TRANSFERENCE

Psychotherapy is a fascinating and intimate enterprise that revolves around a special kind of relationship developed between the therapist and the client. This therapeutic relationship has many facets, all important to the effectiveness of therapy. One particularly significant aspect of this relationship is when the client unconsciously reacts to the therapist from patterns established early in life. Transference is the label given to such experiences in the therapeutic endeavour.

Transference refers both to the tendency to experience the relationship with the therapist in similar ways to the relationship with early caregivers and to the tendency to structure re-enactments of early relationships. This was named 'repetition compulsion' by Freud (1912).

Transference does not just occur in the therapy relationship. Transference is ubiquitous (Andersen and Berk 1998; Brook 1998). It occurs in marital relationships, with friends, lovers, bosses, doctors and others.

Although transference has traditionally been explored in relation to psychopathology, it is not inherently pathological. Rather, it is part of the process of making meaning that helps humans reprint, understand and make sense of interpersonal events (Andersen and Berk 1998).

One of the central differences between humanistic and psychoanalytic psychotherapists is the way transference is regarded and dealt with. Whereas psychoanalytic therapy fosters and works with transference as a way of getting the neurotic issue alive in the therapy room and sees the resolution of the transference as central to facilitating change, Humanistic therapists have a variety of other ways of working with transference in the here and now. Although it is accepted that the client will repeat their past in his present relationship with the therapist (and others) there is no agreement among humanistic therapists as to whether this should be given priority.

Transference is largely an unconscious process. That is, people are unaware that they are projecting past experiences and understandings onto the current situation.

An example of transference in therapy:

Daniel arrived cold, wet, and late for his weekly therapy session, saying his car had broken down. The therapist was sympathetic about his difficulties, especially since it has been raining hard. At the end of the session, Daniel asked her to drive him home since it was the last session of the day and it was dark and cold outside. She gently said no. In subsequent sessions, Daniel (who had been seeing this therapist weekly for three years) expressed considerable hurt and anger that she had 'not cared enough' about him to do what he considered a very simple favour. Although he understood the therapeutic process and the importance of boundaries, he felt that she had rigidly considered her own needs over his. It took several sessions to come to the understanding that, for Daniel, this experience was like his relationship with his mother, where as a child he had been left alone in the house for long periods to cope by himself. When she was present, her needs were large and took priority over his. She had 'not cared enough' about his needs for emotional and physical support at a time when he was too young to care for his own.

The complex origins of transference

Children manage relationships - especially with key figures in their lives such as parents - the best way they can. When relationships are difficult or traumatic the child's primary concern is survival and achieving some degree of security. From these childhood experiences, patterns are developed that are carried over into adult life and relationships. These patterns mean that as adults we read people's behaviour (both therapists and other adults in our lives) in particular ways that make sense to us in the light of our childhood experiences and we respond to them in ways that are congruent with our childhood organisation of experience. Sometimes these patterns are not helpful in adult life and thus work against relationships being effective. Yet when viewed from the subjective view of our world when we were a child, and thus viewed as transference, the patterns start to make sense.

Occasionally transference is straightforward and obvious, the therapist or other person is experienced exactly as a key figure, usually a parental one. More often the transference will involve less obvious links. The therapist (or person) may for example represent a parent who was needed but not available to provide understanding or nurturing that was longed for and needed. Or the way the therapist (or person) is experienced may involve elements of more than one significant relationship, involving positive and negative transference simultaneously. The possibilities are endless.

Positive and Negative Transference

A positive transference is said to be one in which positive feelings towards the therapist are experienced by the client - feelings of warmth, love, admiration, trust, affection and so on. By contrast, negative transference is said to involve feelings of anger, fear, resentment, contempt or mistrust towards the therapist.

While positive transference is generally seen as a necessary background condition for therapy, a negative transference needs to be explored otherwise it has the potential to derail the therapy. Positive transference can however become disabling where positive regard for the therapist turns into idealisation and dependence. Similarly, the expression of anger towards the therapist may be a positive step when expressed by a compliant client, even if the anger is to some extent transferred rather than wholly deserved by the therapist.

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