COUNTERTRANSFERENCE IN ADOLESCENTS

Kato van Leeuwen, M.D.

SUMMARY

The upsurge of sexual feelings, the need to involve the analyst as a person, and the struggle for autonomy and omnipotent control of his surroundings precipitate countertransference in the analyst. In addition to this, the adolescent's easily-hurt narcissism and poor tolerance of frustration result in action rather than discussion. The analyst, frustrated in his efforts to analyze the patient, responds with anxiety and distress at feeling powerless, and defends himself against this. Conscious awareness of feelings aroused in the analyst by the adolescent provides a clue to what transpires in the transference. Frequent self-examination, peer-presentation, supervision, and analysis of the analyst's conflicts, are advocated as aids towards understanding countertransference. Thus, the analysis of countertransference to the patient can parallel and equal the analysis of the transference, thereby clarifying the analytic process.

COUNTERTRANSFERENCE IN ADOLESCENTS

Aside from neutrality, objectivity and the ability to maintain an effective distance, the analyst's desirable qualities include dedication, warmth, and acceptance (Luborsky and Spence, 1953). Significantly, the very same libidinal investment in the patient which provides motivation for analytic work is also responsible for a multitude of other human emotions. There may be irritation when a patient is late or cancels an appointment. Sexual seductiveness causes discomfort. Suicidal impulses and violence scare the analyst. When a patient has little to say, talks in a monotone, or is vague, the analyst may become bored. Admiration can be flattering. The analyst becomes more alert when told an interesting dream or event. He takes delight in his patient's progress and derives satisfaction from carrying out his analytic task in an expert way.

These emotions during work are not necessarily random, nor are they entirely related to the patient's peculiarities. They may represent the analyst's response to the patient's transference. Therefore, the analyst may become bored because the patient is covering up his aggressive or sexual feelings in the transference or he may feel flattered or interested because of the patient's wish to ingratiate himself. The analyst's reaction will depend on what feelings are set off in him and his defenses against them.

The Analyst's Personality

It is not surprising that the emotional upheaval and personality reorganization taking place during adolescence evoke major countertransference reactions in the analyst. The surge of instinctual drives, attempted resolution of the Oedipal conflict and problems of impulse control confront the therapist and his teenage patient.

The analyst who can retain his interpretive stance while being loved one moment and hated the next, has the prime requisites to be a therapist for adolescents. Fluidity, flexibility, a certain playful quality, a good sense of humor, and a true interest and affection for young people are helpful adjuncts. It takes skill, patience, experience, and an understanding of countertransference to be effective with adolescents. Possibly the retention of some of one's own adolescent qualities is helpful in establishing contact. The wish to be a good or better parent to the adolescent may be a motivating factor as well as a source of frustration to the analyst of adolescents.

Awareness of Countertransference

Transference, for many years considered an interference, later became the essence of analysis. In a similar vein, countertransference, originally denounced as a shameful imperfection and an unwelcome contaminant, is now regarded more positively. No analyst is so perfectly analyzed that he is no longer susceptible to the stirrings of instinctual impulses.

Often undetected by the analyst, the defensive aspects of countertransference are analyzable because they are part of the ego rather than of the unconscious. Countertransference is ubiquitous, and if properly understood, has a rich potential in clarifying the transference (Tower, 1956).

Constant vigilance is essential to detect and make conscious countertransference, lest it interfere with the analytic process.

Self-examination is difficult because the analyst rejects and denies his countertransference, but it can be made easier by writing down one's feelings about the patient (van Leeuwen, 1973), and by analyzing visual images in response to the patient's dreams (Ross and Kapp, 1962).

Countertransference manifestations can be readily seen in supervision and oftimes in colleagues. Training analysis provides the opportunity to recognize countertransference when it occurs, and to understand its positive and negative therapeutic implications.

Therapists who work with adolescents acknowledge that there are special countertransference features. The analyst brings to the therapeutic relationship some of the same attitudes towards adolescents as the general population, including thinly-disguised admiration and envy of the teenager's expansiveness, freedom, and sexuality.

Having struggled to master his own youthful impulses, the analyst can be uncomfortable and anxious in the presence of adolescent fantasies and activities. The focus in most analyses on lifting childhood amnesia rather than on the comprehension of adolescence, makes it more difficult for the analyst of adolescents to be aware of the remnants of his omnipotentiality and other feelings that are so powerful during that developmental period (Mindlin, 1965).

Countertransference in the analyst varies according to the adolescent's age and developmental subphase (Geleerd, 1957). The younger adolescent, like the latency child, is still physically and emotionally dependent on the parents while he recapitulates many of the infantile conflicts of the preschool period. The late adolescent resembles grown-ups more closely so that anaysts of adults are inclined to take a person of 17 or 18 years of age in therapy even though they would not consider working analytically with a 15 year-old child at the height of emotional turmoil.

Among adolescents, commitment to analysis as we see it in adults does not take place. Neither does free association, and it is up to the analyst to see the connection between stories, dreams, drawings, and play. Shifts of emphasis in areas of conflict make working-through difficult. Demands for immediate drive gratification (Kohrman, et al, 1971) are difficult to deal with. These factors interfere with carrying out the analytic task and may be experienced as frustrating lest the analyst considers them part of the course and can deal with the feelings they arouse.

<u>Countertransference Related to Separation-Adaptation Conflicts</u>

The ego reorganization which takes place under the pressure of increased instinctual drives, with the need for adaptation to many new feelings and situations, provides the analyst with the opportunity to examine the adolescent's impulses and defenses. However, the intensity of the accompanying anxiety and stress during this second chance at individuation (Blos, 1967), accompanied by a revival of unresolved separation-adaptation conflicts, makes analysis difficult. The problem is compounded by the analyst's unresolved conflicts over object loss and by his defenses against affect (van Leeuwen and Pomer, 1969). Because the analyst tends to deny, or has a reaction formation against his feelings of loss during separations or in new situations, he may fail to recognize it in his adolescent patients.

Mood swings and fluctuations in the strength and direction of attachment needs may occur in relation to separations. Aggressive and angry attacks on the analyst may cover up the adolescent's longing for understanding. Spurts of exploration alternating with withdrawal also can be better assessed when the analyst is in touch with this aspect of his own internal conflicts. (van Leeuwen and Tuma, 1973).

<u>Countertransference to the Adolescent's Need to Involve the Analyst as a Person</u>

A major source of countertransference is the adolescent's attitude towards the analyst. In search for an identity of his own separate from the family, parental ties loosen and the adolescent is eager for new attachments. In addition to being an object of transference, the analyst is experienced much more as a real person to the adolescent than to the adult patient. Unlike the reticent repressed latency child whose prime loyalty is to his parents, the adolescent longs to communicate. However, this wish to involve the analyst assaults

the analyst's neutral refelctive stance. Furthermore, rebellious feelings towards the analyst may soon prevail. Supersensitive to narcissistic hurts and easily frustrated, the adolescent tests and provokes. He wants an analyst whom he can trust, in whom he can confide, and who will answer questions, even personal ones, about analyst's live. The proper titration of neither too much nor too little transference gratification is difficult to maintain and, if achieved, is a mark of analytic competence.

Feeling inadequate and lacking mastery of the outside world and his own impulses, the adolescent delights in putting the analyst on the spot.

> Sixteen year-old Bea taunted her analyst: "How many children do you have, come on now, tell me. Speak up!" This harmless question made the analyst uncomfortable. What should he answer? The girl's teasing covered up her transference longing that the analyst care for her alone and become her father, and her anger that this was not realistic.

Countertransference to the Adolescent's Tendency to Experience rather than Discuss

The adolescent's phase-specific tendency to experience leads to acting-out rather than to analyzing feelings. Rebellious and highly experimental, the adolescent may engage in worrisome activities of a locomotor exploratory or sexual nature. He may use drugs or expose himself to physical danger. Unconscious death wishes and suicidal impulses should not be underestimated.

The disguised meaning of acting-out behavior is often difficult to grasp because of the anxiety it arouses in the analyst, who feels responsible for its consequences. The patient may try to involve the analyst in his acting-out behavior by trying to make him an accomplice. He may tell the analyst about illegal activities, ask for notes when he is truant to test his loyalty. This provokes superego conflicts in the analyst who may feel that he has to make a choice.

Frequently the reason for referral, acting-out behavior may recur in relation to object loss experienced in the transference, for example, when the analyst goes on vacation. The analyst, very much like the parent, tends to defend himself against uncomfortable quilt feelings about absences, and may deny their effect on the patient.

> Upon the return from a short holiday, Bea greeted the analyst, "There is my doctor, oh, so happy to see you, Doc." After this ironic overture, Bea bragged about the great time she had in his absence. She attended several parties, got high on pot, and spent the night with a young man in her parents' bedroom. The analyst, aware of the Oedipal implications, commented that Bea tried to make him jealous. What he failed to see was the underlying reproach and anger at being left out. Her behavior spoke for itself. In order to be "good" Bea needed the analyst to be around. She defended herself against the loss she experienced while her analyst was away by looking for a more satisfactory love object and acting out her anger.

Countertransference to the Increased Instinctual Drives

A frequent source of countertransference are the adolescent's intense sexual feelings. The analyst may be uncomfortable about his sexual fantasies regarding the patient and the discussion of masturbation, as well as other aspects of the patient's sexual life. He may guard against seeming seductive, and rightly so, as the adolescent's sensitivity, fertile imagination, and incestuous wishes are easily stimulated by the analytic situation. The adolescent, overwhelmed by these feelings, is at a loss at what to do, so these emotions may be hidden, repressed, disguised, or acted-out.

The analyst may also be the target of the adolescent's increased sadistic and hostile aggressive impulses. He may deal with these by becoming punitive or by withdrawal.

> A male analyst failed to analyze sexual fantasies in the transference of 16-year-old Jennifer until she acted them out by having intercourse with her boyfriend without using precautions. The analyst became panicky, feared that Jennifer had become pregnant and that her parents would take her out of therapy. Only after he became conscious of his anxiety over seeming

> seductive by asking her to examine her feelings towards him could he analyze the provocative nature of her behavior.

Countertransference Stemming From the Fact that the Adolescent is Brought by his Parents

The adolescent does not come on his own accord. The first contact, usually a phone call from distraught parents complaining about the acting-out behavior of their teenager, sets off a split transference. The analyst, who overidentifies with the parent, is apt to be punitive and repressive with the child. Overidentification with the adolescent may lead the analyst to acting-out his own rebellious feelings to the parent. The decision of whom to see first and how often to see the parents also presents a situation involving the analyst's personal feelings.

> The analyst of a 17-year-old girl, Lucy, delayed facing the parents of her patient with the financial aspects of the analysis. Lucy's father was a manipulative man who repeatedly outmaneuvered the analyst. She finally confronted him with his depreciatory attitude towards women of which she became aware when discussing the situation with her supervisor.

The acting-out behavior of the adolescent affects the analyst's reactions to the parents as well. The patient may unconsciously attempt to compromise the analyst who, after all, is held responsible for the patient's behavior. It is not difficult for the adolescent to play parent against therapist, and unless the analyst is aware of his own feelings, he may readily fall into the trap.

Resistance to analysis stemming from the fact that it is the parent rather than the youth who requests therapy is also a source of countertransference. The youth may outwardly conform, yet rebel, and this may happen even if the adolescent explicitly requests analysis. By resisting the analytic process, the patient defies both the analyst and his parents. Younger adolescent patients will refuse to come, older adolescents will be late, miss appointments, or interrupt the analysis. Unless the analyst understands what is involved, he may not be able to deal analytically with the situation.

Countertransference to Specific Situations and Character Defenses

Countertransference varies with the nature of the patient's problem. A shy adolescent may evoke feelings in the analyst both of wanting to help and of annoyance, irritation, and boredom produced by silences. With a delinquent, the analyst has to deal with discomfort and anger at being asked to participate as an accessory to his actions. More subtle countertransference occurs in relation to character defenses.

Countertransference varies with the age and sex of the therapist. Younger analysts may speak the same language and identify more readily with the adolescent. They may also find it more difficult to cope with countertransference.

Special countertransference reactions occur in relation to clinic patients and to being supervised. Analysts may be uncomfortable with the child of a rich or famous family, the child of a colleague, or someone from another cultural background or religion.

The analyst's awareness of emotions experienced towards the patient may help in clarifying the transference. For example, repressed hostile impulses related to sibling rivalry and the analyst's own Oedipal struggle may blind him to the patient's subtle defiance and plea for help. The analyst's defenses resemble those of the patient and sometimes both repress hostile impulses.

> Anne's lateness persisted though repeatedly examined. The analyst, though aware of her irritation, welcomed having a bit more time to herself. It was not until the analyst consciously acknowledged these feelings to herself that she further pursued its meaning and found that the 16 year-old girl tried to create the impression that she was indifferent and neither needed the analyst nor anyone else. This was her defense against her feelings of anger and disappointment at not getting needed special attention and mothering.

The analyst may regress when feeling powerless even to the extent of seeking the help of a patient's mother.

> No matter what the analyst said, 13 year-old Danny persisted that he was "cured" and ready to quit therapy. Startled and not quite knowing what to do, the analyst asked the mother what she knew about this. Examining her action it dawned on the analyst that Danny made her feel helpless, very much like he had his mother by being provocative. The analyst had considered transferring him to a male therapist. It then became clear to her that Danny's behavior was related to his discomfort about his increasing interest in her as a woman, which he covered up by making her uncomfortable.

In each instance, when the analyst's repression is lifted and his (or her) feelings become conscious, the patient's transference becomes clearer.

BIBLIOGRAPHY

1. Blos, P. The Second individuation process of adolescence. *The Psychoanalytic Study of the Child*, 1967, *22*, 162-186.

2. Kohrman, R.; Finebry, H.H.; Gelman, R.L.: and Weiss, S. Technique of child analysis: problems of countertransference. *Journal of the American Psychoanalytic Association*, 1971, *19*, 52-487.

3. Luborsky, L.; and Spence, D.P. Quantitative research on psychoanalytic therapy. In A.E. Bergin and S. Garfield, *Handbook of Psychotherapy and Behavior*, 1953, Pp. 412-.

4. Pumpian-Mindlin, E. Omnipotentiality, youth and commitment. *Journal of the American Psychoanalytic Association*, 1965, *4*, 1-19.

5. Ross, W.D. and Kapp, F.T. A technique for self-analysis of countertransference: use of the psychoanalyst's visual images in response to patient's dreams. *Journal of the American Psychoanalytic Association*, 1962, *20*, 643-658.

6. Tower, Lucia E. Countertransference. *Journal of the American Psychoanalytic Association*, 1956, *4*, 224-255.

7. van Leeuwen, K., and Pomer, S.L. The separation-adaptation response to temporary object loss. *Journal of the Academy of Child Psychiatry*, 1967, *8*, 711-734.

8. van Leeuwen, K., and Tuma, J. Attachment and exploration: A systematic approach to the study of separation-adaptation phenomena in response to nursery school entry. *Journal of the Academy of Child Psychiatry*, 1972, *11*, 314-340.