

A Response to My Interlocutors

David M. Franzen

I want to thank the reviewers of my article for their engagement with the issues it raised and for their thoughtful and creative perspectives. In the article, I took a detailed, almost granular look at core phenomena in the historical development of transference and countertransference. The reader will recall that my article outlined the major developments in the psychoanalytic understanding of transference and countertransference from Breuer and Freud in the 1890s to the advances in the perspectives of Heimann, Racker, Bion, and Money-Kyrle¹ in the period from 1948 to 1953. To include more history would require the article to grow into a book.

Tartaglia's concern that I address "contemporary interpretations of the depth of human interaction" falls outside of my intentions for this article. For my narrower purpose, I intentionally trimmed a wealth of detail from my clinical case examples to illustrate the specific historical and theoretical points I was making. I hope to write at least two more papers on the subject, tracing the developing understanding of these phenomena up to current thought and practice.

I will first address Tartaglia's concerns because of contrasts in our regard for transference and countertransference in pastoral care, counseling, and supervision and because several of his questions deserve considered response. I will conclude my response by engaging Freeman's relational psychodynamic perspective because her perspective anticipates the ongoing development of psychoanalytic thought from 1953 to the present time.

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Tartaglia asserts that I seem to imply that “there is a universal application regarding these psychodynamic phenomena,” and he wants me to “address the potential limitations of such a conclusion” (p. 201). The idea that transference and countertransference are not universal human phenomena is currently in vogue in some circles, but, in fact, I do claim the common psychoanalytic view that this human proclivity is indeed universal and at the core of human relationship to self, others, cultural institutions, and God. However I view each “application” or occurrence as unique to each person, time, culture, and situation and as differently manifested in each interpersonal transaction by each party to the interaction. The responsibility of the pastoral clinician is to behold, assess, and interpret if appropriate the possible meaning of the patient’s or trainee’s transference at a specific moment in this or that particular social, religious, non-religious, gendered, or cultural location.

Tartaglia’s related point concerns the religious affiliations of our careseekers. Mrs. A was Lutheran, but I should have mentioned that Mrs. B., my pastoral counseling client, was Baptist. Of course, I agree with him that awareness of religious and “cultural factors” is essential in each clinical encounter. In fact, this awareness is a vital part of the proper clinical use of one’s countertransference. Moreover, there are times when the cultural gap between persons in a pastoral relationship is so great that the efficacy of the pastoral relationship is significantly impaired. Studies in postcolonial theory by persons such as Franz Fanon, Melinda McGarrah Sharp, Ashis Nandy and Chinua Achebe offer many fine examples.²

In such situations, the lack of shared language, customs and *Weltanschauung* between the parties in a pastoral relationship can lead to transferences and countertransferences that neither person is competent to metabolize or interpret. However, a reading of Chinua Achebe’s *Things Fall Apart*³ leaves no doubt that the phenomena of transference and countertransference are fully operative in other cultures. The tragedy of Achebe’s story is that the language and culture of his African protagonist, on the one hand, and of the allegedly enlightened white Western colonizers, on the other, fail to intersect. Pastoral humility and openness to learn from each other in intercultural care situations is the first and most hopeful step—as long as this openness is a two-way street and the care seeker is not unduly burdened by expectations to educate the caregiver.⁴

In another vein, my article certainly does not claim that psychoanalytic theory is the only tool in the pastoral care, counseling, and supervision toolbox. To do so would be to practice psychoanalysis instead of integrating these insights with the various arts of pastoral care. As illustrated so brilliantly by Dykstra,⁵ psychoanalytic perspectives for pastoral care and counseling are only a few of the many “images,” languages, and metaphors employed in the history of our movement to plumb the depths and richness of our pastoral relationships. Each perspective serves as a lens through which unique features of the pastoral care, counseling, or supervisory relationship may be explored.

Finally, Tartaglia rightly infers that I am concerned about whether persons in CPE and supervisory CPE “are insufficiently exposed to psychoanalytic theory and to the concepts of transference and countertransference” (p. 202). I conclude this on the basis of my career spent doing supervisory CPE with a large number of candidates and alongside many supervisors. For many years, I served as a reader of candidates’ theory papers, and I have served on numerous regional and national certification committees. My impression is that issues of transference and countertransference were often addressed tangentially, sometimes with limited understanding, and at times to the detriment of candidates’ supervisory practice.

I am aware that these observations, though many, are anecdotal from a research perspective. But I believe they are quite sufficient to develop research hypotheses. Our late colleague Joan Hemenway completed one of the best research efforts in ACPE history when she published *Inside the Circle*.⁶ Given access to ACPE archives, she assessed the adequacy of group theories presented in supervisory candidates’ theory papers and found them often to be inadequate. I propose that a similar outcome analysis could be performed on candidates’ understanding and integration of transference and countertransference into their theories of supervision.

It is a pleasure to join Freeman in dialogue about transference and countertransference. I applaud her desire to move beyond the theoretical cutting edge of 1953 to more current perspectives that focus on multiple self-states and relationality. I hope to summarize key developments on the subject since 1953 in two or more future papers. The fact that she, like Dr. Tartaglia, concludes that the article fully represents my current position on transference and countertransference suggests that I was not fully clear in stating my intent to provide a developmental history of the subject. I do

claim, however, that many aspects of the pre-1954 theoretical understanding continue to be very helpful, and I described these aspects along with clinical illustrations.

I commend Freeman for her first response to my article: her claim for the self's "fluidity . . . of identities and roles" (p. 205). She moves away from the vision of a unitary self to espouse a twenty-first century relational theory perspective in which the self is described as multiple, complex, and "organized around a variety of shifting self-states" (p. 206). I take no issue with her perspective per se but only restate that my objective in my article was to describe the state of cutting-edge theory up to 1953. I would also assert that an understanding of earlier psychoanalytic perspectives makes it easier to value and understand current theory.

Freeman's second point focuses on "pastoral context," and again she anticipates the further development of transference and countertransference theory since 1953. In 1952, Melanie Klein⁷ had already articulated her concept of "the total situation" in the patient's life that the analyst must take into account via countertransference. Betty Joseph took up this theme in her celebrated 1985 article, "Transference: The Total Situation."⁸ Joseph's theme of "the total situation" also relies upon the work of Heimann, Racker, Bion, and Money-Kyrle,⁹ who regard the analyst's countertransference as an instrument for the acquisition of knowledge about the dynamics of the patient's internal world. In the parlance of many pastoral care and counseling theories as well as the work of Kohut,¹⁰ this means we are talking about the chaplain's empathy for the patient's entire situation, both internally and interpersonally, from moment to moment in the context of the patient's life story.

Thus, in Freeman's example of a patient's crisis of grief, the chaplain might detect through her countertransference that the patient's current crisis has reopened old grief experiences that may have previously been worked through in a satisfactory way but that are now exacerbated again by the new crisis. Working through the current grief crisis may require a reworking of older "necessary losses" so the patient can arrive at a meaningful reconfiguration of her life story. I offer another typical clinical scenario in which a chaplain facilitates a family in working through their grief about a terminally ill grandmother on medical life support such that they agree to withdraw "heroic measures." Then an adult sibling from out of state arrives and refuses to agree with the family's decision. Through her counter-

transference, the chaplain perceives that “the total situation” has changed and that this sibling also needs time to process grandmother’s end-of-life status before he can redefine his attachment to the patient and join the family decision.

In her final point, Freeman asserts that “fixed attributions of classical understandings of T/CT may obstruct other helpful interventions” (p. 208). I could not agree more. My thesis, somewhat expanded, is that fixed attributes of any clinical approach may be obstructive of good clinical practice. No one perspective ever provides an exhaustive account of the clinical data present in a personal or interpersonal event. Freeman’s use of Kohut’s¹¹ self psychology, for example, illustrates an informed deployment of a chosen psychoanalytic theory to guide her pastoral care of “Cora.” Another chaplain might use a different analytic theory that works well for him or her. However, neither approach provides an exhaustive understanding of the depth of the human soul, of its needs, hopes, and strivings.

NOTES

- 1 Paula Heimann, "On Counter-Transference," *In Influential Papers from the 1950s: Papers from the Decades, the International Journal of Psychoanalysis Key Papers Series*, ed. Andrew C. Furman and Steven T. Levy (London: H. Karnac Books, 2003), 27–34; Heinrich Racker, "Observations of Countertransference as a Technical Instrument, Preliminary Communication," in *Transference and Countertransference Today*, The New Library of Psychoanalysis, ed. Robert Oelsner (New York: Routledge, 2013), 18–29; W. R. Bion, *Learning from Experience* (London: H. Karnac Books, 1962); Roger E. Money-Kyrle, "Normal Counter-Transference and Some of its Deviations," in *The Collected Papers of Roger Money-Kyrle*, ed. Donald Meltzer and Edna O'Shaughnessy (Perthshire, Scotland: Clunie Press, 1978), 330–42.
- 2 Franz Fanon, *Black Skins, White Masks* (New York: Grove Press, 1967); Melinda A. McGarrah Sharp, *Misunderstanding Stories: Toward a Postcolonial Pastoral Theology* (Eugene, OR: Pickwick Publishers, 2013); Ashis Nandy, *The Intimate Enemy: Loss and Recovery of Self under Colonialism* (New Delhi: Oxford University Press, 1983); Chinua Achebe, *The African Trilogy: Things Fall Apart, No Longer At Ease, and Arrow of God* (New York: Alfred A. Knopf, 2010).
- 3 Chinua Achebe, *The African Trilogy: Things Fall Apart*, 1–148.
- 4 Andrea L. Dottolo and Ellyn Kaschak, *Whiteness and White Privilege in Psychotherapy* (London: Routledge, 2016).
- 5 Robert C. Dykstra, *Images of Pastoral Care* (St. Louis, MO: Chalice Press, 2005).
- 6 Joan E. Hemenway, *Inside the Circle: A Historical and Practical Inquiry Concerning Process Groups in Clinical Pastoral Education* (Atlanta: Journal of Pastoral Care Publications, 1996).
- 7 Melanie Klein, "The Origins of Transference," in *The Writings of Melanie Klein: Envy and Gratitude and Other Works*, Vol. 3 (London: Hogarth Press, 1975).
- 8 Joseph, Betty, "Transference: The Total Situation," in *Psychic Equilibrium and Psychic Change: Selected Papers of Betty Joseph*, ed. Elizabeth Bott Spillius and Michael Feldman (London: Tavistock/Routledge, 1989).
- 9 See note 1.
- 10 Heinz Kohut, *The Analysis of the Self: A Systematic Approach to the Psychoanalytic Treatment of Narcissistic Personality Disorders* (New York: International Universities Press, 1971).
- 11 Kohut, *The Analysis of the Self*, 37–196.