Utilizing Transference and Countertransference as Therapeutic Tools

An Examination of Transference & Countertransference Through an Interpersonal Process Perspective

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Transference and Countertransference

- The concepts of transference and countertransference come out of the psychoanalytic perspective.

- Freud believed that manifestations of unresolved problems in childhood are repeated (reenacted) throughout a person's life.

- According to Freud, transference is the act of projecting (transferring) onto a therapist/counselor feelings and reactions that originated with people or relationships with whom the client has unresolved issues.

- Similarly, countertransference occurs when a counselor's feelings or reactions toward a client originate from unresolved issues within the counselor.

- Freud viewed transference and countertransference as unconscious phenomena that exist outside our awareness.

Sigmund Freud: *An Outline of Psychoanalysis* - 1949
In our training, we may have been warned that transference and countertransference are “bad,” “unhealthy,” “inappropriate” and need to “be eliminated” from the counseling relationship before any “real” therapeutic work can begin.

We may have been taught to keep our personal reactions toward clients firmly “in check” in order to prevent unresolved countertransference from “contaminating” the therapeutic process.

Additionally, we may have learned to be “neutral observers” of the counseling process, reflecting back to our clients what we hear from them, while sharing very little of ourselves in the process.
Current Thoughts on Transference & Countertransference

- More recently, attitudes toward transference and countertransference appear to be changing.
- Current literature suggests that utilizing transference and countertransference within the counseling process can shed light on interpersonal dynamics, helping the client better understand how his or her behavior impacts others’ feelings or responses.
Hill (2014) explains:

It is not possible to talk about client transference and counselor countertransference as separate issues. Building on this idea, counselors view working on the therapeutic relationship as a central change mechanism within therapy. By talking openly about what is going on between the counselor and client, it is possible to work through problems in the relationship, clarify distortions in the transference and countertransference, model healthy interpersonal functioning, and encourage clients to interact differently with others outside therapy.

Clara Hill—Helping Skills: Facilitating Exploration, Insight, and Action, p. 238
Teyber and McClure (2011) further emphasize this point, explaining that transference can be viewed as the client’s interpersonal style (the way in which they interact with others and conceptualize relationships) and countertransference can be interpreted as the way in which the client’s interpersonal style impacts the counselor and the counseling relationship.

Examining the interpersonal process dynamics taking place within the counseling relationship can shed light on how the client’s interpersonal style may play out in other relationships. The counselor utilizes his or her countertransference response as a corrective emotional experience by describing his or her emotional reaction, rather than acting upon the emotional response.
But, how do we do this?

It seems really difficult!
By utilizing intentional thought processes:

- **Metacognition**
- **Metalogue**
Metacognition

The conscious monitoring of one’s thought processes is known as Metacognition.

McAuliffe (2011) explains that metacognition requires the ability to reflect on one’s immediate impressions and thoughts, evaluating one’s internal experiences and searching for their causes.

This ‘thinking about thinking’ allows counselors to step back from experience and reflect on and evaluate it. As a result, metacognition enables intentional action or changes in behavior to occur when needed. Metacognition allows counselors to recognize transference and countertransference in within the counseling relationship.

Metalogue

- Metalogue, similar to metacognition, represents the conscious monitoring of interpersonal dynamics and social processes at work among people.

- Metalogue requires attending to the underlying issues or dynamics of an event. Process is the how of an event. It contrasts to the content, or the what.

- In paying attention to the interpersonal process, what a person says is of less interest than how it is said, where in an interaction it occurs, and what its intent is.

- A focus on the interpersonal process sheds light on the dynamics of the social system

  - McAuliffe—p. 45
In order to work effectively with transference and countertransference, it is essential to continually and intentionally engage in metacognition and metalogue.

Responding with unrecognized countertransference differs from intentionally utilizing one’s countertransference reactions and feelings to help inform the interpersonal process dynamics within the counseling relationship.

*Recognizing* when a client is “pushing our buttons” and *talking about it* within the relationship helps bring about insight; *reacting* to having those buttons pushed and *acting out* the automatic transference and countertransference responses of the client and counselor can be damaging to the therapeutic relationship and detrimental to the client’s progress.
The Importance of Self-Awareness when working with Transference and Countertransference

- Bringing unrecognized countertransference into the counseling relationship can be damaging to the process, which is why it is essential that counselors work to examine their own automatic thoughts and reactions as well as their interpersonal style or typical dynamics.

- Developing strong self-awareness through reflective journaling, personal counseling, ongoing supervision, professional consultation, and other personal growth activities can assist counselors in understanding their countertransference responses in order to utilize these feelings and reactions in a therapeutic way.
Case Example #1

You are working with a client who is consistently late to sessions, cancels appointments at the last minute, forgets to do homework assignments, and in general does not seem very engaged in the counseling process during sessions.

- How might you feel if this were your client?

- What might your “automatic” response be when faced with this client’s behaviors?

- How could you utilize your feelings/reactions (countertransference) in a therapeutic manner?

- Given this example, what might you infer about this client’s transference or interpersonal style?
Case Example #2

You have a client who is very complimentary toward you. He talks about how much progress he has been making in therapy (although you do not see a lot of changes). He says how much better he feels after each session and that “just coming to counseling has helped him tremendously.”

- How might you feel if this were your client?
- What might your “automatic” response be when faced with this client’s behaviors?
- How could you utilize your feelings/reactions (countertransference) in a therapeutic manner?
- Given this example, what might you infer about this client’s transference or interpersonal style?
Case Example #3

You have a client who frequently becomes angry during sessions. He raises his voice, uses profanity, and frequently gets up from his chair and paces throughout the room. Previously, his anger has been directed at other people in his life. Today, he is angry with you. He gets up, points his finger at you, and says, “You’re as bad as all the rest of them. I think you’re full of shit.”

• How might you feel if this were your client?

• What might your “automatic” response be when faced with this client’s behaviors?

• How could you utilize your feelings/reactions (countertransference) in a therapeutic manner?

• Given this example, what might you infer about this client’s transference or interpersonal style?
Case Example #4

You have a client who talks about her previous counselor in a very positive way. She constantly makes comparisons between you and her old counselor, often suggesting that you are not living up to her expectations and previous experiences in therapy.

- How might you feel if this were your client?
- What might your “automatic” response be when faced with this client’s behaviors?
- How could you utilize your feelings/reactions (countertransference) in a therapeutic manner?
- Given this example, what might you infer about this client’s transference or interpersonal style?
• Questions?
• Thoughts?
• Reactions?
References


