



Continuing Professional Development Unit  
Birmingham City University

## A Two-day Counselling Skills Consolidation Course

Day Two

Facilitated by: David Forrest

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### Personal Needs

- What are your personal needs in the short term and long term regarding counselling skills?

### Professional Concerns

- What do you need professionally to take from this course

to help practice counselling skills more effectively in your current work setting ?



# My Wants

- I want to know what counselling skills are needed, to update myself. I want to develop my counselling skills further. I have found my client might be confused and I am not sure what to do
- I don't think I'm very good or confident, often when it is to do with bereavement. After 20years I am still uncomfortable in being emotionally affected; I felt I should be able to do better
- As a practicing counsellor I want to refresh my skills because there is always something to learn and because I am still processing afterwards – what do I do! And I would like to hear of other experiences
- Our secretaries know more!!! Am I only giving advice? Have I lost the plot?!!! There is a current client – and I have things in common, similarities, and I feel overwhelmingly hopeless



# My expectations

- Only use personal material you feel comfortable with
- Sessions will be a dialogue with the group sharing professional experience



# Overview

I want to use this time to look at several aspects of how, in our interaction with another person, we each put onto the other person characteristics that may not actually be theirs.

Having an insight into how we each project and transfer characteristics onto another person will give us the opportunity to see round, and through, such characteristics and see, meet, be in contact, with the real person.

We will be looking at the psychological processes of

- Projection
- Transference
- Countertransference
- Projective Identification
- Parallel Process

In the course of the two days we will look at models such as the Karpman Triangle, the Johari Window, and Open Door, that help to understand interactions.



## ***Transference***

*Greek and Latin the word transference means “to carry over”*

*Transference was first described by Freud in the early 1900’s in which the client transfer aspects of past relationships onto the current relationship with their therapist.*



## **Transference**

*Rycroft (1983) defined transference as:*

- *“The process by which the patient displaces, on to the analyst feelings, ideas, etc which derive from previous figures in his life; by which he relates to the analyst as though he were some former object in his life; by which he projects on to his analyst object representations acquired by earlier introjections: by which he endows the analyst with the significance of another, usually prior, object (p. 168)*

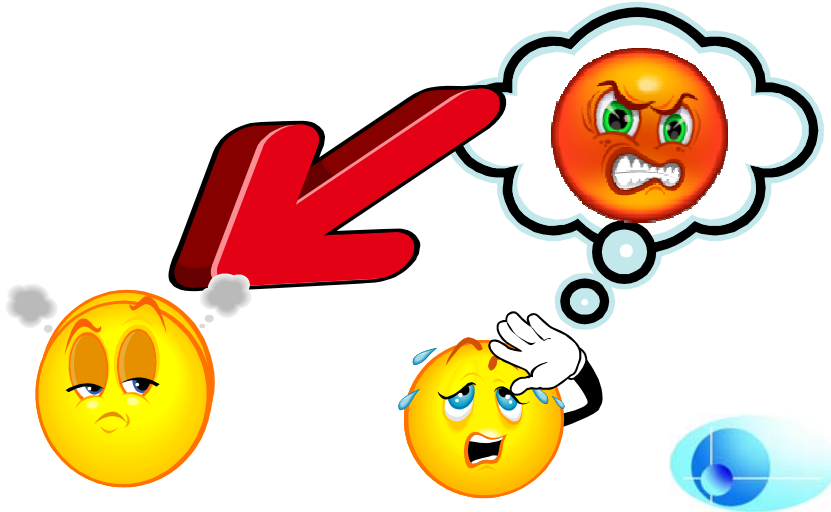


## *transference in Gestalt terms is seen as a three step process*

1. *It involves the introjections of significant figures from past relationships (or aspects of the relationship). The introjected material is projected inappropriately onto current relationships.*
2. *It is experienced, rather than expressed or enacted, in the dynamics of a co-created relationship.*
3. *It is usually out of awareness but can often be in partial awareness.*



# Transference Process



## ***working with transference***

- explore your client's experiences phenomenologically – when? What? How Neither assume your client's responses are, or are not, transference and? Where?
- Accept your client's described response and explore what in the present may have triggered this responding authentically
- Co-operatively explore how you, your client, or both may be viewing present events/people through a historical lens
- Enable your client to study their transference – what? When? How? Where?
- Make the transference material overt, and explore and resolve the pattern of experiences differently e.g. by an alive and different experience in the dialogic relationship, enactment experiment etc
- Explore the transference and countertransference interactions within the ongoing counselling relationship, guided by your understanding of projective identification
- Actively try to shake the transference (Perls (1996))



## *Suggestion*

*Visualize a particular client.*

*Now imagine that you have license to say or do anything without fear of injury or repercussions. What would you say? What have you held back or been reluctant to admit to yourself (some shadow aspects perhaps). How much of these reactions or impulses are familiar to you in general, how many of them are particular to this client?.*



## **Countertransference**

- (Reactive) Countertransference describes those responses of the therapist which are elicited by or induced by the patient, and which specifically resembles patterns of the patient's historical or fantasised past.
- There are three ways in which you might respond to the client i.e. ask yourself the following questions.
  - Is this a realistic response to the here and now situation? You may feel positive or cautious toward the client
  - Is this your own transference – that is your own unfinished business about this sort of person?



## A number of common ways in which counter transference makes its appearance.

- The inability to understand certain kinds of material that touch on the therapists personal problems
- Depressed and uneasy feelings during or after the sessions
- Carelessness with regard to certain arrangements for the clients appointment, being late, going over time.
- Persistent drowsiness of the therapist during the session or even falling asleep.
- Trying to impress the client.
- Cultivation of the clients dependency, praise or affection.
- Unnecessary sharpness toward the client
- Arguing with the client
- Trying to help the client in matters outside the session.
- Getting involved with client in financial deals outside the therapeutic context.
- A compulsive tendency to hammer away at certain points
- Dreaming about the client
- Much preoccupation with the client or with his/her problem during your own leisure time.

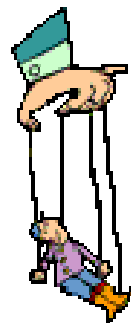
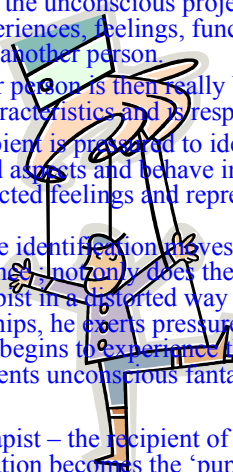


## Projective identification

- Refers to the unconscious projection of parts of the self (experiences, feelings, functions) into and not just onto another person
- The other person is then really believed to have these characteristics and is responded accordingly.
- The recipient is pressured to identify with the disowned aspects and behave in ways that conform to the ejected feelings and representations.

Projective identification moves beyond transference, not only does the client experience the therapist in a distorted way based on past relationships, he exerts pressure so that the therapist begins to experience himself in ways that fit the clients unconscious fantasy (Klein, 1946)

- The therapist – the recipient of projective identification becomes the ‘puppet on a string’



## Parallel Process

- "Parallel process" refers to the developing similarities between the supervised case and the supervision of the case (Arlow, 1963).
- The specific and nonspecific parallel processes found throughout the supervision process are an important vehicle for the ideas and impressions that the therapist takes from the supervisor.
- Many of the apprehensions that a therapist brings to their first supervisory meeting are similar to the type of apprehensions that patients bring to initial session. Recall how you felt disclosing personal information for the first time
- Demonstrating this nonspecific parallel of apprehension to the therapist may establish a basis for the development of their empathy for the client.
- Similarly, just as many therapists enter supervision wary of criticism--acutely aware of their incompetence as therapists--many patients are concerned about criticism as they enter into therapy.
- The supervisor's capacity to speak directly about problems in the supervised treatment without raising the therapist's defenses may illustrate to the therapist how they can explore a client's problems in a direct but sensitive manner.
- Eventually, the parallel process that is specific to the particular case emerges. This shift is similar to the development of transference in the client, since early nonspecific attitudes of clients toward therapists gradually change into more individualised transference reactions.

