresponding interpersonal goals to be activated also. Thus, one must take care to question the direction of these effects and not simply assume that a motivated repetition is occurring (see also Horney, 1939; Wachtel, 1981) when it may be significant-other activation and related goal activation instead.

Interestingly, because this study (Baum & Andersen, in press) examined the interpersonal role of the authority figure, its clinical implications are particularly pertinent to the transference that occurs in the therapeutic relationship. That is, the role of authority figure is the role occupied by the therapist in psychotherapy, hence there exists role congruence between the parental role (and other authority-based roles) and the role of the therapist. The data thus imply that a client may be especially likely to experience moods relevant to parental representations in relation to the therapist in the context of transference, particularly when the therapist’s characteristics, expressions, or actions lead the significant-other representation to be activated and applied. Such a mechanism may explain, in part, the apparent predominance of transference concerning parental figures in psychoanalysis because the therapist is more of an authority figure than is the case in more interactive forms of psychotherapy.

Other Pertinent Literatures and Their Clinical Implications in Terms of Experimental Literature on Transference

Although our model of transference in interpersonal relations argues that extensive linkages between self and significant-other representations exist in memory, considerable work remains to be done in fleshing out the exact nature of these self–other linkages and their role in transference. Given that significant-other representations and their linkages to the self are used to “fill in the blanks” about new people, and hence represent part of the basic meaning-making structures and processes used in everyday social perception, their role in transference can be understood in terms of all the complex knowledge (perhaps including scripts and so forth) stored about these individuals. Because this content is what is used to fill in the blanks about new people it is clearly of great importance and thus warrants continued study. Clinically, the ways in which people infuse “reality” with personal meaning are relevant both to psychopathology and to adaptive functioning (see Silver & Wortman, 1980; Tait & Silver, 1989; see also Frankl, 1959; Greenberg, Pyszczynski, & Solomon, 1986; Greenberg, Pyszczynski, Solomon, & Chatel, 1992; Greenberg et al., 1990; Janoff-Bulman, 1989, 1992; Klinger, 1977; Yalom, 1980). This underscores the imperative to understand more precisely the interplay between self and significant-other representations, their content, and implications for interpersonal relationships. In the pages that follow, we consider six research literatures that speak to the linkage between self and significant-other representations and may illuminate future areas of investigation for experimental research on transference, hence providing grist for more intricate, sophisticated future studies using our paradigm. The clinical implications of each line of research are also considered in relation to the transference phenomenon as we conceptualize it.
Interpersonal Motivations and Goals in Transference With Special Reference for Attachment

Many interpersonal theories of personality and psychopathology (e.g., Horney, 1939; Sullivan, 1953) assume that two or three basic needs are essential in characterizing people's interpersonal lives: the need to be warm, attached, close, and connected; the need to be detached, autonomous, individuated, and competent; and the need to feel secure (Andersen et al., 1997; see also Adler, 1927/1957; Bakan, 1966; Deci & Ryan, 1985; Greenberg & Mitchell, 1983; Guisinger & Blatt, 1994; Helgeson, 1994; McAdams, 1985, 1989; Mullahy, 1970; Rogers, 1951; Safran, 1990a, 1990b). A special need for security is especially emphasized in most psychodynamic theories (e.g., Horney, 1939; Sullivan, 1953), such that success in both attaching and detaching, and in being competent and autonomous, help enable a sense of security. This notion is consistent with most object-relations theories (Greenberg & Mitchell, 1983), and reflects our views about basic needs (although we would also add a sense of meaning in life; Andersen et al., 1997). If motivations of this kind are basic to human growth and development, specific experiences should be interpreted in terms of these motivations and should be stored in memory in these terms in relation to the particular significant other with whom they may have occurred. Of course, any information stored in memory about the significant other should be activated and played out in transference according to our model, and hence we would expect these motivations to be pertinent to what tends to happen in transference, suggesting some of the most likely content in transference.

Our model, in conjunction with a motivational framework, implies that motivational constructs should be central to transference and to the idiographic content of the exact relational links between the self and the other in memory. Importantly, this notion derives not only from many psychodynamic theories of personality (e.g., Horney, 1939; Sullivan, 1953), but is deeply embedded in attachment theory (Bowlby, 1969). The assumption of such fundamental human motivations forms the basis of attachment theory, which proposes that motivational responses toward a particular significant other, especially motivations to attach and be near, coexisting with the need to pursue autonomous behavior, are stored in a "working model" of the self–other relationship (Bowlby, 1969, 1973, 1980). Attachment motivations are thought to be at the heart of the working model linking the self with a significant other in memory, such that attachment successes, tensions, and failures are central to the connections between the self and the significant other (see also Baldwin, 1992).

To put this differently, at the basis of attachment theory is the notion that the quality of infant attachment to a parenting figure is essential in determining whether the infant will be able to engage comfortably in both autonomous and relatedness behaviors later in life. According to Bowlby (1973), working models contain both the child's view of whether or not the attachment figure responds positively and sensitively to bids for emotional support, and also the child's ways of coping with these outcomes. Thus, working models contain both the self's view of the other and the self's view of the self (Bartholomew & Horowitz, 1991), and any conflict between autonomous versus emotionally connected behavior that exists, along with typical ways of coping with this conflict.

Although both child and adult attachment are thought to be mediated by internal working models, little research has explicitly examined the specific nature of working models or their activation and application to a new person in transference and/or the role of these attachment-relevant processes in interpersonal encounters or in relationships (see also Zeifman & Hazan, 1997). Instead, research on child attachment has focused on how children deal with separation from the parent in an experimental situation (called the strange situation) and has identified trait-like attachment styles that are measured as individual differences in response to the situation—defined as secure, anxious-ambivalent, and avoidant styles (e.g., Ainsworth, Bleher, Waters, & Wall, 1978). Similarly, research on adult attachment has focused primarily on trait-like individual differences in attachment style as they relate to aspects of romantic relationships (e.g., Collins & Read, 1990; Hazan & Shaver, 1987; Shaver & Rubenstein, 1980; Simpson, 1990; although see Zeifman & Hazan, 1997). The work on adult attachment does not
explicitly address transference because it involves an assessment of attachment style in the same relationship (the romantic relationship) in which the present relationship factors are being assessed. On the other hand, some research has explicitly specified the likely content of internal working models of self and other (Bartholomew & Horowitz, 1991) as these working models relate to specific attachment styles. As Bowlby (1973) argued, the individual’s model of the self may be positive or negative (i.e., worthy or unworthy of love and attachment), just as the individual’s model of the other may be positive or negative (i.e., trustworthy or untrustworthy in responding to the self’s need for love and attachment). These combinations of self–other representations in terms of their positivity or negativity define four categories of attachment style that meaningfully discriminate between participants in terms of self-concept and interpersonal problems (Bartholomew & Horowitz, 1991; Griffin & Bartholomew, 1994), an obvious advance in research on attachment.

Although working models have yet to be defined and assessed idiographically in attachment research, this research literature has clear relevance to transference because it focuses specifically on self and other representations and on internal working models and their use in new relationships. Hence the literature suggests that a greater emphasis on internal working models and matters of attachment and detachment in assessing transference in our paradigm is of the essence. Because research on attachment conducted to date has not examined the activation and application of working models to subsequent encounters or relations, it has not explicitly examined the proposition that it is the use of a given mental model that underlies attachment-related behaviors. That is, if Bowlby’s original conceptualization of attachment theory is accurate, the same discomforts about attachment and autonomy one experienced with (or still experiences with) a given significant other should be evoked in subsequent social relations when the particular working model is applied in the subsequent relation (see also Zeifman & Hazan, 1997).

With regard to transference, when a significant-other representation is activated, any attachment-related concerns regarding that person should be activated and applied to the new individual. Research in our paradigm has examined the activation of interpersonal motivations to approach or avoid another person emotionally, in terms of the desire for interpersonal closeness or intimacy, and has shown that it can emerge as a consequence of significant-other activation (Andersen et al., 1996). Hence the role of such motivations has begun to be examined in this paradigm and continued work is needed. On the other hand, the exact direction of influence in the process warrants empirical examination as it is likely that motivational states (e.g., being in need) could activate a particular significant-other representation just as an activated significant-other representation triggers motivations, as a bidirectional process. For example, it may be that the emergence of attachment issues in a relationship might lead to the activation of a particular significant-other representation. In our work we have examined intimacy motivations as a function of significant-other activation, based on a featurally similar stimulus person, rather than intimacy motivations as a trigger for significant-other activation and application. We would expect the latter process to occur in transference as does the former—if the activated intimacy motivations experienced are somehow uniquely associated with this specific significant other rather than with a whole host of others (Andersen & Glassman, 1996). Additionally, although the adult attachment literature has typically examined long-term relationships, data on interpersonal motivations in transference suggest that attachment-related concerns can, in fact, be invoked immediately upon encountering a new person. Hence attachment issues may not be exclusive to long-term relationships, but also may occur in simple interpersonal encounters, although the affective consequences of various transference experiences may differ tremendously in long-term relationships versus simple encounters.

Overall, given that attachment processes are presumed to be basic to peoples’ capacity to form and maintain relationships and to engage comfortably in autonomous behaviors, they are likely to be relevant both to human satisfaction and to human suffering. Therefore, it is likely to be useful in therapy to examine the content of clients’ internal working models concerning particular significant others, particularly with regard to attachment and autonomy issues as they are played out both in out-of-session
transference and transference with the therapist. Maladaptive consequences may be likely to the extent that conflict exists between attachment and autonomy needs within a given working model and this working model is used in a subsequent encounter, indicating that transference may be mediating the current suffering. Of course, any close relationship may serve as a provocative cue for attachment-related issues to be activated because the need to be loved, respected, and approved of by another are heightened. Moreover, when specific events occur relevant to attachment issues in a given relationship, such as stress in the relationship, attachment processes are more likely to play out (Simpson, 1990). Hence attachment issues may not manifest themselves in an entirely stable way over time in a given relationship, but rather may be triggered in part by activation of related motivations associated with a given significant-other representation as a function of changing dynamics in the relationship. In addition, as suggested by data on motivation in transference (Andersen et al., 1996), attachment issues may also be relevant in the earlier stages of a relationship when people are negotiating whether to become "attached." Hence it important not to dismiss first impressions and other responses that occur early on in a relationship with regard to transference phenomenon. Of course, further research is needed to substantiate these speculative claims.

In dealing with attachment issues in therapy, the corrective experience of a safe, reliable, and trusting therapeutic relationship may well modify the client's working model of what is possible in a relationship on its own. Of course, generalization of such a new experiences to other people in the client's interpersonal life is quite another matter, requiring implementation of what is learned in the relationship with the therapis to others outside of treatment (Adler, 1929). As with any changes occurring in treatment, generalization to the rest of the client's life is of the essence.

**Self-Representations in Transference Via Relational Schemas**

Research makes it clear that people's self representations are activated when a significant-other representation is activated (Baldwin, Carrell, & Lopez, 1990; Baldwin & Holmes, 1987) via the relational linkages between self and other in memory. It has been shown that aspects of the self that are particularly well linked to the significant other are in fact activated in transference. That is, when the significant-other representation is activated, a working self-concept involving the self when with the significant other is activated in transference, highlighting the role of the self in the transference phenomenon (Hinkley & Andersen, 1996). These data also support the notion that multiple construals of self exist and are activated as a function of circumstance (Banaji & Prentice, 1994; Cantor & Kihlstrom, 1987; Linville & Carlston, 1994; Markus & Nurius, 1986). More broadly, the data are consistent with the notion that people hold in memory particular relational schemas that define the relationship between self and other (Baldwin, 1992; Bugental, 1992).

Indeed, any such relational linkage between the self and the significant other is important because it could in principle be activated directly. In this view, relational information in a new person's behavior or in one's own behavior may activate the relational schema, whose activation might then spread both to the significant-other and self-representations. Furthermore, it is possible that the self-representation may be triggered and applied to a new target person in a manner similar to how a significant-other representation may be applied (see Ogden, 1990; Singer & Singer, 1994). The use of the self-representation to interpret the new person is not transference per se, but rather is essentially "projection" in that the self is used as a means of interpreting the qualities of the other (Andersen & Glassman, 1996). Transference, by contrast, involves displacement of aspects of a significant-other representation to the new person. Given this distinction, the interesting possibility exists that transference patterns may at times be enacted in a way that involves both projection and transference. That is, when a new person occupies the role typically occupied by the self with the significant other, the self may take on the significant other's relational role, treating the target person as the significant other has treated the self. Such a phenomenon is not simply transference, but rather a variant of it involving the relational schema with the self component applied to the new person (i.e., projected onto the new person) and the signifi-
cant-other component applied to the self (or introjected). These provocative notions warrant research attention, complicated as they are, and would make a considerable contribution to the literature if substantiated, with important clinical implications.

Transference and Personal-Action Schemas

The notion of personal-action schemas has also been proposed as a basis for transference (Mayer, Rapp, & Williams, 1993), with such schemas defined in terms of the cues in the environment linked in memory to behaviors that others commonly engage in and one’s own pattern of response in return. For example, a young girl may notice a belt worn by a male teacher and wonder whom he hits with his belt (Mayer et al., 1993). Hence personal-action schemas may account for emotional reactions that are observed in transference because cues activate action patterns linked to a particular significant-other representation. By examining how seemingly meaningless or benign features of a new person may trigger action expectancies and affects that are typically linked to experiences with significant others, research on personal-action schemas extends thinking on the nature of the linkages between significant others and the self and others at the level of action patterns. Neutral features of a new individual may thus become colored by affect because of the behaviors linked to those features (Mayer et al., 1993).

It has been suggested that personal-action schemas differ from significant-other representations in content by explicitly encompassing actual behaviors. Hence personal-action schemas may exist in memory either independently of any particular significant-other representation or may be directed, attached to, or stored within a given significant-other representation (Mayer et al., 1993). According to our model, such behavioral patterns should be stored in memory in the linkages between the significant-other representation and the self, and hence may be activated when the significant-other representation is activated, or activated via the activation of the linkages themselves, a notion entirely compatible with the personal-action-schema framework. Indeed, in our recent work, we have examined the extent to which behavioral patterns enacted with the significant other occur with a new person in the context of transference, and have data that confirms this occurs (Andersen & Berk, 1998; Berk & Andersen, 1996). These findings thus provide some support for the notion that significant-other behaviors are represented in memory as linked to the significant-other representation, as suggested by the personal-action-schema model. The examination of behavioral patterns in transference is clearly of clinical relevance as a means of understanding the ways in which actions and affects in interpersonal relationships may lead to suffering—a reason frequently at the heart of why individuals seek psychotherapy.

Role-Relationship-Model Configurations and Core-Conflicting Relationship Themes

Considerable empirical work has focused on the measurement of interpersonal-relationship patterns expressed in the behavior of clients in psychotherapy, behaviors often interpreted as reflecting transference (for reviews see Horowitz, 1989; Luborsky & Crits-Christoph, 1990). In the next section, we examine these literatures, which revolve around interpersonal-role relationships and interpersonal-conflict patterns in the treatment context, for clues as to fruitful new directions for our transference paradigm and their likely clinical relevance. Both conceptions of interpersonal patterns in relationships to be considered track interpersonal regularities and irregularities in the treatment context and thus provide valuable frameworks for thinking about interpersonal relations in terms of what goes on in psychotherapy. In our paradigm, we have shown that relational patterns are stored memory along with significant-other representations and are played out when transference occurs. However, our work has primarily examined the process of transference, that is, the mechanisms by which it occurs, whereas psychotherapy research, in contrast, has focused on the content of relational patterns and their emergence in verbal accounts offered in therapy. Indeed, if it is mainly the content and not the process of transference that makes transference problematic (when it is problematic) the extension of our work into these areas is important.

The psychotherapy-based model of relationship patterns most compatible with our social—
cognitive model is that involving role-relationship-model configurations (Horowitz, 1989, 1991) because it specifies the manner in which such patterns are represented in memory in the linkages between self and other. In this conceptual framework, a person’s maladaptive interpersonal patterns are represented in terms of person schemas, that is, schematic representations of self and other, along with the typical interaction scripts linking the two. Self and other schemas contain the particular traits or roles characteristic of the individual in a given psychological situation. Interaction scripts include the self’s wishes concerning the other, the anticipated response of the other, the self’s reaction to the other’s response, and the self and other’s expected self-estimations of their responses. The model can be distinguished from ours in that it explicitly proposes multiple representations of self and other in relation to the same significant other, as defined by the differing psychological states one experiences in relation to this significant other. In addition, the model explicitly includes psychological defense as a crucial variable in how the self responds to the other. That is, “desired” responses (those wished for) from the other are represented in memory along with “dreaded” responses (those one fears) from the other, which combine to form “compromise” responses (in which what is desired is inhibited by what is dreaded), representing a defensive “solution” to the conflict; and this defensive solution can either be “adaptive” or “problematic” (see also Thorne, 1989). The content of self–other relational patterns is defined idiographically within the model, and it is the content of the problematic compromise that is seen as responsible for symptomatology. Moreover, a given self–other relational pattern stored in memory should readily be applied to a new situation as transference (Horowitz, 1989, 1991), as we suggest in our model. To the degree that role-relationship-model configurations (Horowitz, 1989, 1991) specify the nature of such linkages with dreaded self–other patterns that are particularly pronounced and desired patterns that apparently cannot be achieved, leading to the use of compromise self–other patterns as a defensive response. These shifts in self-schema use and the use of related self–other patterns define the underlying complexities in the individual’s final responding. Although this model is typically applied to the client’s real relationship with the same person represented in the memory structure, transference would involve the application of a self–other pattern to a different person. As applied to a new person as transference then, a compromise pattern with a significant other, whether adaptive or problematic, might be played out—a process that remains open to empirical investigation. In any event, the model is provocative in suggesting how multiple self- and other representations might be differentially activated and applied to new individuals in transference. Moreover, to the extent that activated and applied in a different encounter or relationship, that is, with a new person. The notion that repetitive interpersonal patterns can be observed in psychotherapy is similar in principle to the idea of transference, but does not verify its occurrence because the underlying mechanisms producing the recurrent pattern are not known. For example, a maladaptive pattern repeating itself in a given therapeutic relationship might well have been acquired initially in the same relationship, and thus would not constitute transference. Although the role-relationship model assumes that the activation of self–other relational patterns may occur such that these patterns may be applied to a different relationship, this process has not been assessed directly in research on role relationships. What has been shown in the research on the role-relationship model is that specific role-relationship-model configurations can be reliably coded on the basis of psychotherapy transcripts (Horowitz, 1989), a crucial step in assessing the use of such content coding of dyadic encounters in psychotherapy.

Nonetheless, the role-relationship model offers a compelling framework that can inform the experimental investigation of transference. In our model, significant-other representations are linked to self-representations via particular interactional patterns. Role-relationship-model configurations (Horowitz, 1989, 1991) specify the nature of such linkages with dreaded self–other patterns that are particularly pronounced and desired patterns that apparently cannot be achieved, leading to the use of compromise self–other patterns as a defensive response. These shifts in self-schema use and the use of related self–other patterns define the underlying complexities in the individual’s final responding. Although this model is typically applied to the client’s real relationship with the same person represented in the memory structure, transference would involve the application of a self–other pattern to a different person. As applied to a new person as transference then, a compromise pattern with a significant other, whether adaptive or problematic, might be played out—a process that remains open to empirical investigation. In any event, the model is provocative in suggesting how multiple self- and other representations might be differentially activated and applied to new individuals in transference. Moreover, to the extent that
role-relationship-model configurations can reliably be identified in psychotherapy sessions, it suggests that assessment of transference content may be relatively straightforward, as we have suggested based on our experimental procedures for assessing the content of significant-other representations. The client may then be assisted in becoming aware of his or her engagement in problematic patterns, as is typically done in psychotherapy, as a means of circumventing such responses in the future.

Because the role-relationship-configurations model posits a link between interpersonal roles and defensive processing, it also warrants some consideration in light of data emerging from our paradigm concerning interpersonal roles in transference, which has shown that roles are an important conduit for representation-consistent mood in transference (Baum & Andersen, in press). Anticipating that important interpersonal goals will or will not be fulfilled—in the context of an interpersonal role—is emotionally relevant in that a congruent role signals that the same goal-relevant responses will be experienced with the new other, whereas an incongruent role signals the opposite (see also Andersen & Glassman, 1996). By contrast, the role-relationship model proposes that the process of anticipating an undesired outcome, with regard to a particular interpersonal goal or "wish," leads to a defensive shift to a compromise self-other pattern and hence to a different interpersonal role (see also Thome, 1989). The work in our paradigm has focused on the impact of interpersonal roles on transient affect in transference, demonstrating that role congruence between a new person and a positive significant-other representation in the context of transference (significant-other activation) leads to representation-consistent transient mood, whereas role incongruence leads to representation-inconsistent mood (Baum & Andersen, in press). Additional work is needed to determine the impact of role incongruence, if any, on the use of defensive or self-enhancing strategies, as suggested by the role-relationship model. Whether the anticipation of unfulfilled goal states might lead a person to shift into a different role relationship in transference remains an open empirical question (although see also Hinkley & Andersen, 1996). Moreover, the role-relationship model suggests that a defensive "shifting" of roles may either be adaptive or problematic, as defined in terms of outcomes.

Finally, because the social–cognitive paradigm does not endorse traditional drive-reduction assumptions in transference (Andersen & Glassman, 1996), the similarities between our conceptualization of motivation in transference and the "wish-threat-defense" process depicted in the role-relationship model are worth noting (Horowitz, 1989). In our model, we focus on interpersonal motivations in the form of a need to attach and/or to separate from the significant other (Andersen et al., 1996, 1997; see Horney, 1939; Sullivan, 1953), and argue that such motivations may be fundamental in the linkages between self- and significant-other representations in memory, playing out in transference. We argue that such motivational constructs are linked in memory to significant-other representations, along with the other's typical responses to the self and contingencies in the self–other relationship (Andersen et al., 1997; see also Higgins, 1990; Thorne, 1989). Hence our notion of a motivational construct may be conceptualized as similar to a "wish" with anticipated outcomes linked to it in memory. In the case of attachment or connectedness motivation, for example, a distancing motivation may emerge in its place when the wish for attachment is perceived as unlikely to be reciprocated and hence as leading to negative outcomes. Based on repeated experiences of this kind with a significant other, such a relational pattern would presumably be stored in memory along with the significant-other representation and would emerge in transference when the significant-other representation is triggered.

Beyond the role-relationship model, the most comprehensive conceptualization of how relationship patterns are expressed in psychotherapy is represented by the model of core-conflictual relationship themes (Luborsky & Crits-Christoph, 1989, 1990; Luborsky et al., 1985). In this model, a core theme consists of three components: an individual's primary wishes, needs, and intentions toward another person; the responses of the other; and the subsequent responses of the self toward the other. These components are tallied from personal narratives in which the client spontaneously describes interpersonal relationships to the therapist or from actual interpersonal sequences with the therapist. The core-conflictual theme is then
constructed from the most frequently occurring combination of these components. Such conflictual patterns can be conceptualized and assessed nomothetically (based on a taxonomy of typical core themes clients often exhibit in psychotherapy), or can be conceptualized and assessed idiomatically (see Luborsky & Crits-Christoph, 1990).

Based on the numerous similarities that have been identified between Freud's conception of transference and core-conflictual themes, as coded from transcripts of psychotherapy sessions, it has been argued that core themes do in fact reflect the transference phenomenon (Luborsky & Crits-Christoph, 1990; Luborsky, Crits-Christoph, Friedman, Mark, & Schaffler, 1991; Luborsky et al., 1985). In support of this argument, it has been demonstrated that repetitive patterns of interpersonal interaction can be identified and reliably coded by trained judges from psychotherapy tapes and transcripts (Luborsky & Crits-Christoph, 1989, 1990; Luborsky et al., 1985). For example, one primary conflictual relationship theme tends to emerge for any given client, and this one tends to play out with the therapist (Luborsky & Crits-Christoph, 1990; Luborsky et al., 1991; Luborsky et al., 1985); with other people, as recounted in narrative accounts such as reported memories of early relationships; and also in dreams (Luborsky & Crits-Christoph, 1990; Luborsky et al., 1985, 1991). Furthermore, this predominant core-conflictual relationship theme for a given client also appears to change over the course of treatment, suggesting that therapy may alter the nature of the core theme over time (Luborsky & Crits-Christoph, 1990; Luborsky et al., 1985, 1991), although a no-treatment control group for examining treatment-based change is needed and no comparable research we know of has been done with persons not in psychotherapy.

These findings are relevant to the concept of transference and are provocative with regard to the notion that the mechanism underlying the emergence of a given patient's core theme in these psychotherapy studies may in fact be transference. As with the role-relationship model, however, the psychotherapy data do not definitively demonstrate transference because they cannot rule out alternative explanations for the emergence of these patterns, such as the behaviors of the therapist, the patient's past reinforcement history across numerous relationships, or global personality traits (Andersen & Baum, 1994). In addition, although it has been suggested that transference may be "aroused" by perceived similarities in the new person (Luborsky et al., 1991), this notion has not been examined empirically in the therapy context and the question of how such conflictual materials might be stored in memory also remains unaddressed (see also Singer & Singer, 1994).

Both core-conflictual relationship themes and role-relationship-model configurations are conceptualized in a manner that is measurable in our experimental paradigm (Andersen & Glassman, 1996). That is, as long as it is possible to obtain an independent, pretest measure of a particular role-relationship-model configuration or core-conflictual relationship theme, stored in relation to a specific significant other, and to then use it to track the emergence of transference in a new encounter, it is possible to assess whether patterns occur as transference. If a core-conflictual theme or role-relationship model were to be shown to play out in transference experimentally it would provide further evidence that wishes and related outcomes (i.e., fulfilled and unfulfilled goals) are part of the linkages between self and significant other in memory and can be activated in transference, as we have argued (Andersen et al., 1996). Moreover, the fact that these psychotherapy data show that such patterns emerge both inside and outside of therapy, as assessed across a variety of relationships and not just with the therapist (Crits-Christoph, Barber, & Kureias, 1993; Crits-Christoph, Cooper, & Luborsky, 1989), implies that transference may also occur both inside and outside of therapy, as we would argue (Andersen & Glassman, 1996).

Conceptualizing Transference in Terms of Narratives

Interestingly, recent theoretical work has also argued persuasively for the usefulness of conceptualizing transference in terms of narrative psychology (Singer & Singer, 1994). In this approach, transference is understood in terms of the patient's "life story," or the themes corresponding to various stages of his or her life as he or she proceeds in identity development over the life span. For example, a middle-aged man feeling "blocked" both in his work and in
therapy may be looked upon as transferring age-appropriate concerns with his generativity into the therapy context (Singer & Singer, 1994). This kind of narrative approach to transference moves beyond intrapsychic and individualistic conceptions of transference to encompass situational contexts, the developmental epoch, and culture. Within this perspective, transference includes cultural scripts to interpret new situations in particular ways that are obviously nomothetic in nature, such as struggles that universally characterize a particular phase of life, as well as personal relationship history.

Conceptualizing transference in terms of the broad social and cultural context in which it occurs is clearly of importance because transference is a distinctly interpersonal phenomenon. Our work has examined such nomothetic notions thus far only in a most limited way—in terms of nomothetic interpersonal roles such as expert–authority figure versus novice (Baum & Andersen, in press). More research along these lines is clearly needed. Expanding our work to include themes of identity and cultural scripts is important in further identifying when and how transference is likely to occur and what its content may be. In terms of psychotherapy, again such information may be useful in enabling the client to predict the likelihood of a transference response, and thus to take the opportunity to circumvent it where possible and desirable.

Interestingly, the narrative approach to transference (Singer & Singer, 1994) is quite consistent with the view that the transference response is best conceptualized as conditional patterns of thought and behavior—that is, patterns that occur under particular conditions (Thorne, 1989). In this view, transference may consist of particular if–then patterns that link certain behaviors to particular environmental conditions or contingencies so that such conditional patterns in fact represent personality. In this framework, if–then patterns endure over time and across situations. Such an if–then model of personality has gathered a great deal of empirical support (e.g., Mischel & Shoda, 1995). In our work, we have argued that transference patterns may well define personality in terms of interpersonal patterns of responding under particular triggering conditions (Andersen et al., 1997) and have marshaled some evidence to support this claim (Hinkley & Andersen, 1996). That is, as noted, it has been shown that people become the self they are with their significant other in transference, when the person triggers this particular significant-other representation (Hinkley & Andersen, 1996). Beyond this, all of the studies examining the social–cognitive model have used triggering cues in the environment to elicit transference, that is, cues in the new person that match the significant-other representation and hence activate that representation. Hence context effects and the notion of conditional activation have been central in research on transference. Moreover, such effects are clinically relevant because they highlight the potential usefulness of enabling the client to identify triggering cues in advance of a transference episode thus averting the transference (when it is maladaptive or undesired), although cautions in generalizing from our research to psychotherapy should be kept in mind. Work within the social–cognitive paradigm has begun to conceptualize significant-other representations in terms of if–then “theories” about significant others that people may have in memory (Chen, 1997). That is, a significant-other representation is not a collection of disconnected features without meaningful connections between them, but rather contain explanatory statements about the other concerning how he or she feels or behaves and why. Such explanations nicely map onto conditional theories of personality in that they reflect conditional representations of significant others, which may even be considered to be mini–narratives about the other. Research on transference would be valuably supplemented by such an examination of the conditional relationship between self and other as a series of mini–narratives.

**Significant Others as a Source of Standards for the Self and Relevant Emotional Responses**

Beyond the notion of narrative or non–narrative content of significant-other representations per se, it is worth considering some of the other representations and processes likely to be involved in the relationship between self and significant others. One conceptual framework in particular that has amassed considerable re-
search support and offers provocative predictions about affective outcomes in transference is self-discrepancy theory. In this model, self- and significant-other representations lead to particular affective consequences as a function of the degree to which a discrepancy exists between standards about the self and the actual self and whether or not the discrepancy is activated. These standards involve hopes about the self (the ideal self) or duties for the self (the ought self) and exist both from the standpoint of the self and from the standpoint of the significant other. Standards viewed from the standpoint of the significant other should be linked in memory to the significant-other representation. These standards for the self (or self-guides) may also function as global self-regulatory systems that guide affect and behavior by focusing on the achievement of positive outcomes and the avoidance of negative outcomes (Higgins, 1989a, 1996a). Hence it is possible to conceptualize self-discrepancy theory in terms of individual differences in self-discrepancies. The role of a significant other’s standards for the self in the emergence of affect in transference, as a function of linkages between representations of significant others and such standards, can be derived from the model and warrants research attention.

In the theory, individuals are motivated to decrease self-discrepancies between actual-self and self-guide representations because the self-discrepancies that exist are associated with negative emotional states and emotional syndromes (Higgins, 1987, 1989a, 1989c; Higgins, Klein, & Strauman, 1985; Strauman, 1990; Strauman & Higgins, 1987, 1988). An actual–ideal discrepancy (in which the actual self does not match the hopes and desires of the self or of the significant other) should be associated with the perceived absence of positive outcomes and should predispose the individual to rejection-related emotions, sadness, and depression. An actual–ought discrepancy (in which the actual self does not match the self’s or the significant other’s perceptions of duty and obligation for the self) should be associated with the perceived presence of negative outcomes and should predispose the individual to agitation-related emotions, nervousness, and anxiety. Strong support for these predictions has been obtained, and the model may shed light on emotional and motivational processes likely to occur when significant-other representations are activated via the activation of the significant other’s standards for the self. This notion awaits future research.

In a developmental sense, the strength of the discomfort associated with particular self-discrepancies is thought to be a function of the lack of positive outcomes and/or the presence of negative outcomes experienced in childhood, as contingencies experienced on the basis of failing to meet the standards of a parent (Higgins, 1987, 1989a, 1989c; see also Thorne, 1989). This discomfort is then stored in memory along with the contingencies, outcomes, and the exact significant-other standards, with the significant-other representation. More specifically, because multiple representations of self (actual, ideal, ought) are linked to parental representations in this model, these standards should be activated when a parental significant-other representation is activated, which means that any self-discrepancy associated with this significant other should also be activated in the context of transference, leading to the associated emotional consequences for the self.

If in fact self-discrepancies and their associated maladaptive emotional consequences are activated and applied in transference, assessing a client’s various self-representations and potential self-discrepancies along with pertinent significant-other (parental and perhaps other) representations would clearly be of use clinically. Furthermore, self-discrepancy theory has implications for the treatment of emotional suffering in that therapeutic work to modify the actual self-representation, the problematic self-guides, and/or the accessibility of the relevant discrepancies, would make sense (Higgins, 1987).

In a related vein, it has been suggested that self-discrepancies may function in a transference-like manner, in that an individual might use one of his or her self-guides to evaluate a new person’s behavior, even if this standard is really the significant other’s standard and not one’s own (Higgins, 1987). This would mean applying to a new person the standards that the significant other applies to the self, so that the self takes on the significant other’s judgments toward this new person. In our view, this has more in common with identification (and thus perhaps projection) than with transference per se, but may suggest how transference-like processes can in principle be conceptualized within the model.
Concluding Comments

In sum, we have presented a body of research we believe demonstrates that the basic mechanism underlying transference is simple construct activation and application, and hence, that the transference phenomenon is part of the basic meaning-making process operating in everyday life. Our experimental research in the area of social cognition has shown that the activation and application of a significant-other representation to a new person leads to representation-consistent inference and memory, evaluation, affect, motivation, expectancies, and self-changes. Because these effects occur in relation to a new individual, often as triggered by relevant significant-other cues in the new person, we argue that the process reflects the basic mechanism underlying transference. Hence the process is not necessarily maladaptive, but on the contrary is quite "normal." Because the research presented has demonstrated that transference represents a basic process occurring across individuals—the activation and application of a significant-other representation to a new person—we argue that it will often be the content of the significant-other representation (including the content of the linkages between the self and the significant other) that determines whether transference is maladaptive. Of course, the process itself may also transpire in a problematic way, for example, by being particularly rigid or mindless in its operation.

We have presented data to show that the linkages between self and significant other are in fact traversed following the activation of a significant-other representation, with consequences for the working self-concept and self-evaluation, and with affective consequences that may depend on salient role relationships. We have also argued, in a more speculative vein, that the activation and application of a significant-other representation to a new person may be fundamental both to the emergence of attachment-related concerns and to the emergence of self-discrepancy-based suffering. Additional research in such areas may elucidate the precise ways in which past relationships influence the present in terms of the basic interpersonal processes that transpire in transference, and should therefore have important implications for clinical intervention.

Overall, we have argued that significant-other representations, including their linkages to the self, play a crucial role in the emotional responses, motivations, and expectancies people experience in interpersonal relations. Hence much of what occurs in contemporary relationships may reflect the playing out of aspects of past relationships in ways that may be either healthy or unhealthy for the individual. To the extent that people have multiple significant-other representations, each with a relatively unique relational pattern characterizing how the self and the other relate, the self may well be comprised largely of these multiple identities and interaction patterns, linking identity and even personality as a whole in these terms (Sullivan, 1953). Although significant other representations are not necessarily set in place in an invariant manner (Wachtel, 1981) or only set in place early in life, we have argued that they may define personality and interpersonal relations in idiographic terms for each individual, such that there are multiple possible selves that may emerge as a function of contextual and situational cues (see also Linville & Carlston, 1994).

Our model and data are relevant to clinical concerns because they show how new relations are influenced, both cognitively and emotionally, by past relationships and people stored in memory. Of course, we recognize we must exercise caution in generalizing from experimental work with "normal" populations to the psychotherapy context, but evidence pertinent for conceptualizing transference clearly exists in our research program and it may well have profound clinical implications. Interestingly, to the extent that expectancy-confirmation processes occur in transference, as they do with other social constructs—and there is some evidence that they do (Andersen & Berk, 1998; Berk & Andersen, 1996; see also Darley & Fazio, 1980; Olson, Roese, & Zanna, 1996; Miller & Turnbull, 1986; Snyder, Tanke, & Berscheid, 1978; Snyder, 1992)—transference responses may also evoke self-fulfilling prophecies as further means by which past relationships may have an impact on present ones.

Based on these assumptions and a variety of studies, we have outlined the clinical implications of our experimental research on transference, focusing particularly on case-formulation considerations and the importance of helping clients to identify transference responses and the
cues most likely to trigger them as an initial step toward enabling them to learn to short-circuit such responses when they occur and are maladaptive. In particular, we have suggested that early conscious identification of a potential transference response by the client in vivo—achieved by noticing the relevant triggering cues in a new person and situation that typically provoke it—can provide the client with a “moment of freedom” (Mahoney & Thoresen, 1974; Yalom, 1980) in which to implement effortful, piecemeal processing to short-circuit schematic processing (Fiske & Neuberg, 1990). Such procedures may help remediate transference when problematic, though the decision about what to fill such a moment of freedom with—that is, the choice about what to think and do instead—still rests with the client. Optimally this decision will ultimately be based not only on momentary usefulness, but also on authentic needs, aspirations, and identities.

The clinical implications of our experimental-research findings are offered with caution and simply constitute working hypotheses based on indirect evidence—hypotheses to be refined and subjected to empirical scrutiny. It is our hope that this work may provide inspiration for increasingly precise research and clinical examination of the transference phenomenon both as it occurs in everyday life and as it occurs in the context of psychotherapy, and that this may ultimately inform us as to how best to reduce suffering in interpersonal relationships deriving from transference processes. More particularly, we hope that these ideas may encourage clinicians to think more precisely about the notion of transference, allowing it to be both “demystified” and “depathologized,” as our data suggest is appropriate, and to focus on its occurrence in the client’s everyday life at least as much as its occurrence in the therapy session.

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