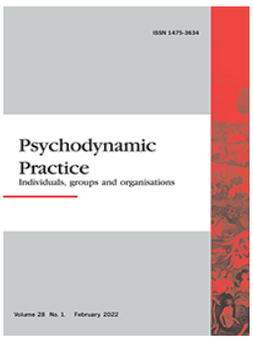

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The role of our own history in our therapeutic work

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In this paper I explore questions around the role of the therapist's own history in their clinical work. Based on my own experiences and those of other practitioners, I look at the way in which recent developments in the field have changed how this is theorised and worked with, influenced by relational psychotherapy and by a greater understanding of the importance of the real relationship alongside the transference relationship. I consider how our own history influences what we emphasise or overlook in the work and how this connects with ideas about countertransference. I discuss issues around self-disclosure in the light of these considerations. I give particular attention to the role of our own adolescent experiences and to how work with adolescents brings these issues into especially sharp focus.

Keywords: Therapeutic relationship; personal bias; countertransference; self-disclosure; adolescence

Introduction – the personal story of the therapist

Charlotte (15, not her real name) in her first counselling session tells me about her relationship with her older sister. She explains how she always looked up to her, idolised her even, wanting above all else to be like her and to be liked by her. She talks about how her mother seems to prefer her sister, lighting up when with her while Charlotte feels tolerated by mother, and always worries that she is annoying or boring her. She feels despised by her sister and is confused by the intensity of both hate and hopeless love that she feels.

For me, this is difficult. I am listening to Charlotte, but at the same time am flooded with the familiarity of what is being described. Memories of these dynamics and the feelings that went with them rise unbidden in my mind and I struggle to stay fully connected with Charlotte. She could be my 15 year old self, it would appear without much translation.

What happens next, of course, could go in many ways. The identification I feel with Charlotte could lead to my being unable to differentiate between my former self and this young person in front of me. I could assume I know what she feels and why, and I could stop tuning into the utterly unique

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dilemmas and conflicts that she faces. I could miss the way in which in fact her situation is very different from mine. For example, her father is not at all like mine, her parents' relationship is intense and conflicted but loving with a completely different oedipal triangulation in place. Her mother is far more actively involved in the generation of the rivalry, and Charlotte herself is much less competitive and less angry and driven than I was. But if I am overwhelmed by my identification I might not be able to see these differences. I might be so fired up with the need to rescue her from what is effectively my own pain that I end up leaving her feeling misheard or misunderstood.

Or the opposite could happen. The familiarity of these feelings could lend my interventions just that bit more of an empathic charge, while not interfering with my appreciation of her individuality. I could offer her a sense of being accepted and understood, without missing that she needs *just* as much focussed thought to understand as any other young person. I might try just that bit harder, in fact, to tune into her unique emotional dynamics, stimulated by the knowledge that I have struggled myself with some of this but not with exactly what she is wrestling with. She may unconsciously sense my emotional investment in helping her sort out her own feelings in relation to her sister without finding herself acting as a proxy for my own 15-year-old self who so badly wanted someone to listen to her own woes.

Or here is another scenario. Adina, 16, comes to see me and talks about her intense irritation with her younger brother. She can't stand the way he wants to be with her all the time and wishes him gone. She finds his impingements on her infuriating and can't bear it when her brother gets any attention from her parents. She simply cannot understand why they have any time for him at all and recounts with indignation a story of being told off for not being kind to him. It is hard for me to listen to this dispassionately and to make enough space for what this means to this particular young woman. My identification with the younger sibling, even though again there are major differences in the family dynamics, makes it difficult not to take up cudgels on his behalf and to seek to find a way of helping her be more understanding of his feelings. While there might be room for this in the work with her, my capacity to tune in and be empathic with her anxieties and insecurities is in danger of being crowded out with my personal need for the younger sibling to be treated better.

This talk considers how important our own developmental stories are in relation to our work, particularly with adolescents. We all know that some adolescents speak to us with particular power, when they tap into the still vividly remembered episodes of our own lives. We remember little of our infancy and often do not have clear recollections of our latency feelings, partly as these are too far in the past for detailed memory, but also because we are so much more different from our latency selves. We may not fully comprehend why we made some of the decisions we made in adolescence, but we may well remember what it felt like to be facing those dilemmas, and might recall, often with vivid, even

excruciating feelings, our adventures and misadventures as teenagers. How often have we woken at 3 in the morning with the shame and pain of one of our adolescent mis-steps unbelievably still upsetting us, after all this time, and a great deal of therapy, with diminished but still significant power. Maybe that is just me, but I do not think so.

Is this 'countertransference'?

If we use the term countertransference to relate to everything we feel about and experience with clients then it might be thought that this is what is at issue here. However, even its earliest incarnation this concept was not intended to include the conscious influence of actual memories, but was more connected to unconscious dynamics at work in the relationship. In the first formulations, countertransference referred to the way our own unresolved conflicts, those aspects of our own pasts, which we have not fully been able to process emotionally, can get tangled up with the therapeutic relationship and interfere with our capacity to operate in a fully professional way with our clients. Freud's original formulation of countertransference as a concept was about this. His approach was strongly influenced by the fact that several of his followers and friends (Breuer, Jung, and Ferenczi) were getting into complicated emotional and sexual relationships with their patients, (the latter two having affairs) which Freud saw as them being unduly swayed by the transference dynamics as a result of not being fully enough analysed themselves. He advocated (1912) that the analyst should seek further therapy to avoid these pitfalls and to restore their function as a 'mirror' to the patient's projections, primarily in order for the reaction to the analyst to be used to throw light on the patient's own way of relating and their old conflicts.

Ideas about the countertransference have come a very long way since then, (e.g. Heimann, 1950; Racker, 1957; Carpy, 1989) with it now being used with a different set of meanings. In recent times countertransference is seen as being much more about how awareness of the feelings and responses aroused in the therapist in the work can be used as a sensitive instrument, finely tuned to pick up nuances of the relational field created by the client. Our own unresolved conflicts can derail us with our patients, for sure, but this is conceptually different from the way in which we are drawn into the relational world of our clients by how they are with us and what their unconscious communications bring to the surface in us.

However, the two meanings of the term, usefully differentiated though they might be, are not fully separate, as each of us will resonate a bit differently with each client. Every therapeutic dyad is utterly unique. Our own backgrounds and emotional make-up equip us with a unique set of 'hooks' on which our clients can, and will, hang their own emotional and relational issues. Our completely individual personalities and histories – what Bollas (2019) and Coren (2001) refer to as 'idiom' – lead us to resonate with our clients in a highly specific way.

Very disturbed clients might bring out similar dynamics in most people, although even then the impact will differ depending on who exactly we are.

As Mitchell (1993) puts it, 'The analyst is not a mirror, an inert object, but a complex meaning-generating subjectivity in her own right.' This subjectivity is made up of both consciously remembered and unconsciously embedded elements, and will inevitably have its foundations in the particular personal development story of the individual practitioner.

Thus, the personal responses we have to our clients need to be understood in a range of ways: as countertransference of the contemporary kind, that is, an unconscious response to the relational dynamics brought into the work by the client; as the classical countertransference – that is, the response to our client grounded in our own unresolved conflicts and *our transference to them* and finally as a response (both conscious and unconscious) to the way in which their presentation connects with our own experiences and sensibilities. While conceptually distinct, all three are likely to be involved to different degrees, and activated at different times, so the task of the counsellor – and supervisor – is to reflect on all three in order to make the most meaningful and useful sense of the dynamics that become evident.

Relational approaches

Alongside the changes in the ideas around countertransference, psychoanalytic and psychodynamic theory and practice have been changing in other ways, some of which have given rise to and been influenced by what is called the 'relational school'. These changes arise directly out of the acceptance that we are not a mirror, nor the fabled 'blank slate', and the acknowledgement that something much more complex is going on in the unique dyad. There are a number of issues here.

One relates to the relationship itself, and its role in helping our clients, while another relates to how much we do or do not tell clients about our own feelings and history. These might be seen to connect in many ways but they can and should be considered quite separately.

The role of the relationship

It has long been a central belief in psychoanalytic thinking that the relationship between therapist and patient IS the location of the work. It is through the relationship as it develops that the therapist gains the necessary depth of understanding of the client. It is through the experience of the relationship that the client develops the capacity for a new relationship with him or herself, and the capacity both to perceive themselves and others differently and behave differently with others. Change is facilitated not solely, not even primarily, through insight, even though insight is fundamental to the way the relationship works and is maintained. Change comes about through the

experience of being with another person in this new and deeply significant way.

Mitchell (1993) highlights Benjamin's work on intersubjectivity (Benjamin, 1992), pointing out her view that 'the full development of a sense of oneself as subject involves the search for recognition by another subject, that the full development of oneself as human entails a relationship to another whom one experiences as fully human.' Benjamin (ibid) stresses that 'Intrapsychic and intrapersonal processes are intertwined, and the enrichment of the analysand's subjectivity is arrived at through the establishment of a shared reality' p 53.

In this approach to the work of therapy, the individuality of the therapist becomes much more vital and influential. If we resonate in a particular way with aspects of the material brought into the work by the client, this will intensify our connections around these, creating a different kind of energy. In any child's growing up, certain aspects of their personalities will be noticed, in Benjamin's phraseology 'recognised', some encouraged and amplified by the family's reactions, some muted and stunted by being ignored or discouraged. Much of this will be unconscious, dictated by the unique emotional 'repertoire' of the family dynamics. This is not the same as the conscious policing of emotion in the family, nor the same as unconscious repression and driving of the unacceptable underground. It is more the ordinary way in which parts of us develop strongly and other parts never get brought out. I am mentioning it because a similar process happens in therapy. As Lemma puts it (2016) 'I have in mind here the inevitable disclosures of the real person of the therapist through the way we dress, talk, decorate our rooms, how much or how little we intervene, what we choose to focus on and what we may or may not laugh about with the patients.' p 121.

In any given therapeutic dyad certain aspects of the client will be more thoroughly brought into the light than others, each therapist will emphasise different elements in their client, at a conscious level through their formulations but even more powerfully at an unconscious level through their identifications and resultant preoccupations.

Therefore, our personal backgrounds and developmental stories, our unique blind spots and particular personal learning and insights, will play a crucial part in how we understand, respond to and engage with our clients. As Greenberg puts it, 'The suggestion that we can be blank screens or reflective mirrors seems a kind of conceit; the idea that we can judge and titrate abstinence appears arrogant and evenly hovering attention seems both epistemologically and psychologically naïve.' (1996, p. 212)

What we choose to explore

As indicated above, one element to pick out regarding the role of our own personalities and histories relates to what we choose to explore and what we ignore or at least fail to emphasise.

A New Yorker cartoon illustrates this in a characteristically quirky way.

"So—what seems to be the problem?"

In the cartoon scenario, the psychoanalyst does not perceive that for the patient to have a cat on head could be 'the problem' as he himself has a cat on his head. While we are not often confronted with clients with cats on their heads (!), we are all always at risk of not noticing something – or not thinking something is worthy of exploration and interpretation – if it resembles behaviour or opinions of our own. For example, if a therapist has a faith, she is less likely to be as closely attuned to or curious about what it means that her client believes in a similar way, while a therapist who is an atheist will think that there is a lot to understand in the meaning of the client's religious experience. If I have a client who is right-wing or pro-Brexit I will want to understand why and explore what drives them to have these views, while if he is broadly left-wing and pro-European, I might well just assume they are sensible! If I care deeply about the environment I will think it worth analysing why my client is so resistant to taking steps to limit their carbon footprint, but if I am myself unmoved about these things I might want to analyse why my ecologically minded client is so guilt-ridden. If I am vegan I might think my client thoughtful and 'right' to be so

too, while if I am a meat-eater I might see it to be my task to analyse my vegetarian client's fear of their oral aggression.

In the 2020 pandemic, we have had particular examples of this kind of problem, where our attitudes have been necessarily made explicit through the degree of caution with which we manage our practices. Clients who match our care will be seen as 'getting it' while those who want to break the rules or who seem to us overly cautious will be felt to need more understanding. These examples are fairly easy to spot and to get a grip on, but there are a multiplicity of subtler ways in which our own personalities and preferences will alter the tone and tenacity with which we address aspects of our clients' ways of thinking or being. With adolescents, we might respond differently to our promiscuous and gender-fluid client if we had a period of sexual experimentation and gender uncertainty in our own youth. If we took drugs and drank to excess in our teenage years we might be orientated in a different way to our clients' exploits in this area – whether this takes us in an overly anxious and admonishing direction or in an overly laid-back or even collusive direction.

So our own histories, idiosyncrasies and personal attitudes will be in play, even if we make conscious steps to stay as open-minded as possible. They will always influence the unique clinical dyad we create with our clients, and while we can work to mitigate any ill-effects this might have, we have to acknowledge it and accept that this is part of what we bring to the table.

Self-disclosure

A further area of controversy and contention in the counselling field is the issue of self-disclosure. If we *have* had similar experiences to those of our clients, or if we feel particularly strongly about something they are telling us because of our own backgrounds – we can accept that this affects the work but it is a further question whether we speak to them about it. Psychodynamic practitioners, compared with those from most other approaches, are particularly careful about this and tend to have much stricter rules about it. This is based on solid theoretical foundations in that the room for the client freely to develop their idiosyncratic transference to us is going to be limited by every fact they know about us. For example, we foreclose on being seen as dried up and obviously unable to be in a relationship if we let them know we are married with three children. Or we prevent ourselves from getting access to the fantasies about how privileged and utterly sorted we are if we readily share our struggles on becoming a functioning adult with some control over adult life. We need to know about our clients' versions of us – however, unrealistic they may be – much more than they need to know about our real lives. Furthermore, there are risks with self-disclosure that we will burden them with our own problems or send out signals that we need them to go easy on us in certain areas. We might anger them by the glib parallels we might be making between their situation and our own, or

conversely they might assume that we understand their situation much better then we in fact do.

As is clear from the earlier discussion of the relationship, they will know a lot about us from how we present ourselves – who we actually are with them. So there will always be aspects of our real selves evident, but this section is more about whether we explicitly talk to them about our own experiences. There are adolescents with whom it can be very tempting indeed to let them know that we have been there and done that, just like them. They often assume, ancient as we may seem to them, that we had very staid adolescences. Many of us have been schooled by young people about how sexual relationships work these days, or how prevalent drugs are in their social lives, as if we could not possibly relate to the way they hook up with one another or indulge at a party. They can assume that we do not know what it is to feel excitement and desire with the intensity they do, or that we cannot possibly have been as lost or felt as broken as they do. They may not be able to imagine that we have ourselves failed exams, or have been excluded, have hated our parents or made terrifying mistakes.

There may be cultural and societal assumptions made as well. I have had patients teach me eagerly what it feels to be an outsider 'knowing' that I cannot possibly have felt this myself as I am so obviously part of the establishment, while my own family history has deep in its makeup and emotional attitudes the experience of being Jewish and not ever felt to be accepted in UK society. This may be a very pale version of what they are telling me but it can still rankle that I am being seen as having always, effortlessly, 'belonged'.

In these circumstances, we can find ourselves longing to tell them that we do understand from our own experiences. We may want them to know that we have survived what they are going through, to reassure them that all is not lost, that we got through it and so can they. At a more personal level we may bridle at the stuffy image they conjure up of us and want to assure them that we can relate to their feelings and are not that out of touch. Adolescents may explicitly say that they don't feel comfortable talking to us about their experiences because they don't think we are going to be able to understand, and that can make it tempting to let them know that we are not all that different.

The mainstream psychodynamic attitude to this is to say that we need to work with this difficulty rather than wipe it away with a self-disclosure. If we start telling them our stories we will have to work out where to stop, we will have to work hard to discern what it means to them and we risk making the sessions become about us rather than about them. There may be some times when to tell one of our own stories might be helpful, but there will be many, many more when it is not. The chief question to ask, as always, is whether we are really saying things to promote the psychodynamic work, or whether we are just making our clients feel temporarily better, or, even more importantly, making ourselves feel better. If we believe in working with the negative transference, then we have to tough it out when they feel unsure about or alienated from us. But there will also be times when the negative transference limits their

ability to engage so much that they leave. Very careful judgment is needed and, as Lemma puts it 'In the vast majority of cases I can see no good rationale for (self-disclosure) from the vantage point of the best interests of the patient (2016, p. 121).

Working with adolescents

The issues so far discussed are going to be in play whatever age-group we are working with. A therapist working with adults may have a whole extra area of life that will pull on the connections with a patient's material. One patient of mine was struggling with parenting issues with her toddler in a way, which felt very familiar to my own experiences, while another was bringing up their children so differently (being what to me was over-protective) that I found myself becoming judgemental – maybe in order to defend my own style of parenting. We might find our patients in marital tensions that painfully remind us of our own, which might make us identify closely with them, or of course with their partners! However, there is something uniquely powerful about adolescents which brings these issues into particularly sharp focus.

As mentioned earlier, we remember our adolescence in a way that we don't remember our childhood. It is a time when it is likely that we were ourselves precarious and could easily have gone off the rails. We are sitting there as the counsellor, yet we will know how close we came in times of crisis to sabotaging ourselves in a way that would have made impossible that very future as a professional made manifest in our counselling role. The risks we took, the traumas we faced, the bad decisions we made, the self-destructive defences we adopted (and often strenuously justified), the help we refused and the advice we ignored – all of these are still well within our own awareness and memory.

When we are working with adolescents there is always the anxiety-provoking knowledge that the stakes are very high. We are at a point where we might be able to play a part in influencing the young person's trajectory – either towards successful negotiation of their problems towards a rewarding adulthood or towards self-sabotaging maneouvres which could seriously blight their futures or even end their lives. In these circumstances, the work evokes even more strongly our own subjective experiences of navigating this period – more vividly than working with other age-groups. They will be casting us in the role of 'another adult' at a time when adults have either actually failed them badly or are being perceived as doing so, and this might interfere with their capacity to use us well even if we are tuning into them more or less accurately. We are, much more than they might realise, likely to be identifying strongly with their struggles, still able to recall and, through them, relive, some of the dynamics that have shaped us in the past and can still reclaim us easily, and this means that we need to work extra hard to sort out how to use our own subjectivity in the most effective way.

Phillips (2011) writes vividly about how much work with adolescents connects with our own experience: 'Working with adolescents gives us the opportunity to go on revisiting and possibly reworking the conflicts in our own adolescence; we may even hope to repair, vicariously, the things that went wrong for us'. 'The adolescents we see may ... represent the disowned adolescent parts of ourselves. We may, that is to say, secretly recognise in these adolescents our own preoccupations about sex, and solitude, and sociability; we may identify with them, and sometimes more than we want to.' p190

As Lemma puts it. 'In the course of any therapeutic relationship, we will experience temporary partial identification with our patients but our commitment is to relate to them as an "other" and not be confused with ourselves. This requires vigilant monitoring of our own projections as the interaction that evolves between us and the patient is determined by unconscious forces operating in both'. (2016) p 228

Conclusion

We need to work hard on ourselves so that we can be optimally conscious of our own internal dynamics, and to be alert to how the client's material and presence is acting on us. We have to know our own stories as fully as possible, so that we do not get ambushed or misled by identifications[1]

Held online November 20th 2021.

This talk will be the basis for a chapter in an upcoming book to be published by Routledge in spring 2023 entitled Bringing our histories into school-based therapy: How therapists' backstories enrich work with children and young people co-edited by Lyn French and Reva Klein. which go undetected or take us by surprise. We need always to be sorting out where the energy of a feeling or a spur to action is coming from – is it theirs, ours or a complex mixture of the two? We need to pay serious attention to the 'real' relationship as well as to the transference, and to be acutely tuned into and honest about the way in which we co-create the shared reality of this unique dyad with this client. We can then be a bit more certain that we are making the best possible use of what we ourselves bring to the table, understanding how it helps us in making a good connection with the young person in front of us, but also alert to where it might be leading us astray.

This is a difficult but rewarding set of tasks.

Disclosure statement

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1.Birkbeck Counselling Association's Annual Talk in collaboration with Psychodynamic Practice

References

Benjamin, J. (1992). Recognition and destruction: An outline of intersubjectivity. In *Relational perspectives in psychoanalysis* (pp. 43–60), N. J. Skolnick, and S. C. Warshaw (Eds.). New Jersey: Analytic Press, Inc. (An earlier version of this chapter appeared in "Psychoanalytic Psychology," 1990, 7 (suppl.):33–47)

Bollas, C. (2019). *Forces of destiny*. Abindgon: Routledge.

Carpy, D. (1989). Tolerating the countertransference: A mutative process. *The International Journal of Psycho-analysis*, *70*(Pt 2), 287–294.

Coren, A. (2001). *Short-term psychotherapy: A psychodynamic approach*. Basingstoke: Palgrave Macmillan.

Freud, S. (1912). *Recommendations to physicians practising psycho-analysis* (Vol. 12). London: Hogarth Press, Standard ed., pp. 111–120.

Greenberg (1996). tbc

Heimann, P. (1950). On counter-transference. *International Journal of Psychoanalysis*, *31*, 81–84.

Lemma, A. (2016). *Introduction to the practice of psychoanalytic psychotherapy*. Chichester: John Wiley.

Mitchell, S. (1993). *Hope and dread in psychoanalysis*. New York: Basic Books.

Phillips, A. (2011). The pleasures of working with adolescents. *Psychodynamic Practice*, *17*(2), 187–197.

Racker, H. (1957). The Meanings and uses of countertransference. *Psychoanalytic Quarterly*, *26*(3), 303–357.