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TRANSFERENCE AND ITS MANIFESTATIONS

In the previous chapter we have looked at the meaning of the client's experience and behaviour through an investigation of the internal world and object-relations. There is one particular kind of object relationship to which both client and counsellor have immediate access, the relationship between client and counsellor. All forms of psychodynamic therapy are distinguished from other therapeutic approaches by their focus on the nature of this relationship, known as the transference. Turning one's attention directly onto the nature of the relationship between client and counsellor, focusing on what goes on in the room between the two, is an essential part of the psychodynamic approach, as we can see again in the case of Mrs A.

Mrs A: the nature of her transference onto the counsellor

Mrs A's attitude towards the counsellor started off in a mixed form. On the one hand she had a positive attitude towards counselling. She was motivated to seek help. She found that the counsellor's attention to the features of the setting enabled her to feel safe, and she found some of the counsellor's comments and interpretations helpful. This attitude was a sign of some ego-strength, that whatever difficulties she encountered in the course of the counselling, there was a part of her which could stand back as an observer and keep in mind the purpose of the counselling and its overall benefit for her.

Alongside this positive attitude was a more negative view. As it became clear, Mrs A found the counsellor himself cold and distant, too quiet and passive for her liking. These negative feelings towards the counsellor became apparent over her dislike of the way he ended the session. Once this could be talked about, and Mrs A discovered that voicing criticism of the counsellor

did not bring about the disasters she feared – the collapse of the counselling, or retaliation by the counsellor – but, if anything, enabled her to have trust in the counsellor, she was then able to speak of some of her negative feelings towards him. She told him that, after their initial meeting, she had confided to a friend of hers that 'she liked the counselling but couldn't stand the counsellor'. She particularly disliked the way he always finished the session on time, even though she might not have finished telling him about something important. This demonstrated to her, she felt, that he was not interested in what she had to say, that he found her boring (see Chapter 2).

It later emerged that this was the same attitude she felt her father had towards her, and that being stopped by the counsellor at the end of each session reminded her of the way she had felt suddenly dropped by her father around the age of eight. At a still later stage of the counselling the attitude of coldness and indifference attributed to the counsellor seemed to resonate more with aspects of her mother, whose apparent attitude of warmth and love covered over a deeper lack of interest in her daughter's happiness and development. These links between her feelings towards the counsellor and those towards her parents made sense of her negative attitude towards the counsellor and thereby made her feelings more tolerable. At the same time seeing how these aspects of her relationships with father or mother had been 'transferred' onto the counsellor brought them to life in a particularly vivid and immediate way, and impressed upon her as to how she continued to treat other people as though she was still a rejected and hurt little girl.

These negative feelings towards the counsellor came and went throughout the counselling. They tended to die down after they were spoken about, but would reappear particularly around breaks in the schedule. They came to a head around the final long holiday break before the counselling was due to end. Mrs A returned from this break in a bleak mood. She said she now felt depressed again, and had restarted her antidepressant medication (which she had managed to give up shortly before the break). What was making her particularly depressed was that she had always relied on her husband's love and support, but over the holiday she had started to doubt that he actually loved her, and so she now felt distant towards him. At the same time, she was worried that her coldness towards him would anger him and make him want to leave her. Furthermore, she no longer had any faith in the counselling, she saw it all as pointless, and in fact she asked whether they could finish the counselling now rather than wait until the scheduled end in several weeks' time.

The counsellor could see that this serious turn in her marriage was a displacement of something that belonged to the counselling relationship. At this point instead of making her better, the treatment dominated by the prospect of ending, was making her worse. He could see that her doubt that her

husband loved her, and her withdrawal from him, mirrored her probable feelings towards him (the counsellor), brought to a head by the break and the impending termination of the counselling. He therefore said to Mrs A that the return of her depression and her suspicious, cold and fearful feelings towards her husband were feelings that applied to the counsellor which were spilling over into her life outside the sessions. She felt abandoned by the counsellor both because of the break and because the counselling was coming to an end. As she still needed the counsellor's help, Mrs A felt it was too risky to acknowledge her feelings of rejection towards him, and so her husband had become a substitute target for her rage.

Mrs A's initial response was to protest that this was nothing to do with the counsellor, why did it always have to be about him. However, when the counsellor persisted and reminded her that in the sessions up to the break Mrs A had reported starting to feel better about herself which she had put down to the counselling, Mrs A was then thoughtful. After a long silence, during which Mrs A was much calmer, she then told the counsellor something which surprised him. She said that this was in fact not her first experience of counselling. About a year ago she had gone to see another counsellor, a woman, whom she had seen for several months, but had suddenly stopped going. It had always puzzled her why she had broken off the counselling, as she had liked the counsellor, who had been warm and supportive. She remembered in the last session she had attended she had started to complain about her husband not really loving her, not being as intelligent and sensitive as she was, and wondering whether he was really good enough for her. The counsellor had been sympathetic and encouraging. She had left the session feeling supported, but had then decided that, as she was feeling better, there was no point in continuing. She wrote a brief note to the counsellor thanking her for her help, but saying that as she now felt much better, she had decided not to continue.

Mrs A said she could now see that she had not really trusted this counsellor, who too easily took her side against her husband. The counsellor's attitude reminded her of her mother, who had never felt any of her boyfriends were good enough for her. The atmosphere in the counselling was warm and friendly, again rather like with her mother, which made it very difficult, as Mrs A could now see, for her to acknowledge that she might harbour negative or hostile feelings towards this counsellor.

In the rest of the session Mrs A was able to speak much more openly about feeling dropped by the counsellor and how she hated him for it. In subsequent sessions, coming up to the end of the counselling, she was able to link this to her rage with her mother for dying and leaving her feeling bereft. She now started to feel a much deeper sense of sadness about her mother's death and also a more genuine feeling of love towards her.

Freud and the discovery of transference

The example of Mrs A shows how the transference is a double-edged sword. On the one hand it poses the greatest danger to the counsellor if the intensity of the client's feelings towards the counsellor get out of hand and are not contained within the counselling relationship. But on the other hand, if the transference relationship with the counsellor can be made safe enough for exploration, it can become the medium through which the client can experience in a powerful and vivid way those feelings, thoughts and object-relations which have been most violently repressed or split-off.

Freud was the first psychotherapist to systematically explore the nature of the transference. His writings display his own ambivalence about the transference, as to whether it posits a great danger to the therapy or whether it can be the therapist's greatest ally. His first therapeutic attempts with his patients relied on the idea of catharsis, that patients would get better if they were able to express their suppressed feelings and thoughts. To this end he employed hypnosis in order to get his patients to remember traumatic situations or events and then give voice to and work through the powerful affects produced (a process he called abreaction). However he increasingly found this procedure unreliable. For example, the most brilliant results might suddenly be wiped out if the patient no longer trusted him as the therapist. However, if he were able to restore this breach in the relationship with the patient, then the work would once more continue to be productive. But this personal relationship between patient and therapist was not something he initially knew how to address in the therapy. This can be seen in his account of an incident with a female patient, 'with whom hypnotism had enabled me to bring about the most marvellous results, and whom I was engaged in relieving of her suffering by tracing back her attacks of pain to their origins. As she woke up on one occasion, she threw her arms round my neck' (Freud, 1925, p. 27). This sudden eruption of the patient's sexual feelings towards Freud brought the hypnotic treatment to a sudden end. Freud thought that the patient's feelings were not really about him - 'I was modest enough not to attribute the event to my irresistible personal attraction.' Instead Freud saw that he had become the recipient of some powerful repressed feelings which had their origin elsewhere, for example in the Oedipal scenario. This phenomenon he called transference, a form of projection in which feelings, thoughts and experiences which belong to another

person or situation are displaced onto the figure of the therapist and the relationship between therapist and patient.

There is a widely held belief that transference is a dangerous thing which, ideally should be kept out of the therapy, and, if it is to appear, needs to be kept strictly under control. One often hears the idea that therapy must not in any way encourage the patient to become dependent on the therapist, for fear the patient (and the therapist) will stay imprisoned in this dependency forever.

But not addressing the transference does not mean it will simply go away. The consequences of choosing to stay in ignorance of the transference are evident from the case of Mrs A. With her first counsellor the negative transference was never addressed and so became *acted out* in Mrs A's sudden termination of the counselling, that is the feelings and thoughts involved were discharged through behaviour rather than being subject to thought and understanding.

From initially seeing the transference as the most powerful form of resistance to the counselling, as the eruption of primitive impulses and feelings with the aim of disrupting any further progress in the therapy, Freud came to see the transference as having the potential to become the most potent part of the therapist's armoury. He saw transference as a form of *repetition*, in which the patient repeated with her therapist all of her old and established ways of relating to significant figures in the past.

The decisive part of the work is achieved by creating in the patient's relationship to the doctor – in the 'transference' – new editions of the old conflicts; in these the patient would like to behave in the same way as he did in the past, while we, by summoning up every available mental force (in the patient), compel him to come to a fresh decision. Thus the transference becomes the battlefield on which all the mutually struggling forces should meet one another. (Freud, 1915, p. 454)

In directly addressing the transference with the client the counsellor is in effect appealing to the client's capacity to observe her own behaviour and think about it. So Mrs A was able to manage the transference onto the counsellor, of her ambivalent relationship with her mother, when the links between the two could be clearly perceived by her, as they were when she first felt safe enough to speak of her hostile feelings towards the counsellor. However she then lost this capacity for self-observation around the final break, with the counselling due to end shortly, when she found herself almost completely

taken up with her feelings towards her counsellor. At this point, she later told the counsellor, her feelings about him were so intense that she felt she was going mad, which was the main reason why she went back to her GP to restart her antidepressant medication.

This narrowing of the client's attention onto the figure of the therapist, to the virtual exclusion of all other concerns, can be alarming to the client, as well as the counsellor. However, by the very fact that the transference now looms so large, its nature can more clearly be seen and therefore worked through.

Types of transference

We have seen with Mrs A that the transference can take different forms. There was first of all a *positive transference* established. This was evident from Mrs A's ability to engage in the counselling and trust the counsellor to understand her sufficiently in order to help her. These attributes were modelled on the 'good' qualities of her parents and other helpful figures in her life.

If a positive transference is not established it will be much harder for a *working alliance* (sometimes called the 'therapeutic alliance') to be set up between counsellor and client. This term is used to describe the way client and counsellor can work cooperatively together on the client's problems. The working alliance with the counsellor is what sustains the client through the inevitable pain and frustration which any kind of therapeutic treatment involves.

Mrs A was also at times hostile towards the counsellor, telling him she found him cold or harsh towards her. This was her *negative transference* towards him, and she was relieved when these critical feelings towards the counsellor were brought out into the open and their nature and roots explored. Indeed the very fact that her negative transference could be acknowledged played a large part in Mrs A being able to trust the counsellor, and so significantly strengthened her positive transference towards him. Sometimes the negative transference is evident, but often it lies hidden behind an attitude of either compliance or idealization on the client's part (this is illustrated in the next section).

In addition to the positive and negative transference, another type of transference made its appearance towards the end of Mrs A's counselling.

In one session, in a rather embarrassed if not coy way, Mrs A commented on the smart clothes the counsellor was wearing – she had never

previously made any comment about the way the counsellor dressed; in fact had never really in any overt way treated him as though he was both human and gendered. In another session Mrs A herself came in smarter and brighter clothes, and made several teasing remarks to the counsellor about the way he conducted himself in the session. She wondered aloud whether he was married and what his wife might say about all the female clients he saw.

In Mrs A's rather flirtatious attitude towards him, the counsellor could see the emergence of an *erotic transference*. In this instance he chose not to draw Mrs A's attention to it, preferring to simply remark on how much better Mrs A was now feeling about herself. He did this because he saw in Mrs A's rather sexual behaviour towards him not only a repetition (most clearly of her relationship with her father before he withdrew from her) but also evidence of *something new* in the relationship with the counsellor. It was as though Mrs A was experimenting with being serious and playful at the same time, or bringing together affection and desire. To comment on it risked becoming heavy-handed and thus taking away from the spontaneity of Mrs A's behaviour with him.

In fact all types of transference have this ambiguity, of being a repetition of a past object-relationship, but a repetition that is never exact, and so leaving room for something that never happened before. Freud in fact described experiences in the transference as being 'of a provisional nature', occupying 'an intermediate region between illness and real life' (Freud, 1912, p. 154). This intermediate region between illness and life is also a way of describing the counselling setting, and we can see how the counselling setting creates the conditions not only for the counsellor's container function (see Chapter 2) but also for the development, elucidation and management of the transference.

Illustrations of the negative transference

The type of transference that many counsellors have most difficulty with is the negative transference, as this is the one that is most threatening to the image of counselling, of a kindly counsellor whose work with the client is rewarded by her admiration and gratitude. In fact the negative transference, in some form or other, will always be present in a counselling relationship, as the client is bound to enact with the counsellor her unsatisfactory or failed relationships which directly or indirectly brought her into counselling.

Often the negative transference only becomes evident in the way the client adapts to the setting. For example with Mrs A, her anger with the counsellor emerged over the issue of the ending of each session and the holiday breaks in the sequence. With Mrs A, a good enough working alliance had already been established before the negative transference came to be addressed. But with some clients the negative and hostile feelings towards the counsellor are so dominating that he may have little choice but to deal with them from the very beginning, and in fact the very viability of the counselling may depend on his being able to do so.

Mr C came to the Student Counselling Service of the university where he was studying because he was very depressed after having failed his exams. He was seen by a female counsellor, who offered him a contract of 16 sessions. Mr C was not able to think about why he had failed his exams, beyond blaming the examiners for incompetence. He was openly contemptuous of the counsellor, putting her immediately on the defensive by asking about her qualifications, and criticizing her for what he took to be her defensive body posture and the angry tone of her voice. He was dismissive of any attempt on her part to offer understanding or interpretation, either saying that what she said he knew already, or insisting that words were of no value to him, what he needed was action.

What did seem to offer a way forward for the counsellor was that from time to time this very arrogant and aggressive front would suddenly collapse, and Mr C would become desperate and pathetic. He would implore the counsellor to help him, saying he could no longer cope with his life. It was clear that failing his exams had been experienced by Mr C as a traumatic blow, shattering his self-image as a brilliant student. However, as soon as the counsellor started to show sympathy towards Mr C and his plight, he would retreat again into his arrogant denigration of the counsellor.

The counsellor came to see that the best way of getting anywhere with Mr C was to directly address his negative transference towards her, which was preventing Mr C from deriving any benefit from the counselling. Thinking in terms of transference helped her to take out the 'personal' element of Mr C's transference to her and see in his attitude, a powerful enactment of a primitive and disturbed object-relation.

She therefore drew Mr C's attention to his arrogant and contemptuous attitude with her, and told him she saw it as a defence against showing any vulnerability to her, which he dreaded. Mr C was momentarily stopped in his tracks by this remark, before dismissing it contemptuously as 'text-book therapy'. The counsellor, however, would not allow herself to be deterred.

Every time Mr C displayed his arrogant attitude towards her, she took up with him what it was he could not bear to recognize in himself, or bear her to see in him.

Mr C continued to dismiss the counsellor and her attempts at helping him, but towards the end of the counselling this attitude softened as he saw he had not destroyed the counsellor through his aggression. He was able to acknowledge his overwhelming dread of being vulnerable, which in his mind meant being totally at the mercy of someone bent on sadistically harming him (this was the object-relation being repeated in the transference). The counsellor's ability to tolerate this helped Mr C become less self-critical and devastated by not having passed the exams, and to take responsibility for his failure rather than blaming it on others.

Often the negative transference lies hidden behind what might seem at first sight to be a positive attitude on the part of the client, but which on closer examination turns out to be a façade, behind which is hidden the client's anger with or hostility towards the counsellor. This sometimes finds expression in the client's idealization of the counsellor, in which he is treated by the client as though he is beyond criticism and without flaw. The purpose of this idealization is to cover up the client's hostility to or disappointment with the counsellor. The difference between a positive and idealizing transference is that the positive transference becomes something on which the client can build upon in making changes in the work. But in the idealizing transference no real progress can be achieved in the work until the idealization is dismantled and the underlying negative feelings brought out into the open. The consequences of not addressing the client's idealization of the counsellor are illustrated in the following example.

Mr D, a young man with a very traumatic background, in which he had been physically abused by his mother and neglected by his father, was seen by a female counsellor in a GP practice. He came for counselling saying he could not cope with relationships, was desperately lonely and could see no future for himself. In view of his terrible background the counsellor was able to offer him more sessions than was normally possible, and made a contract with him for one year. In the counselling Mr D described a childhood of unremitting misery, in which he lived in terror of his mother's rages, which sometimes resulted in her beating him. His father had left when he was small, unable to put up with his wife's violence towards him as well as his son. This left Mr D feeling that his father had simply abandoned him to his mother's cruelty.

The counsellor felt under enormous pressure not to repeat any of this cruel and abandoning behaviour, in fact to try and give Mr D an experience

of being cared for. Although she was at times aware of feeling irritated or critical of Mr D, for example he was often late for his sessions, she felt he was so fragile that he would not be able to cope with any indication of anger or displeasure on her part, as she would then be experienced as just like his mother. She addressed his lateness in terms of his not believing that anyone would be interested in him, an interpretation he agreed with, although this interpretation did not make any difference to his persistent lateness.

Mr D was openly appreciative of the help he was getting from the counsellor. He said he felt listened to and understood for the first time in his life, finding what the counsellor had to say both insightful and compassionate. Several times he talked about how totally different the counsellor was from his mother and from all the other women he had encountered in his life, who had all misused or betrayed him.

However despite this attitude of admiration and gratitude towards the counsellor his life outside did not improve. He continued to feel miserable and lonely outside the sessions. The counselling itself started to take on a predictable quality, in which Mr D would come and tell more stories about his cruel mother, cowardly father or exploitative girl-friends, and the counsellor would try to help him acknowledge his feelings, which he found hard to tolerate, and come to terms with what had happened in the past. In view of his failure to change, the counsellor tried even harder to show compassion for Mr D and his predicament, feeling that the impasse in the counselling was due to her inability to understand him sufficiently for him to feel safe.

After about six months, to the counsellor's surprise Mr D did not show up for the first session after a break. In fact he never came again, and did not reply to any of the counsellor's communications. The counsellor was left feeling hurt, confused and angry – in short, a failure.

It took the client's abrupt termination of the counselling for the counsellor to see how she had all too willingly gone along with Mr D's idealization of her. This had prevented her from seeing the negative transference hidden behind the idealization, which was never addressed, and was the reason why the counselling made no progress.

The material of the sessions, together with some of the counsellor's own feelings and reactions to the client, pointed to a more complex picture of Mr D than the one-dimensional image the counsellor had constructed of him as a helpless and passive victim of his mother's violence and his father's abandonment of him. This left out of the picture the ways in which Mr D also identified with these aspects of his parents. In other words, the counsellor saw only one side of the object-relationships in Mr D's internal world, in which a cruel object

was paired with a submissive one, and an abandoning object with an abandoned one. Consequently the counsellor did not want to see how Mr D could also be capable of violence and cruelty and of abandoning anyone he got close to, as in fact he had shown by abandoning the counsellor in his abrupt termination of the counselling.

One might wonder why the counsellor colluded with this idealization of her? Maybe she felt flattered by Mr D's apparent admiration of her. It is likely she felt gratified by his apparent appreciation of her work, as the work itself, in which the counsellor invested an enormous amount of energy but which failed to help her client change, offered her no rewards. Another reason the counsellor might have played her part in establishing and maintaining the idealization is to do with what Mr D had projected into her. Mr D was very frightened of his own rage and potential for violence, which made him feel he was just like his mother, and this fear was projected into the counsellor, who acted as though it would be too frightening and too much for Mr D to bear if his underlying rage and hostility were brought to light (see the description of projective identification in Chapter 4).

By not addressing the negative transference, the counsellor deprived Mr D of an opportunity to test out, in the safe setting of the counselling, how realistic his fears of his potential for violence might be. This is what Mrs A was able to do, that is experience at first hand that her anger with and hatred of her counsellor did not actually destroy or damage him, as she feared it would. The irony in the case of Mr D is that by not addressing the negative transference, the counsellor brought about the very situation which she had striven so hard to avoid. She had tried to bolster Mr D's confidence and belief in himself by only focusing on what she saw as the positive features of his personality. But by treating Mr D with kid gloves, by responding to him as though he was too damaged or fragile to face his own rage and hatred as well as his disappointment in relationships, she was in fact confirming his worst fears about himself. That is, she was endorsing his view of himself as someone who really was pathetic, weak and cowardly – just as he felt he had been for his mother in submitting to her violence, and just like his father had been in Mr D's eyes by abandoning him to his mother.

Illustrations of the erotic transference

The erotic transference covers those feelings the client may have for the counsellor which are best described as falling in love. The client's

love for the counsellor may have non-sexual elements, for example the sense of a deep and special friendship with the counsellor. But it is the sexual attraction or excitement which usually accompanies the client's erotic feelings, which is likely to make the erotic transference seem so difficult to address.

Just as with the idealizing transference, the erotic transference can serve a defensive function, for example, to hide the negative transference. But, as with all forms of transference, it can also be the expression of something provisional or new for the client, the emergence of a part of herself which she has hitherto kept hidden or denied. This double-sided nature of the erotic transference is illustrated in the following example.

Mr E was a lonely and depressed man in his late forties seeing a young female counsellor in a counselling agency. He had come for help with problems at work and for depression. The counsellor had offered him a contract of up to a year.

Mr E had had only one previous intimate relationship with a woman, who had left him for another man. He had a very close and stifling relationship with his mother, whom he felt he had to please, and a distant relationship with his father. He continued to live at home with his parents. He had no siblings, and spent his time at home on his computer, or going out in the company of a handful of male friends.

At first he was suspicious and haughty towards the counsellor. When this attitude was pointed out to him by the counsellor, he was able to say that he behaved in this way because he expected her disapproval and disdain. Once he was able to explore these feelings he became more involved in the counselling, and started to trust the counsellor with some of his more secret feelings. Very slowly and warily Mr E started to tell the counsellor of some of his sexual thoughts and fantasies about his female work colleagues, which evinced considerable embarrassment and awkwardness on his part.

As the counselling progressed Mr E started to say that he was feeling better. Indeed he looked better, and in fact was now dressing in better fitting and more expensive clothes than before. He started to display an interest in the counsellor's life outside the sessions, for example asking her before one of the breaks where she was going on holiday, who was she going with and so on. He gently chided her when she did not answer.

The counsellor was unsure whether to speak of this now evident erotic transference on Mr E's part. It did not seem to be a problem, in fact Mr E was positively blooming in the counselling. She feared that addressing the sexual nature of their relationship would be disturbing and confusing for Mr E. He might experience it either as a sign that the counsellor disapproved of his

sexuality, which would have been a repetition of his relationship with his mother, who had never affirmed his attractiveness or potency as a man. Or he might feel the counsellor was trying to involve him in some sort of illicit sexual relationship, this time a repetition of his mother in a different guise, as an Oedipally alluring figure who was trying to entrap him.

The situation came to a head in the session before the first Christmas break, when Mr E came into the session carrying an expensively wrapped gift box, which he offered to the counsellor, saying, 'I've bought you a little gift to say thank you for all the good work you are doing with me.' He added that he would like the counsellor to open the present when she got home. It was tempting for the counsellor to simply accept the gift and get on with the session, but she knew that she needed time to try to reflect about its meaning and implications for the counselling. In order to give herself time to think she thanked Mr E for his present, and said she would put it down on the table next to her for the time being. Mr E was a bit surprised by her reaction, but he sat down and started the session.

As she gathered her thoughts together over the course of the session the counsellor realized she was caught in a dilemma. Her first thought was that she had no choice but to accept Mr E's present, for her to refuse it would be a crushing rejection. However she was an experienced enough counsellor to know that it is never advisable to act under a feeling of compulsion, as one is bound to be acting out some aspect of the transference. Once she allowed herself the thought that she did have a choice about saying no, she could then see that, in fact, she also felt very uncomfortable about accepting Mr E's gift. It was not so much whether she should accept any gift from Mr E - after all giving a gift at Christmas is part of everyday, polite behaviour - it was more about the expensiveness of the present and also the manner in which he was giving it, giving her no choice about accepting it and furthermore asking her to unwrap it when she got home. The counsellor realized she felt controlled by Mr E's actions, that she was being tacitly forced into a certain kind of relationship with him. This relationship was clearly an erotic one, and the counsellor now felt it was important that she did not accept the gift, as to do so would mean that she was colluding in and encouraging him in his erotic transference towards her. In effect, she concluded, by accepting his gift she would be stoking up his sexual feelings only to inevitably let him down every time she ended a session, went on holiday and, indeed, came to terminate the counselling. To accept his gift would then be tantamount to acting like his past girlfriend, who had gone out with him, only in the end to betray him, or like his mother, whom Mr E felt had rendered him unable to cope well with living in the world by making him too dependent on her.

The content of the session lent further weight to the counsellor's musings. There was a story of his need to placate a controlling female boss at

work, who used her authority to belittle and humiliate him. Mr E also spoke of another female colleague at work whom he felt was leading him on by making flattering comments about him, but, he said, 'she's only doing this because she wants something from me, she wants me to help her with some new software for her computer'. The counsellor felt these stories of being controlled, humiliated and exploited by women were a commentary on how he might experience her, and that accepting his gift would only serve to distract from an exploration of this negative transference.

The counsellor waited for a suitable opportunity before the end of the session, and then said that she wanted them to think together about his present to her. She thanked Mr E again for his gift. She said she would like to accept his gift, and appreciated his gratitude for her help. However, she also thought his present expressed more than his gratitude towards her, that it also expressed his wish to have a relationship with her, for her to become his lover, and that was not possible. For her to accept his gift would therefore mean that she was leading him on, and promising a relationship with him which she could not give him.

Mr E was crestfallen by the counsellor's response. He said he was very hurt by her reaction and felt rejected. However, he admitted that he was now having sexual fantasies about her, which made him feel both embarrassed and frightened. It was a relief to be able to admit to these and bring them out into the open. He could see that it was not appropriate for the counsellor to accept his gift. He decided to take his gift back, and in fact, in discussion with the counsellor, he said there was a woman in his office whom he liked and that it would be a good idea to give the present to her. He left the session still feeling hurt and rejected, but also relieved.

Over the course of the counselling Mr E was able to speak more of his sexual feelings and fantasies concerning the counsellor and to no longer feel so ashamed or frightened of them. Her saying no to his gift reassured him that expressing sexual feelings to the counsellor did not mean they had to be acted upon, and that his sexuality could be accepted by the counsellor without endangering their relationship. He often spoke of her courage in saying no to him as a turning-point in the counselling. He realized he had never said no to his mother in her demand for an over-close relationship with him, nor had his father been able to stand up to her on his son's behalf. He also came to see that in bringing the counsellor a present he was trying to avoid the pain and sadness of the coming Christmas break, that he feared being separated from her. In saying no to his gift, the counsellor had implicitly conveyed to him that she believed he was strong enough to bear the separation from her.

Although he could acknowledge all this, Mr E also never really forgave the counsellor for refusing his gift. By saying 'no' to him the counsellor

put him in touch with the negative feelings which lay hidden beneath his erotic transference. He was angry with the counsellor, indeed hated her for her power to humiliate and control him. Once both the erotic and the negative transference could be brought out into the open, and Mr E was able to see that the counsellor did not reject him because of his loving or his hostile feelings towards her, the positive transference became strengthened and Mr E became more confident and assertive both with the counsellor and with people in the world outside.

Sometimes, as with the negative transference, the counsellor can come across a more intense and overt form of the erotic transference, in which the whole relationship between client and counsellor takes on a sexualized form. In such cases it is important that the counsellor finds a way of managing this eroticized transference in order to preserve the counselling.

Ms F came for counselling at a counselling agency complaining of an inability to sleep and concentrate. She asked to see a female counsellor, but as none was available, started counselling with a male counsellor with a contract of one year. She soon revealed a long history of sexual abuse by her father. Shortly after this she started to speak of her fear that the counsellor was having sexual feelings about her, and this was making her have sexual thoughts about him. She said that between sessions she could not stop herself from thinking about making love to the counsellor, a thought which both excited and disgusted her.

Ms F became very frightened and disturbed by her sexual feelings towards the counsellor. In particular she could not work out whose sexual feelings these were, hers or the counsellor's, and this confusion was extremely distressing. Ms F felt the counselling was now making her worse, for example she had started up again a relationship with an ex-boyfriend who treated her in an abusive way.

There followed a period of sexualized tension, with Ms F finding herself compelled to speak of the circumstances of the sexual abuse with her father, her sexual activity with her ex-boyfriend, and her sexual feelings towards the counsellor. Speaking to the counsellor about her sexual life brought her some relief and understanding, but it also made her more and more excited, and at the same time more and more frightened of arousing the counsellor and hence precipitating a sexual relationship between them. It was clear that at times for Ms F there was scarcely any distinction in her mind between speaking to the counsellor about her sexual feelings about him and actually having sex with him.

For his part, the counsellor considered terminating the counselling and finding a female counsellor to carry on with Ms F. However he also thought

that alongside the alarming nature of Ms F's eroticized transference, there was also a working alliance between them, albeit a rather fragile one. In other words, he felt there was a part of Ms F not caught up in the sexualization of the transference, and to which he could speak in order to make sense of what was happening in the sessions. To end the counselling at this point would then probably be more of a response to Ms F's fear of her own sexuality. Instead he resolved to try and continue working with Ms F and see if these fears could be addressed.

In view of Ms F's profound confusion around sexuality, and her tendency towards thinking in terms of symbolic equation (see Chapter 4, p. 78) the counsellor thought that speaking to Ms F about the sexual component of her feelings towards him would only confuse and frighten her more. She would be likely to experience such an attempt on his part as though he wanted to initiate some form of sexual activity between them, and so as a re-enactment of the sexual abuse. The counsellor decided to help Ms F think of her sexual arousal as a way of coping with her anxiety about intimacy. He took a clear and consistent line of interpreting her compulsion to speak about her sexual thoughts and feelings towards him as a way of defending herself against her wish to trust the counsellor and to be understood by him. This refusal on the counsellor's part to join in the state of sexual excitement and confusion functioned as a kind of Oedipal barrier in the room, reinstating the incest taboo. Over time, the sexual tension lessened sufficiently for Ms F to be able to think with the counsellor about the meaning and purpose of her compulsive sexual thoughts.

The social dimension of transference

We have seen how the client transfers her feelings, thoughts and object-relationships onto the figure of the counsellor. In fact transference can be thought of as the projection of what Melanie Klein called a 'total situation' (see Joseph, 1989), the network of object-relationships which make up the client's inner world, formed out of the events and relationships of the client's early life. These states of mind are both personal to the client, but also part of her family constellation.

However the transference is not only individual and familial, it also has a wider dimension, as each client and counsellor has a social as well as a personal identity. The client's experience, the make-up of her object-relationships and inner world, is a product not only of her membership of her family, but also of a particular culture, ethnic group, social class, gender, sexual orientation and such other. The counsellor will need to keep in mind how these social transferences