Working with Countertransference

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In recent months, a number of clients, colleagues and trainee therapists have been discussing with me the nature of countertransference, and so much confusion seems to exist on this issue that I thought it might be worthwhile to outline the way I see it and, more concretely, the way I work with it. I am sure others will disagree strongly with me!

From having been the Cinderella in psychotherapy, countertransference has acquired an increasing importance in recent years. In this respect, it shows a parallel history with transference itself, which was originally viewed with great suspicion by Freud, until he realised that in some ways transference is at the core of the therapeutic work.

First described by Freud in 1910, countertransference was practically ignored for 40 years in psychoanalysis and was seen as a negative phenomenon. But since the 1950s there has been new interest in it, culminating in the most important Freudian work on it, Heinrich Racker's book *Transference and Countertransference*, which has in many ways revolutionised the understanding of countertransference. Racker identified a 'neurotic' reaction in the therapist, whereby she or he has powerful infantile or primitive feelings about the patient; this is distinct from countertransference proper.

Jungian analysts treated countertransference more positively than psychoanalysts, largely because Jung saw the effect of the patient on the analyst as an important part of the therapeutic process, and not simply as a neurotic reaction by the analyst. One of the most important contributions in analytical psychology has been by Michael Fordham, who in a number of publications has also distinguished between the 'neurotic' response of the therapist and 'introjected' material from the patient.

But what exactly do I mean by countertransference 'proper', and is it a topic that should be discussed in humanistic psychology? Is one somehow not being humanistic if one uses countertransference in one's work as a therapist?

The term 'countertransference' has been used in reference to many different phenomena, and this has without doubt increased the confusion around it. The term has two distinct senses: first, the therapist's own personal reactions to a client; secondly, feelings, attitudes and ways of relating that are projected from the client into the therapist. The phrase 'from the client' is rather confusing, since

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strictly speaking it is the client's unconscious that projects into the therapist. Hence it is not a wilful act.

For the purposes of this article, I have chosen to ignore the first sense of countertransference, and to focus on the second kind. This is partly for reasons of space, but also because I see the second kind — projections from client into therapist — as much more informative and useful. In fact, the use of the term 'countertransference' to refer to the therapist's own personal reactions strikes me as very confusing, and I feel another term should be used for this. A term I am familiar with is 'the therapist's transference'.

The above definition is still inadequate, since the therapist can receive many kinds of projection from the client. Two very important sub-species of countertransference involve the client's own feelings, and feelings which others had (or have) towards the client. An example of the client's feelings being projected might occur if I start to feel angry during a session, and infer that in fact it is the client who is angry, but that she is denying her anger and projecting it into me, so that I have in fact identified with her unconscious anger. Here we see how a confusion between countertransference and one's own feelings can occur. How do I know that I am not simply angry with the client for something she has said or done? There is no cut and dried answer to this question, but one important clue I have found useful concerns a sudden change in feeling. If I start to feel angry for no apparent reason, out of the blue, it is quite likely that this feeling belongs to the client. At other times, one might have a feeling that seems alien to oneself, and this is another clue that the feeling is 'introjected'.

If the therapist believes that a feeling has been introjected from the client, they then have to find some way of feeding back this information. The form of words used varies enormously, from the rather hesitant 'I wonder if you're angry?' to the more forthright 'I think you're angry'. At times, it feels OK to ask the question: 'Are you angry?' Generally, it is inadvisable to be explicit about the countertransference experience to the client; I do not recommend saying things like: 'I'm feeling angry, but I wonder if this is your anger?' This is attractive to some humanistic therapists, since it sounds very open and honest, but in fact it can pile too much responsibility on the client, who in a sense is being asked to decode the countertransference themself. That is the therapist's job! Expressing certain feelings can also be hurtful or damaging — to say, for example: 'I am feeling contemptuous of you; I wonder if this is your feeling?!'

There may also be situations in which the information is not fed back, but the therapist is content to contain the projected feeling within themself. However, a word of caution is in order here: one should be careful not to contain too much, so that one starts to feel persecuted by the client's feelings. A clear sign of this happening occurs if one starts to dread the arrival of a particular client: this is a sure indication that the therapist is not communicating well enough, or has become too passive a vessel for the client's unconscious. In fact, this often means that some kind of sado-masochistic relationship is being created between therapist and client, with the therapist having taken on the masochistic role. Some way has to be

found of extricating oneself from this position, above all by feeding back the countertransference information, which in this case indicates that the client habitually takes on such a role and has projected it into the therapist.

Let me return to the sub-divisions of countertransference. As well as the projection of the client's own feelings, which are in fact being denied through projection into the therapist, one may also pick up feelings, attitudes, in fact whole ways of thinking and relating, that belong to important family members from the client's childhood. For example, I recently noticed with one client that I kept feeling contemptuous of her. Of course it was possible that she was feeling contemptuous of me, or that I was actually despising her, but other information led me to believe that I had taken on board an attitude of her mother's, who had despised (and envied) my client enormously.

One can see from this example the great power of countertransference. Not only can the client's unconscious transmit its own feelings into someone else, but also can transmit the feelings, and indeed the roles, of the client's parents or siblings. In fact, with some clients, I have grown used to a see-saw effect in countertransference: at times, for example, with the same client I can feel like a silly child who is being punished; but in the same session, I might also feel like a sadistic parent punishing the client. This example also shows how numerous cross-identifications go on: both I and the client can 'take on' different identities.

These examples show how complex countertransference is, and what complicated information it can reveal about relations between the client and family members. But countertransference has even greater value, for this information also relates to the client's inner world. Thus when I find myself (involuntarily) taking on the role of sadistic parent, we can infer that such a figure not only existed in the past, but actually exists now in the client's unconscious, from where it seeks to punish them (particularly the inner child) remorselessly. In psychological language, we can say that 'internal objects' are being projected into the therapist. Of course, one also finds positive figures being projected in this way: with certain clients, the therapist may find themself behaving as a loving parent. This augurs well for the benevolence of the figures in the client's inner world.

Thus past and present coalesce. Our childhoods haunt us, since they have been taken into us and now form an important structure in the inner world of the unconscious. Part of the work of psychotherapy is to begin to decode this inner world, not out of some pedantic interest, but because the inner exerts a formidable pressure on the external world. There are compelling grounds for arguing that unconsciously we recreate a facsimile of the inner world in our lives, partly in an attempt to avoid remembering the past, and partly in an attempt to find solutions for the problems from the past. In other words, the inner world is automatically projected outwards on to (and into) other people, situations and so on. The therapeutic situation is unusual in that we are attempting to catch these projections as they occur, and render the unconscious conscious.

We can also see some of the connections between transference and

countertransference. Normal transference occurs when the client's perceptions of the therapist are affected by an internal image; for example, the client sees their therapist as a sadistic martinet, or as a warm maternal figure. However, if this transference becomes powerful enough, the therapist may actually start to have sadistic or maternal feelings: the projection by the client has penetrated into the other person's psyche, and has caused an identification. The therapist can now take note of this countertransference experience. However, the relation between transference and countertransference is complicated, and I cannot do it justice here.

Clearly there are potential dangers in these techniques. At first, the inexperienced therapist is likely to feel confused or even overwhelmed by countertransference. I have noticed that such therapists feel very hesitant in ascribing feelings to the client: some may feel guilty about doing it; others are frightened of the responsibility for distinguishing their own feelings from the client's. When working with borderline or seriously disturbed people, the introjected feelings can be very intense and disturbing to the therapist.

There are several solutions to these problems. In the first place, frequent and sustained supervision is important. Secondly, therapists should not accept clients whose projections are too powerful for them — in other words, one should respect one's own sensitivity in these matters. And thirdly, if problems are found to exist in relation to boundaries, guilt over interpreting countertransference, or feeling overwhelmed by projected material, it behoves the therapist to do more therapy. Supervision simply isn't adequate to deal with the tremendous force that can be aroused by countertransference.

Is this kind of work humanistic? Why not? As long as the dignity and autonomy of the client is respected, as long as countertransference interpretations are not stuffed down their throat, I cannot see how such work is incompatible with humanistic work. In fact, I see it as enhancing the dignity of the client, for it continually honours the boundaries between them and the therapist, by saying: this is your feeling, not mine; or perhaps, this is your mother's feeling, neither mine nor yours. In any case, my argument is that these processes go on unconsciously all of the time, whether we take notice of them or not; ignoring them tends to prevent therapeutic work going deeper, and will therefore tend to curtail the work.

One is also left with a sense of wonderment at the ability of the psyche to communicate and to acquire knowledge. Countertransference is a prime example of unconscious communication: information that cannot be consciously given can be transmitted from one unconscious to another unconscious. If you like, the client can covertly say to the therapist: this is what my inner world is like; or, this is what my childhood was like; or, this is how I actually feel at times. The information is unconscious because it is unbearable in some way: our task then is to help someone turn the unbearable into the bearable, and thus escape the terrible onslaught of the denied contents of the unconscious.

Nonetheless I have at times got into arguments on this subject with humanis-

tically inclined people, who have furiously objected to such an account. One argument goes roughly: 'This is a typical piece of arrogant thinking by therapists, and shows that Jeffrey Masson is right to see therapy as a power trip. How do you know that something you feel belongs to the client? What gives you the right to decide that is not your feeling? Perhaps you feel contemptuous of your client, and you are denying this, and palming the feeling off on them.'

On the surface this argument is quite persuasive, for at times it can seem impossible to decide whether a particular feeling belongs to oneself, the client, or both. However, one of my responses to the above argument is that working with countertransference, in the way I have outlined, wouldn't work if it involved the therapist's own denial about their feelings. In other words, using information derived from countertransference is useless unless the client finds it useful. Thus, to suggest that the client is unconsciously angry is not an order, but an enquiry; and one finds in the majority of cases that there is indeed an unconscious feeling in the client, which can now be made conscious. Fundamentally, arguments such as this deny the existence of the unconscious, and that people's unconscious minds can communicate with each other in such a way.

This brings me to a final, rather awesome idea: phenomena such as countertransference are not unique to therapy. All of the time all of us are transmitting unconscious information to one other. We can see why relationships become complicated and confused! But therapy can help us to acquire skills which can be taken into all our relationships: in particular, skills in establishing boundaries between us and others, in withdrawing our own projections, and in detecting other people's projections into us. How amazing we human beings are!

Further Reading

S. Freud, 'Transference' in *Introductory Lectures on Psychoanalysis*, Penguin, 1991

H. Racker, *Transference and Countertransference*, Maresfield, 1988

A. Samuels, B. Shorter and F. Plaut (eds), *A Critical Dictionary of Jungian Thought*, Routledge & Kegan Paul, 1986, under 'analyst and patient'

M. Fordham, *New Developments in Analytical Psychology*, Routledge & Kegan Paul, 1957; also 'Analytical Psychology and Countertransference' in L. Epstein and A. H. Finer (eds), *Countertransference*, Jason Aronson, 1979