A MULTIDIMENSIONAL TYPOLOGY OF COUNTERTRANSFERENCE RESPONSES

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ABSTRACT: Of all the countless phenomena intrinsic to psychoanalytic therapy, the construct of countertransference is one of the most conceptually and technically burdensome. As yet, no single theoretically consistent and universally accepted classification of countertransference responses exists. This article proposes a multidimensional typology of countertransference phenomena which can be employed to help monitor clinical practice.

INTRODUCTION

It is by now axiomatic that successful psychotherapy is highly correlated with aspects of the treatment relationship. Many dimensions of the therapeutic relationship and their corresponding influence on treatment effectiveness have been examined. For example, researchers have systematically addressed the issue of the therapist’s: 1) theoretical orientation (Fiedler, 1950); 2) treatment style (Beels and Ferber, 1969); 3) choice of techniques (Geddes and Pajic, 1987); 4) personality traits (Ticho, 1972); 5) humanistic qualities (Truax and Mitchell, 1971); and, 6) subjective involvement and reactions toward the patient (Racker, 1958).

The vast array and strikingly pervasive collection of subjective reactions of the therapist toward the patient have been denoted in the literature by the construct of “countertransference”. The crucial importance of these responses, which may hinder or facilitate treatment effectiveness, is reflected by the fact that the countertransference literature is remarkably broad in scope, diverse in perspective, and temporally spans almost eight decades. As Segal has remarked, “Countertransference is the best of servants, but the worst of masters” (Segal, 1977, p. 31).
Although countertransference reactions are a widely acknowledged aspect of counseling and psychotherapy, there is no single theoretically consistent and universally accepted classification of countertransference responses. In fact, of all the countless phenomena intrinsic to psychoanalytic therapy, the unavoidable reality of countertransference is one of the most awesome experiences; it is one of the most theoretically and technically burdensome; and it has required repeated clarification and reclarification throughout the psychoanalytic literature (Racker, 1953; Kernberg, 1976).

The purpose of this article is to propose a multidimensional framework to facilitate and monitor the diagnostic and therapeutic use of countertransference responses. A chronological survey of countertransference literature, supervision of clinical trainees, and personal experience in the roles of both therapist and patient culminated in distinguishing seven categories of interactional phenomena that comprise our conception of countertransference.

The seven manifestations or components of "countertransference" according to our typology include:

a. classic countertransference;
b. complementary identification;
c. concordant identification;
d. indirect countertransference;
e. institutional countertransference;
f. stylistic countertransference; and,
g. ecological countertransference.

HISTORICAL REVIEW

Whereas the definition and evolutionary progression of the construct of transference cohered to command comparatively wide agreement among clinicians, definitions of countertransference have historically been more controversial, ambiguous, and complex. Ironically enough, the far reaching importance of the discovery of countertransference was the most significant determinant leading to the institution of the "training analysis" (the central component of psychoanalytic training), yet from Freud's initial definition of the concept in 1910, until about 1950, relatively little scientific consideration was given to countertransference in the literature (Racker, 1953). In recognition of this trend, Racker has cogently termed countertransference, the "Cinderella of Psychoanalysis" (Frank, 1977, p. 5). As regards its current definition, no consensus has yet been reached!

Two contrasting theoretical approaches to the meaning of counter-