

# Stonebriar Psychiatric Services News & Views

## Transference & Countertransference

MAY, 2008

VOLUME 4, NUMBER 5



**David T. Tharp,  
M.D., M.Div.,**

**Board Certified  
Psychiatrist**

**Medical Director**

**Stonebriar Psychiatric  
Services, PA**

3550 Parkwood Blvd.  
Suite 705  
Frisco, TX 75034

**Phone**  
972-335-2430

**E-mail**  
NewsletterQuestions@  
stonebriarps.com

**We're on the Web!**  
[www.stonebriarps.com](http://www.stonebriarps.com)

### **Services We Offer**

Individual Therapy  
Marital / Couple's  
Family Therapy  
Personal Life Coaching  
Group Therapy  
Medication Management  
Speaking  
Seminars

### **Treatment for**

Depression  
Anxiety / Panic Attacks  
Eating Disorders  
Bi-polar Disorder  
Obsessive - Compulsive  
Disorder  
Compulsive Behaviors  
such as sexual  
addiction  
Post-traumatic Stress  
Disorder from past  
abuse  
Relational issues  
Adjustment to life  
changes

### **Ages Served**

Adult  
Adolescent  
Children ages 10 & up

## "You're Just like My Father..."

Now where do you go from there? You are in the middle of a "discussion," some might call it an argument, with your husband or wife and a comment like that just pops out of nowhere. Or perhaps it's the accusation that the other person is just like your mother or any other individual who has played a significant role in your life. At times it may work the other way, where positive expectations of another individual may be unrealistically determined based upon your past relationship with an important individual in your life. Frequently these preconceived ideas about others can originate in what is called *transference* or *countertransference*. Although these terms actually originated within psychoanalytic theory within the context of psychotherapy, in practice they can occur in almost any interaction that we may have with another individual.

As originally described, transference represents the psychological process by which a patient might unconsciously attribute certain qualities or characteristics to their therapist which are consistent with past relationships that they have had with other significant individuals in their life. For example, the individual may begin to see their therapist as threatening, critical, distant, or cold, or in other situations as unrealistically caring or even seductive, but with neither of these overall impressions being consistent with the behavior of the therapist or doctor. What happens is that the feelings and perceptions of past relationships get "transferred" on to this new relationship. These feelings and expectations may be positive or negative and at times may switch from one extreme to the other, dependent upon the issues being addressed in the treatment. Difficulty may arise in the relationship as the patient may not recognize at all the fact that their response is not really based upon the actual behavior of the other individual. In certain types of insight oriented therapy, one of the goals of therapy is to help individuals examine how their past relationships and expectations may come out in current relationships, including in the therapy sessions with the therapist.

One model of therapy called psychoanalysis or psychodynamically oriented psychotherapy utilize this concept of transference as a central focus of treatment. In this model, the relationship between the therapist and the patient is a primary source of investigation and particularly in looking at the transference in order to better understand how the patient interacts with others and what may have been the basis in past relationships for developing these particular transferences in one's expectations. Within this model of therapy, it is also equally important that the therapist be aware of their own *countertransference*, which represents their reactions to the patient based upon their own past relationships and experiences. In fact, at times the therapist's own feelings in the session can be quite helpful in understanding what is going on with the patient and in better clarifying the underlying issues. As with the patient, these may consist of negative

feelings, whether it be irritation, anxiety, or boredom, or they may be overly positive. This is why it is important for a good therapist to have a reasonably good understanding of themselves so that they can discern whether the feelings they are having are arising out of their own background and emotional makeup or whether they all are an accurate reflection and reaction to what is going on in the session.

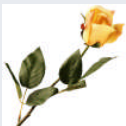
Because we know that the relationship in therapy itself is one of the more important factors contributing to a positive therapeutic result, I believe that it is important for the therapist to truly like or appreciate the patient in some capacity if they are to be of help to that individual. If for whatever reason the therapist cannot find herself able to do this, then I believe that she should refer that individual to someone else for treatment. A physician or therapist who actively dislikes a patient is unlikely to be helpful and effective with that patient. The same holds true from the patient's side of the relationship if they feel little connection with the therapist. One often hears this described in terms such as "we just didn't click." Although at times this may represent avoidance in dealing with issues on the part of the patient, often it is simply there sensing a lack of connectedness that is necessary for successful therapy.

Although it is true that some individuals may be difficult for almost anyone to get along with, frequently these difficulties may arise because of the transference occurring in the relationship with the difficult individual responding based upon their interactions with previous individuals in their life rather than in a reasonable or "rational" way in the current interaction. It is also important to keep in mind that not all feelings or interactions that occur within therapy are based upon transference. Patients may get angry with their physician or therapist because they are consistently kept waiting, appointments are missed, or they are treated disrespectfully. In this case, it is also the responsibility of the physician to realistically assess the complaints of the patient and not automatically assuming that it is due to transference.

Like most things in life, it is important to keep the concept of transference in balance. Clearly it can play a role in our interactions, whether it is with spouses, friends, or one's therapist, and the better one understands how this occurs the better one can more realistically assess problems and issues that may come up in relationships. But at the same time, it is important not to assume that it is always transference. Sometimes he really may be acting "just like your father."



Do you have topical requests for future newsletters? Let us know at: NewsletterQuestions@stonebriarps.com



**Stonebriar Psychiatric Services, PA**

3550 Parkwood Blvd. Suite 705

Frisco, TX 75034

**972-335-2430**

**[www.stonebriarps.com](http://www.stonebriarps.com)**