

TA and Transference... A workshop with Dave Spenceley TSTA

"Transference... the unconscious knowing of the unknown"



Woody Allen: "I realize it's just transference Dr... but these days I am madly in love with you!"

Therapist: "Just transference.... With legs like mine you think it is just transference?"

- 1) Transference like games (brief transference enactments... needs to be assumed to be both therapist and client in origins... with their respective counter transference reactions taken into account.
- 2) All transferences have a positive function / intention... and are attempts through enactments to heal historic confusion and impasses.
- 3) Introjective transferences... mirroring / idealising / twinning are descriptions of the functions of the transference ... there are many other types of transference which have different functions... such as those to meet relational needs... see Erskine... impact // non impact transference plus erotic // deadening etc... for each of these transferences there is a continuum... going from idealising to demonising... from mirroring to shunning from twinning to different...
- 4) Into or onto debate is not helpful/// and misleading... the person offering the transference... offers up their transference the recipient either enters the transference dynamic or rejects it... These can be best described as two types of transferences... described as be another or be me... the function is to resolve internalised conflicts with others in the first type and the second is to resolve conflicts / confusion states in the self.
- 5) The transference is an attempt to resolve confusion / impasses in the Child or Parent... impasses are between either P – C or C – C or P – P...
- 6) The Adult is actually the neo self... the new self... incorporating / assimilating internal experiences from P or C as well as new external sources... it is the Adult which is the "true self..."... the archeo psyche is an echo of old me, and the Parent is an echo of borrowed selves... both of which contribute to making the new self...
- 7) Adult contamination... the contamination model is actually useful if we think of the Adult assimilating information from Child / Parent... however some of this is not reality checked...
- 8) The unconscious ... resides as the driver of the true self... we use ego states as the method of observing our unconscious process through ego states... I know of no better model... also based n Erskines article... which was published in my formative years of training...

Definitions of transference:

- a. Reacting in the here and now as if to archaic events. Seen as an attempt to resolve uncompleted business from the past and a way of making sense of the current world ... if it were not for transference we would need to continually make new meanings of our daily experiences.
- b. **Freud** started to notice that in psychoanalysis, feelings, impulses, fantasies and defences occurring in the client's history were re-enacted in the present but directed towards the psychoanalyst rather than the person with whom the original experience occurred.
- c. **In 1905, Freud** first mentioned the concept of "Übertragung" or transference literally a "carrying over" of past psychological experience which is inappropriate to the present situation or relationship.
- d. **Freud (1912)** proposed that the practitioner's countertransference should be avoided in the therapeutic situation at all costs, viewing countertransference merely as a hindrance to making a correct interpretation of the client's transference issues. The analyst's role was merely to act as a "mirror" for the client without bringing any of their own emotions into the consulting room

- e. **Freud: Essentially one might say the cure is effected by love...** and transference provides proof that neuroses are determined by the individual's love life. (Freud to Jung)... Analysis requires the emotional engagement of the analyst, their empathy and love towards the client
- f. **Rycroft 1972:** The process by which a patient displaces on to his analyst feelings, ideas, and so on, which derive from previous figures in his life. Countertransference is defined as: The analyst's transference on his patient'
- g. In the wider literature of psychotherapy, the two terms have come to be used in ever-broader senses. **Clarkson 1991** suggests that in its most general interpretation, 'transference' implies the phenomenon of carrying across qualities from what is known (based on past experience) to what is analogous in the present. It occurs whenever emotions, perceptions or reactions are based on past experiences rather than freshly minted in the here-and-now.

Types of transference and countertransference:

- **Racker 1978** expanded on Freud's original concept of countertransference proposing there to be two types.
 - **Concordant countertransference** refers to the practitioner identifying with the client's ego and id, in so doing experiencing the same psychological phenomena as the client is experiencing.
 - **Complementary countertransference** occurs when the practitioner identifies with the client's internal objects, experiencing responses which complete the client's projections.

Be Me – Be someone else transferences...

- **Kohut (1997)** an "object relations psychoanalyst" described 3 types of transference which are attempts to complete early developmental needs relating to narcissism which is seen as a healthy stage in child development.
 - **mirroring**, In order to gain a healthy self-esteem, the child requires caregivers to value his grandiosity – the child's feeling that he can do anything – and to be loved for being the person he is. This includes praise, applause, acknowledging and valuing children's feelings of pride in their achievements
 - **idealisation**, a need merge with an idealised caregiver (the idealised parent imago) when a stressful situation has occurred and the child's sense of self threatens to fragment. The parent's soothing and comforting help the child retain a cohesive sense of self, by experiencing the cohesion from the caregiver. The child idealises and admires this all-powerful caregiver, and absorbs the admired qualities of the caregiver into their own values and ambitions. Gradually, the child experiences some fallibility on the part of the caregiver, the idealisation is gradually modified and the child recognises a more real picture of the caregiver's limitations (Siegel, 1996). If this process offers "optimal frustrations" rather than dramatic and unmanageable disillusionment, the child's narcissism will follow a healthy development.
 - **twinsip..** children need to feel similarities between themselves and others and feel part of relationships, which Kohut called twinship selfobject need, in order to develop social skills within the family and community.

TA – EATA psychotherapy competencies include: Demonstrate an understanding of developmental issues, transference and counter transference phenomena, and the ability to use transactional analysis to address it successfully. This will include the willingness to allow transference to develop in the client/therapist relationship and to handle the client's regressive states appropriately and therapeutically. It will also include understanding his/her own counter transference and the limits it may create, as well as the ability to use it constructively.

The Freud museum:

I was taken by surprise on a recent visit to the Freud museum in Vienna it was like visiting my great grandfather's office I "felt" the connection with my analytic roots... Especially as I read the postcard from Freud to Paul Federn; here was the direct connection to Berne, and to my own TA trainers and supervisors.

One of the most significant things **Berne** did for psychotherapy is to make understanding and observation of the transference possible in the here and now.

When a client responds to a therapist from either a Child ego state or from a Parent ego state then the client is inviting a transferential relationship with the therapist. If the therapist is coming from Parent or Child then the therapist is either inviting a transference or responding transferentially to the client.

Berne spelled out explicitly how his theory of transactions could be used to analyse transference and countertransference.

His 3 rules of communication were describing transference transactions.

He described the most common form of transference as being the Child – Parent transaction. Therefore in TA terms the first step to understanding transference is understanding ego states.

Berne defined his theory of life script as a transference drama. This drama was by no means limited to the psychotherapy room. (Berne 1961) A script is an attempt to repeat in derivative form not a transference reaction or a transference situation, but a transference drama, often split into acts, exactly like the theatrical scripts which are intuitive artistic derivatives of these primal dramas of childhood. Operationally, a script is a complex set of transactions, by nature recurrent, but not necessarily recurring, since a complete performance may require a whole lifetime. (Berne 1958)

Berne developed his thinking in TA and provided many models which enable us to observe and understand the transferential processes,

- TA proper,
- Script
- Racketeering
- Racket system... which aspect is describing the transference...
- game processes--- brief transference enactments.

There have been many references to transference through the TAJ 's... too many to list here.

It is worth noting that the cathexis school used their models of passivity and symbiosis to understand transference.

While in the redecision school the initial idea was to stay out of any transferential relationship with the client... however at the end of his life Bob Goulding and I understand Mary Goulding acknowledged their use of the

positive transferences which their clients had towards them. **I use their ideas on impasse theory explicitly to understand transference phenomena. As expressed by Erskine.**

Erskine in his April 91 TAJ article stated that using Ego States to identify which transactions are transference... He states that "It is my opinion that transference transactions are externalised expressions of internal ego conflicts between extero-psyche (Parent) and archaic-psyche (Child) ego states."

I (Dave Spenceley) expand Erskine's comment to add that these intra-psyche conflicts are not always expressions of Parent – Child conflicts they can also be expressions of conflicts between different Parent and Child ego states.

Novellino in several TA J articles expands on the importance of understanding the function of and of using the transference and countertransference in TA psychotherapy... he makes using the countertransference a normal part of our psychotherapeutic work.

He states that in any psychotherapeutic relationship the unsatisfied childhood need will be projected onto the therapist who will be experienced by the patient as the source of the possible satisfaction (+ve) of the need, as well as its frustration. (-ve). In every transference there is the presence of both poles.

Therapy is effective when the internal Parental influence or dialogue is externalised (transferred), allowing for the resolution of childhood impasses and traumas, and the emergence of a stronger, uncontaminated, more integrated Adult. The specific approach depends on the level of childhood fixation, the more symbiotic the more actively the therapist needs to take on the transference relationship

Moiso developed the theme of using and understanding transference and describes the difference between P2 and P1 transferences.

Sills and Hargeden developed these ideas further in their book on relational TA... The relationship is the container allowing the development of the transferences...

- **Introjective transferences...** of mirroring, idealising and twinning taken from Kohut ... which I (Dave Spenceley) describe as "be me" transferences... by which I mean the therapist begins to experience the disturbances experienced by the client... the therapist metabolises these experiences within the therapeutic encounter for the client to reintegrate back into themselves.
- **Projective transferences.** In which the client is saying "be another"... be my mother / father etc... in order for them to enact earlier scenes... which they together with the therapist work through to create a new meaning and experience for themselves.

Working with the transference:

The transference/countertransference matrix is complicated, confused and often messy!

David Mann (Psychotherapy an erotic relationship) refers as being shone into the deepest recesses of the psyche must often penetrate dark shadows and conflictual spaces within both client and therapist.

- The client and therapist are both likely to experience emotional and bodily turbulence, uncertainty and conflict...
- The elements of an erotic countertransference may include the therapist's deadness, disinterest or disgust as well as attraction, tenderness or arousal. All of these reactions are signals that need attention paying to them... The therapist needs to sit with these feelings, metabolize them, discover their meaning, so as to offer the client a kind of translation service for erotic vitality.
- The therapist's simply disclosing (not to mention acting out) erotic feelings likely forecloses exploration and understanding, derails the client's opportunity to take ownership of emergent desires

During the early phase while making the initial contracts with clients I (Dave Spenceley TSTA) describe my method of working in the following way... these statements made to the client directly encourages the developing transference relationship.

“There are basically two phases in my style of working:

First I am very interested in getting to know you... this includes listening carefully to your story, seeking to understand the reasons why you have decided to come for psychotherapy with me, and why now.

During these early stages of the work I am interested to find out what it is you are wishing to change in your life, and how you would like to be after therapy has finished. The initial goals will be for you to find strategies in order to managing more effectively whatever has brought you into therapy.

For example if you are afraid of going shopping we will be looking for strategies which will enable you to be comfortable in yourself while going shopping.” (NB: This is described as resolving the 1st degree impasse / crises... what Berne described as gaining social control and symptom relief).

Secondly while I am working with you right from the start I am very interested in how you are in your life... How you live, how you think, feel and how you make decisions about what you do and don't do. I will be noticing with you the way in which your life outside the therapy room is reflected in how you are in your relationship and work with me.

The longer you are with me the more this will become the focus of our work. We may at times use specific techniques during this second phase however whatever style we work in the goal is for you to make long lasting changes in your life which will enable you to manage and contain your future life.” (This is understood as resolving 2nd and 3rd degree impasses, or what Berne described as psychoanalytic / script cure).

I often describe these two phases with the traditional metaphor ...

- The first phase is ensuring you have a fish and so you don't starve today.
- The second phase is about learning all about how to fish so you will never starve.

I continue: “During psychotherapy you might need or want to make some startling / disturbing and changes in your life...” I normally conclude by providing the transference inviting statements:

- I confidently expect that we can deal with the first phase relatively quickly and that according to research we should achieve these socially observable changes within the first 12 sessions, and often more quickly.
- While the second phase will takes as long as the client wishes and needs.

The difference is the same as first going to the local shop and buying a fish for supper. The second phase is learning how to build a boat and learning all about fishing, including where the fish live, understanding the hidden currents and life of the deep as well as learning to captain the fishing boat...

The first phase of TA psychotherapy, leading to social change and strategies for daily living.

That is dealing with 1st degree impasses.

I believe it is very important to honour the clients desire for change... invariably a client enters therapy because of disturbance and stress in their lives, finding ways of managing / containing their lives safely and effectively is their primary concern, they do not need to wait for a long term unfolding of and resolution of the transference their therapy in order to do this. Indeed many clients will not have the desire or motivation needed to engage in the second phase of psychotherapy.

Often the idealised transference maintains and contributes to the hope and belief that the therapist can be used to find the first level of healing. If the client leaves therapy after successfully making the change they desire in the first phase of psychotherapy it is very likely that their idealisation of the therapist will be heightened and remain unresolved. (Indeed they are likely to be source of future referrals to the wonderful and effective therapist!)

- a. The first priority is to establish and maintain a therapeutic contract and therapeutic alliance... while also paying close attention to the client's transferential process during the work.
- b. On occasions it will make sense to use this transferential process early in the first phase of work, sometimes naming the process at other times without overtly naming the process.
- c. However during the first phase the emphasis is on "classical" TA approaches such as transactional analysis, game theory, script analysis, racket analysis with the goals of:
 - Understanding and then finding an impasse resolution.
 - Strengthening the Adult ego state boundaries so that the client can function effectively in their daily life.
 - It is likely that this work may take the form of the client making a redecision in any of their ego states... However in the first phase of treatment this is more likely to be a redecision as described by Berne... the client understands the impasse and the solution in the here and now... and make a decision in the Adult ego state.
- d. Once the initial presenting problem is effectively dealt with then it is important to review with the client their contract... do they wish to continue on to the second phase of the work...

The secondary phase of TA psychotherapy:

The goal of this phase is to work with the client's unconscious process leading to lasting script change.

Dealing with 2nd and 3rd degree impasses which I also refer to as deconfusion of both the Child and Parent ego states while continuing the task of strengthening the Adult ego state boundary.

The therapeutic relationship becomes the focus, increasingly fewer overt techniques are used in the sessions and discussions of the client's activity outside of the room becomes less important... Working in and through the transference will lead to many transformational experiences. The Goal during this phase is for the client to make new meanings for him / herself and in this way for their new lives to take shape and direction.

Often clients find difficulty articulating the issues dealt with in the second phase, they are dealing with their core beliefs of themselves, others and life... which only find expression through non verbal unconscious transference expressions, dreams, fantasies and somatic experiences. Following the work the client may well find it just as difficult to articulate their new self... However their unconscious transference expressions, dreams, fantasies and somatic experiences will change, often dramatically.

- a. The therapeutic relationship which was established in the first phase becomes the container for the ongoing psychotherapeutic work.
- b. Depending upon the client and the style of therapeutic relationship and working that evolves the actual process in the therapy room will take a variety of forms. We know that any one technique does not prove to be better than any other in creating transformational experiences.
- c. At times this may look like the psycho-dynamic / analytic approach.
- d. At other times it may involve passionate / energetic body work
- e. At other times this may take the form of redecisions which correspond to the how the Gouldings described redecisions in the Child ego state or those of described by Mellor and then later Erskine and Moursund that take place in the Parent ego state.
- f. Impasses will be experienced through unconscious expressions of the transference, somatic / body experiences, dreams and fantasies. The client will be making sense of their experiences through limited, magical thinking which maintains their script representation of life, of others and of their own place in the world.
- g. The third degree level of impasse will be experienced none verbally, and so can only be understood and made meaning of through unconscious expressions of transference, body experiences and dreams...

- h. These unconscious expressions of the client's are welcomed and worked with... leading to deconfusion of the Child and Parent ego states.
- i. Termination of the therapeutic work is an important aspect of this level of work, however the ending will follow a unique way for each client, with the both the therapist and client mutually experiencing the grief and celebration involved fully and together.
- j. My experience is that when a client is ready to leave therapy it is not a struggle to end... however when the client is struggling to leave it invariably indicates more work to be done.



Finally a note of Parallel Process and Supervision:

TAJ:21 no 3, July 1991 Patruska Clarkson "Further Through the Looking Glass: Transference, Counter transference, and Parallel Process in TA Psychotherapy and Supervision" Petruska proposed that parallel process be conceptualised as a way to describe the pattern of patient - therapist transference / counter transference relationship.

"Do you understand me... or is this another transference enactment."