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Counter-transference Manifestations in Conjunction
with Intercurrent Events in the Life of the Analyst

"The Analyst's Emotional Life During Work"
(Panel on Counter-transference, Empathy and Projective
Identification) American Psychoanalytic Association
Meetings, Hawaii, May 1973: Summary of Presentation
by Kato van Leeuwen, M.D.

Out of the multitudinous aspects offered by a topic as broad as "the emotional life of the analyst during work", I chose to focus on one specific aspect, namely the effect of intercurrent events.

There are many occurrences in the psychoanalyst's life which interfere with his function as projective screen, as an untroubled mirror. I propose here to look at some specific, fairly ubiquitous emotions which tend to be troublesome and therefore may be used to gain access to the unconscious.

Though there are a number of papers in the psychoanalytic literature on transference and intercurrent events in the life of the analyst (Fromm, Reichman, Hannett, van Leeuwen, Le Bow, Jackel) I could find only one (Ruth Lax) which referred specifically to the counter-transference manifestations.

Neglect of this area might very well be due to the analyst's resistance to being confronted with his own uncomfortable feelings. We know very well how difficult it is to detect one's reactions, and this is one of the reasons that the topic of counter-transference is a rather obtuse one.

Yet it is practical, rewarding and maybe imperative to closely examine the analyst's feelings about current events in his life. Access to defenses can be facilitated by using these reactions consciously towards gaining access to the unconscious.

They are omnipresent. We can deliberately focus on them; they may lead to uncovering nuclear conflicts in patient and analyst.

Out of the many intercurrent events in the life of the analyst; illness, divorce, meeting members of the analyst's family, hearing gossip or mythology, financial difficulties, vacations, changes of location, time, cost of the appointments, I will select two major and surprisingly interrelated areas, namely interruptions of the analysis and pregnancy of the analyst (sorry gentlemen!). Both involve dealing with separation and sex, two areas of nuclear conflict.

I will give examples of my own patients and my supervisees,

demonstrating how guilt and anxiety in the analyst makes him oblivious to what goes on in the patient. I will further attempt to show how awareness of counter-transference reactions can be used for teaching purposes in supervision and self-examination as these events tend to point up nuclear conflicts in both the analyst and the patient.

Though I define counter-transference as the total reaction to the patient, the phenomena I discuss refer particularly to reactions to patients as if they were the parents. Supervisees react with surprise and defensiveness when the supervisor points out that the patients react to their absences, as they feel justified in taking vacations, particularly for professional reasons. They fail to see the connection between the patients' productions and their own actions. Patients too, defend themselves against acknowledging these feelings, and rarely express a sense of sadness or loss directly. Recently, in reviewing notes about patients seen while I was pregnant, I was struck by my failure to analyze some very primitive destructive feelings in my patients. The reason for this suddenly became clear; it was a protective device and related to feelings I had not fully faced.

The analyst, as well as the patient, defends himself against nuclear conflicts (separation anxiety, sibling rivalry, Oedipal feelings). There are similarities with parents' defenses against perceiving the reaction of children to their being away. Analysts, not unlike parents, tend to obscure their perception of the patient's or child's distress. There also is a conspiracy between parents and children not to acknowledge the child's curiosity regarding pregnancy or sex.

It is important and feasible in supervision to make the supervisee aware of his own and the patients' feeling. This is a good teaching device. Experience then teaches the supervisee to be alert to these reactions. It does not involve analyzing the supervisee and understanding these processes at a deeper level. That can be left to the supervisee and his training analyst. One has to distinguish between inexperienced and more deeply rooted counter-transference reactions. Intercurrent events constitute parameters introduced into the analysis by the fact that the analyst is a person and leads a personal life.

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To illustrate some of my thoughts let us look at reactions to interruptions early in the analysis. One of my supervisees, a young analyst,