



Transference and Countertransference

Are you a biological time machine?

Come with me on a journey of discovery, as we investigate the fascinating psychological aspect of transference and countertransference and how they relate to human interactions.

They are an idea first put forward by Sigmund Freud, who believed that we bring aspects of past relationships into the here and now, a conclusion he came to after observing that his female patients had a tendency to fall in love with him.

So first of all, let's define what transference is.

To quote Michel G Conner of crisis.counselling.org, during transference people turn into a 'biological time machine.' A nerve is struck when someone says or does something that reminds you of your past. This creates an "emotional time warp" that transfers your emotional past and your psychological needs into the present.

Transference is largely a subconscious process, meaning that sometimes we are not aware of it, or how it might impact on new relationships such as working with a new client, colleague, or as we will see, a student.

Secondly it is the transferring of a relationship, not a person.

Finally it is at least partly inappropriate to the present, and only an aspect of a relationship—not the entire relationship—is transferred.

What does it look like?

Many years ago I was teaching a group of students, at the end of the class all but one left. She approached me and asked, “Do I irritate you?”

I took some time to think, before asking, “Who do I remind you of?”

She paused and thought for a few seconds, before responding ‘my father’.

“Tell me about him,” I replied.

She looked sad and a little frightened before answering, “He was a big man, had a loud laugh and told rubbish jokes.”

Now for someone who has never met me in the flesh so to speak, this could be a description of myself, although I have to say my jokes are really funny (well I laugh at them).

“What else?” I asked the student.

She hesitated before responding, “He belittled me, bullied me, hit me. Said I irritated him.”

We both stood in silence, allowing the power of her words to sink in.

The truth is, I was becoming irritated by her. In a few short weeks she had gone from being a learner who engaged in class, to one who avoided my questions with a childish response or just ignored me altogether. For a teacher this can be extremely frustrating, so if she had not approached me that evening, I would have approached her, to ask what was wrong.

We both stood in the room looking at each other. I was the first to break the silence.

“Grab a chair and sit opposite me.”

As we both sat facing each other, I said, “I am not your father. I may look a bit like him, sound a bit like him, and as for the jokes...”

The ice was broken, she smiled, before breathing a sigh of relief. We both understood that she had transferred and projected some aspects of a past relationship onto me with

all the attendant thoughts and feelings. Until I asked her who I reminded her of, this uncomfortable process was largely out of awareness existing in her subconscious.

So what about countertransference? Well if I had not been aware of the learner's change of behaviour towards me, I may have become visibly irritated and frustrated with her lack of engagement in class—becoming, at least in terms of irritation, the father she feared, counter-transferring my frustration onto her. Unchecked this game could have gone on forever, or at least until one of us disconnected from the interaction.

In the weeks that followed she engaged with both the class and myself. I was no longer teaching the child who lived in fear of her father, but a grown woman who existed in the here and now.

What are the factors that increase transference?

A client who has a vulnerable personality, and may rigidly project their expectations onto the here and now.

An example of this may be a client who has difficulty accepting that you are having a negotiated break from them, for say a holiday or a change in frequency of sessions.

It could be a client who has lots of anxiety around his or her physical or psychological safety (e.g, when sick and afraid), or a client who has reduced opportunities for romantic interests (Asperger's, LD, etc.).

Long-term therapeutic engagements can also increase the possibility of client transference.

Managing transference

- Recognising the importance of the relationship to the client
- Being reliable, for example keeping to regular appointments
- Maintaining professional boundaries and clear limits in therapy
- Reflecting back to them what may be going on, but only when the client can understand and use it. For example, if the client is becoming too attached to you, asking the question 'Who do I remind you of?' may highlight the transference.
- Working with both transference and countertransference in supervision

Why recognise transference in supervision

- It supports you, the counsellor, by helping you understand what is going on in the relationship with your clients, so reducing your anxiety and over-responsibility
- Improves ways to manage your clients' emotional process by recognising wishes that are not clearly in the client's awareness (for example, a client who may feel romantically attracted to you)
- Anticipating potential traps and potholes, such as a client being overcomplimentary to you
- Helps you avoid acting out countertransference and improves boundary maintenance

Countertransference

Is largely feelings evoked in the counsellor by the client's transference projections. These can be a useful guide to the client's expectations of relationships. For example a client who says you will never let me down, may subconsciously be projecting this belief onto you, the counsellor, when in reality they are accessing someone in their past, a parent figure or a past relationship.

Countertransference is easier to identify if your reaction to your client is not congruent with your personality and expectations of your role. For example, feeling very let down if the client misses an appointment or maybe fantasising about meeting the client in a setting other than counselling.

Awareness of the transference-countertransference relationship allows reflection and thoughtful response rather than unthinking reaction from you, the counsellor.

Finally let's not forget that transference is a two-way street. It is very possible that a counsellor may have strong feelings for their client.

Just to normalise this a bit, Pope & Tabachnick, (1993)* found that the vast majority of therapists (87%) had been sexually attracted to at least one, if not more, of their clients. This can lead to blurred boundaries and inappropriate self-disclosure on behalf of the therapist.

So the next time you have a strong reaction to a person you have just met, ask yourself this question: What aspects of this person's behaviour is linked with a relationship in your past? Or as I ask my supervisees, 'Who is this client to you?'

Useful links

Butler, C. A. (2011) Breaking Taboos: Acknowledging therapist arousal and disgust, Available at: http://opus.bath.ac.uk/40131/1/Accepted_version.pdf (Accessed: 15th of February 2016).

Dot, DR. (2008) Transference and countertransference, Available at: <http://www.clinpsy.org.uk/forum/viewtopic.php?t=1979> (Accessed: 15th of February 2016)

Pope, K.S. & Tabachnick, B.G. (2015) Therapists' Anger, Hate, Fear, and Sexual Feelings, Available at: <http://www.kspope.com/therapistas/fear1.php> (Accessed: 15th of February 2016).