

Transference and Counter-Transference

What Is Counter-Transference?¹

In psychology circles, Counter-Transference occurs when the therapist projects their own unresolved conflicts onto the client. This could be in response to something the client has unearthed.

Everyone experiences this from time to time and so will you. We believe it to be inevitable, and counter-transference can be damaging if not appropriately managed. With proper monitoring, however, some research shows that counter-transference can play a productive role in the therapeutic relationship.

We encourage you to pay attention, be self aware, and identify your own emotional response as you act during an encounter. Then, reflect upon it afterward and ask yourselves some questions. Why did that emotion pop up? What is the cause? Is something from my past still unresolved? Does the person remind me in some way of a person with whom I had a negative relationship with?

Our brain produces a fight or flight response whenever it perceives danger. A past hurt can, unknowingly cause a negative reaction because our brain remembers a past event triggered by something happening in the moment. If you can identify the source, you will become better at managing it effectively.

Transference vs. Counter-Transference

The American Psychological Association (APA) defines counter-transference as a reaction to the client or client's [transference](#),¹ which is when the client projects their own conflicts onto the therapist.

Transference is a normal part of psychodynamic therapy. It occurs when a client projects their unconscious feelings onto their counselor. However, it's

¹ SOURCE: <https://www.verywellmind.com/counter-transference-2671577#:~:text=In%20psychoanalytic%20theory%2C%20counter%2Dtransference,damaging%20if%20not%20appropriately%20managed.>

the therapist's job to recognize counter-transference and do what's necessary to remain neutral.

Four Types of Counter-Transference

There are four manifestations of counter-transference. Three of these can potentially harm the therapeutic relationship.

- **Subjective:** The therapist's own unresolved issues are the cause. This can be harmful if not detected.
- **Objective:** The therapist's reaction to their client's behavior is the cause. This can benefit the therapeutic process.
- **Positive (Overly):** The therapist is over-supportive, trying too hard to befriend their client, and disclosing too much. This can damage the therapeutic relationship.
- **Negative:** The therapist acts out against uncomfortable feelings in a negative way, including being overly critical and punishing or rejecting the client.

Counter-transference is especially common in novice therapists. We must learn to pay close attention and become more self-aware. The mental health community supports seasoned clinicians by urging them to seek peer review and supervisory guidance as needed. Rather than eliminate counter-transference altogether, the goal is to learn to use those feelings productively.

In Chaplaincy, we follow the Action-Reflection method of learning and discuss these things with our fellow Chaplains. This is a great topic to include in your regular D N A (Discover, Nurture, Act) sessions we recommend you have with a very small accountability group.