Transference and countertransference

From Freud to 2010

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Definitions

• Transference: feelings experienced by the patient about staff and other caregivers
• Countertransference: feelings experienced by staff about the patient
Classical view

- T/C were seen as reactions displaced from one’s past relationships
  - Nurse reminds patient of past parental figure, so patient relates to nurse as if nurse were parental figure
- Countertransference was viewed as therapist’s transference to the patient and believed to be an impediment to treatment (Freud)
Freud

- Psychoanalyst should be similar to a surgeon, able to separate feelings from technique in treatment
- Therapists should engage in self-analysis to remove countertransference feelings
- Countertransference results from unresolved conflicts in therapist
Current views: Totalistic view

• T/C seen as all feelings experienced by patient and professional (Heimann, Kernberg)
• Countertransference can be influenced by therapist’s past relationships and/or patient’s real behavior
• Can be used diagnostically and can be beneficial to treatment if used appropriately
Current views: Complementary view

• Patient and therapist are constantly influencing each other and creating reactions in each other
• Projective identification commonly seen as trigger for complementary countertransference
Current views: Relational view

- Two person psychology (contrast with Freud’s one person psychology)
- T/C are co-constructed
- Pt’s dynamics and therapist’s unresolved conflicts interact to produce reactions
Research on countertransference

• Unresolved conflicts in the therapist can lead to countertrans.

• It may be triggered by interactions between patient factors and therapist factors.

• It may be expressed as overt behavior or covert reactions.
Neurobiology

- Transference is related to internal object representations/neural networks being activated by real characteristics (Gabbard, 2005)
- Orbitofrontal cortex is believed to be the main area for representations of self and others linked by affect states
Neurobiology

- Mirror neurons may play a role in countertransference (Gallese et al.)
- Theoretically, therapist’s observation of patient’s behavior and expressions activate same neural pathways that are activated in patient
- This may allow for empathy and therapeutic attunement
Effective use of countertrans.

• Diagnostic
• Empathy and compassion
• May help nurse draw conclusions about patient’s real life experiences
Projective identification

• Pt’s behavior and actions create reactions in nurse that mimic pt’s feelings
• Case examples
Working with transference

- Long-term psychodynamic therapy
- TFP - shown to be effective for Borderline PD
- Caution is important when therapeutic relationship is not well-established
T/C and boundaries

• Intense T/C feelings may lead to boundary crossings or violations
• Self-awareness and professional consultation/supervision are key to reducing possibility of boundary issues
T/C in inpatient settings

- Short-term acute vs. long-term
- Nurses may not receive adequate training in recognizing signs of T/C
- Nurses need to be aware of their own weak areas or “soft spots”
- Nurses can use countertrans. to deepen and inform their work
T/C in outpatient settings

- Longer term relationships
- Psychotherapy vs. prescribing
- Transference interpretation and countertrans. disclosure may be appropriate for therapeutic benefit
Developing self-awareness

• Mindfulness
• Knowledge of own blind spots and triggers
• Talking and releasing feelings
• Case conferences
• Personal therapy
• Clinical supervision
For further study...

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