Transference, Countertransference and Projection

Origin of the Concept of Transference

Viennese psychoanalyst Sigmund Freud first identified the phenomenon of transference in 1901, when he worked with a client called Dora. In hindsight, he realised that the reason she had not completed treatment with him was that he had failed to recognise that she saw him as a father figure.

Transference in the Person-Centred Approach

Because the concept of transference was first used in psychodynamic therapy, some people feel it has no place in the person-centred approach. However, Carl Rogers himself refers to transference in his writing, stating that transference is evident in the context of person-centred counselling.

Nature of Transference

In his article ‘Transference, are you a biological time machine?‘, American psychologist Michael G Conner explores the idea that transference creates an emotional ‘time warp’, taking you back in time, often (but not always) to childhood, with all the attendant thoughts and feelings.

It’s important to remember that transference is often subconscious or unconscious – making it difficult to spot and address. Transference is particularly likely to occur when we face any form of perceived power imbalance in a relationship.
Identifying Transference in Counselling

When transference occurs, we may argue, go quiet or play sick (translating to the fight, flight or freeze instinct). You may have seen this happen in your personal development group during training.

It can manifest in the counselling room as the client becoming angry at you, withdrawing from the process, and prematurely ending or not attending sessions – in other words, exhibiting childlike behaviours.

Alternatively, the client may go into parent mode. Either way, they have left adult mode (‘I’m OK, you’re OK’), which is where they need to be for therapy to be fully effective.

Countertransference

Countertransference is what happens when the counsellor reacts to the client’s transference. It is important to be able to realise we are doing this, and then to work out whether any internal responses that we are experiencing are based on our own pathology or contain unconscious communication from the client.

This is where personal development groups, personal therapy and our own reflections are vital, as countertransference is usually subconscious too – so we may need help to identify our ‘blind spots’.

Types of Countertransference

Subjective Countertransference

In this type of countertransference, you – as the therapist – respond to the client as if they are someone from your past. This is also known as therapist transference.

Concordant Countertransference

Also known as projective identification, this can be seen as the beginning of parallel process. In short, the client projects their unbearable feelings onto the counsellor, who experiences them as if reliving a bad experience from their own past.
Complementary Countertransference

This form of countertransference sees the counsellor’s responses match those of a significant person in the client’s life, thus replicating a past interaction. It may be that the counsellor stays silent while listening – but this is exactly what someone in the client’s past did. In this way, the responses and behaviours go back and forth.

Signs of Countertransference

There are various signs to look out for that might suggest you are experiencing countertransference. For example, you may become aware that you are feeling nurturing, rescuing or critical towards the client. This suggests you have entered parent mode. This reinforces their child role, meaning you are encouraging them to stay suspended there. Conversely, you might be drawn into child mode yourself and start to behave flippantly or feel scared, for example.

An interesting model to look at here is Stephen Karpman’s drama triangle, which has three corners: rescuer, persecutor and victim. Karpman was a colleague of Eric Berne, the founder of transactional analysis. For someone without good self-awareness, it’s easy to respond to a person putting themselves in, say, the victim role by switching into rescuer mode yourself. If you find that your client in going into any of these three corners, do take care not to enter either of the others.

Other warning signs that you may be experiencing countertransference include feeling:

- irritated by the client
- in love with or attracted to the client
- withdrawn from the client
- bored by the client
- fearful of the client
Projection

Projection, meanwhile, is a psychological process that involves attributing unacceptable thoughts, feelings, traits or behaviours to others that are actually your own characteristics. This can relate to what Carl Jung called your ‘shadow self’ and is a defence mechanism, protecting the individual from a perceived threat – and so reducing anxiety and conflict. In other words, projection is based on the belief that the best form of defence is attack.

If you can be aware of when a client is projecting, you can gain an insight into their fears and perceived vulnerabilities.

Working with Transference, Countertransference and Projection

All three of these phenomena can lead to you becoming really ‘bogged down’, leading to a feeling of stuckness in therapy. The first step is to admit that there is a problem.

Clinical supervisors are well practised in spotting transferential issues and asking the right questions to get to the bottom of what is happening. Once you have identified the issue – perhaps with the help of your supervisor – you may decide to go to personal therapy to work through any aspects of self that this has highlighted.

There are various key ways to rework the transference, countertransference or projection in the here and now:

- Be thoughtful of your clients’ process: reacting without thought may reproduce the past relationships, with all the attendant thoughts and feelings.

- Be aware of what the client means to you. The answer to this question could quickly identify countertransference. Thus, a good supervisor will help you identify what is going on in the therapeutic relationship.

- Be vigilant for any movement away from an adult-to-adult engagement; this may indicate transference is at play.

- Reflect to the client what you experience, helping the client move from the past into the here and now.