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# Theoretical Essay: Transference and Counter-Transference

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KEYWORDS :

Transference and counter-transference are imperative terms to understand and be aware of in any clinical encounter between a clinician and patient. Transference and counter-transference both have an impact on the clinician and patient relationship and can influence the management and prognosis for the patient. Hence, defining the terms and exploring their positive and negative significance on the therapeutic relationship can be utilised to enhance the therapeutic outcome for the patient and minimise the negative consequences of transference and counter-transference.

To thoroughly assess the impact of transference and counter-transference on the therapeutic relationship, a definition of the terms must first be established. Transference is widely defined as the redirection of emotions from one person to another(Prasko, 2010). In a therapeutic relationship, this is when the patient subconsciously makes the clinician feel certain emotions. This is often described as the patient evoking the emotions related to the clinician's past experiences or previous relationships.

In contrast, counter-transference is defined as how one person emotionally responds to the other person. In the therapeutic relationship, counter-transference is described as how the clinician redirects their feelings regarding the patient's interpretation of them and the emotions the patient invokes in them on to the patient(Prasko, 2010). This can result in the clinician interacting with the patient in a particular way that is influenced by the clinician's past experiences and previous relationships.

Both transference and counter-transference need to be understood by the clinician and awareness of these phenomena are crucial to establishing and maintaining a professional therapeutic relationship. These phenomena can influence and impact the therapeutic relationship and consequently the outcome for the patient. There are both positive and negative effects of these phenomena which need to be explored and addressed to ultimately optimise patient care.

The negative effects of both transference and counter-transference are that they can hinder the therapeutic relationship and hence interfere with the patient's therapy. The historical father of psychoanalysis, Sigmund Freud stated that he viewed transference as an obstacle to treatment success as the patient may resist treatment due to their feelings regarding the clinician(Prasko, 2010). Examples of transference that may hinder the therapeutic relationship include sexual attraction, distrust, parentification and idolisation. These emotions may inhibit the patient from establishing an honest, open and professional therapeutic relationship. These qualities are essential in forming a foundation for an effective therapeutic relationship. Hence, the therapeutic relationship may break down, be harmful for the patient or be ineffective in producing the desired change for the patient. The transference of the patient's emotions to the clinician may also be harmful to the clinician.

Similarly, the negative impacts of counter-transference would be to cause an ineffective therapeutic relationship and potential harm to both the patient and clinician. Due to the clinician's emotions evoked by the patient encounter, without self-awareness, the clinician may respond inappropriately, unprofessionally or be ineffectual in providing therapy (Craig, 2002).

Although transference and counter-transference can impact the therapeutic relationship and ultimately the therapeutic outcome for the patient in negative ways, these phenomena can also be utlised positively. By understanding and being aware of the impact on the therapeutic relationship, both transference and counter-transference can be assets in enhancing the therapeutic relationship and optimising the treatment for the patient. The awareness of transference can assist the clinician in identifying, determining and assessing the problematic areas for the patient. Transference can assist in the exploration of misconceptions, unresolved conflicts and past experiences for the patient. This will consequently allow the clinician to address and manage these issues. The therapeutic relationship will consequently be enhanced and allow the clinician to optimise the patient's therapy.

The understanding and awareness of counter-transference can similarly be utilised in a positive way. It is imperative that the clinician is aware of this phenomena as the clinician can then limit the negative consequences and use the counter-transference to optimise therapy. Once the clinician is aware of the counter-transference the clinician is then empowered to regulate the emotions and direction of the therapeutic relationship. Counter-transference also provides an insight regarding what the patient's agenda is and what they are requiring from the clinician in the therapeutic relationship. In addition, being aware of and analysing counter-transference is an ideal method to identify and understand the patient's transference. By using counter-transference as an asset rather than feeling it is a hindrance, the clinician can minimise the negative consequences of counter-transference, optimise the therapeutic relationship and improve the therapeutic outcome for the patient.

As the negative consequences of both transference and counter-transference can be harmful to the patient and clinician it is crucial to discuss methods in which to minimise these negative consequences. Firstly, the initial establishment of the therapeutic relationship is important in setting the framework for the continuing therapeutic relationship and in minimising potential harm to the patient and clinician. Patient contribution and participation in the dynamics of the therapeutic relationship is significant in enhancing the relationship. The relationship must be professionally and ethically sound. To ensure this, the initial consultation may include the joint discussion and agreement of rules that the clinician and patient must abide by. In addition, jointly identifying, documenting in list format and addressing issues as they arise will minimise any doctor-patient relationship concerns. The clinician is required to recognise, identify and discuss patient emotions and response to therapy. Open discussion regarding issues as soon as they arise is crucial in continuing a good therapeutic relationship. In addition, regular open discussions and reviews regarding the therapeutic relationship with the patient would be beneficial. This would enable both the patient and clinician to raise concerns and discuss methods to change the dynamics and direction of the relationship if deemed necessary. Understanding the patient's developmental and relationship history would enable the clinician to predict potential transference and counter-transference issues that may arise. In addition, understanding the patient's cultural and spiritual context will also assist in predicting any potential transference and counter-transference issues.

Particularly important in safeguarding both the clinician and the pa-

tient during the therapeutic relationship is the clinician's professionalism, self awareness and awareness of the therapeutic relationship dynamics. It is essential that the clinician upholds their professionalism and code of ethics throughout the therapeutic relationship. The clinician is responsible for creating a professional, safe, honest and open therapeutic relationship with the patient.The clinician should be aware of the dynamics of the therapeutic relationship, identify and address any concerns as they arise. Clinician self awareness is crucial. Clinicians who are reflective and introspect are armed to identify and prevent the harmful effects of transference and counter-transference(Craig, 2002).

Having utilised all the above strategies to enhance the therapeutic relationship and minimise transference and counter-transference interference, the clinician should also be aware of the concept of safety netting and when to use them. The clinician would benefit from knowing their own, the patient's and the therapeutic relationship's limitations. If the clinician assesses a therapeutic relationship to be difficult they should seek further professional opinion and guidance. Due to the complexity of psychiatric therapeutic relationships, often a second objective professional opinion would be of benefit. If the clinician feels that the therapeutic relationship is ineffective or harmful, they should seek to address the issues, change the dynamics of the relationship or refer the patient to a colleague when deemed necessary. In addition, it is vital that the clinician maintain accurate and detailed medical records of all patient encounters.

As discussed the therapeutic relationship is influenced by transference and counter-transference. This can result in potential harm to the patient and/or clinician, be an obstacle to the therapeutic relationship, decrease the therapeutic benefit or result in an ineffective therapeutic relationship. All of these factors ultimately impact on the therapeutic outcome for the patient. However, transference and counter-transference can also be beneficial to the clinician and patient. If the clinician is aware of these phenomena and use them appropriately to enhance the therapeutic relationship the therapeutic outcome for the patient can be optimised. Hence, it is crucial that clinicians are aware of the various methods that can be utilised to safeguard against the negative impacts of transference and counter-transference, understand their own limitations and possess the skills to use transference and counter-transference for the benefit of the therapeutic relationship and therapeutic outcome for the patient.

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