# PART 1 – IN HISTORICAL TIMES

Ideas have biographies, too;

Concepts, like individuals, have their histories and are just as incapable of withstanding the ravages of time as are individuals. But in and through all this they retain a kind of homesickness for the scenes of their childhood (Kierkegaard 1989 [1841] p. 9).

The history of the idea of countertransference is nearly as long as the history of psychoanalysis itself. In a way they go together – anxiety and the creative use of countertransference. Ambivalence towards countertransference has always existed. However, the ambivalence has tended to separate out into two distinct historical phases; the first, a phase where suspicion and suppression of countertransference has predominated, and the second, a phase of revised usage, where sometimes, to the point of idealisation, countertransference has become a major source of investigative data, albeit data of the subjective kind.

In this Part, the earliest recognition of the phenomenon, and the alarm generated, is briefly covered.

The particular problem is that the work of psychoanalysts willingly invites the most intimate of intimacies between them and their patients. Analysts unprepared for this assault on their integrity are vulnerable. Perhaps more than a century ago the paternalism of the professions in general protected practitioners from too much disgrace, which would today be lethal for anyone’s career. Chapter one shows Freud’s complacency over the (male) analyst’s complications with their patients (female). So, at the outset Freud faced his colleagues’ shame and stood with them. It was a complex enigma since these transgressive acts were in the context of proclaiming psychoanalysis as inherently transgressive, and declaring the unconscious determinants of human experience.

Chapter two remarks on the nature of intimacy and the protection from its temptations. It is the emotional distancing that may be the crucial factor in making the alive moments so elusive. And Chapter three wonders if alive moments can be enabled to survive whilst countertransference remain suffocated by suspicion and prohibition.

## PART 2 – PARADIGM SHIFT

Although the first generation of psychoanalysts tended to condemn and suppress countertransference, there was always a different estimation lurking in the shadows. The dominant trend, to condemn, did not completely snuff out the other interest, the potential for intimacy. In this Part we shall consider how intimacy came out of the shadows and this secondary, submerged view slowly emerged to become the new dominant trend.

During the 1930s, there was truly a psychoanalytic disaster on the European continent, as

Society after Society was eradicated by the political tide of fascism. At the same time Freud died, in 1939. The British Society was the one significant European Society left, and it had perforce to contain all this. At this particularly difficult juncture, survival of psychoanalysis itself was the key issue. It was from that apocalyptic epoch that countertransference emerged in the renewed form. The British Society – with its emphasis on the relations with object was the one Society that was most likely to give sympathetic attention to the new countertransference.

The transition circa 1950 – from countertransference as bad, to countertransference as good – was not such a clear-cut change. Rather there have always been two contrasting views each stemming from Freud. One of them became dominant at first – countertransference is a threat to objectivity and professionalism. This attitude lasted for four or more decades, and the formalism of psychoanalysis in the US retained this more depersonalised view of countertransference even longer although there was an undercurrent in the US too that eschewed the blank screen surgical approach in practice. Perhaps Harold Searles especially represented that resistance; and Erich Fromm published his book, *The Crisis of Psychoanalysis* in 1970. Even where there had been a formal allegiance to the thick-skinned recommendation for suppression of the analyst’s feelings, there was a *sotto voce* contrasting appeal to the more personal qualities of the analytic interaction.

So, the transition was not a sudden new recognition of countertransference as a useful instrument. Rather, the submerged view began to resurface.

The paradigm shift now embraced a view of countertransference as the total of *all* the psychoanalyst’s feelings arising in the context with a specific patient. It is sometimes called the wider view of countertransference, and it moves much closer to a fuller human encounter between two people. It is a distinct move away from the psychoanalyst as *merely* a trained and knowledgeable professional.

Before surveying in detail one contemporary method of conceiving and using countertransference clinically, the final Chapter of Part two is a kind of interlude, Chapter 9, where we will look backwards. If the existence of countertransference as an informative interaction between psychoanalyst and patient can be seen in the days *before* that clinical conception had been formulated, then it could be said to have some validity. This represents a small experiment on the textual data we have available. We can test the validity of the wider countertransference as potentially informative on unsuspecting material from the past.

# PART 3 – AT WORK, TODAY

Today’s debates about countertransference, of whatever form, have gradually turned in favour of Heimann’s position; that is, we can know a lot about the patient from examining ourselves. The precise method of knowledge generation in the clinical setting, is not a settled question. Despite Heimann’s move away from Klein, the Klein group has had the longest experience of developing the ideas and the clinical approach towards countertransference. Some of the more enthusiastic of the first protagonists were Klein’s followers. They had the advantage of a specific concept of Klein’s, the primitive mechanism of projective identification.

Part three of this book will concentrate on these developments as they stand today. The conceptualisation of roles redistributed as transference and countertransference emerges more and more as a form of narrative, a narrative enacted in the analytic setting. Countertransference is therefore an attention to process. It therefore marks a distinct step away from the thematic analysis of the *content* of dreams, as used by Freud.

We will consider some problems posed by patients today, the so called hard-to-reach patients. They often have as the core issue a problem with treatment itself, and set out to defeat the psychoanalyst for one or other reason. Characteristically they employ a method of resistance which incorporates the analyst himself, and his feelings, in a role that assists resisting. One of the most prominent contemporary developments in understanding this kind of resistance has been the work of Betty Joseph (1989, Hargreaves and Varchevker 2004). She exhaustively followed the *micro*-process in sessions as the patient nudged the analyst (often willingly) into enactments.

The joint unconscious enactments are often very difficult for the analyst to spot. The Chapters which follow will exemplify how the analyst is himself playing a role. Simply by being interested, he can implicate himself in a defence the patient employs. This kind of ‘use’ of the analyst’s own personality can be troubling for him, and the patient may then be confronted by a defensive analyst. These chapters recognise that inevitably patient and analyst are at cross-purposes, in part at least and sometimes wholly, when the patient doubts the analyst can face the intolerable experiences the patient cannot himself tolerate. Then the situation is such that on one hand, the analyst thinks he is helping the patient to gain insight, whilst the patient in surreptitious ways is engaging the analyst in a role that will sustain his defensiveness. If the patient fundamentally believes he needs his defensive protection because insight is too dangerous, then it may prove very difficult for the analyst to understand that they are both ‘missing’ each other.

# PART 4 – AT WORK, TODAY

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