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Determinations about countertransference pathology are also frequent: is the analyst's experience "neurotic" or even "psychotic" in a particular instance? This can (and should) be part of the ongoing countertransference struggle, as the examples will show. There is little doubt that the countertransferences here are often "mine" or "neurotic." However, there is no doubt either that ideas about the "wounded healer" and "a good half" of analysis being the analyst's self-analysis must have some real body to them (or else are meaningless or frivolous). A wounded healer without a wound and a self-analysis without the real self are pointless. The concluding chapter will speak more to these and other issues that the case presentations raise.

Extensive patient histories, though important, are not possible here for confidentiality reasons. In what follows there are certain allusions to personal history that have been modified or disguised in an attempt to preserve a relatively accurate representation of their historical relevance to the treatment.

CASE ONE: MS. F

F was the daughter of a once severely alcoholic mother and a father who was a well-known man in certain circles. The parents divorced before F entered her teen years. Her adolescence was also stormy, involving considerable serious drug activity and acting out. At one point F had been sent away to school and then to a psychiatric hospital (which she described as a "country club"). Following that she ran away with a boyfriend, and continued to live in a countercultural style she still valued. A creative individual from a cultured background, she ultimately married a man whom she had worked with artistically. F was a working mother, who presented with marital, family and sexual concerns as well as Jungian interests.

1. Course of treatment and countertransference

Patient

About a year before actually entering analysis, F called to inquire about an appointment.

Countertransference

I was eager for new clients and hoped to sign her up.

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She then launched into a description of a deeply felt, quasi-transcendent, “nature” experience.

I was uncomfortable with this “instant” phone intimacy and couldn’t get with what she was talking about, though it sounded important to her.

F then asked, “What do you think about that?”

Actually, I thought she sounded pretty “spacey”—a flower child? Wanting a new client, I tried to respond with something relevant.

[An appointment was set up which she later cancelled or did not show up for.]

My image of her (or the failure of my answer) seemed confirmed.

Discussion

Much is going on in analysis even before the first analytic hour. The analyst is immediately giving and getting impressions; he needs to be ready to work. As Jung notes in terms of the transference, “Often it is in full swing before he [the analyst] has even opened his mouth” (Jung, 1946, p. 171n). This is equally true for the countertransference. Already I had a personal agenda that, however understandable, colored my responses—new patients. Already I had begun to form an image (“flower child”) of this unseen patient. Already, perhaps, I had flunked her first test of me.

These early images, in both directions between analyst and patient, have an almost tangible quality to them (a “feeling” as well as a visual image) and might be called “feeling images.”¹ They are subject to pre-existing transferences and countertransferences. From the therapist’s perspective, there is a readiness to imagine and feel a patient, perhaps like a mother expecting a child. The “idea” of a patient, which starts to be filled in by introjections and projections, then adjusts and moves over time.

2.

Patient

[Some months later, at a showing of some Jungian movies, I noticed this very attractive, dark-haired woman at the end of my row.]

Countertransference

I had a fleeting fantasy of having an affair with this beautiful, Jungian-oriented female.

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During the audience discussion she said she had briefly visited the Jung Institute.

More interesting still. At a younger age I had made a lengthy pilgrimage to Zurich.

Discussion

Not just the patient but the *therapist* brings his entire “self”—neuroses, wounds, needs, soul, etc.—to the analysis. This in turn becomes part of the analyst-patient mix in which “both are transformed” (Jung, 1929a, p. 71). The theme of the “other woman” was one that cropped up with some frequency in my dream and fantasy life. This took the form of a rather conflicted yearning (as I was married and a father) to “fall in love.” The other woman in the fantasy was often a creative or poetic type—sometimes a psychologist. Here we have someone who can fit the fantasy bill for me: an attractive, “psyche”-oriented, “anima” figure (in Jungian terms), who may even have gone on the same inner/outer quest I had.

3.

Patient

At the end of the final intermission, she approached me and introduced herself, noting we had talked before.

[Moving into a professional persona, I said, “Oh yes, perhaps we could talk briefly after the movie.”]

At the end she was not there.

Countertransference

I was undoubtedly pleased when this woman of my fantasy sought me out, and that we apparently knew each other...

...but tried to act neutral

I was puzzled by this disappearing act, after the breathtaking fantasy she had inspired. I wondered again if she was kind of “spacey.”

Discussion

Thus a pre-analytic countertransference fantasy is, to repeat Jung’s words, “in full swing.” In this case there is a constellation of my needs and conflicts. In retrospect, my earlier, haughty

critique of F's longing for a quasi-transcendent "nature" experience was partly related to my own yearnings for the "mysteries" of romance. In that sense she was no more "spacey" or naive-sounding than I was. Her elusive quality and sudden disappearance may have fit the countertransference situation both archetypally (the mysterious anima) and personally (my own fleeting feelings and fantasies).

4.

Transference

Some months later F called again, at home. She said she had a new job with insurance coverage that would soon come into play.

She asked me: 1) if I ever reduced my fees, and 2) if I would see her now but postdate it for insurance purposes?

[I replied that I had on occasion reduced my fees.]

[About the insurance I replied, "That would be fraudulent" and I therefore could not do it.]

Countertransference

I was not unhappy she called. Phoning me at home felt overly intimate, but I had the number on my tape.

As when F had first phoned, I felt pressured to answer important, loaded questions I was not ready to answer.

I did not want to reduce my fees but wanted this new patient for financial, training and perhaps "anima" reasons.

I was struck by the adamant quality of my refusal to commit "fraud"—I could have just said "no" politely.

Discussion

The patient begins to "push" further into me and is met by some confused resistance. Even with (or perhaps especially with) a desirable client the mutual analytic "engagement" is quite taxing. So it usually takes time and a more definite commitment before I can let a patient "in." This is a boundary phenomenon. With this patient, however, I am already "constellated," so to speak. My almost self-righteous stand on insurance fraud was partly an effort to control my guilty fantasies about breaking the "law" with this attractive patient: I wanted to remind both of us that I was "all business."

But, while I was struggling with my vulnerability to a fantasy seduction, it was interesting that F had *immediately* asked for special treatment, even collusion. My moralistic tone was not only for self-control or “frame” reasons, but because she somehow pulled that right away. Though I didn’t know it at the time, F needed someone “to do the right thing” on her behalf, or at least fill a patriarchal role.

All this was taking place before F had had one hour of actual analysis. Indeed, all of this discussion ideally should have taken place “in the hour.” These nuances of neurotic/complementary countertransference, patient/therapist resistance, boundary penetration and container formation are dimly conceived at this point, yet they are entirely in operation.

5.

Transference

In our first session F said, “I’m in a lot of pain...I’m good at being strong or surviving, but I need a place like here not to be strong.”

She then mentioned ambivalent feelings about her father. She was angry at him but half-jokingly said, “Don’t ask [about him]... Ask me something else... I wish he’d call....I need to leave.”

F next spoke of her longing for a “male deity” on an inner level

She spoke also of “a sexual thing with male friends...longing for love, approval, a narcissistic kind of feeling.”

She wanted to feel “special” and wondered if I’d been watching her out the window.

Countertransference

I was impressed by her psychological-mindedness and openness here and throughout this initial meeting.

I wondered about an actual incest situation with her father.

Would I figure into this fantasy? Could I? This had appeal for me.

Indeed. I wrote down simultaneously in my notes as I listened, “I feel a sexual pull towards her.”

I hadn’t been (but I had noticed her from “afar” at the movie).

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She imagined but had no memory of incest with her father or eldest brother.

Perhaps there had been incest.

Money matters felt "sleazy, secretive and connected with father, like sex."

When she linked money, sex and father, I wrote down in my notes, "Oedipal?"

[F then asked for a fee reduction.] What to do?

[I hedged, acknowledging F's financial concerns and asking a few pertinent questions. I suggested she make a budget so we could then look at the fee situation.]

I was conflicted about the fee issue, wanting to maintain the correct stance for analysis rather than simply granting this needy, "appealing" woman her every wish.

Discussion

The whole analytic relationship, from history to fees to countertransference, was heavily colored with incest issues from the very beginning. F moved speedily past any social taboos; of course my fantasies about her had moved right along too, to say the least. I was trying to hold the line on the analytic container and on my feelings. It was interesting how my "other woman" fantasies seemed to jibe in general with her "other man" fantasies (whether that man be a deity, friend or family member). These parallels in patient and therapist created potentials for a confusing, incest-like area of "mutual unconsciousness" and for spontaneous combustion in the analytic vessel.

6.

Transference

F gently but rather persistently complained that I had "promised" her a reduced fee.

When I asked instead what a fee change might mean to her, F said she would feel powerful and special, not "helpless" and somehow obligated to me.

Countertransference

I kicked myself for in effect offering the option, if not "promise," of a reduction.

She already felt "special" to me—too special I thought. I was trying not to feel helpless and in her power.

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"I could leave," she also said with a laugh, "if you don't do it." I hoped she wouldn't and doubted she would, but I felt a bit threatened. [However, since F could afford my fees, I decided not to reduce them.]

Discussion

I was still trying to recover here from my previous mistake of trying to "seduce" new patients, especially this one, into analysis. Unbeknownst to her perhaps, she had the "power" to toy with me to some extent ("I could leave"). In fact there was on her side some apparent flirtation going on and more unconscious pressure on me here to do the "wrong" thing. This was successfully resisted, as F's next dream seemed to indicate.

7. Patient's dream

Standing in front of the kitchen stove in the house I grew up in. A doctor is hugging me sideways with his arms around my waist. I felt proud and good.

Transference

F associated to the kitchen as "Mother's little place, Mother's element," where she used to be "in control, then in a [drunken] stupor."

The doctor was a kindly one she knew and with whom F felt "valued and central."

Countertransference

I silently associated to another dream, the first of the analysis: F was with mother in a hometown mall and a teenage psychiatric patient began to throw up everywhere.

I was glad the "doctor" (i.e. me) was imaged as not hugging her too sexually.

Discussion

A positive therapeutic "holding" and incest containment (acted out by us around the fee dilemma) seems to be confirmed in this dream coupling—intimate but safely non-sexual and entering into the narcissistically damaged mother area of childhood. The patient dreams of what she needs or what she's getting. The dream can provide not only an image of the patient's private,

inner world, but of the analytic situation and countertransference as well. I chose to see this mainly as a commentary on my “frame” interventions (a “secondary derivative” in Langs’ terminology). Furthermore, just as the vomiting adolescent might represent the “inner patient” in F’s first dream, so perhaps the “inner healer” pole of Groesbeck’s “Wounded Healer” archetype is portrayed by the doctor in this second one. The sideways embrace (and my asexual “relief”) are interesting, however, hinting at the incestuous “left-hand” *coniunctio* connection in this early stage of the analysis (see Jung, 1946, p. 217).

8.

Transference

F described a number of “lost waif” dreams and her own hatred of the child within.

A few days before, F had had an abortion but felt unsupported by her doctor and husband. She said she had called me but my answering machine was broken and cut her off.

In session she began to cry very quietly but I didn’t see it. She told me she wanted me to “intervene” more.

Further wish-fantasies: “Just you, your wife and me, no kids or other patients...Dad kidnapping me to show that he cared.”

F asked for more frequent sessions at a reduced fee.

[We looked at her finances and I agreed to let her run a bill for the added sessions until she could pay me in a couple of months.]

Countertransference

I wondered if I could help her, and was disturbed by her self-hatred.

I felt guilty and professionally inadequate about my apparent empathic failures with this so obviously wounded, “lost child” client.

I wanted to protest in my defense that she made her pain hard to see.

I worried, doubly guilty, that my erotic interest crippled my ability to give her the exclusive empathic attention that she desired.

On the spot about the fee, again.

I felt a strong pull to repair my empathic failures, self-esteem and guilty conscience by granting her fee request.

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Discussion

The pressure on the outer “frame” of analysis, fueled by outer and inner needs of both parties, was intense at this point. On the external level, it was realistically dealt with in a compromise formation—she required more sessions at a fee she could afford. F’s protest about what Kohut (1971, 1977) might term “self object” failure, no matter how historically driven, has eroded my selfconfidence, already weakened by guilt about my erotic countertransference. There is a combination here of her projections (or expectations based on experience, really) and my tendency to a sense of guilty inadequacy. Somewhat akin to the idea of the projection “hook,” this can also be further described this way: the analyst introjectively identifies along the lines of his own complexes.

9.

Transference

F described feelings of admiration, trust, and attraction for a man in a position of authority at work.

She was excited when he admitted having (undefined) feelings for her—to her this meant he was “vulnerable” and she could have some “power” over him.

She fantasized that I would be “jealous” about this and hence also vulnerable to her.

Next F sheepishly told me she had sexual fantasies of being with two men at the same time. She had literally enacted this in the past with her husband’s participation and apparent encouragement.

Countertransference

I knew of this man, who presented himself as very self-assured. I didn’t like him (especially now).

Though I thought this image/experience of him might be a transference displacement (from me), I still felt inadequate compared to him and relatively “powerless”

Was I jealous, as she suggested? And was she some kind of mindreader?

Pinned down by her intuition and turned on by her fantasies, I did feel vulnerable to her. I felt relieved that her attentions were directed elsewhere—it would give me time to pull myself together.

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Discussion

The patient's unconscious will not only induce or infect the analyst's, it will then see right through it. This is the source of the attribution sometimes made to difficult patients: they have an uncanny and embarrassing knack for finding the analyst's weaknesses. I am here struggling without much success to conceal this and be comfortable with the countertransference position I find myself in. At times this is a question of endurance. As Jung says, "Difficult cases are a veritable ordeal" (Jung, 1951a, p. 116). Her two-man fantasy, here in its most recent edition, is being enacted with the supervisor and me. In a general way this was not unlike my own two-woman issue. The countertransference, again, is an amalgam of her fast-moving, potent projective identifications and my pre-existing, parallel tendencies. The therapist's readiness to feel a certain way can be worked over by the patient, seemingly mercilessly.

10.

Transference

After canceling a session, F said, "I missed you...I couldn't enjoy the flowers without you... I never want to go without two sessions [per week] with you again."

Countertransference

This sounded pretty romantic to me. Her dependency seemed positive but I feared I could not meet it properly, due to my own "romantic" fantasies. I worried that her need to feel "special" should not be met by my (incestuous? re-traumatizing?) desires.

Discussion

These are continued efforts to contain and re-route the countertransference to fit the patient's perceived need. But the analyst's feelings cannot be artificially altered or role-played. Changes have to be authentic—and the patient has to wait. Actually my attempt to provide nurturing rather than sexualized eros may reflect her own confusion of the two (due to an actual or emotional incest situation or, along the same lines, her father's difficulty in separating the two). If so, I am now carrying this "boundary" conflict from her psyche and history. By holding and

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struggling directly (personally, as it were) with the patient's conflict, the therapist may also be embodying a growth tendency in the patient that is trying or starting to form. Thus the analyst's "infected" state might also be called a "prospective countertransference." One hopes that the appropriate, needed response is in the making.

11.

Transference

Referring to someone she knew, F said, "I don't think I can hold someone—how much I need that from you!...If father could only have admitted his weakness. I see him as being totally false.... I don't trust anything."

She went on, "The blank screen can't be genuine.... If I had power over you, I could trust you more."

Returning to the "other man" theme, F noted it was tough to separate "friendship from the physical.... He [the man] gets involved."

She added, "Why would he want to befriends if it wasn't sexual?"

Countertransference

I struggled internally with the questions: can I hold her properly, should I admit my "weakness," am I "totally false" and hiding behind a professional persona ?

I felt almost overwhelming pressure here to confess my attraction, inadequacy and her power but...

...who was she talking about? Me, father, friends? And would such a self-disclosure be the trust-engendering "holding" she requested or...

...the opposite? Namely, another reminder that her only value was sexual.

Discussion

The therapist is now in a cloudy state of near-total introjective identification, trying to find some footing. The line between "neurotic" and "complementary" countertransference is blurred. But the blur between "sex/friendship" may in itself be "syntonic" with F's similar confusion. Disclosing countertransference reactions to a patient is a dicey issue, requiring intuition, subtleties of feeling and, in my opinion, reserve². Particularly when the therapist feels muddled, containment would seem to be

the rule, as the possibility of acting out is strong then. Early in the analysis this might especially be the case.

12.

Transference

[As this session continued, I noted to F that there did seem to be "some sexual attraction in the field between us."

[I suggested this field paralleled that between her and her father, and that the feelings were mutual between them.]

F said, "I don't want it from him. I don't want to want it. I don't think I should have to...I don't want to love him again. [Why?] I just want to shut the door."

Countertransference

Unwilling to admit "weakness" as my own, exclusively, I do at least acknowledge the sexual dimension she's been alluding to.

My countertransference-based, transference interpretation felt accurate but possibly self-defensive under these circumstances.

I had some feeling I was pushing her to admit that she did love and have sexual feelings for her father.

Discussion

There is an attempt here to make some sense of the complex transference/countertransference interplay. It is again unclear if, in wanting F to "accept" my interpretation, I am: 1) acting out the father's side of an incestuous relationship, or 2) trying to get her to "admit" having feelings for me (in the guise of father), or 3) trying to get her to admit what I wouldn't (attraction to her). A countertransference-based interpretation, such as this was, needs fairly close monitoring as to its deflecting, defusing value. The interpretation may be true, or even desirable to relieve a murky situation, but it may simultaneously be defensive or disengaging. Plaut's ideas about "incarnating" the archetype and SchwartzSalant's on "sacrificing" interpretations may be relevant here. On the other hand the analyst's relative "safety" (and the patient's) can be relevant too (Plaut, 1956, p. 157).

13. Countertransference fantasies

F's father then happened to be in town and she was late for the session. As I waited, I speculated in writing:

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More confusion about times:

- *retaliation for sexual-father-approval linkage?*
- *to see if I'm keyed up and reacting, or jealous?*
- *Or because I didn't act more human or less "blank screen?"*

Wants firm bounds against sexual exploitation she also sends out or has been recipient of.

Fantasy: something happened with father. Father said she couldn't go/ come.

[20 minutes late] Fantasy: quitting? Fantasy: battle over missed session? (I'll note and maybe not charge, probably will charge if she was not just unclear.) Unclear due to my not setting firm bounds (2X/week) she needs?

To see if I'll call her? I imagine she'll be huffy that I didn't, though she missed the session."

Session

F arrived 25 minutes late, saying her lateness felt "dissociated." She spoke of retaliating against her father and husband for talking just to each other, and not to her. She thought her lateness might be a response to my linking sexual issues and father in the last session. She wanted to see if I would go overtime, to see if I was thinking about her. F said: *"I want you to fall in love with me, but need you not to."*

Discussion

Analytic sessions begin psychologically at the appointed hour, and a patient's lateness may be fruitfully used by attending to the countertransference that is inevitably generated. The therapist's hypotheses, self-states and fantasies fill the vacuum of the patient's absence, forming an image, accurate or inaccurate, of what is in the patient's mind.

Here my fantasies mostly correspond to the feeling states and needs she subsequently reveals. A syntonetic countertransference emerges from a boundaryless place, which paradoxically results in a clear, bordered one. Even as I continued to ponder boundary issues before her arrival, she defined in a succinct and profound

way the *exact* (and paradoxical) type of boundary she needed: "I want you to fall in love with me, but need you not to." This was the very countertransference I had been struggling with.

14. Patient's dream

I am smoking pot with S [her male friend/higher-up at work] and I touch him. I'm hanging around, waiting for him.

(Associations: "I feel touched to the core by his directness".)

Transference

F said, "I feel like a spider, trying to lure you in with talk about sex." She first felt shame, but later added she didn't feel "accused" by me (i.e. guilty).

She said she still wanted to "deny" positive feelings or needs for her father.

F said Mother was institutionalized, "possibly schizophrenic," when F was young.

Countertransference

I didn't really think of F as a spider, but she did continue to have a certain bewitching effect on me.

I asked myself, "What about the 'missing Mother?'—little said about her."

As if answering my silent question.

Countertransference notes (post-session)

"Aware of feeling less tension in session. Partly due to my exhaustion? But perhaps more due to less sexual tension making things less exciting. The sexual issue, promise was gone. Indeed I did feel a little jealous that she was feeling this authority and fertilization ['touched to core' in the dream] with S, not me.

Here I am, midlife, balding, tired, wife pregnant, cancer under my arm yielding deep intimations of mortality (as well as fathers' deaths)³. And I am getting a charge out of this attractive, fairly swinging, sometimes available 'Jungian' female.

Though I told her it was 'analysis only' here, her 'I want you to love me but need you not to' has been acting on me directly. I was indeed disappointed that, in my fantasy at least, this woman was not directing her charms toward me. I felt the loss."

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Discussion

I *had been* lured in. She felt guilty about it, though she had astutely recognized its necessity (i.e. “want you to fall in love with me...”). I am finally able to admit it “out loud” to myself here. Admission of the so-called “neurotic” countertransference allows its amplification-clarification: my mid-life issues are then seen to fit the patient’s “love me—but don’t” transference program to a T. Furthermore, I can then “participate” in that emotionally corrective program more readily. With this shift too comes the idea of the mother in her associations and mine. This may have something to do with the downturn in the sexual dynamic—from father to mother.

15.

Transference

F discussed her own psychiatric hospitalization as a teenager.

Her father, court-appointed guardian and stepfather had accused her of promiscuity as a teen, she said.

Countertransference

I saw F as a sexually available, wild teenager, like girls I’d known in the adolescent unit of a psychiatric hospital where I once worked.

I thought of Salem “witch trials” and imagined these men were projecting their own desires into her.

Discussion

While it is one thing to hear about, it is another thing for the therapist to “see” the patient in time. Via my own images I could envision F and what her life then might have been like. Perhaps this empathic effort had a different feeling tone than that of paternal figures at the time. On her part F may have sensed that I too might desire, project and accuse in similar fashion.

Part of the difficulty of the countertransference is that the therapist may carry many or all of the patient’s unconscious states at the same time. Thus I could identify with her ego position against the hypocritical “fathers,” while I was also potentially one of “them” (bewitched by this woman, or my anima).

16.

Transference

F described her positive feelings about her friend S and worries that "his wife" might feel threatened.

"It is appealing to me to balance or complement what another person doesn't have. To fill that, in them...the unconscious, intuitive, irrational."

Countertransference

I wondered in a Langsian way if these were references to her situation with me as well.

She certainly seemed to be an "anima" woman to everybody, including me.

Discussion

I was having distinct ideas of reference here. Her fantasy and sometime experience of herself as a hetaera type certainly corresponded to aspects of my countertransference and "other woman" fantasies. From this perspective she is wondering if my marriage can tolerate this. It is not accurate to say, however, that these were strictly "analytic interaction" images—they were simultaneously factual, historical-Oedipal, historical with husband, interactive, and so on. All could be true. As with the understanding of any other unconscious product, countertransference is subject to a pluralistic or "simultaneous" interpretation; that is, there are multiple meanings possible. The question that arises is where to put the leverage.

17.

Transference

[F's husband called to say she would be late for the session. I said, formally, "Thank you for calling."]

Countertransference

I felt uneasy talking to him. A little afraid or guilty?

Discussion

The intimate and eroticized transference/countertransference made me uncomfortable: the incestuous or secret "affair" might be seen by the father-rival-husband-superego. Also the therapist knows the spouse's "secrets" as revealed by the patient.

Numerous taboos and trusts are broken in analysis. The countertransference “shadow” of an analyst is informed not just by neurotic, Oedipal, voyeuristic, power-seeking or narcissistic motives; “original sin” and incestuous guilt are involved.

18. Patient’s dreams

1. *My husband makes sexual overtures to me and I’m aroused. But I can’t because my father is in the next room.*

2. *I’m with you at a round table on a mountain top near a little house at night. People are in the valley below. We may be talking about the previous dream, or my [eldest] brother. You suggest to me that I should sing. My response is, “I guess that would turn down the heat.”*

Transference

About me in the dream F felt it was “wonderful that you’re there ...inside me...in that important part.”

However, she experienced my dream suggestion [to sing] as “turning down the intensity... You are rejecting me, like father ...I feel hurt.”

F felt that heat related to “animals in heat...hard to say it—sex.”

Countertransference

I in part heard these initial statements (“inside me”) as having a lot of confusing sexual innuendo.

Aware of the mutual “heal,” I had been trying to tone things down. I felt badly that I couldn’t, in her eyes, manage the erotic intensity.

I felt guilty for feeling “erotic” and now guilty for deflecting it.

Discussion

Sometimes it’s hard to be an analyst. The first dream shed light on the father complex interfering with F’s sex life and eros. It perhaps had some bearing on my earlier countertransference discomfort with F’s husband as well (see section 17, p. 55), with me as the interfering father. I did not want to embody or perpetuate the apparently incestuous father relationship, but feared I was, through my induced or predisposed countertransference.

Yet it was plain from the second dream and the in-session innuendo that diversions from the heated transference/countertransference *eros* were looked on critically by the dream ego (I had thought my asking her to “sing” was not so bad, given her narcissistic issues). To be in a client’s dream poses again the subjective/objective dilemma in understanding: is it me or is it the “therapist” imago—or is it both? Or is it perhaps, from a slightly different perspective, a necessary “grounding” of the transference for the analyst to be deeply caught up in the countertransference?

19.

Transference

F said she had called my answering tape to “hear” my voice after a big fight with her husband. At the end of the session, she suddenly asked if she could call me at home, if necessary.

[I said, “My number is there on the tape.... People have been known to call me.”]

Countertransference

I felt hamstrung, again. I didn’t want to appear cold and I knew her dependency needs were emerging, but this was not quite an emergency and it didn’t feel right to meet this request.

My remarks felt “undecided” to me (as they in fact were) and sort of asinine.

Discussion

This was somewhat like previous “frame” pressures—reduced fees, insurance, etc.—in which she pushed, then I felt pulled because of the strong countertransference, and finally I set a limit. Only this time I split, and confusingly suggested one thing while feeling but not quite admitting another. This was the first in a series of sessions in which I seemed to fail F empathically.

Working from countertransference or any other position requires making many delicate “feeling” decisions in the context of the patient’s transference states. Mistakes are inevitable, and maybe even necessary. The failure here was less in the choice per se than in its ambiguity and inauthenticity.

20.

Transference

At the end of one of several sessions in which she had wept occasionally, described lost-child imagery and noted how "inept" her father was emotionally, F asked if I had anything to say about what she'd just said.

[I said, "I don't think so," but did remind her of an upcoming time change.]

Countertransference

I felt a certain demand from her to comment but was unable to "tie the threads" together.

I was aware of time running out in the hour and recalled times when my own analyst never said a word.

I thought she might be mad and that I might have seemed abrupt, or withholding.

Discussion

I seemed to be demonstrating and probably embodying the same ineptitude her father reportedly had in earlier times of abandonment. I had felt worthless when my analyst said nothing. Whether or not there were residual angers or identifications from my own analysis or whether this was a complementary "negative father" (or mother) countertransference, it would still be experienced as an empathic failure here and now. Mistakes come from the analyst and cannot be rationalized away as patient "induction." However, they may not be mistakes of blind "countertransference." Rather, they may be "speed" problems; that is, mistakes where the therapist is not quite up to speed in his processing. For example, here the empathic countertransference fantasies are moving in the right direction, toward a syntonic understanding (how I once felt, how she might feel), but I don't quite make it.

21.

Transference

Angry and wounded, F said in the next session, "I see you fused with my father."

Countertransference

I knew I had hurt F, however inadvertently, with my holding or empathic failure.

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Like him, I gave her only “structure” but not support, and like her father and husband I was essentially “powerless, helpless and weak.”

As she dressed me down, I was reminded of a mentor’s remark about how vital it was to be able to really get mad at his analyst.

She felt “lost in the crowd” of my other patients. She cried copiously and noted her “terror that if I don’t get attention, I won’t survive.”

While she wept, I felt the impulse to reach out and touch her on the shoulder in a kindly way. I decided it would be inappropriate to do so.

Patient’s dream

Her husband’s good friend had full breasts.

[Associations: this friend was one of the “other men” she was attracted to. She recalled the dream with disappointment after expressing her doubts about me and other men: “Is this how men are? Fuck men. There’s this hole in men.”]

Discussion

My recent mistake(s) fortunately resulted in therapeutic movement, thanks to her steadfastness (and perhaps her compensatory dream). She was trying to move into a position of trust with me and I seemed to keep flunking it. I was unclear why I kept missing her needs of the moment. I appeared to “be,” or be re-traumatizing her like, her presumably incompetent, formwithout-substance father. As in the dream, the idea of nurturance was somehow tied up with the male, and with me in the transference (and with sexuality). My impulse to reach out gently, though not acted upon, indicated I had temporarily at least got to the more maternal, less breast-less and less rigidly paternal place she needed. It also corresponded to various dreams and in-session feelings where F had felt “touched” (by me or Mr. S, her supervisor). Thus what may be seen here is a movement from an empathic failure to what might be called a compensatory or corrective countertransference. If the therapist is really embodying certain aspects of the client’s psyche, then such shifts in the therapist may have modifying effect on the constellated complex(es).

22.

Transference

F described her father being a member of a well-known public figure's entourage.

She then added, "You may have read some of his [her father's] books,"

She then looked around my office to see, she said, if there were any of them there.

Countertransference

Though she'd once told me this, I now "realized" I had indeed heard of her father.

I hadn't, but I suddenly recalled there was one on the shelves when I was growing up.

I was struck by the parallel history and these space/time shifts between us.

Discussion

This interesting coincidence caused a dynamic shift in my image of F. First, I "saw" her background as more sophisticated than her anti-intellectual persona let on. Second, I began to see it, and her family, as very like my own. Before, I had tended to see much of her experience as somewhat alien. Now, as I reflected further on it, I could see strong similarities not only in terms of cultural milieu but quite specifically in terms of certain political, philosophical and even personal factors. There was some parallel history. Somehow this hadn't dawned on me consciously until this rapid oscillation of in-session associations between her and me took place. Though there were differences in degree perhaps, the alienated "inner patient" in me could now hook up with this actual patient much more deeply. Matching histories or backgrounds are not necessary for this to happen, but they can help deepen the identification when they occur.

23.

Transference

In the next session F mentioned "potholes," a dead rabbit in the road and construction workers hooting at her on the way to session.

Countertransference

I played internally with the idea of her analytic "path" and imagined this college friend of mine who acted like these workers.

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She looked at my license on the wall and asked about my background.

After expressing her desire for "an emotionally available, regula r,nurtu ring figu re," F added that she wanted to be an analyst, too.

Given her recent criticisms, I heard her credentials check as critical of me.

"Probably be a better one than I am," I thought, feeling depressed about t my ability to give her a motherly agape rather than a lover's eros.

Discussion

The basic trust issue continues. In the wake of recent empathic failures and my desire (perhaps imaged, respectively, by the rocky road with dead rabbits and my whistling construction-worker inclinations), I sincerely doubted my ability to be emotionally trustworthy. However, even this seemingly private woundedness could have been relevant to F's hurt feelings or her own parents' similar doubts. In fact what later became clear was F's powerful guilt and despair about her failure to "cure" her own mother. Countertransference states do not seem to be discrete—they are fluid, and simultaneously operating at different levels. Thus, here, there is something like a "triple" countertransference: my neurotic-depressive one, a complementary one (me as failing parent), and a syntonetic one (like her, I feel inadequate to cure the person who needs it).

At the time, though, what I experienced was the truth of her accusations (section 21, pp. 58–59) about my typically male incompetence, much as I heard her credentials check as criticism rather than a desire to be "just like me"—an analyst. It may be important for the therapist to experience such depressive states as really "his own"—to be truly "infected," or truly *in* his own inner "patient"—in order to ground authentically the healing process.

24. Patient's dream

There's a Tarzan-like, beast-man in my mother's rose garden. I say, "He's learned to speak surprisingly well"

I call you on the phone, then wonder, "Why are you calling him?" You react like you've been at a wedding and are drunk, though you're not. You tell me about the wedding as a way of telling me you can't see me. You have to have a tooth extracted by Dr. X.

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Now we're in the living room with your wife. You still are really helpless. Me and your wife are figuring out how to pull it together. You're sort of out of control but it feels good that the women are pulling it out. I feel close with your wife.

Countertransference

Transference dreams may first of all be checked for countertransferential truth. I wondered how I might be linked to this primitive Tarzan figure, but decided it connected with her mother. However, I was dismayed by the objective viewpoint that I was "out of control" like this, and F and my anima-wife were trying to help me out. The image certainly corresponded with some of my guilty feelings about not being "good enough" as analyst or even as a person. I felt embarrassed too, within this identification with her dream-healer, that my patient was caring for me, not vice versa, and sardonically noted to myself, "She is working with my anima, in solidarity, even though I don't know what the hell I'm doing."

Discussion

As indicated by my embarrassed, guilty identification, it seemed we were at the point where the transference had really "taken." I was hooked by, and my own feelings had provided the hooks for, her projection *and* what it was aiming at—namely, the rehabilitation of the drunken, out of control or helpless nurturer/mother/ father/therapist. I wasn't sure which, though I thought the mother was herein more implicated due to her alcoholic history. If F's dream of my "wife" did refer to my anima, then it was promising that F was positively linked with my unconscious while my conscious position was indeed that of feeling weak or powerless (to use her terms). Such "countertransference defeats," difficult as they may be for the therapist's ego (or his grandiosity), may often be necessary.

25.

Transference

F said she liked the above dream picture of me, not in my rigid, father-like "work" persona but my "real self."

Countertransference

I didn't like it one bit. I felt very uneasy, and a bit wounded that she saw me as "unreal."

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Her friend, S, was changing jobs and “desperately desired” F to join him. F “loved being so wanted.”

She spoke to me of the “firm strength not to need the boundaries...not denying yourself your need to be taken care of.”

[I suggested her desire for me to open up was about her anxiety and need to open up her own, vulnerable self.]

I felt her right inside me, enticing and working on me to open up, desire and “want” her like S had.

“Who is analyzing whom?” I thought. I fantasized she wanted me to “go first,” to let go a little so she could.

I didn’t like any of this much, and couldn’t accept her apparent offer to assuage my unmet dependency needs.

Discussion

A great, seductive push from her to let my hair down: a difficult task for me to incarnate that but also meet the other need (for me “not to be” seduced or seduce her). So I put the ball back in her court. I felt no real danger of actually acting out, but was resistant to admitting and possibly burdening her with my fantasies. The wanting she wanted—which I thought was early, “child”-like and narcissistic (in a positive sense)—was not the wanting I generally felt, which was more “adult” (hence incestuous in the context of her “child” need). If I “let go,” what she would get would be an untrustworthy and incestuous father, again, or the “out of control” mother. As I wanted above all to be a good parent-analyst to her, I had to contain myself despite her invitation to reverse roles. In the absence of a viable mother, F may have turned to father. This may have accounted for the incestuous-Oedipal feel of our analytic relationship and for the clouded mix of mother (drunk, needing care) and father (too rigid) in the dream and in session.

26.

Transference

After I interpreted in a session F’s need to feel “completely important,” she said she couldn’t with me “because you have other clients.”

Countertransference

She did feel to me like my “most important” patient, or at least the one I most looked forward to seeing, usually.

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Leaving, F said she wanted to talk more about her husband because "he is the most important man in my life."

"I'm not!" I wrote. "Feeling with her of exclusivity, her and me,= very pleasant." Now I felt disappointment.

Discussion

The therapist and patient trade narcissistic needs back and forth, retaliating as they go, as if in a jealous lovers' or siblings' quarrel. The deeper fusion of recent weeks is thus continuing, with elements of a syntonic countertransference.

27. Countertransference fantasies and dream

I awakened at 3 a.m. on a hot summer night and began thinking about F. I then fell into the following dream:

F appears not as a sultry adult but as an 8–9-year-old pre-teen girl. She gets hit by a flying object behind the eye. Though she's unhurt, I worry that she might be embarrassed.

My own son then awoke with a nightmare and I rushed in to comfort him. I noticed the paternal feeling I was having toward both him and F (in the dream of her) and, following this, began to reflect on my own wounds, narcissistic and otherwise, in the aftermath of my own parents' divorce when I was 8–9. I thought, interpreting objectively, that the blow to her head might be my fantasizing about her.

Discussion

This synchronicity of wounds in three heads (F's in my dream, mine and my son's) permits a further differentiation of the sexual from the parental and a still deeper understanding of the complex identification with F. She was even more "part of the family" now. Having incorporated her through the father-book-my housemy office sequence (section 22, p. 60), she is now visioned in my present family, too, and linked more directly with my own child and "wounded child." This marks a further movement toward providing in the countertransference more of what F "needed" and more of what I too felt she needed (however reluctant I was to give her up as an object of desire). The therapist's unconscious, if struggled with, will slowly begin to move in directions the

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patient requires. Also, just as the therapist introjects the patient into his family, so the patient's transference will contain projections that are played out in fantasies about the therapist's family, as noted before (see pp. 55, 60,61–62).

28.

Transference

F took the job in the same place as Mr. S. She was smiling and sheepish with me.

She fantasized that I'd be jealous, that this was like going off with a boyfriend and leaving a jealous father.

She'd "do anything to stay in therapy," and wondered if once a week would be OK.

[At the end, I congratulated her on her new job].

Countertransference

I fantasized she'd leave her work with me.

I wrote of S post-session: "This dynamic dude, older, more confident.... I do feel some competitive loss, her preferring S."

Though she reassured me, I felt the loss.

This felt hollow. I later wrote, "I need to be therapist, not friend, to her."

Discussion

I am fully engaged with her feelings/projections here, and walking the line between being possessed by them and seeing how I was "incarnating" the abandoned, jealous father-boyfriend. Among the more painful aspects of working via countertransference is "joining" up with triangles like these; letting countertransference *feelings* and not just images "lead the way" can be like leading with your chin, as the boxers say.

29.

Transference

Unable to get a sitter, F (unannounced) brought her child into a session.

Countertransference

A test, a concretization? I felt surprised and a little irritated.

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Invited to explore this, F saw me as "rigid and intellectual."

I pondered the "rejecting father" in me. I felt pressure to be nice to her kid.

She added, "Your neutrality bugs me.... There has to be love, too, and humanness in this process.... Accessibility has always been a problem here, like your fees."

Am I such a feeling-less creep? She's trying to force something on me, while also saying, "Don't let me" (as in "love me, but don't") ?

F fantasized about her little girl "doing anything in here." [I said she could do anything, short of hurting herself. I gave her a toy rhino and helped her up one time.]

I rather enjoyed the feeling of her, me and her daughter—the three of us. After the session I noted my fantasies to myself, "I want to be Number 1, not S or her husband."

She was, however, pleased by my "gentleness" with her girl.

I had felt pressure to be a "good" father, and had passed.

Discussion

There is more of the complex "family" byplay here, with me being "familiar" it seemed, across two generations. First, there was the sense that I was her father in this psychodrama and she was observing how I might "be" with her child-self. Second, I was in the place, and enjoying it, of her husband, the "current" family. This was our exclusive triad and my triangular victory. The further deepening into family, on two levels, is also an extension of movements cited above (sections 22, 24, 27). The "analytic marriage," like an actual marriage, consists of the intertwining of not just two persons, but of their "families" (the family history and atmosphere of each, and the family of shared introjects). Searles (1977, p. 470) amusingly speaks of experiencing certain patients as "a tribe" (of introjects). In this kind of analytic engagement two tribes come together.

30. Patient's dream (during vacation break)

My car's been stolen. I drive a similar car, realizing the cops will think I've stolen it. I see a dual-image:

1) My mother driving my car into my father's driveway. 2) My mother being carried into an ICU on a stretcher.

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I see my mother's face all anguished and contorted, and I am wailing in horror. I'm aware I may be disturbing people in this hospital, where babies are also being born. When I look again, she has become a blob of bloody tissue, like an aborted fetus. How can this ever be whole again, be resurrected?

I hear her say "Mama." At that moment it dawns on me that I am not her mother. That's someone else. I can't be; that's someone else's place.

An older woman approaches me and says, "What a shame for this to happen so late in life." I answer curtly, "It's happened before," referring to her earlier suicide attempt.

I realize in the dream I never felt or expressed any of this before, all the horror, wailing, disgust and terror.

[Background associations: "When I was 13, mother attempted suicide at my father's house when my father was away with his lover." When F saw her mother in coma, F had felt she "never could go home again, mother had died, and I had abandoned her."]

F dreamed this obviously "big dream" after the last session before a long vacation break. During the break she wrote me three, unsent, diary-like letters (in one of which this dream was included). She read me the letters and dream in the session after her return, which follows:

Transference

[F decried her "dead" father in her letter:]

"My life is shot through with all my hatred of him, all the twisted eroticism and deprivation. The decision he made long ago to kill his inner self and mutilate the souls of those around him."

About this, F wrote, "I felt the grief wash through me, and the only face I could see was yours and the only hope to break through it."

Countertransference

This was what she projected into and feared in me. It seemed so extreme, I could see that it was not me, at least not to this degree.

This felt like a love letter. I was pleased to be her hope, unlike her father.

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F described her mother's dream-face: "A face, but nothing else. No face. A bloody glob like an aborted fetus."

She then broke down in tears.

I felt tears begin to well up. I recalled the amazement I felt when an analyst actually cried at something I said.

I was pleased my empathy was tuned in, even a touch ahead.

Discussion

In the syntonic countertransference there is both separation here from the projective/introjective identification and a moving emotional connection in depth. The possibility of my face as an empathic rather than a distorted mirror is explored, all this being the opposite of the dream-mother's aborted and father's allegedly mutilated face. Recent efforts within me perhaps permit or at least synchronize with F's being able to arrive in the dream at the healing idea that she need not feel responsible for mother's desperate needs.

32. Patient's dream

I'm in your office, which is in the French Quarter of New Orleans. You're in jeans, more yourself. You're talking to your ex-wife on the phone about your daughter. You tell me about your next wife—she's won awards for "moral purity." Then you're talking to your present girlfriend, with whom you are freer, more relaxed.

We're both looking out the window at fire engines. People are looking up and I don't see the fire. I look closely in their eyes and can only see the reflection of the fire there. They're looking up at our window.

The fire is inside me and I feel it burning. All this feeling and desire and passion that's been trapped in there.

I'm thinking theoretically about a man trapped in the building. How will he know he needs help? How can he be saved if he doesn't know there's a problem?

I'm outside now trying to find your apartment building. A woman inside says it's cool to live here, inviting me in.

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Transference

When telling me this dream, F said she copied it in "blue, the color of your eyes."

[My assorted ex- and "morally pure" wives and the new, "freer" girlfriend]

[The "fires" inside her, being in my office, burning and "trapped" desires]

[The fire engines]

[Swinging New Orleans. Her association: "A Streetcar Named Desire"]

[The "trapped" man who needs "help"]

Countertransference

I liked this but laughed a bit inside: my eyes are green [and love is blind].

Her? Her wish? Is she again seeing through me, to my evolving inner/feeling states?

I felt a rise in my penis and was glad I had a note pad in my lap to cover in case.

I was glad they were around.

I thought how it was dark, late and she was my last patient. A steamy situation.

I wondered if this referred to me.

As the session continued under this (for me) intense pressure, I decided to just hold on, frankly unable to analyze anything at the moment. I reminded her of her "wise" words about wanting me to fall in love with her, though needing me not to. I wrote immediately after the hour that all I could do was "contain, maintain and *appear* neutral." I also noted how I had been tempted in this sultry atmosphere to appear clever, or impressively wise.

Discussion

Under fire of an erotic transference/countertransference the therapist sometimes can only sit on it until he is able to manage it in some way. As Jung says,

the philosophers suffer very much from the intense heat during their confinement.... The modern equivalent of this stage is the unconscious realization of sexual fantasies which color the transference accordingly.

Jung, 1946, pp. 245–246

Further clarification started the next night.

33. Countertransference reflections (next night)

In session: difficult to maintain analytic stance against focussed, very positive transference (erotic). Pressure to share, not analyze this experience with her.

I was also aware not of coldness but of a professional, even, neutral quality to my writing down of her dream—not getting excited.

Fantasy: some question in my mind of my ability to work with her under this internal/external pressure. Will [my supervisor] kick me out of analysis with her?!

(3 a.m.) She=like pornography, though not dirty/sexual, more eros/flame style. She = a siren, seducing me, amongst the others in succession? Fantasy: me, like others, shot down → resentment and anger [several old girlfriends came to mind]—i.e. neg. anima.

She comes on with: looks (demure, looking away), tight clothes, sexual stories (past and present), confessions (like these dreams, letters), neg. relationship with husband, “lost waif” history.

Therefore, my position: to hold on, not reject, not be submerged in non-analytic transference resistance.

It’s awfully nice to be “the man of her dreams” but I notice also a kind of empty quality. Turned on, but where’s the beef of it? I don’t know her, really, nor do I really want to (in that erotic sense). There’s something constellated and exciting, but there’s a flatness in it. There’s not really a question of acting out. I couldn’t imagine it really happening. It hits me in that anima spot—the dreams of the other woman.

Fantasy: this is a test, and she’s got all the burners going. Flattering me, this beautiful woman, in love with me. A test: to not shut her out, defensively, and to not fall into it, non-analytically.

Fantasy (3 a.m.): hers=like a love letter, waiting to be read. Fantasy (now): a kind of torture for me. “Longing” constellated but denied. Fantasy (post-session): talk to [supervisor] soon!

Discussion

When the countertransference gets too “hot,” the therapist has to shut down. Introspection becomes the technical measure to get oneself started again. There was a sense in which I was with her

—sharing the exciting desires—but also one in which I was behind her: I felt she needed me to be able to handle this high “intensity” more easily. But I was still struggling with the complicated “induction” she had earlier outlined of both falling and not falling in love with her. My above reflections show my circumambulation of this—sometimes guilty, sometimes accusatory, hopeless, tortured and so on. The words of the psychoanalyst Lucia Tower (1956, p. 232) on the virtual necessity of “countertransference neurosis” were relevant if not totally reassuring, as were those of Harold Searles:

I have found, time after time, that in the course of work with every one of my patients who has progressed to, or very near towards, a thoroughgoing analytic cure, I have experienced romantic and erotic desires to marry, and fantasies of being married to, the patient.

(Searles, 1959, p. 284)

34. Patient’s dream

My husband’s friend X—the feeling of him recognizing me, seeing me. He wanted to marry me.

[Associations: “I’m jealous of his relationship with my husband. I wish he’d be devoted to me.” (X was the same friend who appeared earlier “with full breasts”—see section 21, pp. 58–59)].

Countertransference fantasies (shortly after this dream)

Fantasy: S [her work friend] has the big penis and I feel inadequate. This → a push to show her how smart I am and her to approve of it: “you’re good.”

My fantasy: not acting out, but I’m more subtly in this game of attraction and “Will she like me?”—i.e. early seduction. [I have some] reluctance to give up that way of being, though.

And here she is with the love letters, “Fire” in the heart, transference positive, and the triangle challenge (to win her).

Fantasy: I and my wife=her friends. I want to be “special” to her. (She wants that from me, for the right reasons).

What man wouldn’t fall for this sexy, vulnerable woman? And she says she wants to be someone’s anima-inspiratrice. A woman-geisha,

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by your side. Maybe S=not superior, but in the trap. Showing off for her! (this= first fantasy where S is not superior, is like me).

Discussion

As I backed off to work through my side of the erotic fantasy, which had competitive and narcissistic dimensions, she dreams of a man (me?, conceivably) who wants to “marry” her. Meanwhile, I find in me the same fantasy she often had of being “special.” We both wanted to be approved by and “devoted to” one another, it seemed. But until I could get a steadier hold on things on my end, I felt I could not comfortably let her work out her feelings on me—for fear I would infect her with mine. Our complexes were mixing, in order to re-form, but the initial responsibility to work out the mix lay with me, the therapist.

35. Countertransference reflections

The countertransference has kept me from seeing it [certain dream interpretations]. [The idea arises of] free-flowing into understanding of her being more important than a relationship with her played out in session.

This feels like giving her up.

→ parallels with her father, who gave her up too quickly, possibly due to inappropriate eroticism?

→ fantasies about my daughter & giving up and erotic feelings toward.

(one week later) Seeing her as a child who doesn't know what she is doing.

—from a woman to a child in my eyes.

Discussion

As can be seen, a fair amount of countertransference work happens not during but in between sessions. Here, I continue to fantasize about F and find her again linking in my mind with my “family,” though this time with my then two-month-old daughter. These musings are amplifications of the feeling spaces between the patient and therapist. The subject appears to be father—daughter incest. These are the first indications of an authentic movement, however unfinished and glacial, in my various feeling states.

36. Countertransference (before session)

One week later, I received a letter from a former analyst of mine. He told me he was dating a friend of mine who had been a former patient of his. I was disturbed and angry about this, particularly as I was trying to sort out the emotional dilemmas of my often triangulated countertransference to F.

I noticed as I went into session that I was wearing casual clothes like my former analyst's and enjoyed this identification with him—being "like" him. I knew too that F preferred this kind of style (see section 25, pp. 62–63). I had also become aware that I would sometimes think of F as I chose my clothes on days she had a session. For instance, I would think of not wearing a tie so she wouldn't accuse me of being "uptight" or a "square." At any rate she was the woman I found myself wanting to dress for, the woman whose opinion was important.

Patient's dream (in session)

I'm in the town I grew up in. I realize my life is falling apart. I drive about, having missed a session with you. I feel the pain, like in August [vacation], like the forlorn feeling I grew up with magnified 100 times.

I go to your office. Your wife is there. (Though late) I have no doubt you'll see me. We look for a place to meet privately.

Your arm is around my shoulder some of the time, and it surprises me it feels good and sort of protective. I wonder, "Is it OK? Why is he doing it?" You touch me with your hand: maybe that's what I need to heal it, feeling "loved."

Now we're at a dimly lit bar and climb to a loft. We have a romanticsexual contact—I don't remember which? Really spiritual, not carnal I'm on top of you and keep trying to prop up your head with a pillow. There's a hole in the floor under your head. A sense of adventure.

Then there's a change—your hair is thinner, whiter, older. I don't recognize you and desire cools. I'm more aware of you as a physical being? Is this really what I want?

Transference

F associated to some secret sexual meetings in high school with a boy up in his room. He had a girlfriend.

Countertransference

I wondered about her and me, "up here" in my dimly lit office, me with a "wife" (just as he had a "girlfriend"?).

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F spoke of “propping up” her parents and of incest victims “reassuring” their parents,

The older man resembled a suite mate of mine: “a fraud, it was just sexual.”

F felt no boundaries between sex and other feelings. All touch was sexual.

All this was sort of an “amorphous mass” of feelings.

I felt guilty that, again, she might be helping me more than I her...

...and that I was just a dirty young/old man, and she could see it.

[I noted to her the sexual vibes in our meetings but stressed the boundaries here.]

I was reminded of the dream of mother’s “aborted” face.

Discussion

Again in my introjective identification, combined with my own erotic countertransference, I emotionally take on in session the role of the incest propagator. Though this dream had some of the potential “fire” of the earlier “New Orleans” dream (section 32, pp. 68–69), I am now able to draw the appropriate line—in the earlier session I just couldn’t speak. This is a result of: 1) my recent countertransference workings through, 2) the dream itself with its disillusioning conclusion, and 3) arriving at my own disillusioning but strongly felt criticism of my former analyst’s questionable (from what I knew of it), “incestuous” behavior.

There seemed to be important parallel processes in F’s and my mutual disappointments, but perhaps some reassurance in my disidentification from being the one who falls apart or lets her down by being “just sexual.” She seemed to confirm this in the next session, noting she felt “not guilty” about the sexual issue and glad that clear bounds had been set. Interestingly, I did not actually know the details of my analyst’s and my friend’s relationship. What may have been more important was getting to the fantasy of incest, and to the accompanying anger (and jealousy) with the idealized mentor. These feelings and processes would have relevance to F’s situation *and* mine. In incest fantasy there are various painful but developmentally necessary wounds to self-esteem and/or idealization; in actual incest there is a direct wound to the core self, a violation. F too seemed to be getting to a similar realization in the dream.

37.

Transference

F said she wanted to do some work with another, female analyst. [This analyst had recently become my personal analyst.]

She saw this female analyst as an "Earth Goddess" and me as "her consort."

"There's no danger of you not respecting her. I imagine you being able to honor her."

Countertransference

I wondered again if F was psychic, or unconsciously trying to lead me to what I (or she?) needed—namely, a better connection to...

...the Feminine, or a Good Mother? Being linked on equal terms with my analyst made me feel a little better.

However, I also felt less competent, competitive and afraid I'd lose F to her, [I advised against F's idea for now, "maybe later."]

Discussion

This patient had an uncanny knack, or so it seemed, for getting me into awkward, confusing situations. Even if I had felt that simultaneous "multiple analyses" were fruitful, which I did not, this predicament would have been impossible. There was a sense of F either leading me or following in my footsteps. Either way, here was another incestuous, rivalrous triangle in the transference/ countertransference. This one seemed to have a prospective aspect as well in her fantasy of a female/male syzygy (with special emphasis on the feminine). The problem, as usual, was that the patient was so close to home that I was threatened, and had to struggle with it.

38. Patient's dream

I've found a 3½-year-old girl walking in the city, abandoned by her parents. I'm in [hometown] with my family in the dark. I leave in a car, too fast, then on a bike to see you and [the female analyst]. Driving, I realize there are 3 or 4 kids and a baby in my arms in back. I better get up front. I have to hold the baby and drive.

I get there, feeling like a refugee. The first appointment is with her, but

the building's burned down. My feeling is it's more important to see you. She takes me and my husband to your office.

Countertransference

At the time I felt relatively reassured about my decision to discourage her simultaneously seeing my analyst. I noted after session that F tended to project that helpless, incompetent "refugee" onto men, and that I was certainly prone, as in this instance with my analyst, to experience just that. I fantasized that the age of her "wounded child" in this dream jibed nicely with a particular emotional issue of my own at that age. I therefore wrote:

"You get the patients you need," as they say in Zurich, and how. Love/hate. Feel pretty smart and then they take you to another level of need for analysis. I'll have to have my vulnerability out there where she can really stomp on it—[is this] parallel to her own acting out toward her child self?

This is what it's like to be her (syntonic countertransference)?

Discussion

Though it is not a direct path, over time one can see the countertransference deepening and regressing alongside the patient's unconscious. My fantasies, feelings and "countertransference neurosis" had more or less followed a line from adult-romantic to teen love to incest questions to these earlier separation issues. Of course this was only one line of several that could be described, and which surfaced, as did the transference, in a complicated mixture.

39. Patient's dream

You have a totem animal, a fox, and a 10-year-old son. There is a female assistant with you who's kind of neutral, like a eunuch, not much personality.

You and she told my husband and me we won't be able to get ferns until August. The woman said, "You can still plant them, but in smaller pots." I thought, "There's no reason why we need to wait." You asked, "Would you like to talk?" I feel this intense "air problem."

Countertransference

I'd been going through much doubt about my (in)abilities, especially compared to the superior "feminine" qualities that F had seemed to be seeking in my analyst. So this vision of a bland female side hurt some. I was not surprised, though, as I figured F would see me as heartless, as usual, and she did say "eunuch" with what felt like a special, perhaps retaliatory vigor. I did worry I was suffocating her, while trying to rationalize that the dream assistant only asked her to wait a bit.

Discussion

The decision to analyze rather than act out is often hard to maintain under patient and countertransference pressure. She perhaps perceived me as sly (like a fox), my female side as deficient, and my delaying tactics as smothering. What F needed, a life-giving connection to the feminine (internally and via the transference), was certainly not an inappropriate longing. In my experience (and maybe in hers) I was not only the rigid father but the inadequate mother with whom such a less than optimal feminine identification had taken place.

40. Countertransference dream

I'm showing F my cane fly rod. I explain to her its "classic" line and beauty. She doesn't understand the casting—I explain that you cast the line over and over again: "That's the beauty of it."

[My associations: the rod was a gift from my late father, whose father had given it to him—a much valued inheritance, traditional in the best sense. Phallic but fluid. The patient repetition of fly-fishing reminded me of analysis.]

Discussion

The therapist's dreams can have not only an explanatory but a compensatory effect upon the analytic situation. This one seemed to confirm, as I saw it objectively, the value of my more "classic" approaches to analysis in general and to the recent frame/boundary problems with F and my analyst in particular. Subjectively, for me, it suggested a growing connection and dialogue between male/female, logos/eros, new/old. This in turn was possibly apropos to F's self-described male/female

“dichotomies” or “divinities.” In these states of symbiosis or projective identification and counteridentification, it may be difficult to say whether analyst is preceding patient or vice versa, and whether standard sequential paradigms can explain the phenomenology.

41. Countertransference fantasy

I became aware for the first time of something sexual in my feelings for my daughter, then only six months old. Since I adored her, I felt deeply ashamed. I then was able to say to myself: Well, sexual curiosity and even something like a sexual impulse can and do exist between fathers and their infant daughters.

Discussion

And love of any sort may be coupled with some urge to concretize it, sexually or otherwise. In the case of incestuous feelings, the love expresses itself in *not* being concretized, that is, in being sacrificed. Vis-a-vis my patient all this helped me to realize that the distinction I’d been struggling with between sexual and nonsexual love was less self-evident than I had thought. Searles, speaking of “Oedipal Love in the Countertransference,” expresses this aptly:

the beloved parent reciprocates his [the child’s] love—responds to him, that is, as being a worthwhile and lovable individual, as being, indeed, a conceivably desirable lovepartner—and renounces him only with an accompanying sense of loss on the parent’s own part. The renunciation is, I think, again something which is a mutual experience for child and parent, and is made in deference to a recognizedly greater limiting reality.

(Searles, 1959, p. 296)

42. Patient’s dream

Two female therapists, who work for you or something, are trying to tell me the analysis with you is going to terminate—it’s done, I’m better. They put huge mirrors on either side of me.

I ask, “Is it time for me to go?” One woman says, “Yeah, now we’re mixing higher and lower functioning people” and I’m one of the lower

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functioning ones. I start to protest, but the idea is they are normal and I'm not.

I leave, feeling like a refugee. It's the end of therapy and I'm sad and despondent. My husband says, "You have his briefcase." I'm thinking of a replacement.

Countertransference reflections

Pondering this and similar of F's "dreams of me with woman auxiliaries," I wrote:

She was seeing a neutered, sexless feminine in me. Yet could I let her be the anima-enhancer; do I need to let her cure me before or to cure herself? Or do I just contain it quietly or interpret back to her?

A kind of dynamic tension between her push/pull bodily toward me and my showing her [in the fly rod dream] the classic line (patriarchal, to be sure).

[The expressive work F had requested] is limited by my general style, my supervisors, ethics, the sexual transference/countertransference, and her needs (stated by her and perceived by me) for me to not break the bounds.

(Tempted to break bounds?) Yes and no. Fantasies about showing myself off as a "hipster"-swinger, dressing cooler. No: not really, not really worth it, not that enraptured. A fantasy thing really. Not compelled also by my deeper and growing concern for her "child" abandoned, incestuously threatened—much like my own positively sexual, but bounded feelings for [my daughter].

Discussion

At the same time as I in my reflections deepen my capacity to "see" the child, or her as child, F in her dream is experiencing child-like abandonment and rejection feelings. (The latter may have been exacerbated by my cautions, both appropriate and self-serving, about her diluting her analysis with me, which resulted in an unconscious perception that I was uninterested in her "lower-functioning" aspects.) If there is a necessary fusion between analyst and patient, then what the analyst can feel and see in himself—that is, in his own "inner patient" or wounded side—may begin to correspond to a development or potential

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development in the client. In this case, my growing vision and awareness of sacrifice may correspond to her own growing potential not to attack her own inner child, a movement from the negative, incestuous father-animus to a more kindly one.

43.

Transference

F spoke of her relations with men: "trading sex for holding...then I'd be entitled to it [the holding],"

She had imagined peeling her father off her back, "like skin." This left raw skin on which she placed butterflies.

F reported that a growth group leader had invited her to do individual work. She had also once been F's supervisor.

F spoke throughout with a cavalier, "laughing it off" quality.

Countertransference

What I had been resisting—this trading on her beauty. I wondered further about incest.

Bambi. Childlike and kind of sweet, but it seemed to me a little corny and contrived.

I felt angry; a reprise of the situation with my analyst? [I said, "I have the fantasy of you running away and each time I bring you back."]

I felt tired of this and remarked that this style was "painful" and "irritating."

Discussion

The patient's further realizations and images, in this case of the sexualization of her dependency needs, become more clear to her in fairly direct succession to the analyst's seeing more clearly. My more open responses may indicate not just increasing freedom within the countertransference due to recent work, or me as the too-close father—they also show me trying to "catch" that defended or runaway child and "hold" her to her feelings. This in essence would be the opposite of abandoning her, or letting her abandon me. Not letting her ditch me is, in turn, a syntonic and perhaps prospective/corrective countertransference position: F felt abandoned as a child and unconsciously felt or wanted to say, "You can't leave me like this." The analyst, deeply fused, may have reactions the client might have and/or might identify with.

44. Countertransference reflections

Talking about rage, what about feeling it?

— detachment tempers or eliminates rage.

My sense: due to countertransference, her rage will wound me? Her sense intuitively is similar? Therefore, when I can bear it, she will let me have it [anger]?

More and more, the sexual countertransference—as a bridge to deeper, real relationship. If this woman wanted to go to bed with me, I'd be tempted but I wouldn't.

Discussion

The countertransference continues to cycle around to the erotic side, and I worry about how my narcissistic vulnerabilities might limit her growth. This is an attempt to get my feelings out of the way, based on an understanding that her narcissistic “radar” is such that she might repress her needs in order to take care of mine—a repeat of the pattern with the fragile, incestuous father and deteriorated mother.

Thus an analyst makes an attempt to not repeat the pathology by analyzing it: in himself, in the area of apparent fusion of his wounds with the patient's, and finally in the patient separately. In addition to the benefits of non-repetition, there is the potential in these efforts by the therapist for a “corrective emotional experience” for the patient.

45. Countertransference dream

I'm at F's house, though it resembles mine. We are lovers and it's a blue, rainy-day, Sunday feeling. It's late and I should go soon—what if her husband returns?!

A courtesy van comes down the driveway and the guy hooks a cable around this gigantic tree to tow it. The tree is deeply notched and huge. He chainsaws it some more and I worry it'll fall on the house. It doesn't, to my relief.

I worry about the whole thing: her husband, lawsuits, the end of our relationship, what my analytic society will say (how can you do analysis with her, having slept with her?) Feeling tender and sad, I

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tell her I'll be going today. I lay my hand on her chest, then maybe on her shoulders.

Discussion

It was as if F and I had been having an affair—or an “analytic marriage”—for these many months. Insofar as this dream related to the countertransference relationship, the recently emerging idea of *sacrifice* is now introduced, or reiterated, at the unconscious level. It had always been around on the conscious level, as I struggled to contain my side of the erotic situation. The phallic tree and the fantasy relationship were impressive but, like my incestuous feelings toward my daughter, they rightly had to be sacrificed. This would appear to be (or need to be) in progress, with an appropriately deep sense of mourning (and the help of the tree service—amusing touch, that). The countertransference relation now is moving to a new phase.

46.

Transference

In a complex chain of events, F failed to call to confirm a session and arrived after I'd gone home. I got a message from her the next day.

Processing in session, F said she'd fantasized, “You would know I was coming, so I wouldn't have to call.”

Countertransference

I worried she'd feel abandoned and called her as soon as possible. I felt genuinely sorry, though not guilty, that the time got “disorganized.”

I had waited awhile, and even called her home before leaving. I had imagined she'd fantasize this way.

Discussion

A small, active demonstration of empathy—my calls—that I might not have made earlier. Likewise, I could anticipate and accept her dependency and omnipotent, narcissistic expectations, as I was less under her “spell” and more in an adaptive position.

47.

Transference

F's father had been on TV, and she'd fantasized calling to tell me. She thought, "He'd remind you of me."

F was "proud but I don't want you to think I like him. His fame is at my expense."

Later F asked, "What's your Ph.D. in?"

Countertransference

I thought, "Wow, famous father!" I enjoyed this fantasy of connection with a celebrity.

She and I are both enjoying the idea of her semi-famous father, but then she breaks it off.

I felt defensive—a "quality check"? I'm a Ph.D., like Dad? She wants to be an analyst and is getting degree information?

Discussion

Here the analyst again anticipates and then shares the early idealization of the father. This empathic position allows the patient to admit her own proud connection and identification, followed quickly by her disillusionment. There is then an apparent attempt to re-create or repair the narcissistic wound through an identification with a new idealized "Ph.D.", whom she may now want to be "just like" (according to the countertransference fantasy). The therapist may have to move rapidly within his evolving countertransference feelings, in order to be able to meet or "incarnate" a narcissistic transference (e.g. on the "Ph.D." thing I could move from self-doubt, to identity with Dad, to seeing her need for a reparative merger with me).

48. Countertransference dream (night before session)

I'm lying in our bedroom with my wife, and F lies to the left of her. F has slightly graying hair. It feels like she is part of the "family."

Transference

We started late, causing F to have fantasies of my not being there. She had often arrived a bit late to avoid just this thing, she said.

Countertransference

I'd had a crisis call but didn't mind making her wait, rationalizing it against her chronic lateness.

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Coupling this with a recent miss (section 46), F saw me changing from being need-fulfilling to unreliable.

I'd made a large, empathic effort on that occasion, so this felt like straight projection.

She wanted me to give her a "5-minute" warning before the end of session. [I did so].

I thought, "It's hard for her to stop, not just start, sessions." Dependency risks?

She had fantasies of being able to call me at home, but didn't want to "interfere" with my wife and family.

I thought immediately of my dream, and noted my importance to her and her need for a mirroring "availability."

Discussion

While this dream suggested on the objective level that F might be "interfering" (as she feared) with my family life, it also signalled the possibility that I could be more "available" to her emotional "call" (as she synchronistically requested that very day). The dream especially its feeling tone—imagined an intimate, "familiar" relationship and that image/feeling allowed me to bring the necessary availability of feeling to her in session. Whatever F represented to me subjectively was closer to home. As I integrated this internal F into my inner "family," so to speak, the outer F's needs did not seem so much like "interference" to me, her or my marriage. I was better able to respond to her needs in session (the 5-minute warning, the mirroring) rather than get hung up on whether to let her call me at home (see section 19, p. 57). This dream and the emotional movements in the ensuing hour follow a line of thought emphasized a month before in the preceding countertransference dream (section 45, pp. 81–82)—towards the "affair" being over.

49. Patient's dream

Sitting with me is [former therapist], who is also you. I have a feeling of warmth, safety, and comfort. Protected.

He's sitting in his car, going away. I say, "Can I go with you?... I'm just joking." He moves over to let me in the driver's seat.

[Associations: she "resisted" the chance to work through her father's "leaving" with this therapist, who terminated prematurely. Control issues: driver vs. passenger?... "I'm feeling more trust, closeness,

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serenity, like eating something delicious.... But I don't want you to feel good about that... I can feel a tiny little bit of feeling sorry for my father; I identified with him for a second."]

Discussion

This dream was also in response to an upcoming vacation break, which seemed to echo previous "leavings." The recent deepening of her dependency and trust seems evident, though F maintains the cautious capacity to "laugh it off," if necessary. Relations to "father," whom I was undoubtedly carrying and embodying, show some improvement, perhaps in tandem with my own slight improvements.

50. Patient's dream

My sister and I are in bed. Dad wants us to read his book, which is split in half. I'm trying to tell him I don't like his style. I'm comparing it to another book, The Mists of Avalon. He may be kind of miffed.

Transference

[I asked her, "What about my style?"]

F then criticized my "workaholicism, neglect of the child that wants to play, intimacy problems and neglect of family and spouse."

F spoke of her father's "never at a loss" persona.

She added her growing disrespect for various men at work, who had "never been in therapy... I can't trust them or look up to them...they're cut off from huge areas of themselves."

Men, like her husband, appeared to be "strong, completely together, no cracks,"—then she'd find these "incredible weaknesses."

Countertransference

Feeling more daring.

She didn't sugar-coat it, but neither did I feel all of this was exactly true of me. It really didn't click, though I considered it.

I'd felt compelled to appear that way with her.

I felt some relief-figuring she must have known that I had been in analysis.

I was glad these guys were getting it, not me.

I was always a bit afraid to let her down and apprehensive about what "incredible weaknesses" she'd see in me.

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*She'd like to have the power to
"make men into slaves."*

*She wasn't far from having that,
as I knew firsthand.*

Discussion

There is a kind of voluntary joining with the patient's transference here, based on the dream imagery. Increasingly, with greater comfort with the countertransference positions, the therapist can let himself imagine that various images refer to him. Whether they do or not, they can then be brought into the therapy situation. The patient's disappointment in a lack of feminine relatedness (in others and in the transference), and the disdain and power demands that result, are pretty evident. To be on the receiving end of this, embodying in the countertransference successive states of strength and collapse, can be difficult.

51. Patient's dream

I'm in a natural foods store where I hear my father laugh. What's he doing here? I leave to avoid him.

He's unbuttoning the top button of what I'm wearing in a way that's motherly, jerky and efficient, not sexual. He gives us [family] a chocolate Valentine heart, in a gentle, giving way that's shy and unsure.

In a hotel now, we're going to leave my daughter with him and his ex-wife, about which I feel doubts. He has tweed pants on, though, with Sesame Street characters on them! My daughter is all over them. It's OK to play and fool around.

[Associations: F saw her father's book in a bookstore. She felt proud and wanted to tell me, though also "ashamed of being proud." She said, "I can't stand the thought of anything around my neck.... Stifled.... Like what you wear."]

Discussion

Recent work is apparently bearing fruit, as we see the image of the "good father" more clearly established and at work (or play) in her. The scene is reminiscent of the time F actually brought her daughter into session (section 29, pp. 65–66). The level of trust of her "little girl" seems to have expanded considerably, as has the level of trustworthiness in the transference.

52. Countertransference dream

With my wife and others I am saying goodbye to F. There is a question about revealing things, like my own children. I fill up a canister of grain to the top—for her children.

Discussion

It looked like, in terms of F as patient, the sacrifice of the huge tree (see section 45, pp. 81–82) and the countertransference containment were now bearing fruit, too. The old tree went down, but here were the seeds of growth for her development (her children). The harvest was in. This is my gift to her. Prospectively, this dream seemed to point to the “affair” aspect being transformed, to the achievement at a real emotional level of her goal: wanting me to fall in love with her but needing me not to. As with the patient’s dreams and fantasies, the therapist’s countertransference will hopefully indicate a progression, not only of his own growth but of his growth in conjunction with the patient’s.

53. Patient’s dream

I’m in the audience watching a short, dark, narcissistic man on a table.

Then I’m in session with you. You seem like [the actor] William Hurt—big, soft, safe, maternal, confident. I’m sitting on the floor with my head in your lap, docile, like a young girl.

The tyrant had been locked up, and went crazy because he was losing his charisma. The sense was people were cajoling him, but not confronting him.

Our session ended abruptly. The tyrant realized the truth, no longer hidden from him. I don’t feel bad because you go out to help him. I go with you. You’re doing it but I’m with you.

Discussion

Nice imagery here as patient and therapist go off together to deal firmly with the tyrannical narcissistic problem. Two quotes from Jung seem appropriate, the first related to this specific session and the ongoing analytic engagement, the second to the aptly named image of the therapist, Dr. “Hurt:”

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Where love reigns, there is no will to power; and where the will to power is paramount, love is lacking.

(Jung, 1943, p. 53)

It is no loss either if he feels the patient is hitting him, or even scoring off him: it is his own hurt that gives the measure of his power to heal. This, and nothing else, is the meaning of the Greek myth of the wounded physician.

(Jung, 1951a, p. 116)

CASE TWO: MS. J

J was an abuse victim—raped by a babysitter at age 7—with severe weight problems. Her parents reportedly being unempathic, she did not mention the rape to anyone until her 20s. J's relationship with her father was emotionally incestuous (actual incest was denied, though its intimation made J very anxious). Mother was dependent and "nice." J was the eldest of her siblings, who were married, unlike her. She felt herself to be an outsider in the family, and her sense of alienation carried over to her work life, where she had resigned or been fired from jobs at regular, approximately yearly intervals. She presented with impulsive suicidal ideation, a history of past attempts, and an extensive but reportedly unsatisfactory therapy history.

Course of treatment and countertransference

The initial countertransference experience with Ms. J was almost entirely different from that with the previous patient, Ms. F. While I was favorably predisposed toward F, with J my inclination was to withdraw. If the term were in use (in the way one refers to transferences), it would be accurate to call mine a "negative countertransference" to J. This was not a matter of dislike, but rather of a lack of a positive draw. "Resistance" would be the more correct term. I anticipated difficulty.

However, while the projected analytic relationship appeared less inviting than with an "attractive" patient, the countertransference process was in other ways similar. In fact the difficulty in forming a non-combative linkage between us was the crux of the transference/countertransference, and of J's history, as might be guessed. J's case, which will be presented without the point-by-point detail of the previous one, will show that a negative