

Podcast #32—THE IMPORTANCE OF UNDERSTANDING
TRANSFERENCE

Sigmund Freud discovered and wrote about a phenomenon he called “*Transference*.” Transference is ubiquitous in human life and especially important in psychotherapy.

Simply put, transference refers to a situation in which person A experiences person B as if person B was a figure from person A’s childhood. Person A is thought to “transfer” feelings and experiences that marked his or her childhood past onto someone in the present. So, for example, if my father was a tyrant and bullied me a lot---***then as an adult***, I might expect other adult men to do the same. Or if my mother was depressed and I grew up believing that it was my job to take care of her, I might become a caretaker of women in my adult life, perhaps expecting that they, too, were inclined to be unhappy in ways that I was responsible for fixing. One could say that these expectations, these repeating patterns, were transferences.

When Freud developed this concept, he used it to understand the ways that his patients unconsciously experienced him as if he were a parent and, as a result, resisted his efforts to help them. On the other hand, it became clear to Freud that transference could also help him and his patient understand what had gone wrong in the patient’s past life. Interpreting or explaining this dimension of the analytic or therapeutic relationship to the patient thus helped free the patient up from the grips of his or her endless repetition of past dysfunctional patterns. The

notion was: Once you understand that your reactions come from the past, you have some greater freedom to choose to feel or act differently. Transference, then, could be both an obstacle and an opportunity.

Psychoanalysts and other psychologists have studied and developed the concept of transference extensively since Freud's day. For example, just as a patient may unconsciously experience the therapist as a parent, so, too, might the therapist experience the patient as if the patient was an important figure from the therapist's past. We call this "counter-transference." Thus, transferences go both ways.

In addition, researchers also observed the fact that in some of the transferences they saw, **patients might assume the role of the parent and transfer on to the therapist the role that the patient played as a child.** Since this gets a little complicated, let me explain in more depth. Let's say that you worried about your mother's well-being a lot as a child. In a traditional transference, you might therefore tend to assume that women are fragile and need to be worried about. One patient of mine with just such a background was especially attuned to my health and became quite solicitous whenever I sneezed or coughed.

Transference, right?

But sometimes, the relationship with a parent that's being repeated and relived looks different. Sometimes the person might assume the role of the mother and make others around him or her feel like the worried child. I recently saw just such a patient: This patient took drugs and was impulsive and put himself at risk a lot and I found myself worrying about him a fair amount. It became clear that—in our

relationship-- he was identifying with his unpredictable mother and putting me in the role of the worried child that, in fact, he once was. This was simply another form of transference. Labels have been assigned to this type of transference—some people call it “turning passive into active” while others use the term “projective identification.” Regardless of what you call it, it’s all transference—important childhood experiences are being recreated in the present in one form or another.

Because the stamp that childhood puts on us is so powerful, transference is going on all the time, not just in therapy. Think about it this way: our parents, our families, have an awesome type of power to teach us how the world works, about what we can expect of other people, about what makes men and women tick (and tick differently), and about how we’re supposed to be and what we’re supposed to do to get along in the world. All of us...infants, children-- are fantastically impressionable and malleable in the course of growing up. They—all of us—are hardwired to try our best to adapt to the world into which we’re born. We don’t rationally judge and calculate—we just adopt the rules of the road created by our caretakers in order to get along. Families define for us the way things are and the way they’re supposed to be—reality AND morality if you will.

So, as we grow up and develop, we separate and individuate more or less well from other parents and acquire the capacity to see the world more objectively. We emerge from under the sway of our families and begin to create our own world, distinct and independent from the world of our childhood. But we never – ever – do this completely. We can’t.

We don't arrive fully formed as adults capable of seeing and interpreting the world *as it really is*. No—not by a long shot. We are always *also seeing the world through our childhood eyes*, bringing the sensitivities, emotional triggers, and experiences of conflict and trauma that belonged to our past into our experience of the present. We can't help it. We are, all at once, the child *and* the adult, reliving our past and creating our present. Memories are not just remembered—they're re-lived. If I was shamed a lot as a child by critical parents, then I am more liable to feel shame as an adult and am more likely to detect and exaggerate the criticism or disapproval of others.

Transference is always with us, but doesn't have to dominate our every experience as adult. We're not *just* children in adult shoes—we are *also* adults capable of a rational and mature appreciation of the world. We can't ever get rid of the child inside us, but that child doesn't have to rule us all the time either.

So, what are the consequences of having a deep understanding of transference? Well, interestingly, we have to accept the fact that if we are in any type of position of power or authority, **that others will have transferences towards us**, that our actions will have a greater effect on those people who are “under” us, or are dependent on us, than would be the case with peers. Way more effect than can be explained by the objective power relationship. Why? Well, because people's experience of us will be influenced by their experience of their parents, a relationship that is inherently asymmetrical and one in which the parent wielded far more influence on the child than vice versa. Thus,

whatever objective power we might have over others is amplified by transference power.

And this power can be used for good or bad purposes. Teachers, after all, can have a profoundly positive effect on their students because they “borrow” the authority of their students’ parents. Cult leaders borrow the same type of authority but can and do use it to exploit others for entirely selfish purposes.

I was recently at a writing workshop led by a famous writer. He gave me critical feedback on something I’d written, feedback completely unleavened by any praise. I was devastated, even though I rationally analyzed the situation and could see that some of his criticisms were valuable, but others were not, and, in addition, I even understood that his failure to give positive feedback was a failure of *his*, not *mine*. Still, I was especially devastated because his criticism recapitulated my experience of my very critical and competitive father. In an ideal world, my writer-teacher would have understood that his special place—a transference place—in the minds and hearts of his students made both his criticisms and potential praise larger-than-life in importance. He might feel uncomfortable with such power, but he can’t help or change the fact that he has it.

The fact that transferences enable someone to have a significant influence on others is one reason that good therapists can help their patients so much. If a patient is inclined to expect me to be domineering, for example, in the manner of a parent, and I am not only *not* domineering but am especially supportive and respectful, that

patient is likely going to benefit to an **extra---ordinary** degree. Every day, therapists help patients get better by counteracting their patients' transferences.

William Faulkner said, "The past is never dead. It's not even past."

We conduct our lives as beings who were damaged, to a greater or lesser degree, by our families. However, while history stamps our present day lives, it doesn't have to dominate them. But in order to mitigate the influence of past trauma on our present state of well-being, we have to accept and try to understand as deeply as possible the nature of that trauma and how it affected us, and how we are unconsciously repeating these troubled early relationships all the time in our adult lives. By doing so, we can gain some freedom to deal with reality on it's own terms, not terms dictated by our past. We will never be free from our transferences, but they can be rendered less painful. And in our social interactions with others, when we are in positions of power and authority, I think we have to figure out how to deploy the transference power that such positions give us to do the maximum amount of good.

Jim Henson, of all people—the creator of the muppets put it well when he said this about good teachers:

"[Kids] don't remember what you try to teach them. They remember what you are."