Project Air Strategy - Wollongong University
Personality Disorder Conference
“Inside Borderline Personality Disorder”

Sonia Neale
“The importance of the BPD Therapeutic Relationship”
The Bad Mother's Revenge

A humorous guide about coping (and sometimes not) with the joys of parenting

Sonia Neale

Death by Teenager

From the author of The Bad Mother's Revenge

Sonia Neale

One mum's hilarious account of raising adolescents

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Transference, Countertransference and Responsibility: Their Role in Therapy and Consultancy

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ABSTRACT: The thrust for this paper lay in the author's experience as a psychotherapist (using broadly psychoanalytic methodologies), and as an Organisation Development Consultant working with individuals and groups in organisations where issues of transference and counter-transference relationships remain uncovered. The paper further explores transference from the point of view of its manifestation as the 'ghost in the machine' in mundane relationships that becomes amplified in the authority relationship of therapy or consultancy. The paper then looks at the crucial issues in counter-transference—in particular issues of responsibility, power and humanity in the relationship. In the concluding section we suggest a taxonomy in order to explore situations in which transference and counter-transference can be benevolent or malevolent.

In all, the ideological thrust of the paper is that, from the therapists'consultants' positions, they have, in a hermeneutic sense, to accept their own humanity and take responsibility for it (through the process of the counter-transference) in the therapeutic encounter.

INTRODUCTION

There have been occasions when, after a psychotherapy session I have felt drained of all energy and aware of the futility of the session. Sometimes in a subsequent session the "hate" in the counter-transference (Winnicott 1947) that existed in that session has been a fundamental resource. The "hate" has been, in this case, a transformational energy in helping the client to move; it has been a source of interpretation and understanding. This is not always the case, however. There are situations where even though the relationship with the client has recovered to the

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THE CREATED RELATIONSHIP:
TRANSFERENCE, COUNTERTRANSFERENCE AND
THE THERAPEUTIC CULTURE

Carolyn Saari

ABSTRACT: The concepts of transference and countertransference are examined in the light of current knowledge about the unconscious. These are redefined as action patterns which are not conscious because they have not become integrated into the individual's meaning system. It is proposed that the process of therapy consists in part in a mutually interactive construction of the client's "reality". In order for this construction to take place another construction, that of the therapeutic culture must come first.

Although it has now become common for clinical social workers to use the concepts of transference and countertransference, these were not originally utilized in discussions of social work treatment. In fact, initially it was thought that social workers did not and should not focus on the transference in treatment. That was reserved for psychiatrists and analysts. Instead, social workers were presumed to rely on the "therapeutic use of the self". Times have changed and today there is a tendency to believe that psychotherapy is essentially the same process no matter which of the helping disciplines may be practicing it.

In recent years social work clinicians have gained some increased recognition for their ability to practice autonomously, a recognition which is perhaps symbolized by the legitimacy of utilizing the concepts of transference and countertransference in discussing their work. This increased recognition is both necessary and long overdue. It is, however, of equal or greater importance that social workers not forget the fundamentals of a social work identity in the process of achieving that status. Within this spirit there are a number of questions about concepts related to the treatment relationship which need to be raised. Now that social workers can choose to talk about transference and countertransference, is it desirable to do so? Are these concepts compatible with a traditionally social work point of view which places emphasis on the person/situation

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