Transference & Projective Identification

Transference is defined as what a client transfers to his or her counselor. Transference stems from a client's unresolved issues with a parent or authority figure from childhood and, if not addressed, can hinder progress in all forms of therapy. For example, a male counselor has some physical characteristics of his female client's abusive father. The client may show symptoms of fear, anger, or disgust when she meets with this counselor, but both are unaware of the unconscious underpinnings of the client's behavior. In some forms of therapy, transference is the issue that needs to be resolved. This occurs mostly in client-centered, psychoanalytic, and depth psychological approaches but is not limited to these.

All forms of therapy require a degree of therapeutic alliance to be effective, and transference issues need to be addressed as they arise. Effectively bringing them into the counseling room and attending to them is an important part of assisting clients in dealing with past issues affecting them today. For example, if clients see their counselor as a domineering parent figure, the counselor can remodel the parent figure in a positive frame and assist clients in reshaping their feelings toward the parent figure.

Countertransference is any unconscious transference from a counselor to a client. For example, if a young counselor is counseling an older, female, alcoholic client, the first meeting may make the counselor think of her as his or her alcoholic mother with whom he or she never related to positively. Counselors must be aware of their potential countertransference issues to serve their clients effectively; however, counselors may not know these issues exist until they arise with certain clients. To become a counselor in many schools, individuals need 40–60 hours of their own therapy to assist in identifying their own potentially limiting issues.

Projective identification is the process in which clients may consciously or unconsciously project their feelings and emotions into counselors to the extent the counselors unknowingly take them on as their own. In this case, the clients' feelings are too much for them to deal with, so they project them to the counselor. For example, a teenager with authority issues may project anger toward authority into his or her counselor. The counselor then unconsciously takes on the role of disciplinarian, although it was not the focus of therapy, and it is not the counselor's usual style. The counselor may state things in a critical manner that are not customary, and the client fulfills his or her belief that anyone in authority is critical and harsh.

To refrain from participation in this cycle, it is crucial that counselors have an awareness of this usually unconscious mechanism. Once this cycle is identified, it can be used as a focus issue during treatment, providing a safe place for these feelings to emerge and assisting clients in reintegrating their feelings about authority in a more positive, digestible manner. Instead of succumbing to clients' projection issues and acting in accordance with their preconceived agenda, counselors can act in a more deliberate, life-affirming way, assisting clients in dealing with overwhelming feelings,
avoiding colluding with their illnesses or issues, and affirming their negative, destructive feelings.

**Conclusion**

Transference, countertransference, and projective identification are important to be aware of as each of them can affect any mode of treatment. Avoid being defensive, acknowledge them when they arise, and address them in a nonjudgmental manner, consistent with building a positive therapeutic alliance and a safe container in which clients can express themselves. Instead, counselors can redirect their clients by helping them confront their issues in a safe, contained space, optimizing their ability to walk-through or reprocess them and move toward healing. Clients need to take ownership of their mental health, make a decision to eliminate destructive ways of dealing with life, and move in a life-affirming direction. Counselors should give unconditional support, empathy, and a safe space for this to happen.