

# The Carter-Jenkins Center presents



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# COUNTERTRANSFERENCE

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# Countertransference

**Countertransference is a psychoanalytic concept discovered and developed by Freud. It has been amplified by many other analysts and professionals.**

**Yet what follows, has enormous value for psychiatrists, psychologists, social workers, psychotherapists, nurses, councilors and generally all mental health workers, as indeed happens with many other psychoanalytic concepts . It is similarly valuable and with wide applications, in the world at large.**

# Countertransference

- **In 1910 (The future prospects of Psychoanalysis p.144/45), Freud said:**

**“ We have become aware of the countertransference, which arises in the therapist as a result of the patient’s influence on his unconscious feelings, and we are almost inclined to insist that he shall recognize it, this countertransference in himself and overcome it...”**

# Countertransference

- “...no psychoanalyst goes further than his own complexes and internal resistances will permit”
- “ ..we consequently require that he shall begin his activity with a self-analysis and continually carry it deeper while he is making his observations on his patients” (Freud)

# Countertransference

- **“Anyone who fails to produce results in a self-analysis of this kind may at once give up the idea of being able to treat patients by analysis” (Freud)**
- **Countertransferences may lead to blind spots in the work with the patient**
- **Thus he recommended “continuous self analysis” → “training analysis” → “analysis every five years” → plus “constant self-analysis”**

# Countertransference

- **Second analysis are quite common among analysts**

## **VARIOUS DEFINITIONS:**

**1) Freud (as above): Reactivation of conflicts in the analyst during his work with patients. May interfere with the analysis and lead to blind spots**

**2) The analyst transferences to the patient (like the reverse side of the patient transference to the analyst). The patient becomes a present day substitute for an object of his infancy ( A. Reich, 1951 etc)**

# Countertransference

- 3) **The whole of the conscious and unconscious attitude to his patients that may or may not lead to difficulties in his therapy ( Balint, 1949;Kemper, 1966)**
  
- 4) **Specific limitations on the psychoanalyst brought about by particular patients only ( Gitelson, 1952)**
  
- 5) **The “appropriate” or “normal” emotional response of the analyst to his patient. This is then an important tool [the countertransference] to understand and be empathic to the patient**

# Countertransference

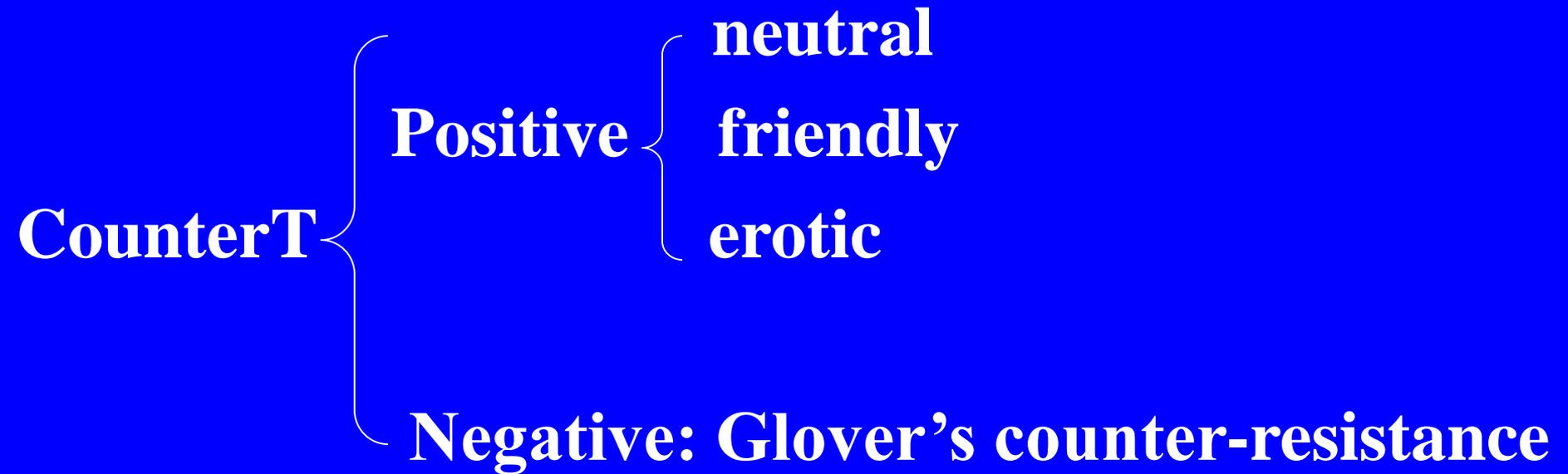
## **6) Countertransference is as well:**

- An appropriate and normal response to the patient**
- A very useful tool of treatment**
- Can be used to understand the patient communications, feelings etc**

# Countertransference

- **I personally believe that there is a need to differentiate between those countertransferences responses triggered off by the patients conflicts, transferences to the analyst etc, from those behaviors on the part of the analyst/therapist that would appear in the relationship to most patients irrespective of what most patients do**
- **That would distinguish between the analyst's own residual neurosis and the more genuine like countertransferences. There is a gradation here where one may cross from the land of the analyst/therapist neurosis to the land of the countertransference**

# Countertransference



# Countertransference

**CounterT**

- 1) A very powerful positive tool**
- 2) A very powerful interference with the ability of the analyst**

# Countertransference

- **At the beginning Freud's statements about counter-transference were misunderstood**
- **Analysts felt that having countertransference feelings was a bad thing. It "meant" that your analysis was incomplete, that you had severe unresolved neurotic problems or that you were not a good analyst, etc.**
- **Thus a kind of "silence conspiracy" developed for a while around the countertransference. No one talked about it.**
- **All this was linked to the myth of the perfect analysis and the perfect analyst**

# Countertransference

- **In the 50's Winnicott brought it out of the closet in his paper “Hate in the Countertransference”**
- **He referred to the strong negative feelings that do arise in the staff in the wards for psychotic patients**
- **This was more acceptable for professionals and he further pointed out that though mothers love their babies very much, there are times when they hate them**

# Countertransference

- In that paper Winnicott gave a long list of the many reasons that mothers may have to hate their babies.:
  - the baby is a danger to her body during pregnancy and at birth; interferes with her private life; hurts her nipples by biting them; treats her as scum, an unpaid servant; she has to love him excretions and all; tries to hurt her by hitting; he may refuse mothers food but will eat well with his aunt, etc

## What use do you make of the Countertransference?

- Do you tell them what you may be feeling i.e., “I do not like you”, “you piss me off”, “you are a bastard”, “you make me angry” etc
- Or rather you try to understand how he or she manages to make you feel a particular way, who you become in his/her transferences etc. After that you then pass to them a distillate of what patients can use profitably and constructively

## What use do you make of the Countertransference?

- Among those that recommended the former were among others Little, Winnicott, Ferenczi and Balint.
- Winnicott had been referring mostly to his work with psychotic or asocial personalities but occasionally did so with neurotic patients, for ex:  
“Are there not many situations in our ordinary analytic work in which the analyst hate is justified? A patient of mine, a very bad obsessional, was loathsome to me for some years.

(cont)

## What use do you make of the Countertransference?

**I felt bad about it until the analysis turned a corner and the patient became lovable, and then I realized that his unlikeableness had been an active symptom, unconsciously determined. It was indeed a wonderful day for me (much later on) when I could actually tell the patient that I and his friends had felt repelled by him, but that he had been too ill for us to let him know” (“Hate in the Countertransference”) (Discuss)**

## What use do you make of the Countertransference?

Other analysts, including Little and Ferenczi, not only acknowledged that analysts have a wide variety of feelings towards their patients but recommended that they should at times express them openly

Alice Balint suggested that such honesty on the part of the analyst is helpful and in keeping with the respect for truth inherent in psychoanalysis

Paula Heimann opposed the above view. She defined countertransference as all the feelings which the analyst experiences towards his patient

## What use do you make of the Countertransference?

**Heimann acknowledged “that the analyst’s emotional response to his patient within the analytic situation represents one of the most important tools for his/her work...that he uses as a key to the patient unconscious”**

**However, the analyst’s feelings are his private affair and she did not consider “it right for the analyst to communicate his feelings to his patient”**

**Indeed in her view many so called countertransference feelings required “self-analysis on the spot”**

## What use do you make of the Countertransference?

**She further recommended that our counter-transferences feelings be immediately checked out against the actual data of the analytic session**

**Reich warned that countertransferences may introduce “something that is not inherent in the patient but only in the analyst psychology”**

**Through the years there have been many publications on the subject but essentially they are variations on the above themes**

# For any further information about:

- 1) The Carter Jenkins Center
- 2) The community or professional programs
- 3) Psychoanalytic Training in Tampa
- 4) The International (Virtual) Psychoanalytic Institute or Society
- 5) The Self-Learning program in Behavioral Sciences

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