

TRANSFERENCE, COUNTER-TRANSFERENCE AND
JUNGLIAN DEPTH THERAPY

Running Head: Transference, Counter-Transference

David Johnston

ABSTRACT

I explore the nature of both transference and counter-transference from a Jungian depth-psychological perspective. There are basically two types of transferences, one neurotic requiring a casual-reductive approach to therapy and one based on the Self, having to do with the individuation process, which calls for a teleological or prospective approach to therapy. There are several different possible counter-transference responses, including the neurotic or illusory counter-transference, the concordant or syntonetic and the complementary counter-transference. The illusory or neurotic counter-transference is based on the therapist's neurosis and is a detriment to therapy. The complementary counter-transference is a function of the analysand's projective identifications and neurotic inducements on the therapist to fulfill a role originally played by another significant individual [self-object] early on in one's life, for instance the mother, father or sibling. The concordant or syntonetic counter-transference is the result of the therapist being directly affected by the same unconscious contents that are activated in the psyche of the analysand. I also discuss the embodied and reflective counter-transference, which seem to be a differentiation of the concordant or syntonetic counter-transference

TRANSFERENCE, COUNTER-TRANSFERENCE AND JUNGIAN DEPTH-THERAPY

Introduction

In this paper I discuss the nature of transference and counter-transference from the point of view of Jungian depth-psychology. I draw a distinction between a neurotic transference and the need for a causal-reductive approach to therapy, and a transference based on the Self, by which I mean both a spiritual centre of being and wholeness, and the need for a prospective or teleological approach. I also discuss different counter-transference phenomena, including both illusory or neurotic counter-transference and what in general can be referred to as the useful counter-transference (Steinberg, 1990). The purpose of this essay is to elucidate a difficult subject and to develop a personal perspective on it.

The Nature of Transference

From a simplistic point of view, transference is the client's, i.e. analysand's, projection onto or projective identification with the therapist. Projective identification refers to an individual being in a state of unconscious identity with someone else, in this case the analysand with the therapist. It comes along with pressure or inducements on the person receiving the projections to behave in such a way so as to conform to the individual who is in a state of projective identification and doing the projecting. Analysands in a state of fusion or identify with their therapist, attribute to the latter aspects of their own psyche of which they are unconscious. As a focal point of enquiry, then, the transference can

reveal unconscious motives, defenses and infantile needs, as well as potential for individuation.

The Neurotic Transference

Following Freud, Jung (as reported in Steinberg, 1990) referred to the neurotic transference as an expression of infantile needs, with the therapist being put in the place of father, mother or sibling, that is, an early significant individual or individuals [object-relation or relations] with whom the analysand was in relationship. There is, accordingly, an unconscious tendency on the part of neurotic analysands to organize relationships, including with the therapist, in such a way as to repeat the original situation. Although Freud particularly referred to a repetition of the oedipal conflict that originally occurs at five to six (5-6) years of age, contemporary object-relations theorists refer back to an earlier time. According to Stolorow et al (1987), transference is based on an archaically rooted self and object subjective organizing principle that "crystallized out of the patient's early formative experiences" (p. 36). Cashman (1988) argued that the critical events that form the template for all subsequent relationships including the therapeutic one, took place at the age of five to six (5-6) months in relationship with the mother [that is to say the nurturing parent]. In other words, the meaning that transference phenomena acquire is by virtue of their being assimilated "by the patient's subjective frame of reference" (p. 36), which initially took shape in early childhood.

Jung (1970) alluded to the fact that, in addition to sex, there are other neurotic transference fantasies including the will to power. Cashman, (1988) has identified four major areas of transference inducing projective identifications, including dependency that comes with the relational stance of helplessness, power that comes with the stance of control, sex that comes with erotic seductiveness and an ingratiating attitude that comes with the relational stance of self-sacrifice. Whatever the case may be neurotic transference calls for reductive analysis and a causal explanation of a problem rooted in early childhood development.

Stolorow et al's (1987) idea of transference being an instance of an archaically rooted organizing principle comes close to Jung's more highly differentiated notion of the archetype as the fundamental blueprint for psychic life. The archetype is psychoid, meaning that it consists of both a spiritual pole that apprehends and a physical pole that includes a dynamis for action. Indeed, there are as many archetypes as there are instincts and one can posit that all human behavior, without exception, is based on an archetypal substrate, including projection and transference fantasies. Along with these fantasies one puts concomitant pressure on others, including the analysand onto the therapist, to be and to respond in certain ways. Therapists also need to be cognizant of the fact that they, too, can have projections on their clients and unconsciously exert pressure on them to act in a certain way, a phenomenon technically known as neurotic or illusory counter- transference.

As indicated above, in the case of the neurotic transference, the analysand unconsciously attempts to induce the therapist into a position to react like a previous significant person[s] [self-object[s]] who had a formative effect on the individual's early development, psychologically repeating a neurotic form of behavior. It is as if the organizing archetype has been tied up into a personal ego-centric knot that needs loosening, or a complex that needs purifying. Therapists who have not themselves experienced depth-analysis, and worked through their own personal complexes risk unconsciously pressuring their clients to act inappropriately as well, or according to some kind of psychological dogma. This is surely the case of most therapists today who take a cognitive-behavioral approach to therapy. Even Freudian and some post-Freudian approaches to depth therapy is restricted because of a limited understanding of the scope of the psyche and its potential for individuation.

Transference and the Individuation Process

But not all transference is neurotic requiring a casual-reductive approach to therapy. Jung was the first to observe that once the neurotic transference is resolved, the individuation process properly speaking can begin, at least potentially. Parenthetically, it is noteworthy that Jung (as reported in Adler, editor, 1975) made a distinction between individuation, as the natural development of being and the individuation process, in which the individual consciously participates. When the individuation process itself has been initiated, there is the need for a prospective or teleologically oriented approach to therapy. This

means that the analysand's subjective life, including dreams, fantasy and transference reactions, need to be understood in terms of the individuation process. Ultimately this refers to the incarnation of the Self over space and time, a process aiming at the full development of one's uniqueness. Transference, then, needs to be seen in terms of unfolding potential and differentiation of being.

In other words, at this point, the transference may involve a projection of the Self onto the therapist. Whether or not this is always the case, is not so obvious. There are a number of factors involved including the therapist's own degree of individuation. Furthermore, there may be other figures in the analysand's life that carry this projection, or carry it more profoundly. Whatever the case may be, it seems that some personage or some people, either living or historical must carry an active projection of the Self in order for one to be initiated onto the path of the individuation process. Needless to say, it is often the therapist or, at least, the therapist often carries the projection of some aspect of the Self.

The Symbol of the *Coniunctio* and the Therapeutic Relationship

While the transference for the individuation process is based on the Self, the appropriate metaphor for the therapeutic relationship is the coniunctio or union of the male and female principles. Indeed, this is ultimately the appropriate organizing symbol driving all intimate relationships - and from the point of view of this essay, not only transference onto the therapist, but the therapist's so-called

counter-transference. I will go into this phenomenon in a little more detail at the end of the paper.

In the meantime I will first recount and then comment on a dream a forty year old woman had about two months after a year of therapy had come to completion:

I go to X's (my male therapist) office and notice that there is office space for me next door. I look into his office and see a three volume set of hardcover sky blue books, entitled "Jesus Follows Buddha." Each book has a profile of the Buddha embossed in gold against a red circular shaped background. The books fascinate me. To my surprise there are several women from India dressed in saris seated on the floor in X's office.

Without going into too much detail in interpreting the dream, it is clear that the woman's therapist carries the projection of the Self for her. According to the dream, he connects her to spiritual desire or Eros [red circle] and knowledge [golden Buddha]. It is noteworthy that the golden Buddha is contained within the red circular background, indicating that knowledge comes with what Jung (as reported in Samuels, p. 164) refers to as *esse in anima* or being contained in soul. To put it another way, here *Logos* or the masculine principle comes together with, is even contained in, *Eros* or the feminine principle. That the Indian women are sitting on the floor suggests both grounding and humility, essential for a genuine spiritually oriented life. Finally, the fact that the woman has an office beside X's suggests, amongst other possibilities, that she has become her own therapist with an attitude somewhat similar to his. It indicates that she is now capable of working her own inner process independently. As the dream includes the

therapist, it also brings up the question of counter-transference, a subject to which I now turn.

Counter-Transference

Any relationship, including the therapeutic relationship is a two-way-street. There is, in this case, a commingling of two psyches, that of the therapist and that of the analysand, with each responding to the other by way of transference fantasies and counter-transference reactions. From the point of view of this paper my interest lies in the fact that the analysand's unconscious transference can evoke counter-transference from the therapist (Jung, as reported in Samuels, 1989). In fact, what is technically referred to as counter-transference is a special form of transference, whereby the therapist responds to or acts towards the analysand's transference pre-dispositions in an unconscious fashion. By becoming aware of one's counter-transference reactions, the therapist gains access to a "highly important organ of information" (Jung, as reported in Samuels, 1989, p. 147) regarding the psychological makeup and *telos* of the analysand's psyche. It also allows therapists to use this information to appropriately adjust their own behavior vis-à-vis the analysand.

Although like transference, counter-transference, in all its aspects really takes place as much outside therapy as in it, the therapeutic container induces awareness of this phenomenon and the need to be alert to it and its repercussions. The reason for that is that the goal of therapy is healing, that is

freedom from neurotic compulsions and in some cases to be initiated into the individuation process. From a depth-psychological perspective, this suggests that therapists need to be aware of how their counter-transference assumptions and reactions either favor or discourage such outcomes.

The more therapists operate out of their own wholeness, the more they silently encourage likewise in their analysands. Jung's (as reported in Hannah, 1976) constant reminder to his disciples of the rainmaker, who first became unsettled by prevailing conditions and who then returned to a state of Tao at which time the drought ended, is relevant to this discussion. It presents, it seems to me, a perfect image of how the ideal depth-therapist is able to work with transference inducements and counter-transference. There is a need for the therapist to be disturbed by being directly affected by the psyche of the analysand, at which time the Self is constellated, inducing a return to a feeling of inner harmony. A therapist who is genuinely an instrument of the Self participates in the same healing mystery as the rainmaker.

In order to bring precision to this discussion, it is now necessary to study the actual nature of counter-transference reactions in more detail. The literature suggests that there are at least three, perhaps four different kinds. Moreover, the therapist may respond with a mixture of more than one type of counter-transference.

Neurotic or Illusory Counter-Transference

With some justification, it seems to me, Fordham (as reported in Samuels, 1989, p. 148) prefers to reserve the expression counter-transference for what he identified as illusory counter-transference or what Racker (as reported in Jacoby, 1984) called neurotic counter-transference. In such a case, the analysand's transference evokes a neurotic response based on the therapist's own unconscious complexes and intra-psychic conflicts. For example, therapists may project their own unconscious aggression, sexuality or narcissism onto their analysands, falsely attributing aggression, sexual or narcissistic motives to them. Fordham, (as reported in Steinberg, 1990, p. 36) rightfully observed that "projections and introjections that result in identification with the client, the basis of a neurotic counter-transference are the worst obstruction to analysis." Steinberg (1990), however, noted that should therapists understand that their neurotic response comes in combination with the neurotic tendencies of the analysand the situation could be redeemed and utilized for the sake of therapy. This presupposes intense self-scrutiny on the part of therapists and a relatively in-depth understanding of their own psychology.

Useful Counter-Transference

Drawing on the works of both Racker and Fordham, Jacoby (1984) described two kinds of what Steinberg classified as useful counter-transference fantasies, the complementary counter-transference (Fordham) and the concordant (Racker) or syntonic counter-transference (Fordham). Fordham, (as reported in Samuels,

1989) in fact, prefers to refer to dialectical interaction for the non-neurotic kinds of counter-transference, an expression which, in my estimation, may better differentiate what actually takes place. As we shall see, so-called counter-transference that doesn't involve the therapist's own neurosis involves a full engagement of the therapist's being with that of the analysand. Dialectical interaction, that is to say, takes place between the being of the therapist and that of the analysand.

The Complementary Counter-transference

The complementary counter-transference is the result of therapists being induced by analysands to respond to their neuroses and corresponding neurotic transference fantasies as determined by the latter's basic intra-psychic conflicts. That is to say, analysands induce the therapist to respond to their neurotic reactions in the same way as their father, mother, or sibling did, repeating the original neurotic exchange. The therapist is, accordingly, induced to act in such a way as to support the neurosis and, by doing so, acts under the unconsciously driven compulsion of a complementary counter-transference. For example, a woman brought up by an abusive father, acts in such a way as to encourage others including her therapist to abuse and act angrily towards her. For the therapist to do so would be reinforcement of her neurotic behavior. Should, in contrast, a therapist act with understanding and love, that is to say, from a state of inner integrity, a different relationship potential and quality of being is presented for the client to introject, one that assists healing. Not only is there

neurotic transference on the part of clients, but those who will eventually successfully resolve their neurotic conflicts also have the capacity for active empathy. This allows them to feel into the psychological reality of the therapist who, in this sense, acts as a model for the analysand.

Concordant or Syntonic Counter-transference

The concordant (Racker) or syntonic (Fordham) counter-transference is a condition whereby the therapist's personal feelings are "governed by those same unconscious contents that have become activated (in the patient)" Jung (1970). Jacoby (1984) observed that awareness of such phenomena allows for empathy on the part of the therapist and the possibility of gaining therapeutic insight. By becoming aware of uncharacteristic reactions--even allowing for such an eventuality, which cannot be typically accounted for according to one's normal psychological makeup, allows the therapist to gain empathic even sympathetic understanding of the analysand. As Jung observed (as reported in Steinberg, 1990, p. 29), the analyst "cannot do more than become conscious of the fact that he is affected " and, he went on to say---" it is even his duty to accept the emotions of the patient and to mirror them." Not only can therapist's gain insight, but they are obligated to use it to enhance the therapeutic process.

Jung also noted that "the analyst quite literally takes over and shares the suffering of his patient." Acknowledging one's *participation mystique* with the client and the fact that one is deeply affected by the analysand's psyche allows

for active empathy on the part of therapists. They not only experience the suffering of the analysand but gain a "*via regia* into the inner world of the patient" (Samuels, 1989, p. 150). According to both Samuels (1989) and Steinberg (1990), it can include actually incorporating through image, feeling or bodily sensation, emotions and states of mind, for instance depression, or sexual feelings that actually belong to the analysand, although split off and unconscious.

The Reflective and the Embodied Counter-transference

Rather than using the term syntonic counter-transference, Samuels (1989) preferred to differentiate it into what he called the reflective counter-transference and the embodied counter-transference, each of which may be experientially identical. The reflective counter-transference takes place when therapists experience an emotion or state of mind, for example, depression or anger that actually reflects analysands' "here and now" feeling states, of which they are unconscious. In other words, according to Samuels (1989), therapists actually feel a split off "here and now" depression or anger that belongs to the analysand.

In contrast to the reflective counter-transference, the embodied counter-transference, involves a "sensual expression in the analyst of something in the patient's inner world ... an incarnation by the analyst of a long standing part of the patient's psyche" (Samuels, 1989, p. 121). In particular it refers to a non-verbal or pre-verbal state of being. For example, therapists may experience becoming depressed as a result of "the presence and operation of such a "person" in the

patient's psyche-perhaps an introjected depressed 'parent' " (p. 121). The therapist, accordingly, becomes "a part of the patient's inner world sensually and maternally embodying it" (Samuels, 1989, p. 151).

Jung's statements can certainly be construed to suggest that the therapist actually takes on an analysand's feelings and affective states. He noted, for example, that "any process of an emotional kind immediately arouses similar processes in others" (as reported in Steinberg 1990, p. 29). Indeed, it is a common experience to find oneself directly affected by another person's state of mind, be it their loves, joys and enthusiasms or depressions and angers. Other people's affective states, that is to say, are contagious and the analyst's personal feelings can be "governed by those same unconscious contents that have become activated in the patient." (Jung, 1970, p.176)

It is important to realize that it is not the therapist's ego or any special ego-derived talent that is actually involved in the taking on or embodying of a client's unconscious feelings, etc. To think otherwise is to inflate the therapist's ego. In fact, becoming aware of the reflective and embodied [Samuels] or useful [Steinberg] counter-transference is, experientially, simply an instance of becoming conscious of the inter-related nature of the psyche and the interconnectedness of all life. Examples include the therapist becoming inwardly aware of images and feelings related to the analysand's state of mind and other synchronistic experiences, such as a case where an analyst's physical sickness

seemed to be connected to the analysand's psychological condition and dreams which reflect his situation. Therapists may also become directly aware, through a dream, of their client's needs regarding healing and individuation and the direction of the psyche's potential unfolding.

There is always the possibility that such counter-transferences can be mixed up or combined with a neurotic counter-transference and appealing to a therapist's ego in such a way may encourage a tendency to misdiagnose in favor of the embodied counter-transference, while overlooking one's own neurotic tendencies. To the credit of both Samuels and Steinberg, they each give guidelines on how to help make the differentiation. For instance, Steinberg recommended three necessary ingredients for differentiating a neurotic counter-transference from a useful one. They are:

- ◆ The need for therapists to be aware of their own psychological makeup;
- ◆ The observation that the quality of the fantasy in question is uncharacteristic of the analyst, but characteristic of the analysand; and
- ◆ The fact that the therapist feels no anxiety or defensiveness in allowing the fantasy to enter consciousness.

On his part Samuels suggested the following exercise to help in differentiating neurotic counter-transferences from embodied and reflective ones:

- ◆ Denote the nature of the images, feelings, etc.;
- ◆ Classify them;
- ◆ Play imaginatively with the fantasies; and
- ◆ Interpret them.

I would like to add here that referral to feeling evaluations from the heart-Self [psychic being] provide the surest quality of discernment. One way or another it is important for therapists to differentiate neurotic counter-transferences from those that can give valuable insight into the condition of the client's psyche for purposes of healing and individuation.

The Inter-subjective Imaginal Field and the *Coniunctio*

There is much more to the subject of transference and counter-transference that space does not permit me to adequately explore. From a Jungian depth perspective, this includes the question of the inter-subjective imaginal field and the alchemical metaphor or the *coniunctio*. Briefly put, the inter-subjective imaginal field is the subtle space where the therapist and client meet. It is that place where the drama of transference and counter-transference ensue and the analysand's intra-psychic conflicts potentially become resolved in the context of the therapeutic container. The metaphor of the alchemical *coniunctio* or union of opposites [male and female] points to a commingling of two psyches, the analyst and the analysand, and the intra-psychic conflict of opposites (Samuels, 1989) and their resolution, which is wholeness, the goal of the individuation process.

The *Rosarium Philosophorum* (as reported in Jung, 1970) which delineates the alchemical process includes a portrait of a descending dove [the bird of Aphrodite], emphasizing spiritual love rather than carnal love. This is suggestive of the healing attitude required by the therapist and ultimately the analysand. I

now report on a dream that a therapist had in response to his analysand's dream, the one reported earlier in this paper. It came to him the night after learning of her dream:

I am with my analysand Y. We are kissing each other intimately. Next, I am facing a Buddhist monk like the Dalai Llama, who exudes compassion and wisdom. He has on a maroon and yellow robe. I exclaim 'I am really glad to see you. I would like to talk to you about a dream Y had of the Buddha!' The monk just stands there smiling.

The dream seems to indicate that the appropriate attitude for both the therapist and analysand is based on the fact that behind the transference, counter-transference pre-dispositions there are spiritual compassion and wisdom. This is ultimately a similar message to the one contained in the Rosarium Philosophorium, as I indicated above.

Conclusion

I have discussed different aspects of transference and counter-transference. There are two main kinds of transferences, one neurotic requiring a reductive causal analysis and the other involving individuation and the individuation process, which requires a prospective, teleological approach. In practice both types of transferences may be operative at one and the same time.

Different types of counter-transference include the neurotic or illusory, the concordant or syntonetic, and the complementary. It is also possible for the therapist to actually embody the analysand's unconscious images, thoughts,

feeling and sensations. Jung's formulation that the therapist's feelings etc. are governed by the same principle as that of the client puts the emphasis on the inter-relatedness of the psyche rather than the therapist's ego. Understanding the nature of both transference fantasies and counter-transference reactions is important for the practicing therapist as a source of valuable therapeutic insight.

REFERENCES

- Adler, Gerhard (1975), editor. C.G. Jung Letters. two volumes, volume II in collaboration with Aniela Jaffe. Bollingen Series XCV:2 Princeton: Princeton University Press. pp. 468, 469
- Cashdan, Sheldon (1988). Object relations therapy: Using the relationship. New York: WW Norton & Company
- Hannah, Barbara (1978). Jung: His life and work. Capricorn Books, New York: G.P. Putnam's son.
- Jacoby, Maria (1984). The analytic encounter: Transference and human relationship. Toronto: Inner City Books.
- Jung, C.G. (1970). Collected works, volume 16, The practice of psychotherapy, part III. The psychology of the transference. Bollingen Series XX, Princeton: Princeton University Press.
- Samuels, Andrew (1989). The plural psyche: Personality, morality and the father. New York: Routledge
- Samuels, Andrew (1993). Class notes in clinical applications. Winter Semester, Carpenteria, CA, Pacifica Graduate Institute.
- Steinberg, Warren (1990), Circle of care: Clinical issues in Jungian therapy. Toronto: Inner City Books
- Stolrow, Robert D./Bozandcraft, Bernard/Atwood, George (1987). Psychoanalytic treatment: An inter-subjective approach. Hillsdale, N.J.: The analytic press, p. 36