

The Power of Countertransference. Innovations in Analytic Technique.

Karen J. Maroda. Hillsdale N.J.: The Analytic Press (www.analyticpress.com). 2nd ed. 2004. 201pp., £25.50 (paperback).

Safran and Segal (1990) in their influential book, *Interpersonal Process in Cognitive Therapy*, favour psychotherapy integration and see the therapeutic relationship as an active ingredient of therapy. They emphasise the process of therapy, during which the therapist can track their own inner experience because this gives important information about the patient's interpersonal processes and inner experiences. As well as linking the patient's schemas to their origin in the past, it is useful for therapists to be aware of their interactions with patients. As well as this, they note that the therapist's negative reaction to a patient can impede the therapeutic process. Maroda's book, although it comes from a different therapeutic model, could be seen as providing more detail on these points so that the therapist's feelings, whether positive or negative, can be used constructively in therapy.

Over the last 60 years psychoanalysts have been refining the concept of countertransference. Broadly, countertransference describes the therapist's reactions to the patient is often seen as a means by which the therapist can use their emotional responses in the therapeutic relationship when they make interpretations. Maroda's book was first written 14 years ago and now appears with an afterword about what has and has not changed in those 14 years. She concludes that little has changed and that she stands by what she wrote. She considers herself to have written a controversial book which is intended to be a guideline for practitioners rather than a theoretical book. It is refreshingly written in the first person. She advocates that the therapist uses their own feelings to illuminate and understand the patient's experience of the therapeutic relationship, and to integrate it as much as possible with the patient's past.

Traditional psychoanalysis tends to be authoritarian. The analyst maintains a certain personal distance from the patient; the therapist makes important decisions to do with the treatment; and knowledge of the therapist's personal information would be seen as a burden to the patient. Maroda, however, thinks this attitude could cause the patient to regress and that it could hinder therapy. Neutrality could defend against affect. Instead, she prefers a more equal relationship, more like a partnership, i.e. a type of relationship that cognitive therapists are familiar with, in which the patient can grow. An authentic relationship between patient and therapist allows for 'real' reactions from the therapist unlike those in ordinary interactions. She uses countertransference to respond emotionally to the patient and expresses it through self-disclosure, if the patient wishes it.

Maroda thus adapts psychoanalytic technique to being a more mutual and reciprocal relationship in which the therapist's emotional responses are an integral part of the process. She describes how to use her techniques and uses many case examples. She sees reliving the past by the patient as crucial in therapy (though the therapist has to behave differently from the people in the patient's past) and that this can be facilitated by disclosure and analysis of the countertransference. While re-enactment is a goal of treatment the patient must make something different happen.

Maroda writes chapters on the myth of authority; motivations for treatment; the unfolding of the transference and countertransference; the 'real' relationship versus the transference and the countertransference; countertransference techniques; and countertransference issues at termination. She is concerned that therapists do not make mistakes and suggests ways of rectifying them. It is, of course, when there is a stalemate of some kind that the use of

countertransference comes into its own, as it does when the therapist feels defensive. She also covers how to deal with anger and hatred on the part of the therapist, sexual feelings, love and affection, fears of abandonment, rejection or engulfment, hopelessness and depression, and fear and anxiety. Finally she thinks about other countertransference issues such as physical contact, and disclosure of personal values and opinions. These are important issues that are not often talked about, so making this book useful to therapists from all backgrounds. Even if her proposals are not all taken up, they provide food for thought.

This book is written for an American audience where psychoanalysis has remained more dogmatic than, perhaps, it has in Europe. However, it would also be useful for cognitive therapists so that they can become more aware of what is going on in a session between the therapist and the patient.

Reference

Safran, J.D., & Segal, Z.V. (1990). *Interpersonal Process in Cognitive Therapy*. New York: Basic Books.

Christine Küchemann, D.Clin.Psych.
Psychology Department
Warneford Hospital
Oxford, U.K.