

TA and Transference

“Transference... the unconscious knowing of the unknown”

TRANSFERENCE: initially described by Freud understanding and using transference became the cornerstone of psychotherapy. Transference is: reacting in the here and now as if to archaic events. This is an attempt to resolve the uncompleted business from the past. Understanding transference is central to TA theory and practice. The psychotherapy core competencies as described by the EATA Handbook 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.*

One of the great things Berne did for psychotherapy is make it possible to understand and analyse transference relationships in the here and now through the analysis of ego states. If a client responds to a therapist from either a Child or Parent ego state, then you know that the client is inviting a transferential relationship with the therapist. If the therapist is in Parent or Child, then this is therapist transference or counter transference. Berne clearly states that scripts and games are transference phenomena. The client as a child introjected his/her parent figures, in the here and now those introjected parent figures are projected out onto a screen in front of the transferential object (the therapist) and the client then responds as if this projected image is the reality.

Woody Allen's favourite joke, as quoted by David Mann:

- Client: Dr – I know its only transference but these days, I am madly in love with you.
- Therapist: What, with legs like mine you think its only transference?

Definitions of transference:

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. Transference is reacting in the here and now as if to archaic events and is evident in all of life's situations and not just in the therapist's office. It is seen as an attempt to resolve uncompleted business from the past and a way of making sense of the current world. Consequently, if it were not for transference, we would need to continually make new meanings of our daily experiences. This also is why Berne described script as a transference phenomenon.

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.

Freud in 1905, first mentioned the concept of "Übertragung" or transference literally meaning a "carrying over" of past psychological experience which is inappropriate to the present situation or relationship.

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. This is of course an impossibility, even the psychoanalyst's decision to be a "blank screen – a mirror" for the client's projections is itself a powerful counter transference reaction to the very idea of transference and counter transference. Every element of the therapist's demeanor, and office is telling a story to the client.

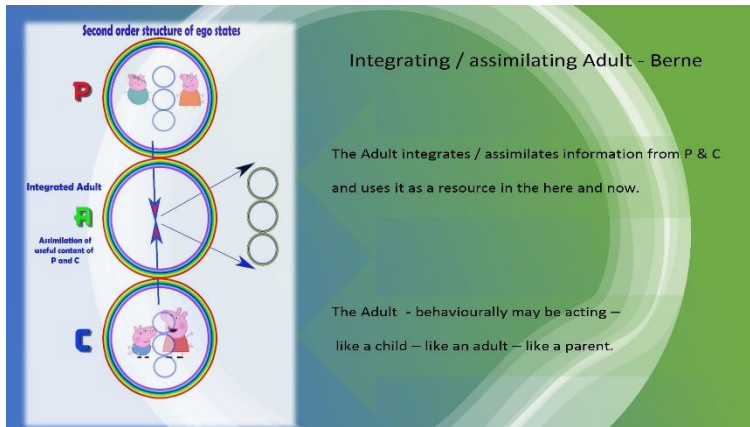
Freud writing to Jung: essentially one might say the cure is effected by love. Freud also claimed that transference provides proof that neuroses are determined by the individual's love life. Therefore, analysis requires the emotional engagement of the analyst, their empathy and love towards the client

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'.

Berne: 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, and 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.

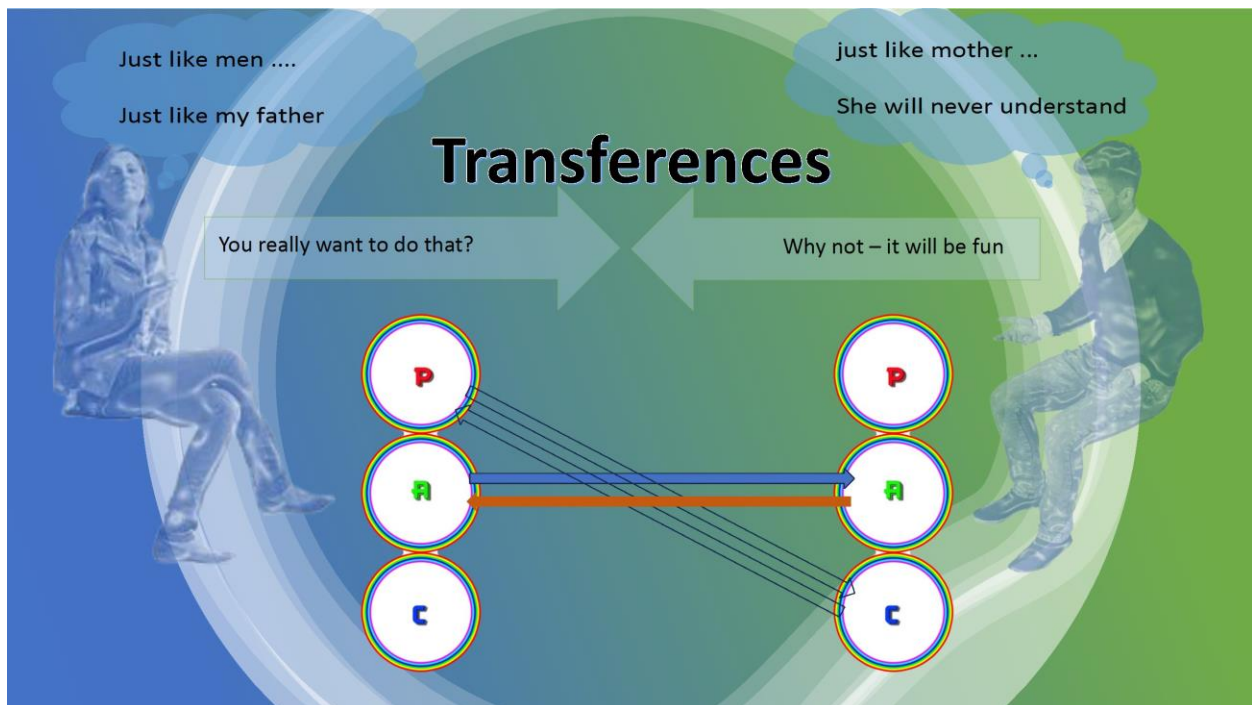
Understanding ego states: All transferences have an unconscious, positive function and intention. They are an attempt through a transferential enactment to heal historic confusions and impasses. Games are an example of a brief transference enactment; therefore, analysis of the game is also an analysis of the transference process. However, Berne described the most common form of transference as being a Child to Parent transaction. Therefore, it is important to first understand ego states in order to understand and analyse transference.

The Adult is the neo self, the new self which is integrating and assimilating internal experiences from P or C as well as new external sources. In my view it is the Adult which is the “true self.” The archeo-psyche which is Berne’s original term for the Child ego state, is an echo of old me, and the Parent is an echo of borrowed selves. Borrowed from parent figures as well as actual parents. Adult contamination: the contamination model is useful if we think of the Adult assimilating information from Child / Parent without a reality check or a miss-informed reality checked.



Using Peppa and her family to illustrate the concept of ego states, this is a picture I use in the TA 101 course.

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 transference processes, TA proper, Script, Racketeering and the Racket system, game analysis.



Types of transference and countertransference:

Be another - be me – you are me. This is a simple model that I use in my practice, my trainees / supervisees have also found it helpful.

I use these three phrases to understand 3 distinct types of transferences. I understand that 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.

Be another: (be my father, be mother, be him/her etc) - This is an enactment of a type one or type two impasse with the function of resolving internalised conflicts with others – these types of transferences can be analysed using cognitive TA models, and asking questions such as who do I remind you of? Are you wanting me to be a good parent for you?

Be me: This is also an enactment of a type one or type two impasse with the function of resolving internal conflicts and confusion. These transferences are also open to analysis using TA models and by inviting Adult thinking. Asking questions such as: It seems that you would like to switch places with me, is that right? Are you wondering what I would do in your situation?

You are me: These are type 3 impasse enactments, which are experienced somatically and are reflecting non-verbal / pre-verbally experienced traumas and the resultant impasse. These transferences can come to light through relational deconfusion work, body work or dream work.

Transference can be client or therapist in origin and therefore it follows that the client may well exhibit a counter transference to the therapist's transference. The therapist therefore needs constant self-awareness, asking the question is this originating in me or am I reacting to the client's projection?

A client is agitating and feeling scared and sees the therapist as an angry parent figure. (Client transference). Complimentary counter transference might be demonstrated by the therapist either getting angry with the client, for agitating or by deliberately using the transferential invitation but giving a corrective response "You appear to be agitated and I am wondering if you want to be taken care of?" Alternatively, the therapist may analyse the transaction by inviting the client to consider which ego state they are in, thus inviting the client into Adult and so clarifying what is here and now reality.

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.

Introjective transferences... mirroring / idealising / twinning are descriptions of the functions of the transference. **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.
- **Twinship:** children need to feel similarities between themselves and others and feel part of relationships, which Kohut called twinship self-object need, in order to develop social skills within the family and community.

The Freud museum: I was taken by surprise on a recent visit to the Freud museum in Vienna it was like visiting my grandfather's office I "felt" the connection with my analytic roots. Especially as I read the

postcard from Freud to Paul Federn. Here was a direct connection to Berne and my own TA trainers and supervisors.

Redecision School of TA: While in the rededecision 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. Bob and Mary were the developers of impasse theory.

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 transferential transactions are externalised expressions of internal ego conflicts between extero-psyche (Parent) and archaic-psyche (Child) ego states.”

Novellino in several TAJ 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 Hargedon developed these ideas further in their book on relational TA. The relationship is the container allowing the development of the transferences...

- **Introjective transferences** - mirroring, idealising and twining taken from Kohut. 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.

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

TAJ Articles

Richard G. Erskine April 1991: Transference and transactions: Critique from an Intrapsychic and integrative perspective. The concepts of transference and transactions are examined using Eric Berne's theories of ego states as a framework. Theoretical distinctions between transferential and transactional functions are made, and the concepts of intrapsychic conflict and ego state diagnosis are elaborated. Definitions of transference are formulated based on Berne's original intrapsychic concepts. A theoretical basis is established for a comprehensive psychotherapy that results in the integration of ego state fragments.

TAJ:21 no 3, July 1991 - Petruska Clarkson “Further through the Looking Glass: Transference, Counter transference, and Parallel Process in TA Psychotherapy and Supervision”

In depth discussion of transference / counter transference and parallel process, (See also her book, TA psychotherapy an Integrated approach) and how they may be used in TA. She proposes that: Parallel process be conceptualised as a way to describe the pattern of patient - therapist transference / counter transference relationship.

Specifically parallel process is the interactional field of the therapist / patient field replicated in the therapist / supervisor field. Any combination of patient and therapist reactions to each other thus form a dynamic field which is manifested in the supervisory relationship and referred to as parallel process.

Michele Novellino TAJ: July 1985 Redecision analysis of transference; A TA approach to transference neurosis. Transference neurosis is discussed from a TA perspective. Mellor's (1980) developmental model of impasses is considered as a useful way to analyze transference and countertransference phenomena. Clinical examples are given, and treatment planning is illustrated.

Michele Novellino TAJ April 1990 -This article considers the role of interpretation in transactional analysis, specifically in relation to deconfusion of the Child ego state. A definition, philosophy, form, setting, object, and methodology of interpretation are described. In addition, the importance of examining unconscious communications at both the process and content levels is stressed.

Michele Novellino January 1984 - Self Analysis of Countertransference in Integrative Transactional Analysis. A framework for the integration of self-analysis of countertransference into the present orientation of TA is presented. Concepts of pragmatic and genetic analysis are introduced. Most common countertransference reactions and manifestations are described.

Carlo Moiso: Ego States and transference TAJ July 1985 - The structural analysis of two types of transference is presented accompanied by clinical examples. P2 transference is presented as the reenactment of actual rackets and games played with parents as they were perceived and recorded by the patient; it is accessible to treatment approaches directed at first order structures. P1 transference (P1+ and P1-) are presented as projections of good objects or bad objects owing to immature P1 functioning (mainly borderline conditions and pathological narcissism). These conditions are not accessible to A2 decontamination, to C2 redecision or to reparenting; therefore, we describe a new methodology, the TA Psychodynamic Approach, for use in these cases.

TAJ vol 19, no 4, October 1989 Michael Hoyt & Robert Goulding “Resolution of a transference – counter transference Impasse: using Gestalt Techniques in Supervision”

- See this article for a good summary chart of transference:
- Transactions, symbiosis and Moiso
- Good discussion and analysis of supervision transcript, including the parallel process.