What do psychoanalysts mean by 'transference' and 'counter-transference' and how do they contribute to the process of psychoanalysis?

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Transference and counter-transference are aspects of psychoanalysis that help to uncover and understand the unconscious feelings of primarily the patient, but also sometimes the analyst. There are many theories from various psychoanalysts with regards to their perspectives on psychoanalysis on the whole, but also with regards to the definition of transference and counter-transference, two of the most influential being Sigmund Freud and Melanie Klein *(*Bateman & Holmes, 1995: 95-96).

Sigmund Freud believed that the aim of transference is for the patient to find the link between their current symptoms and past experiences; moreover this is done by uncovering and analysing their emotional reactions. This concept links to Freud's idea of transference neurosis whereby the earlier experiences and relationships that were key factors to neurosis trigger the unconscious feelings and reactions associated with the past figure to reappear and in turn become directed towards the analyst. In addition, Freud believed that the transference seemed to turn the analyst-patient relationship into an emotional one and often consisted of feelings linked to phantasies, often ones from the first proper fantasized relationship of the patient's childhood (Jacoby, 1984: 14-18, Sandler, Dare & Holder, 1992: 37-38, Craib, 2001: 193-194).

In relation, Freud said phantasies often take the form of sexual or erotic wishes which are a result of previously unresolved unconscious issues. This occurs when there is displacement of the original source of sexual desire onto the psychoanalyst who then becomes the new fixation. Furthermore, Freud ultimately believed erotic wishes and transference as a whole are of great importance in psychoanalysis; however he did argue they can provide problems and highlight resistances (Sandler, Dare & Holder, 1992: 41, Bateman & Holmes, 1995:108-109).

Although Freud recognized the importance of transference, he also highlighted that it can become an obstacle or resistance to treatment. Freud speaks of resistances as everything the patient does that obstructs the progress and general functioning of the analysis and thus hinders the process of accessing the unconscious. Furthermore, Freud linked resistance to free association, which he considered to be the most fundamental aspect of psychoanalysis. Free association is a psychoanalytic technique of Freud's which allows a patient to talk without direction, input or criticism in order to unearth and then analyse the issues of the client. In addition, resistance occurs when the free association of the patient stops and moreover the transference resistance can lead the patient to become despondent and ignore the dedication to free associate. Freud argues that as the unconscious of the patient is unveiled, the patient wants to act on it and this leads the analyst to attempt to interpret and understand the patients unconscious within the context of the analysis and the patient's life. Thus from this Freud argues that a struggle occurs between patient and analyst which is essentially transference. Moreover in order for the patients problem to be cured, the analyst must win this struggle. Therefore, although transference makes things complicated and difficult for the analyst, it enables the unconscious impulsive actions to appear, in turn leading to treatment (Bauer, 1994: 5-6, Sandler, Dare & Holder, 1992: 38, Craib, 2001: 193-194).

In relation to resistance, Freud states a distinction should be made between positive and negative transference. Moreover, he states that negative transference of hostile feelings towards the analyst can occur simultaneously with positive ones. When this happens it means the patient can use one part of their transference (negative) in order to guard against the unsettling appearance of the other (e.g. positive erotic). Freud says that both negative and positive transferences can be removed by the analyst if he/she makes them conscious to the patient. Furthermore, Freud regards the positive transferences that are affectionate and dependent towards the analyst as being the way to a successful and permanent improvement in the patient's mental state, this is because they are accepting of consciousness and agreeable (Sandler, Dare & Holder, 1992: 39-40).

Freud used the term counter-transference as the analyst's transference of unconscious past experiences onto the patient. Moreover, Freud argues counter-transference occurs when the patient triggers unresolved conflicts within the analyst to surface and this is often because the analyst is unable to properly deal with the characteristics of the patient which represent a problematic figure of their past. Freud goes on to say how the 'counter' part of counter-

transference represents both transference of emotions onto the patient, as well as a reaction to the patient's transference. In continuance, just as Freud, early on, saw transference as an obstacle, he likewise saw counter-transfernce as an obstruction whereby it distracts and restricts the analyst. Furthermore, this happens because the analyst is no longer blank, neutral and open minded because they are now carrying feelings towards the patient which affects the patient and also hinders the analysts ability to function properly and interpret the patient's unconscious (Craib, 2001: 202-203, Sandler, Dare & Holder, 1992: 82, 84).

Furthermore, Freud argued that an analyst's reaction to conflicts and feelings that come from being with their patient is not what comprises counter-transference, but it influences it emergence. Moreover, for counter-transference to appear in the analyst Freud argued it has to include some kind of resistance from the analyst with regards to the work with the patient. Thus, Freud believed that in order to prevent the counter-transference developing and impinging on the analytic situation, the analyst must become aware of it, stop it and the rectify its consequences. Therefore, Freud recommended that the analyst's themselves should undergo psychoanalysis, whereby they can unearth their own unconscious conflicts and resolve them, in turn meaning they should not appear in counter-transference when they are the analyst treating their patient. In sum, Freud believed if the analyst could tackle and understand their transference it would help the analytical situation because the analyst then appreciates the process and thus realizes that what occurs in the patient are not straightforward conscious thoughts (Sandler, Dare & Holder, 1992: 82-84).

Freud is undoubtedly the founding father of psychoanalysis with many of his ideas having been continued, changed and developed by other theorists, including his concepts of transference and counter-transference. Furthermore, Melanie Klein is one particular psychoanalyst who has similarities and differences in relation to Freud with regards to transference and counter-transference. Klein developed Freud's views, whereby she believes the transference is not so much an actual relationship from the past transferred onto the analyst, but it is a blend of an actual experienced relationship with an unconscious phantasy, which in turn results in how that figure is thought of in the patient's inner world. Furthermore, in relation to phantasies, Klein says transference is the reflection and expression of embedded phantasies in the 'here and now' relationship of the patient and psychoanalyst. As well as this, Klein says that in the 'here and now' of the analysis, the analyst's objective is to make emotional contact with the patient which ties in

with Freud who also saw transference as primarily an emotional relationship. Thus, for Klein, transference is the conveyance of the internal world but within the analytic environment. Moreover the internal world is the interaction of unconscious defences, phantasies and past experiences and relationships that have external reality within the past, as well as the current 'here and now' analytic situation. Furthermore, unconscious phantasy, for Klein, is believed to be the core to all thoughts whether they are rational or illogical, and furthermore she regarded the illogical, difficult and disrupting thoughts as essentially being transference and thus the aspects of the patient that need analysing (Bateman & Holmes, 1995:103, Craib, 2001: 199, Sandler, Dare & Holder, 1992:48-51).

The idea of unconscious phantasies is central to Klein's theory of transference, but moreover, as mentioned, the inner world also includes the unconscious defences, which in turn occur in transference. For instance, Klein argued that a patient's phantasy about the analyst being kind, could actually be a defense against recognizing and accepting the persecutory anxieties, which are the parts of the psyche that Klein said are threatening to the patient. In addition, Klein says, as well as positive and negative transferences there is occasionally a mixed, distorted or disjointed transference which occurs as a basic form of defense against anxieties that arise in transference. If such a defensive transference occurs, the therapist is supposed to mend the disjointed parts together and interpret the meanings of the transference. In addition, what follows is that the analyst takes the form of a figure which is not idealized or demonized in relation to the persecutory anxieties of the patient but is viewed, like the patient, as being unsure of his/her reality. In relation, Klein speaks of split transference which allows good positive transferences to stay separated from bad negative transferences. This can be understood in relation to the paranoid schizoid position which is characterized by part object relationships which are part of the patient's phantasy. For example, the patient's transference could be of their father onto the therapist, the splitting transference means that the patient is able to separate their feelings of their father (good and bad) and therefore when transference occurs the patient is able to transfer just the good or just the bad onto the analyst (Craib, 2001: 199-200, Waska, 2007:42, 43 & 96).

In relation, because Klein believes transference stems from the processes in the early stages of object relations, she places emphasis on the analyst to return over and over to the object relationships and experiences of early childhood whether they are good, bad, external or internal.

Furthermore, although Klein speaks of the 'here and now' of the analysis, she also states that the understanding of transference is not sufficient enough without accounting for the 'total transference situation'. The total transference situation refers to the analyst having an insight into the patient's history, everyday life and the consequential relationships and actions, rather than simply what the patient brings to the analysis. Thus, by thinking in terms of total situations, the analyst is better equipped to understand the patients unconscious and in turn interpret the defenses towards anxieties that arise in the transference. In sum, this is because the patient is likely to have re-occurrences of anxieties from their past re-appear in the transference with the analyst and most probably use similar defenses against the anxieties (Bateman & Holmes, 1995:103, Waska, 2007:41 &204).

Another view of Klein's with regards to transference is the idea that it can cause the analyst confusion when the patient shifts their confused unconscious onto the analyst, and moreover if the analyst does not manage to understand the transference, Klein says, that it is a reflection of the patient's defense mechanism at work. Therefore, linking back to total situations, the analyst must work with all parts of the transference, not just the initial verbal projections, in order to account for the object relationships. Furthermore, Klein regarded the means for externalising the internal unconscious is through what she called Projective identification; this was regarded as the method of placing an aspect of the self into an object. Thus, when analysing the transference it is vital for the analyst to notice and then control the patient's projections within the counter-transference, before then giving the interpretations back to the patient in the hope of aiding the treatment process (Sandler, Dare & Holder, 1992:50-52).

In relation, Klein believed that the analyst's counter-transference is the best way to understand the patient's transference. Klein viewed counter-transference as an interpersonal relationship encounter because the analyst's counter-transference relies on the projective identification of the patient and moreover it is the internal unconscious processes of both the patient and analyst. Furthermore, according to Klein, counter-transference occurs as a response to the externalized projective identifications of the patient, these projective identifications lead the analyst feel a certain way in reaction to this. Moreover, the analyst then has to analyse these feelings and interpret them in relation to the patient's transference and total situation in order to understand their meaning. However, Klein did stress that the counter-transference may be misunderstood and

become detrimental should the analyst become emotionally affected by the projections, therefore she emphasized the importance of the analyst's professionalism. Another point Klein reiterated is that projective identification is part of the patients phantasy and that if the analyst did not remind themselves of this then it could lead to them seeing the patients as culpable for their own problems and faults. Thus, Klein regarded the analyst's counter-transference as the vehicle to understanding the patients object relations, transference and unconscious, in turn therefore greatly increasing the chances of treatment (Sandler, Dare & Holder, 1992:87-89, Craib, 2001: 204, Waska, 2007:44 & 210, Bateman & Holmes, 1995:111).

As seen, there are similarities and differences between Freud and Klein with regards to both their meanings of transference and counter-transference, as well as their views on the contribution of transference and counter-transference to the process of psychoanalysis. For instance, both see transference as being the projection of past experiences or objects onto the analyst; however Freud regards them as usually being desires or wishes (Sandler, Dare & Holder, 1992: 41), whereas Klein places emphasis on transference being an interaction between phantasies and defenses (Dare & Holder, 1992:48-51). Moreover, both are similar in their recognition that the relationship between analyst and patient is an emotional encounter. Similarly, both recognise that transference can cause problems and block the analytic process, for instance Freud speaks of obstacles and resistances (Bauer, 1994: 5-6) whereas Klein uses the term defenses (Craib, 2001: 199-200). In relation, the two theorists both place importance on the role of the analyst to prevent these problems occurring and if they do occur they should be fixed quickly. In continuance, but in relation to counter-transference, Freud believes it is a resistance by the analyst to their feelings towards the patient and thus a resistance to the process (Sandler, Dare & Holder, 1992: 82-84). Whereas Klein believes counter-transference is how the patient's transference has made the analyst feel and that this is beneficial to the process as it indicates the patient's transference projections and thus their unconscious. In sum, although Freud is the founding father of psychoanalysis and his views are highly influential, Klein's view of transference and counter-transference seems to be the most advanced. For instance, although slightly different, she seems to incorporate many of Freud's perspectives but also develops her own ideas. In relation, unlike Freud, she regards counter-transference as beneficial in the analytic process as she notices that it can relate to the patients unconscious and unearth hidden inner thoughts (Sandler, Dare & Holder, 1992:87-89). Moreover, she also places emphasis on the total situation which takes into account

more of the patients and analyst's backgrounds, everyday life and life history as well as what may have happened on the day of analysis, all of which could affect the patient and analyst within the analytic situation (Waska, 2007:41 &204). These examples of Klein's developments, both in counter-transference and her idea of the total situation, highlight how she has advanced the ideas of transference and counter-transference within the psychoanalytic field, particularly because her ideas uncover possible intervening aspects that might have otherwise been missed in the analysis if only Freud's perspective had been taken.

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