

## ON COUNTER TRANSFERENCE<sup>(\*)</sup>.



**Paula Heimann**  
**(1950) On Counter-Transference**  
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This short note on counter-transference has been stimulated by certain observations I made in seminars and control analyses. I have been struck by the widespread belief amongst candidates that the counter-transference is nothing but a source of trouble. Many candidates are afraid and feel guilty when they become aware of feelings towards their patients and consequently aim at avoiding any emotional response and at becoming completely unfeeling and 'detached'.

When I tried to trace the origin of this ideal of the 'detached' analyst, I found that our literature does indeed contain descriptions of the analytic work which can give rise to the notion that a good analyst does not feel anything beyond a uniform and mild benevolence towards his patients, and that any ripple of emotional waves on this smooth surface represents a disturbance to be overcome. This may possibly derive from a misreading of some of Freud's statements, such as his comparison with the surgeon's state of mind during an operation, or his simile of the mirror. At least these have been quoted to me in this connection in discussions on the nature of the counter-transference.

On the other hand, there is an opposite school of thought, like that of Ferenczi, which not only acknowledges that the analyst has a wide variety of feelings towards his patient, but recommends that he should at times express them openly. In her warm-hearted paper 'Handhabung der Übertragung auf Grund der Ferenczischen Versuche' (Int. Zeitschr. f. Psychoanal., Bd. XXII, 1936) Alice Balint suggested that such honesty on the part of the analyst is helpful and in keeping with the respect for truth inherent in psycho-analysis. While I admire her attitude, I cannot agree with her conclusions. Other analysts again have claimed that it makes the analyst more 'human' when he expresses his feelings to his patient and that it helps him to build up a 'human' relationship with him.

For the purpose of this paper I am using the term 'counter-transference' to cover all the feelings which the analyst experiences towards his patient.

It may be argued that this use of the term is not correct, and that counter-transference simply means transference on the part of the analyst. However, I would suggest that the prefix 'counter' implies additional factors.

In passing it is worth while remembering that transference feelings cannot be sharply divided from those which refer to another person in his own right and not as a parent substitute. It is often pointed out that not everything a patient feels about his analyst is due to transference, and that, as the analysis progresses, he becomes increasingly more capable of 'realistic' feelings. This warning itself shows that the differentiation between the two kinds of feelings is not always easy.

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\*.- Paper read at the 16th International Psycho-Analytical Congress, Zürich, 1949. After presenting this paper at the Congress my attention was drawn to a paper by Leo Berman: 'Countertransferences and Attitudes of the Analyst in the Therapeutic Process,' Psychiatry, Vol. XII, No. 2, May, 1949. The fact that the problem of the counter-transference has been put forward for discussion practically simultaneously by different workers indicates that the time is ripe for a more thorough research into the nature and function of the counter-transference. I agree with Berman's basic rejection of emotional coldness on the part of the analyst, but I differ in my conclusions concerning the use to be made of the analyst's feelings towards his patient.

My thesis is that the analyst's emotional response to his patient within the analytic situation represents one of the most important tools for his work. The analyst's counter-transference is an instrument of research into the patient's unconscious.

The analytic situation has been investigated and described from many angles, and there is general agreement about its unique character. But my impression is that it has not been sufficiently stressed that it is a relationship between two persons. What distinguishes this relationship from others is not the presence of feelings in one partner, the patient, and their absence in the other, the analyst, but above all the degree of the feelings experienced and the use made of them, these factors being interdependent. The aim of the analyst's own analysis, from this point of view, is not to turn him into a mechanical brain which can produce interpretations on the basis of a purely intellectual procedure, but to enable him, to sustain the feelings which are stirred in him, as opposed to discharging them (as does the patient), in order to subordinate them to the analytic task in which he functions as the patient's mirror reflection.

If an analyst tries to work without consulting his feelings, his interpretations are poor. I have often seen this in the work of beginners, who, out of fear, ignored or stifled their feelings.

We know that the analyst needs an evenly hovering attention in order to follow the patient's free associations, and that this enables him to listen simultaneously on many levels. He has to perceive the manifest and the latent meaning of his patient's words, the allusions and implications, the hints to former sessions, the references to childhood situations behind the description of current relationships, etc. By listening in this manner the analyst avoids the danger of becoming preoccupied with any one theme and remains receptive for the significance of changes in themes and of the sequences and gaps in the patient's associations.

I would suggest that the analyst along with this freely working attention needs a freely roused emotional sensibility so as to follow the patient's emotional movements and unconscious phantasies. Our basic assumption is that the analyst's unconscious understands that of his patient. This rapport on the deep level comes to the surface in the form of feelings which the analyst notices in response to his patient, in his 'counter-transference'. This is the most dynamic way in which his patient's voice reaches him. In the comparison of feelings roused in himself with his patient's associations and behaviour, the analyst possesses a most valuable means of checking whether he has understood or failed to understand his patient.

Since, however, violent emotions of any kind, of love or hate, helpfulness or anger, impel towards action rather than towards contemplation and blur a person's capacity to observe and weigh the evidence correctly, it follows that, if the analyst's emotional response is intense, it will defeat its object.

Therefore the analyst's emotional sensitivity needs to be extensive rather than intensive, differentiating and mobile.

There will be stretches in the analytic work, when the analyst who combines free attention with free emotional responses does not register his feelings as a problem, because they are in accord with the meaning he understands. But often the emotions roused in him are much nearer to the heart of the matter than his reasoning, or, to put it in other words, his unconscious perception of the patient's unconscious is more acute and in advance of his conscious conception of the situation.

A recent experience comes to mind. It concerns a patient whom I had taken over from a colleague. The patient was a man in the forties who had originally sought treatment when his marriage broke down. Among his symptoms promiscuity figured prominently. In the third week of his analysis with me he told me, at the beginning of the session, that he was going to marry a woman whom he had met only a short time before.

It was obvious that his wish to get married at this juncture was determined by his resistance against the analysis and his need to act out his transference conflicts. Within a strongly ambivalent attitude the desire for an intimate relation with me had already clearly appeared. I had thus many reasons for doubting the wisdom of his intention and for suspecting his choice. But such an attempt to short-circuit analysis is not infrequent at the beginning of, or at a critical point in, the treatment and usually does not represent too great an obstacle to the work, so that catastrophic conditions need not arise. I was therefore somewhat puzzled

to find that I reacted with a sense of apprehension and worry to the patient's remark. I felt that something more was involved in his situation, something beyond the ordinary acting out, which, however, eluded me.

In his further associations which centered round his friend, the patient, describing her, said she had had a 'rough passage'. This phrase again registered particularly and increased my misgivings. It dawned on me that it was precisely because she had had a rough passage that he was drawn to her. But still I felt that I did not see things clearly enough. Presently he came to tell me his dream: he had acquired from abroad a very good second-hand car which was damaged. He wished to repair it, but another person in the dream objected for reasons of caution. The patient had, as he put it, 'to make him confused' in order that he might go ahead with the repair of the car.

With the help of this dream I came to understand what before I had merely felt as a sense of apprehension and worry. There was indeed more at stake than the mere acting-out of transference conflicts.

When he gave me the particulars of the car-very good, second-hand, from abroad-the patient spontaneously recognized that it represented myself. The other person in the dream who tried to stop him and whom he confused stood for that part of the patient's ego which aimed at security and happiness and for the analysis as a protective object.

The dream showed that the patient wished me to be damaged (he insisted on my being the refugee to whom applies the expression 'rough passage' which he had used for his new friend). Out of guilt for his sadistic impulses he was compelled to make reparation, but this reparation was of a masochistic nature, since it necessitated blotting out the voice of reason and caution. This element of confusing the protective figure was in itself double-barreled, expressing both his sadistic and his masochistic impulses: in so far as it aimed at annihilating the analysis, it represented the patient's sadistic tendencies in the pattern of his infantile anal attacks on his mother; in so far as it stood for his ruling out his desire for security and happiness, it expressed his self-destructive trends. Reparation turned into a masochistic act again engenders hatred, and, far from solving the conflict between destructiveness and guilt, leads to a vicious circle.

The patient's intention of marrying his new friend, the injured woman, was fed from both sources, and the acting-out of his transference conflicts proved to be determined by this specific and powerful sado-masochistic system.

Unconsciously I had grasped immediately the seriousness of the situation, hence the sense of worry which I experienced. But my conscious understanding lagged behind, so that I could decipher the patient's message and appeal for help only later in the hour, when more material came up.

In giving the gist of an analytic session I hope to illustrate my contention that the analyst's immediate emotional response to his patient is a significant pointer to the patient's unconscious processes and guides him towards fuller understanding. It helps the analyst to focus his attention on the most urgent elements in the patient's associations and serves as a useful criterion for the selection of interpretations from material which, as we know, is always over determined.

From the point of view I am stressing, the analyst's counter-transference is not only part and parcel of the analytic relationship, but it is the patient's creation; it is a part of the patient's personality. (I am possibly touching here on a point which Dr. Clifford Scott would express in terms of his concept of the body-scheme, but to pursue this line would lead me away from my theme.)

The approach to the counter-transference which I have presented is not without danger. It does not represent a screen for the analyst's shortcomings. When the analyst in his own analysis has worked through his infantile conflicts and anxieties (paranoid and depressive), so that he can easily establish contact with his own unconscious, he will not impute to his patient what belongs to himself. He will have achieved a dependable equilibrium which enables him to carry the roles of the patient's id, ego, super-ego, and external objects which the patient allots to him or-in other words-projects on him, when he dramatizes his conflicts in the analytic relationship. In the instance I have given the analyst was predominantly in the roles of the patient's good mother to be destroyed and rescued, and of the patient's reality-ego which tried to oppose his sado-masochistic impulses. In my view Freud's demand that the analyst must 'recognize and master'

his counter-transference does not lead to the conclusion that the counter-transference is a disturbing factor and that the analyst should become unfeeling and detached, but that he must use his emotional response as a key to the patient's unconscious. This will protect him from entering as a co-actor on the scene which the patient re-enacts in the analytic relationship and from exploiting it for his own needs. At the same time he will find ample stimulus for taking himself to task again and again and for continuing the analysis of his own problems. This, however, is his private affair, and I do not consider it right for the analyst to communicate his feelings to his patient. In my view such honesty is more in the nature of a confession and a burden to the patient. In any case it leads away from the analysis. The emotions roused in the analyst will be of value to his patient, if used as one more source of insight into the patient's unconscious conflicts and defences; and when these are interpreted and worked through, the ensuing changes in the patient's ego include the strengthening of his reality sense so that he sees his analyst as a human being, not a god or demon, and the 'human' relationship in the analytic situation follows without the analyst's having recourse to extra-analytical means.

Psycho-analytic technique came into being when Freud, abandoning hypnosis, discovered resistance and repression. In my view the use of counter-transference as an instrument of research can be recognized in his descriptions of the way by which he arrived at his fundamental discoveries. When he tried to elucidate the hysterical patient's forgotten memories, he felt that a force from the patient opposed his attempts and that he had to overcome this resistance by his own psychic work. He concluded that it was the same force which was responsible for the repression of the crucial memories and for the formation of the hysterical symptom.

The unconscious process in hysterical amnesia can thus be defined by its twin facets, of which one is turned outward and felt by the analyst as resistance, whilst the other works intrapsychically as repression.

Whereas in the case of repression counter-transference is characterized by the sensation of a quantity of energy, an opposing force, other defence mechanisms will rouse other qualities in the analyst's response.

I believe that with more thorough investigation of counter-transference from the angle I have attempted here, we may come to work out more fully the way in which the character of the counter-transference corresponds to the nature of the patient's unconscious impulses and defences operative at the actual time.

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