

THE HEART AND SOUL OF PSYCHOTHERAPY

TRANSFERENCE AND COUNTERTRANSFERENCE WITHIN THE THERAPEUTIC RELATIONSHIP



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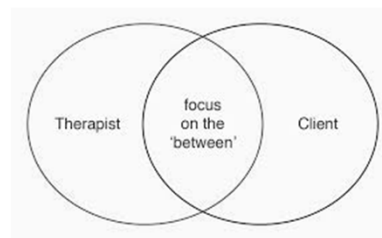
WHY ARE TRANSFERENCE AND COUNTERTRANSFERENCE THE HEART AND SOUL OF THE THERAPEUTIC RELATIONSHIP

?





WHAT IS RELATIONAL PSYCHOTHERAPY?



WHAT IS IT THAT ACTUALLY HEALS THE CLIENT?

MODEL 1: The interpretive perspective of classical psychoanalytic theory.

MODEL 2: The corrective-provision perspective of self- psychology and those object relations theories emphasizing the "absence of good" and the "provision of good" by the therapist.

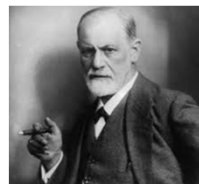
MODEL 3: The relational or intersubjective perspective of contemporary psychodynamic/ attachment theories and those object relations theories emphasizing "being within an authentic relationship" including both the "presence of good" and "presence of bad" re: the client and the therapist.

MODEL 1 – The Provision of Knowledge

ONE PERSON THERAPY

FOCUS ON CLIENT'S INTERNAL DYNAMICS

AUTHORITY
KNOWLEDGE
INSIGHT
AWARENESS
LEFT BRAIN
INTERPRETATIONS



SIGMUND FREUD

GOAL: STRENGTHEN THE EGO BY
ENHANCING KNOWLEDGE – “WHERE ID GOES, THERE EGO
SHALL BE.”

MODEL 2 – The Provision of Experience

ONE-AND-A- HALF PERSON THERAPY

FOCUS IS ON CLIENT'S AFFECTIVE EXPERIENCE

FOCUS ON CLIENT'S INTERNAL DYNAMICS

REMOVAL OF BAD (CHANGE IN EXPERIENCE) BY CORRECTIVE
EMOTIONAL EXPERIENCE FROM THE THERAPIST (PRESENCE OF
GOOD) WHO IS THE EMPATHIC SELF-OBJECT.

SPEAKS TO THE IMPORTANCE OF THE THERAPST
BEING A GOOD OBJECT.

RELATIONSHIP REQUIRES THERAPIST'S
PARTICIPATION AS GOOD OBJECT AND
CORRECTIVE EMOTIONAL EXPERIENCE
FOR THE CLIENT.



MODEL 3 – The Provision of Relationship

TWO PERSON MODEL – FOCUS ON CLIENT-THERAPIST RELATIONSHIP AS CO-CREATED BY BOTH CLIENT AND THERAPIST

SUBJECT-SUBJECT / I-THOU (MARTIN BUBER)

AUTHENTIC THERAPIST WHO BRINGS HIS/HER REAL SELF INTO THE RELATIONSHIP

DRIVEN BY THE CLIENT DRAWING THE THERAPIST INTO PARTICIPATING COUNTERTRANSFERENTIALLY INTO THE CLIENT'S TRANSFERENTIAL REENACTMENTS



What is Relational Psychotherapy?

1. Relational psychotherapy is a powerful, effective model for working with individuals who suffer from chronic emotional, psychological, and/or relational distress.

Cont.....

2. It is based on the following principles:
 - a) Emotional well-being depends on having satisfying mutual relationships with others.
 - b) The relational psychotherapist tries to understand the client's unique self-experience in its social/relational context and to respond with empathy and genuine presence.

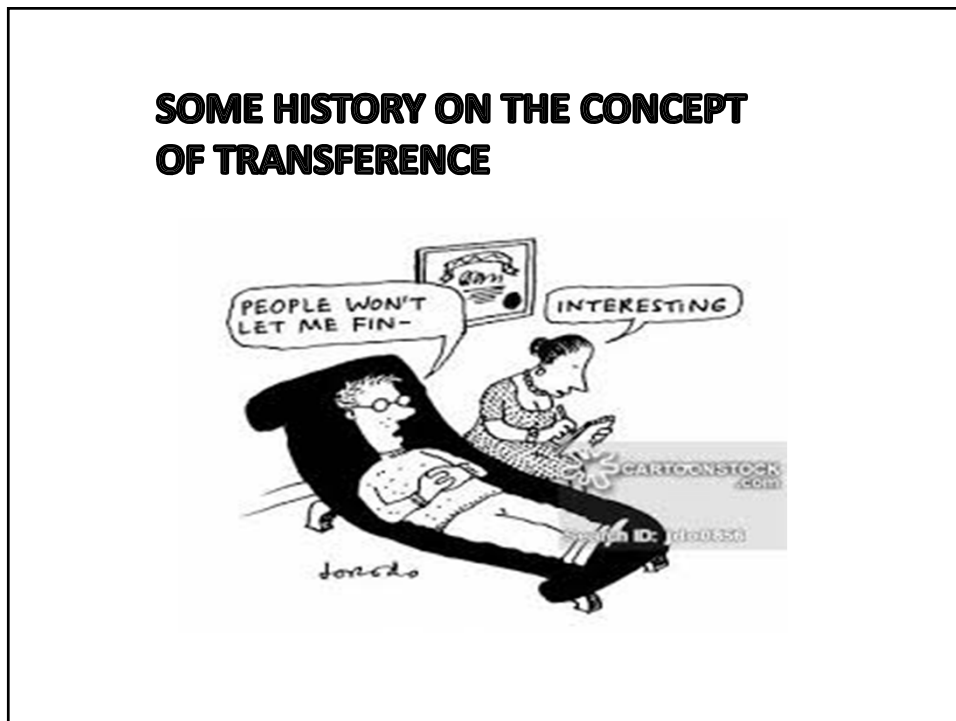
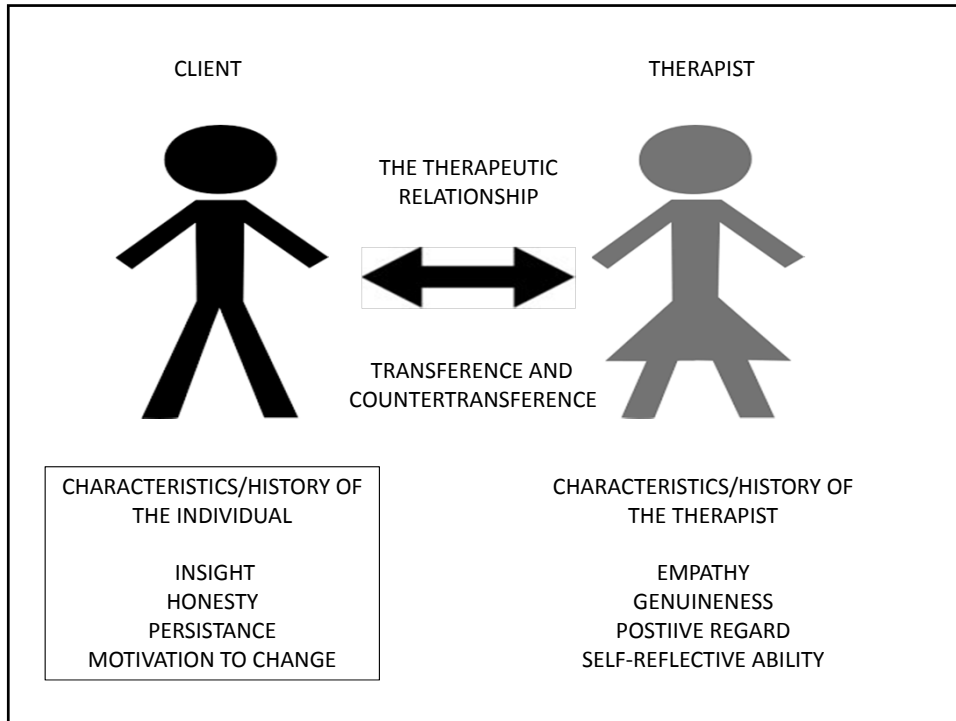
Cont.....

- c) Together, client and therapist create a new in-depth relationship, which is supportive, strengthening, and enlivening for the client.
 - d) Within this secure relationship the client can safely re-experience, and then find freedom from the powerful effects of destructive relationships, both past and present.

Cont.....

3. Relational Psychotherapy balances the study of structures or patterns of self-experience with the study of persons in interpersonal process. Through the interpersonal process of the therapeutic interaction, relational psychotherapy strengthens and transforms a clients sense of self, which in turn enhances his or her well-being in the world.

EMPOWERMENT AND GROWTH THROUGH
INTERPERSONAL CONNECTION ARE BOTH THE
PROCESS AND THE GOAL OF RELATIONAL
PSYCHOTHERAPY.



WHERE DOES TRANSFERENCE COME FROM?

THE ORGANIZING PRINCIPLE OF TRANSFERENCE

INFANTILE ORGANIZING PRINCIPLE
NEWBORN (ORAL)



INFANTILE ORGANIZING PRINCIPLE
TODDLER (ORAL, ANAL - AGES 1, 2, 3,)



INFANTILE ORGANIZING PRINCIPLE
GENITAL PERIOD (AGE 4,5,)



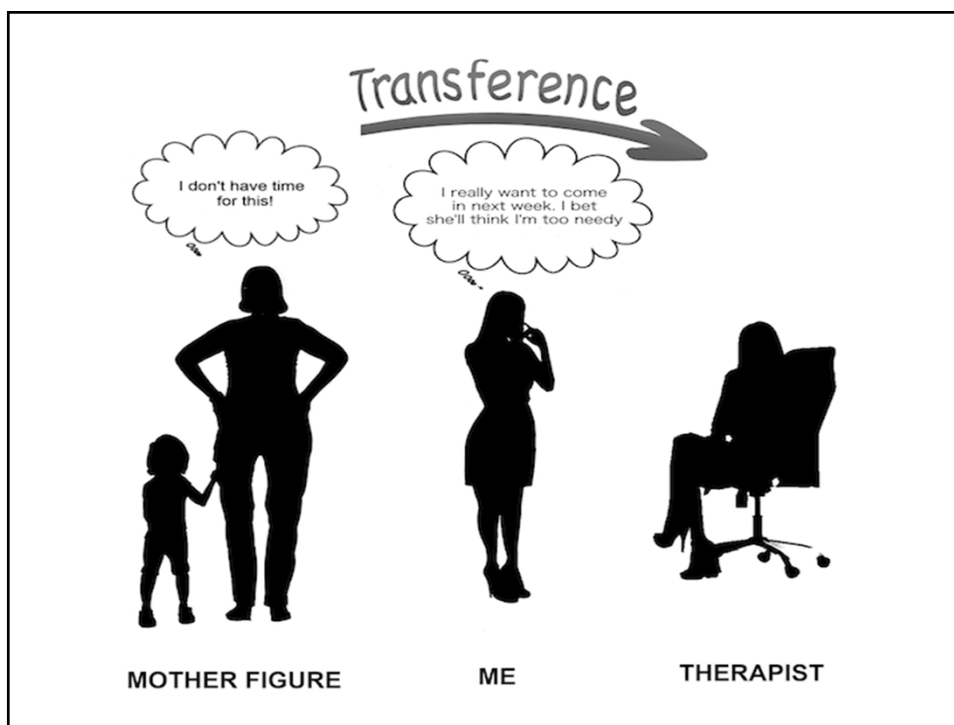
**INFANTILE ORGANIZING PRINCIPLE
LATENCY PERIOD (6, 7)**



Some Indicators of Secure Attachment	
Child's behavior	Parent's behavior
1 to 18 months	
<ul style="list-style-type: none"> • Signals needs; relaxes when need is met • Responsive; has full range of emotions • Checks back to parents for reassurance when strangers are present • Exhibits anxiety, anger, or flattened affect when parents leave • Pleased when reunited with parents • Checks in to feel safe when exploring • Turns to parents for comfort 	<ul style="list-style-type: none"> • Responds to baby's signal; identifies needs most of the time • Returns to relaxation along with baby; feels good about self and child • Offers nurturing, soothing responses • Woos child, initiates positive interactions, calls baby by name • Makes frequent eye contact with child • Encourages safe exploration
18 Months to Five Years	
<ul style="list-style-type: none"> • Can handle longer periods of separation (in hours) without anxiety • Increasing ability to accept redirection, discipline, and authority • Shows empathy, remorse, and guilt • Uses "wooing" and "coercion" to try to influence parents 	<ul style="list-style-type: none"> • Responsive to child's needs and cues • Encourages growing autonomy and praises accomplishments • Redirects/sets limits when needed without overreacting to bad behavior • Enjoys reciprocal affection and interaction with child
Grade School	
<ul style="list-style-type: none"> • Behaves as though he likes himself • Shows pride in accomplishments • Exhibits confidence in own abilities • Accepts limits imposed by adults • Establishes eye contact • Expresses likes and dislikes 	<ul style="list-style-type: none"> • Interested in child's school performance • Accepts expression of negative feelings • Responds to child's needs and fears • Initiates appropriate signs of affection • Seems to enjoy the child • Knows child's likes and dislikes
Adolescents	
<ul style="list-style-type: none"> • Knows personal strengths/weaknesses • Engages in positive peer interactions • Exhibits signs of conscience • Involved in interests outside the home • Developing goals for the future • Emotionally close to parents 	<ul style="list-style-type: none"> • Encourages self-control • Trusts adolescent with increasing levels of responsibility • Interested in/accepts teen's friends • Interested in teen's school performance • Shows affection



THE BRAIN AND TRANSFERENCE/COUNTERTRANSFERENCE

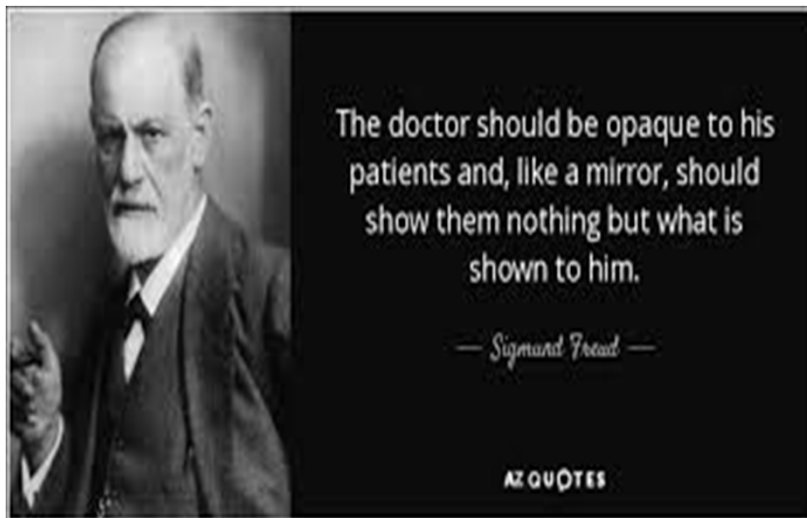


MOTHER FIGURE

ME

THERAPIST

CLASSICAL TRANSFERENCE



THE ANALYST AND HIS PATIENT



WHY IS THERE A REGRESSION TO THE INFANTILE STATE IN CLASSICAL ANALYSIS WHICH ELICITS TRANSFERENCE ON THE PART OF THE CLIENT?

1. THE ANALYST ACTS AS A MIRROR, A NEUTRAL, OBJECTIVE, ANONYMOUS, SILENT, OPAQUE, FIGURE.
2. THE CURTAILMENT OF THE OBJECT WORLD BY THE USE OF THE COUCH WHICH LIMITS VISION, EVEN LEADS TO CLOSING OF THE EYES AND REQUIRES AN INFANTILE POSTURE.
3. THE FIXED ROUTINE WHICH IS REMINISCENT OF INFANTILE CARE.

CONTINUED

4. THE DIVORCE FROM THE REALITY PRINCIPLE AND RETURN TO THE PLEASURE PRINCIPLE.
5. THE REDUCTION OF EGO FUNCTION TO A STATE INTERMEDIATE BETWEEN AWAKE AND DOZING.
6. THE DIMINISHED PERSONAL RESPONSIBILITY IN THE ANALYTIC SESSION.

CONTINUED

7. THE LIBERATION OF FANTASY FROM CONSCIOUS CONTROL BY FREE ASSOCIATION.
8. THE AUTHORITY OF THE ANALYST INHERENT IN THE SITUATION.
9. THE IDEA OF THE PATIENT'S EXPECTATION THAT SHE/HE WILL BE DEPENDENT ON AND LOVED BY THE ANALYST, LEADING TO REGRESSION.

CONTEMPORARY ENVIRONMENTS AND THE PHENOMENON OF TRANSFERENCE

1. CLIENT'S UNREALISTIC ATTITUDES

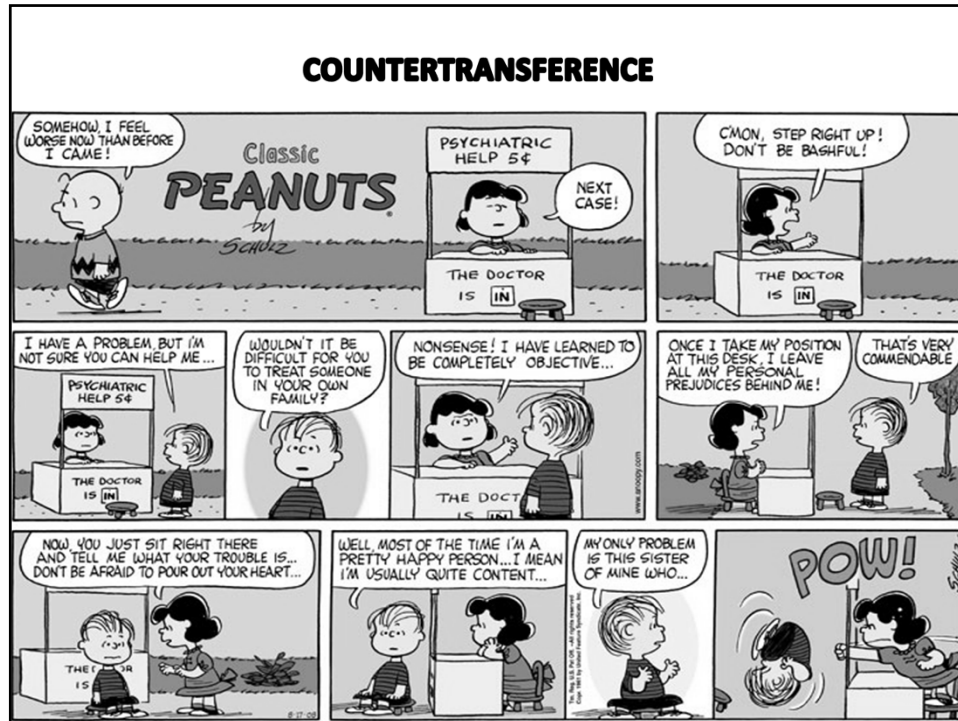
- A) THERAPY IS A KIND OF MAGIC
- B) PROBLEMS ARISE FROM OTHERS, NOT FROM ONE'S SELF
- C) THERAPY CAN SUCCEED WITH LIMITED EFFORT

2. ENDURING REALITIES

- A) THERAPY IS INTERACTIVE AND RELATIONAL
- B) CULTURAL DIVERSITY
- C) MANAGED CARE/TIME RESTRICTIONS/ETC.

countertransference





KINDS OF COUNTERTRANSFERENCE

1. CLASSICAL COUNTERTRANSFERENCE
2. TOTALIST COUNTERTRANSFERENCE
3. POSTMODERN COUNTERTRANSFERENCE

❖ **CLASSICAL COUNTERTRANSFERENCE**

CLASSICAL COUNTERTRANSFERENCE REACTIONS ON THE PART OF THE THERAPIST INCLUDE ATYPICAL AFFECTIVE OR COGNITIVE RESPONSES TO THE CLIENT THAT MAY EMERGE AS FANTASIES, PEROCCUPATIONS, DREAMS, A RESURGENCE OF MEMORIES, UNCONSCIOUS DEFENSES, UNRESOLVED NEUROTIC CONFLICTS OR DEVELOPMENTAL ISSUES, OR ANYTHING ELSE THAT IMPAIRS THE THERAPISTS ABLITY TO CONCENTRATE ON THE CLIENT AND THE CLIENT'S NEEDS AND GOALS. ACCORDING TO FREUD ALL ARE SEEN AS A DISRUPTION TO THERAPY.

❖ SOME CLASSICAL COUNTERTRANSFERENCE ISSUES

THEMES OF UNRESOVED NEEDS OF THE THERAPIST:

- ❖ COMPETITION
- ❖ APPROVAL, ADMIRATION
- ❖ ENVY
- ❖ SEXUAL LONGING
- ❖ CARETAKING
- ❖ NEED FOR POWER
- ❖ NEED TO BE LOVED, EMOTIONAL INTIMACY

How Does One Work When There is Classical Countertransference?

- ❖ Freud believed that all Countertransference was bad and that the therapist should have resolved all their neurotic needs in their own LIFE-LONG analysis.
- ❖ For example, the client who is very positive towards a therapist who needs admiration may not approach things that may shame the client.

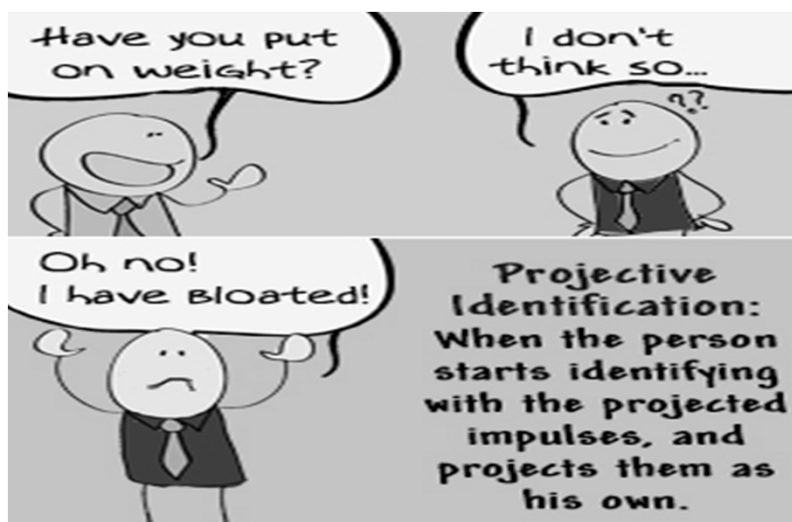
How Does One Work When There Is Classical Countertransference? (cont')

- ❖ When the client is a victim of abuse and the therapist becomes very nurturing because he/she always played a rescuing role for his/her mother who was a victim of abuse and then becomes angry that the client is not more independent.

❖ **TOTALIST COUNTERTRANSFERENCE**

TOTALIST COUNTERTRANSFERENCE CONSIST OF THERAPIST RESPONSES THAT ARE UNIVERSAL AND WHICH REFLECT BASIC HUMAN SENSITIVITIES THAT ALMOST ANY HUMAN BEING WOULD HAVE INSTEAD OF BEING IDIOSYNCRATIC TO A PARTICULAR THERAPIST. TOTALIST COUNTERTRANSFERENCE RESPONSES ARE THE ONES THAT OFTEN PRODUCE PROJECTIVE IDENTIFICATION WITH THE CLIENT'S SPLIT-OFF ASPECTS OF SELF. THEY ARE ALSO THE ONES THAT CAN BE USED EFFECTIVELY AND EFFICIENTLY TO MOVE THE THERAPY FORWARD.

❖ **PROJECTIVE IDENTIFICATION**

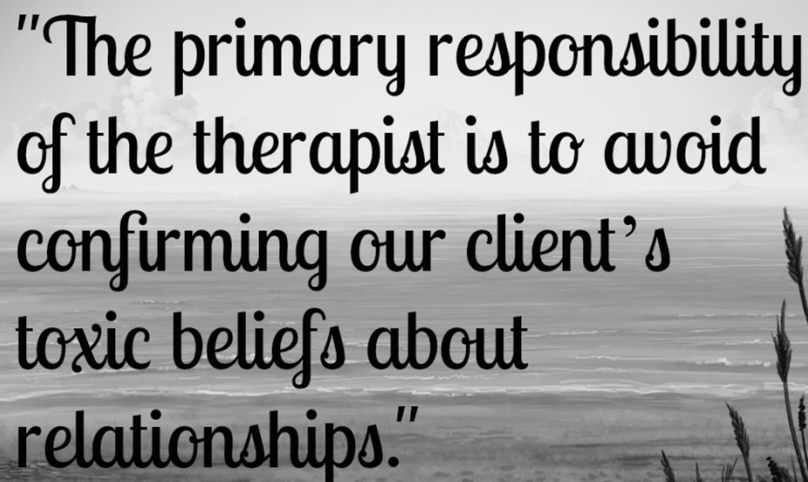




❖ PROJECTIVE IDENTIFICATION

...is a psychological process that is simultaneously a type of defence, a means of communication, a primitive form of object relationship, and a pathway for psychological change. As a defense, projective identification serves to create a sense of psychological distance from unwanted aspects of the self; as a mode of communication, projective identification is a process by which feelings congruent with one's own are induced in another person, thereby creating a sense of being understood by the other person.

As a type of object relationship, projective identification constitutes a way of being with and relating to a partially separate object, and finally, as a pathway for psychological change, projective identification is a process by which feelings like those that one is struggling with are being psychologically processed by another person and made available for reinternalization in an altered form. Each of these functions of projective identification evolves in the context of the infant's early attempts to perceive, organize, and manage his internal and external experiences and to communicate with his environment.



"The primary responsibility of the therapist is to avoid confirming our client's toxic beliefs about relationships."

Dealing with countertransference:

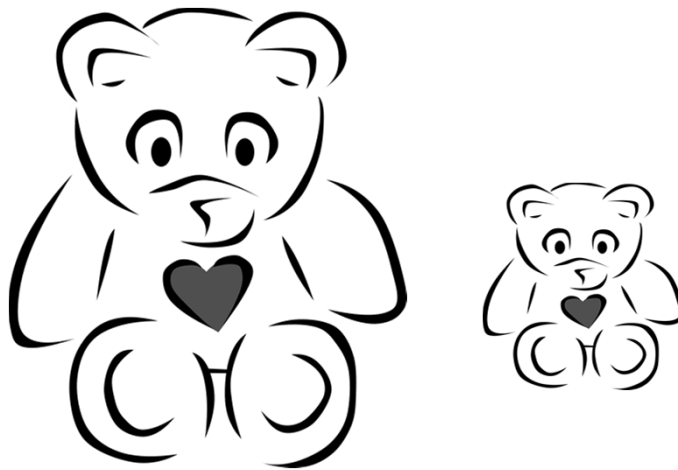
By acknowledging to yourself your countertransference responses, you lessen the likelihood of acting out upon them.

Monitoring your countertransference responses can provide you with valuable information about a person. For example, when seeing a young woman who repeatedly self-harms, you may feel frustrated and angry and you may even imagine being cruel to her. Recognising these feelings and impulses, you take care not to act out upon them.

Reflecting upon them, you recognise their origin in the physical and sexual abuse that she suffered at the hands of her step father. You gain a deeper understanding of her and the way people react towards her. By containing the impulse to act out, you avoid repeating and reinforcing the abusive patterns of her previous relationships. At the same time, you take care not to act upon unrealistic fantasies of 'rescuing' her .

Monitoring the countertransference can improve your understanding of the patient.

TRANSFERENCE AND COUNTERTRANSFERENCE LOVE



TRANSFERENCE AND COUNTERTRANSFERENCE LOVE



"Once and for all, Miss Shwimmer, the analyst is NOT there to fulfill your neurotic desires !"

IS MOSTLY UNCONSCIOUS AND IS BOTH GOOD AND BAD

WHY DOES TRANSFERENCE AND COUNTERTRANSFERENCE LOVE COME ALIVE IN THERAPY?

1. WE ARE BORN AND LIVE WITH INNATE NEEDS TO LOVE AND BE LOVED.
2. WE WANT TO GET IN THE PRESENT WHAT WE ALWAYS WANTED IN THE PAST: TO MEET OUR AFFILIATIVE NEEDS BY LOVING OTHERS AND BEING LOVED BY THEM.
3. WE WANT, INDEED NEED, TO RESOLVE THE INTRAPSYCHIC CONFLICTS WITH WHICH WE HAVE BEEN LIVING: NEEDING AND WANTING LOVE BUT NOT GETTING IT, AT LEAST NOT ENOUGH OF IT.

CONT.....

4. WE WANT TO GET RID OF THE EMOTIONAL PAIN WE ARE CARRYING FROM THE PAST – THE SAME, FEAR, HELPLESSNESS, ANGER, HATE, ENVY, SADNESS, AND GRIEF – ALL OF WHICH ARE CORRELATED WITH OUR FAILURE TO LOVE OTHERS AND RECEIVE THEIR LOVE TO THE DEGREE THAT WE NEEDED IT AT THE TIME.

CONT.....

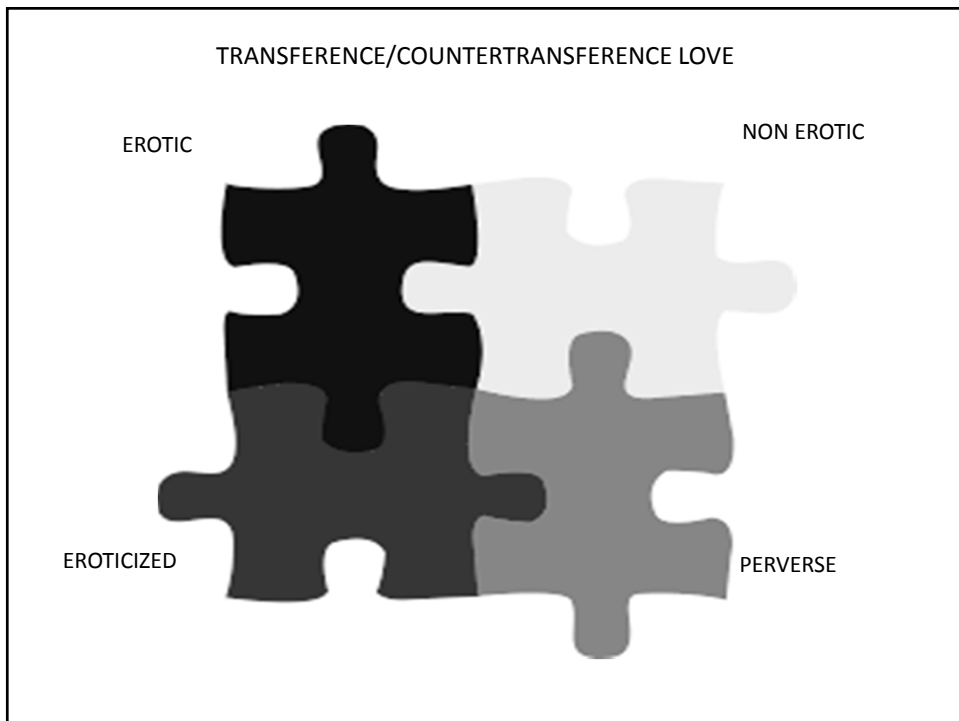
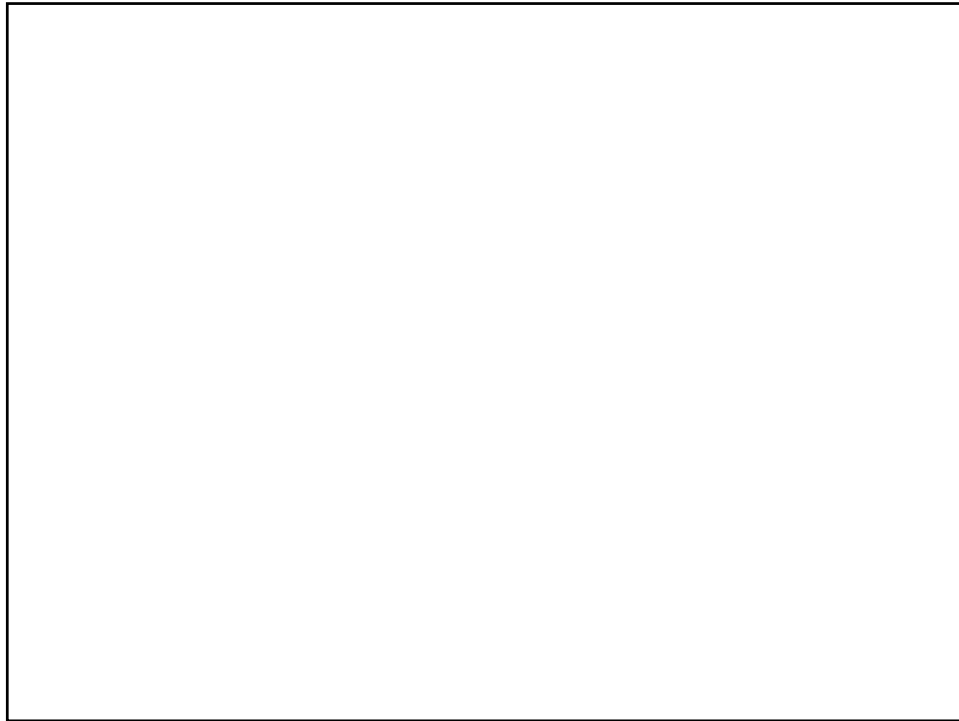
5. WE HAVE AN INNATE DESIRE TO DEVELOP AND MATURE PSYCHOLOGICALLY NO LESS THAN PHYSICALLY, AND UNCONSCIOUSLY BELIEVE THAT WE CAN DO SO IF WE LOVE OTHERS AND EXPERIENCE THEIR LOVE.
6. WE INTUITIVELY AND SUBCONSCIOUSLY SEARCH FOR AND FIND PRESENT-DAY PERSONS WHO RESEMBLE THOSE WHOSE LOVE WE HAVE WANTED IN THE PAST.

CONT.....

7. WE DO NOT REALIZE THAT BECOMING MATURE ADULTS RESTS PRIMARYLY ON LOVING OURSELVES AND ONLY SECONDARILY ON MEETING OUR AFFILIATIVE AND ATTACHMENT NEEDS WITH AND THROUGH OTHERS!

THE CLIENT'S
FANTASY
"THIS IS THE PERFECT TIME AND
SETTING TO TRY ONCE AGAIN TO
MEET MY NEEDS TO LOVE AND BE
LOVED. THIS PERSON WILL
RESPOND TO ME!





CLIENT-RELATED CONDITONS UNDER WHICH
EROTICIZED AND PERVERSE
TRANSFERECE/COUNTERTRANSFERENCE LOVE ARE
MORE LIKELY TO COME ALIVE

- CLIENTS WITH PRONOUNCED PSYCHOLGICAL INJURIES FROM EARLY INTIMATE EXPERIENCES WITH MOTHERS. THESE CLIENTS MAY BOTH DESIRE AND FEAR INTIMACY. THEY MAY BE UNINTENTIONALLY ENCOURAGED TO ACT OUT WITH AN EMPATHIC THERAPIST, PARTICULARLY FEMALE WHETHER THEY ARE FEMALE OR NOT.

CONT.....

- CLIENTS WHO HAVE BEEN REPEATEDLY AND/OR GRIEVOUSLY SEXUALLY ABUSED MAY CONFUSE AND/OR FUSE SEXUALITY WITH AFFECTION. THEY MAY WANT TO SUBSTITUTE REENACTMENT FOR PAINFUL REMEMBERING, MOST OFTEN BY PLAYING THE ROLE OF THE AGGRESSOR THEMSELVES. CONVERSELY, THEY MAY WANT TO MAKE THEIR THERAPIST PLAY THE ROLE OF A POTENTIAL AGGRESSOR WHO CHOOSES NOT TO ABUSE THEM BY TRYING TO SEDUCE THEM.

CONT.....

- CLIENTS WITH A PRONOUNCED HISTRIONIC PERSONALITY STRUCTURE MAY WANT TO SEDUCE A THERAPIST THEY IDEALIZE BUT FIND INSUFFICIENTLY RESPONSIVE TO THEM.
- CLIENTS WITH A DEEP-SEATED DEPENDENT PERSONALITY STRUCTURE MAY FEAR BEING ENJULFED AND THUS ANNIHILATED BY THEIR THERAPIST.

CONT.....

- CLIENTS WITH A PRONOUNCED NARCISSISTIC PERSONALITY STRUCTURE MAY WANT TO PROVE HOW ACTUALLY POWERLESS A THERAPIST IS WHO APPEARS TO BE POWERFUL.
- CLIENTS WITH STRONG MASOCHISTIC AND/OR SADISTIC TENDENCIES AND A LONG HISTORY OF UNHAPPY LOVE AFFAIRS MAY WANT TO EXPRESS THEIR FEELINGS OF SEXUAL INFERIORITY AND/OR SUPERIORITY

THERAPIST-RELATED CONDITIONS UNDER WHICH EROTICIZED AND/OR PREVERSE COUNTERTRANSFERENCE LOVE ARE MORE LIKELY TO COME ALIVE

- THERAPISTS WITH LONGSTANDING AND PROFOUND GUILT FEELINGS MAY WANT TO BE PUNISHED FOR THEIR TRANSGRESSIONS BY PERSUING WHAT IS CLEARLY FORBIDDEN AND WILL BRING THEM PUNISHMENT.
- THERAPISTS WITH STRONG MASOCHISTIC TENDENCIES WHO TREAT HIGHLY SEDUCTIVE NARCISSISTIC CLIENTS MAY WANT TO MAKE UP FOR THE INADEQUACIES OF OTHER PEOPLE IN THEIR CLIENTS' PAST.

Cont.....

- THERAPISTS WITH PRONOUNCED NARCISSISTIC TENDENCIES MAY WANT TO ENACT THEIR POWERFUL RESCUE FANTASIES. BY BEING SEXUAL WITH CLIENTS WHO CRAVE SEXUAL EXPRESSIONS OF LOVE. ALSO, ESPECIALLY PRONE TO DOING THIS ARE THERAPISTS WHO ARE EXTREMELY NEEDY BECAUSE THEY ARE GRIEVING OVER SUCH THINGS AS AN UNWANTED DIVORCE OR LOSS OF A LOVED ONE.

CONT.....

- THERAPISTS WITH STRONG CHARACTEROLOGICAL IMPATIENCE MAY WANT THEIR CLIENTS TO ACHIEVE A FULLER SENSE OF ENGAGEMENT WITH THE CLIENT AND THUS BE ANGERED BY THE DISTANCE THEIR CLIENTS ARE KEEPING FROM THEM. ESPECIALLY IF THEY FEEL DISMISSED BY THEIR CLIENTS, THESE THERAPISTS MAY UNCONSCIOUSLY TRY TO ASSUAGE THEIR PAINFUL FEELINGS OF FAILURE THROUGH SEXUAL CLOSENESS.

CONT.....

- THERAPISTS WITH OMNIPOTENT HEALER STRIVINGS OR SUSTAINED SAVIOUR COMPLEXES MAY WANT TO OVERCOME THE RESISTANCE OF CLIENTS WHO TRY TO THWART THEM BY BEING HIGHLY RESISTANT. THEY MAY THROW THEIR SEXUALITY INTO THE BALANCE IN AN EFFORT TO FULFILL THEIR MISSION.

CONT.....

- FINALLY, IF CLIENTS WHO HAVE SUFFERED FROM TRAUMA AND/OR PRESENT WITH PROFOUNDLY PROBLEMATIC PATHOLOGY MEET UP WITH IMPAIRED THERAPISTS, THE DANGER OF PATHOLOGICAL FORMS OF TRANSFERENCE AND COUNTERTRANSFERENCE LOVE DEVELOPING WILL BE SIGNIFICANTLY HIGHER. IT MIGHT EVEN BE EXPONENTIALLY HIGHER!

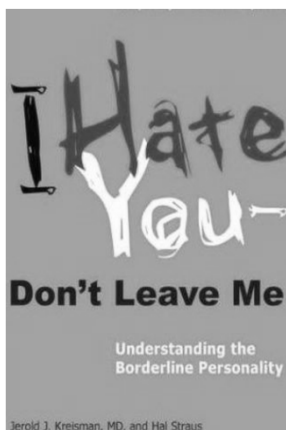
PROTECTIVE FACTORS AGAINST EROTICIZED AND PREVERSE TRANSFERENCE

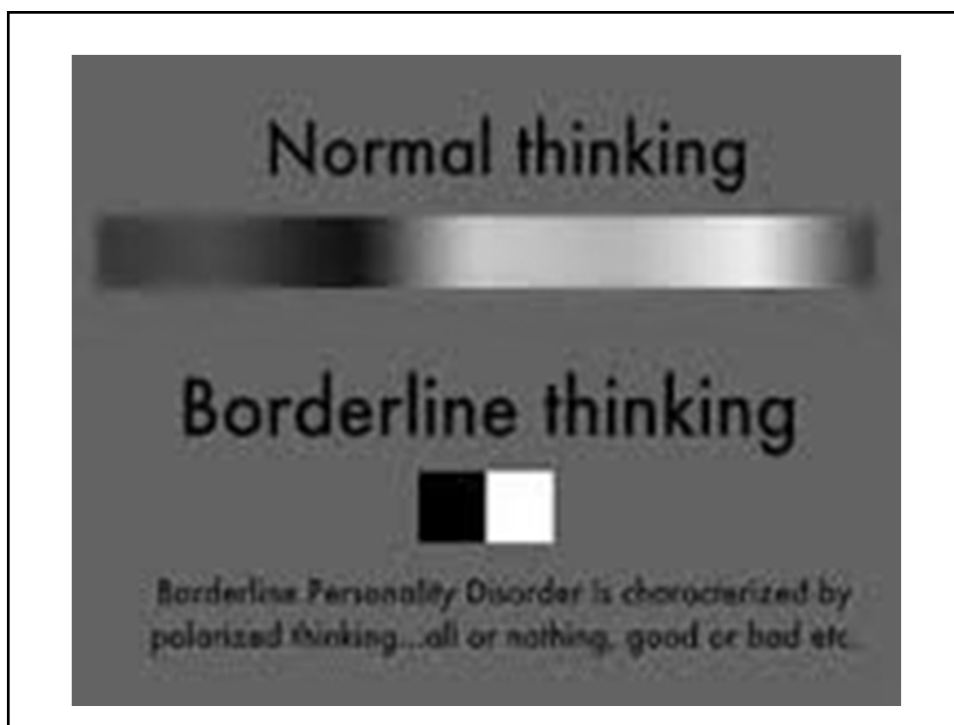
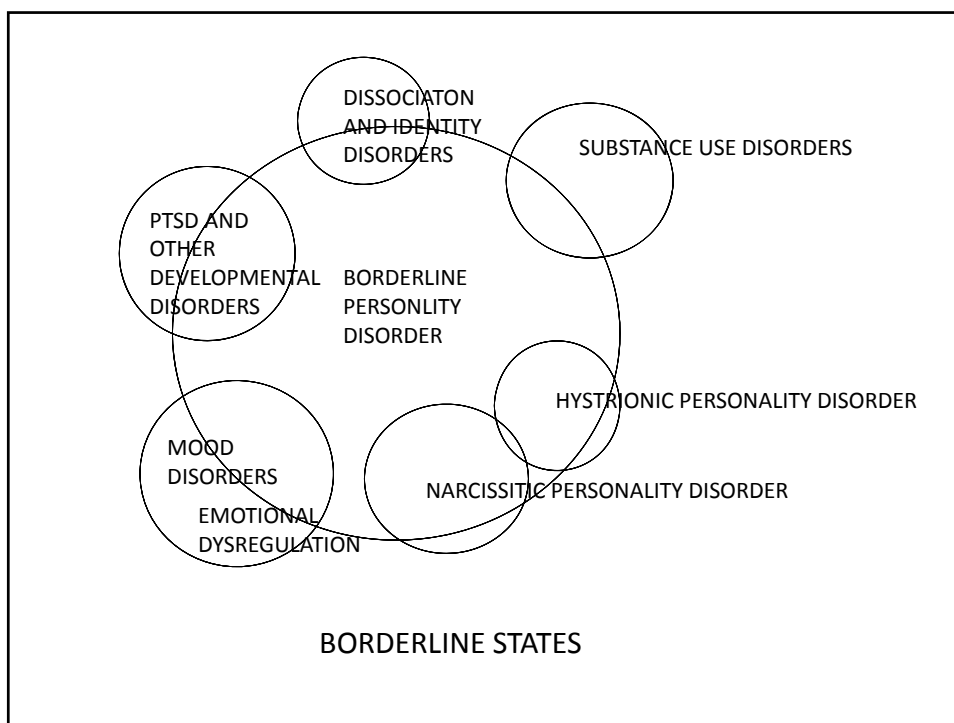
1. SUPPORTIVE ADULT RELATIONSHIP(S).
2. WHOLESOME LIFESTYLE- HEALTH OF MIND, BODY, SPIRIT.
3. REGULAR CONSULTATION WITH AN EXPERIENCED SUPERVISOR.
4. RECOGNIZING THAT THERAPY FOR THEIR OWN UNRESOLVED ISSUES MAY BE ESSENTIAL.
5. REMEMBERING THAT TRANSFERENCE LOVE IS UNCONSCIOUS SO ABILITY TO LOOK DEEPLY INTO THE MEANINGS OF THE TRANSFERENCE AND COUNTERTRANSFERENCE AT ALL TIMES.

WHEN TO SEEK CONSULTATION

1. TOO MUCH SELF-DISCLOSURE OF THE THERAPIST'S OWN PROBLEMS OR CONCERNS TO THE CLIENT.
2. METICULOUS CONCERN ABOUT ONE'S DRESS AND APPEARANCE ON THE DAY OF THERAPY WITH A PARTICULAR CLIENT.
3. SEXUALIZED DAYDREAMS AND/OR FANTASIES ABOUT THE CLIENT BETWEEN SESSIONS.
4. RESCUE FANTASIES SUCH AS "I'LL BE A BETTER PARENT THAN THE ORIGINAL PARENT" OR "IF WE HAD ONLY MET UNDER OTHER CIRCUMSTANCES".
5. A FEELING OF BEING OVERWHELMED AND ANXIOUS IN THE FACE OF POWERFUL SEXUALIZED COUNTERTRANSFERENCE FEELINGS TOWARDS THE CLIENT THAT THE THERAPIST BEGINS TO PICK UP.

Transference/
Countertransference
And Borderline
Personality
Disorder







TREATMENT PRINCIPLES FOR BPD

- CREATE AND MAINTAIN BOUNDARIES
- BE A “GOOD ENOUGH” THERAPIST
- BALANCE ACCEPTANCE AND CHANGE
- REPAIR ALLIANCE RUPTURES
- MANAGE COUNTERTRANSFERENCE

SPECIFIC COUNTERTRANSFERENCE REACTIONS

- GUILT FEELINGS
- RESCUE FANTASIES
- TRANSGRESSION OF PROFESSIONAL BOUNDARIES
- RAGE AND HATRED
- HELPLESSNESS AND WORTHLESSNESS
- ANXIETY AND TERROR