Self Psychology and Countertransference in the Treatment of Children

Joseph Palombo, M.A.

ABSTRACT: The issues of countertransference in the treatment of children have received far less attention than those arising in the treatment of adults. This paper attempts to begin to redress this imbalance. Some of the major countertransferences in work with children are addressed, and the perspective of self psychology is presented. In the conclusion some thoughts are offered regarding some of the narcissistic injuries therapists must confront in dealing with issues of countertransference.

Introduction

As clinicians we have slowly moved away from considering all countertransference reactions as undesirable and as obstructive to the treatment process. We now acknowledge the value of these reactions to ourselves and to our patients. We in fact consider these to be integral parts of the therapeutic process. Yet, in spite of this shift, it is astonishing to see how little attention this area has been given with regard to the treatment of children. There is no doubt that one factor in this neglect has been that therapists' narcissism is deeply involved in any encounter with the issues of countertransference.

The assumption made in this paper is that countertransference is an integral part of the therapeutic process. As such, it is an important source of data regarding the ongoing interactions with patients. By attending to their countertransferences, therapists have an opportunity to deepen their understanding of patients and to enhance their therapeutic effectiveness. A further use of countertransference lies in the clues it can give therapists to areas of vulnerability or to the limits of their capacity for empathic responsiveness.

Joseph Palombo, M.A., is Dean, Institute for Clinical Social Work, Chicago; Faculty member, Child and Adolescent Psychoanalytic Therapy Program, Chicago Institute for Psychoanalysis; Faculty member, Post Masters Program in Advanced Clinical Social Work Practice, School of Social Work, Loyola University of Chicago. He is in private practice at 466 Central Street, Suite #12, Northfield, IL 60093.
This paper will begin with a general discussion of the issues of countertransference, and will then address the specific reactions stirred up in the treatment of children. The contribution of self psychology to the understanding of the nature of certain countertransference reactions will be summarized. This will be followed by case illustrations of the ways in which some children touch therapists at the limits of their capacity for empathy.

I. Countertransference: Some Theoretical Problems

No attempt will be made at a review of the literature on countertransference in this paper. Instead, some of the general issues discussed in work with adults will first be outlined and reference will be made to some specific papers written regarding difficult-to-treat patients. The literature on children will be briefly summarized in the next section.

Grayer (1981) has written an excellent summary of the literature on countertransference in work with adult patients. The reader is referred to that work as the most recent, and encompassing monograph on the topic. In that monograph the history of the concept is traced from the early allusions in Freud's work to the seminal contributions of Racker (1968) and the contributions of self psychology (see also Epstein & Feiner, 1979; Schomess, 1981).

A distinction is generally made between therapists' reactions which are "appropriate" in treatment situations, and those reactions which stem primarily from the therapist's own psychopathology and which therefore tend to cloud the process rather than to assist it (Freud, 1913, 1915). Some have suggested that the term counterreactions be reserved for the first set of responses and countertransferences be the proper designation for the second set of responses. In this paper I shall not make this distinction, but instead will modify Racker's (1968) suggestion that the first be called concordant identifications, and the second complementary identifications. I will use the terms concordant and complementary positions and responses and will add a third category: the disjunctive responses (Atwood & Stolorow 1983).

An important distinction was also made by Racker between countertransference positions and countertransference responses. In the former the presumption is that the therapist will experience the feelings and attitudes, but no action is taken, or no intervention is made. Instead, the experience becomes data to be used to further the understanding of the patient. In a countertransference response, the therapist's tolerance for the feelings is so strained that they are acted upon, and thus in effect become interventions.

Concordant Positions and Responses. Concordant positions are those