

**How might transference and counter-transference issues manifest themselves in your work with clients? How about defense mechanisms? You may want start your response by giving what you understand to be the textbook's definition of transference, counter-transference, and defense mechanisms.**

**"Transference The phenomenon of clients placing their unconscious material onto the therapist and experiencing the therapist as if he or she were a previously encountered person" (Parrott, 2003, p. 107)**

**"Counter-transference The phenomenon of the therapist transferring feelings, fantasies, and behaviors from a previous relationship onto the client and thus creating an inappropriate therapeutic relationship" (Parrott, 2003, p. 106)**

The classical psychoanalyst regards transference as essential to the client's progression. The Analyst steps in as a sort of surrogate of a previous person in the client's life. In classical analysis the therapist is very detached and simply listens to the client speak freely while occasionally offering reaction to what the client says. This approach allows the client to express themselves and will lead the client to a more purely free session without the influences of the therapist. Transference revolves around positive and negative feelings that the client portrays. Through these feelings the analyst is able to help by association to counsel the client to gain a better understanding of where they are mentally and emotionally. "As clients become gradually aware of the true meaning of their transference relationship with the analyst, they gain insight into their past and present experiences" (Parrott, 2003, p. 94)

As a therapist, the importance of neutral response is critical for not only the client but the therapist as well. Being human we all have emotional repressive responses and if taken out of context the end result may be counter-transference. This happens when the analyst begins to portray feelings onto the client.

Defense mechanisms arise when a person facing a difficult time may possibly rely on triggers in the mind or ego, to relieve anxiety. Defense mechanisms are the emotional minds checks and balances keeping the desires of the id from taking over completely."The ego counsels with reality to determine whether or not it can satisfy the pleasures the id seeks to express without harming itself or others"(Parrott, 2003, p. 86).

Reference:

Parrott, L., III. (2003). Counseling and psychotherapy (2nd ed.). Pacific Grove, CA: Thomson/Brooks/Cole.

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**Transference**-The phenomenon of clients placing their unconscious material onto the therapist and experiencing the therapist as if he or she were a previously encountered person (Parrott, 2003, p. 107).

**Counter-transference**-The phenomenon of the therapist transferring feelings, fantasies, and behaviors from a previous relationship onto the client and thus creating an inappropriate therapeutic relationship (Parrott, 2003, p. 106).

**Defense mechanism**- A strategy of distorting reality used by the ego to defend itself against the anxiety provoked by the conflicts of everyday life (Parrott, 2003, p. 106).

A therapist refers to transference as a key element that aids in a client's development. In a typical therapy session the therapist listens and observes as the client expresses their feelings, at times the therapist will offer feedback or react to certain statements. By allowing the client to speak and express themselves freely as the therapist remains neutral, the client in turn can have a productive session. Transference allows both positive and negative feelings to be conveyed, through these feelings a therapist can analyze and evaluate the client as to where they stand both emotionally and mentally.

For a therapist it is imperative to remain neutral at all times, as well as for the client. As individuals we all have different views and react to situations differently, if during a session either the client or therapist has a different view and reactions this may cause what is known as counter-interference.

Defense mechanism occurs when an individual is faced with a situation which frustrates them and triggers them to react impulsively.

Reference: Parrott, L. (2003). *Counseling and Psychotherapy* 2<sup>nd</sup> edition