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Setting, transference, countertransference and interpretation in couple and family psychoanalysis

De-mystifying the countertransference in the couple analytic process[1]

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Summary

In contemporary psychoanalysis, countertransference is seen as an important tool in accessing the patient's unconscious. The concept of countertransference has evolved considerably since the way Freud and Klein originally conceived of it. We can now think of countertransference as a process that involves projection by the patient into particular aspects or valences of the analyst (Brenman Pick, 1985, Bion (1961). Working through the countertransference can take time, and necessitates in the analyst a self-reflective capacity, being aware of subtle enactments and making links with the patient's history. In couple therapy the processing of countertransference in relation to the couple's inner world, can feel more complex. The concept of a couple state of mind (Morgan, 2001, 2019) is utilised to aid this process.

Keywords: Countertransference, enactment, working through, projective identification, couple therapy

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Résumé. *Démystifier le contre-transfert dans le processus analytique du couple*
En psychanalyse contemporaine, le contre-transfert est considéré comme un outil essentiel pour accéder à l'inconscient du patient. Le concept de contre-transfert a considérablement évolué depuis sa conception initiale par Freud et Klein. On peut désormais envisager le contre-transfert comme un processus impliquant une projection du patient sur certains aspects ou valences de l'analyste (Brenman Pick, 1985 ; Bion, 1961). Travailler sur le contre-transfert peut prendre du temps et nécessite de la part de l'analyste une capacité d'autoréflexion, une conscience des mises en acte subtiles et la faculté d'établir des liens avec l'histoire du patient. En thérapie de couple, le traitement du contre-transfert en lien avec le monde intérieur du couple peut sembler plus complexe. Le concept d'état d'esprit du couple (Morgan, 2001, 2019) est utilisé pour faciliter ce processus.

Mots-clés: Contre-transfert, mise en acte, travail sur soi, identification projective, thérapie de couple.

Resumen. *Desmitificación de la contratransferencia en el proceso analítico de pareja*

En el psicoanálisis contemporáneo, la contratransferencia se considera una herramienta importante para acceder al inconsciente del paciente. El concepto de contratransferencia ha evolucionado considerablemente desde la forma en que Freud y Klein lo concibieron originalmente. Ahora podemos pensar en la contratransferencia como un proceso que implica la proyección del paciente en aspectos o valencias particulares del analista (Brenman Pick, 1985; Bion, 1961).
Trabajar a través de la contratransferencia puede llevar tiempo y requiere en el analista una capacidad de autorreflexión, ser consciente de las actuaciones sutiles y establecer vínculos con la historia del paciente. En la terapia de pareja, el procesamiento de la contratransferencia en relación con el mundo interno de la pareja puede parecer más complejo. El concepto de estado mental de pareja (Morgan, 2001, 2019) se utiliza para ayudar en este proceso.

Palabras claves: Contratransferencia, (puesta en acto) interacción inconsciente, trabajando a travé, identificación proyectiva, terapia de pareja.

There is something unknowable and therefore mysterious about the way in which one unconscious interacts with another. But this interaction is also at the heart of the psychoanalytic process and countertransference is now considered as "an instrument of research into the patient's unconscious" (Heimann, 1950).
But what is countertransference and how does the analyst access it and utilise it in the analytic process? Since Heimann's landmark paper, attention has been drawn to the way that the patient unconsciously projects into aspects of the analyst (Brenman Pick, 1985) or as Bion describes, homes in on the analyst's "valencies" (Bion, 1961). The analyst «feels he is being manipulated so as to be playing a part, no matter how

difficult to recognise, in somebody else's phantasy» (Bion, 1961, p.149). Joseph (1985, p.447) has described the way in which patients «act out with us in the transference, trying to get us to act out with them» and a similar idea was described by Sandler (1976) in his notion of "role-responsiveness". In the first part of this paper, I will describe some of these ideas and the way in which I think countertransference is understood today.
Through the countertransference, the inner world of our patients become, at least to some extent, accessible, but this requires psychic work on behalf of the analyst. Working through the countertransference involves being attuned to feelings in ourselves which we cannot easily make sense of, subtle and not so subtle enactments, a self-reflective capacity, finding a third position and making links between the countertransference and the patient's or couple's material and history. In the second part of this paper, I will describe more fully my understanding of the process of working through the countertransference.
In couples therapy the countertransference can sometimes feel more complicated as the therapist might have intense feelings that seem difficult to understand in terms of the couple's inner world and relationship. In this situation the therapist needs the help of couple analytic concepts. I suggest several ways in which countertransference can be thought of in couple therapy and suggest how a couple state of mind provides a framework for working through the countertransference with a couple.

The concept of countertransference today

In looking the concept of countertransference today I would identify three important developments.

Countertransference as the patient's creation

The first was Heimann's 1950 landmark paper, in which she stated her view that, «the analyst's countertransference is not only part and parcel of the analytic relationship, but it is the patient's creation, it is part of the patient's personality» (1950, p.81). Up until this point countertransference was seen as a neurotic disturbance in the analyst which got in the way of her getting a clear and objective view of the patient. This idea that the analyst's countertransference is an important source of information about the patient's internal world has for some time been widely accepted by analysts from different schools (Gabbard 1995).
But interestingly, the analyst's inner world still plays a role, but not in the purely pathological way that Freud and Klein believed. Now we seem to have come to a point, whereby countertransference is seen as a complex unconscious mix of the patient's personality, interacting with a part of the analyst's personality. As Feldman points out there have been important developments in understanding not only the

ways in which a patient projects into the analyst but also,

> «The more complex and subtle ways in which the *analyst* is induced into states of mind, sometimes accompanied by various forms of enactment, which are relevant to the patient's early history, and his current anxieties, defences and desires» (Feldman, 1997, p.233).

The enacted nature of countertransference

Thus, the second important development is the idea of countertransference as enacted, or if not always enacted, the pressure felt to enact. Chused (1991) has pointed out that the value in acting out certain impulses within the analytic frame is not the enactment itself but rather the observations and eventual understanding that derive from the enactments. She says,

> «An enactment is a nonverbal communication (often cloaked in words) so subtly presented and so attuned to the receiver that it leads to his responding inadvertently in a manner that is experienced by the patient as an actualization of a transference perception, a realization of his fantasies. Although not therapeutic, an enactment can provide invaluable information and an immediacy of experience that enrich the work» (Chused, 1991, p.637).

Enactments used to be considered as discrete events taking place in a treatment but in more recent years there has been view that there is a continual series of enactments. Katz, who has written quite a lot about this, thought they were not isolated events, but rather an ongoing, ever-present part of the analytic situation. One could think of them as a second layer of nonverbal communication that exists parallel to the overt, symbolic one that contains the verbal exchanges between patient and analyst. Thus,

> «The therapeutic action of psychoanalysis may be considered a function of two interwoven and inextricable treatment processes: transference experienced enactively and insight symbolized verbally» (Katz, 1998, p.1132).

Whether or not we agree with this view of the analytic process, there is a widely held view now that countertransference enactments are an inevitable part of psychoanalytic treatment. There are key theoretical developments that led to this view of countertransference, perhaps the most important being the development of another concept, that of projective identification.

The concept of projective identification which was originally considered by Klein as an *intrapsychic* phantasy has changed, including among Kleinians, as the interpersonal aspect of projective identification was recognised. Particularly important here was Bion's work on the container-contained relationship. Bion (1959, 1962) described the mother's function of taking in and allowing herself to be affected by the infant's projection of anxiety or distress. If the mother could digest and process these states, she was able to transform these into a manageable form

that enabled the infant to bear them and ultimately to think about his or her experience.
In thinking about this early process between mother and baby, Bion drew a parallel with the process between analyst and patient. The analyst who could take in the patient's projected mental contents inside herself and be affected by them, could potentially transform them into conscious thought, and through interpretation re project them into the patient, leading to insight and containment.
Bion was able to elaborate what can go wrong in the process, factors in the mother and infant, resulting in attacks on linking. Most disturbing for the infant was a mother who was impermeable, possibly depressed, a mother who was unable to take in her infant's projections and worse still a mother who projected her own unbearable states into the infant, which might be experienced by the infant as a kind of wilful misunderstanding.
One can see all the parallels here in the analyst being able to be receptive to the patient's projections and being able to work them through in the countertransference, as well as alert us to what can go wrong. Ogden describes the process of interpersonal projective identification as follows:

> «In a schematic way, one can think of projective identification as a process involving the following sequence: first, there is the fantasy of projecting a part of oneself into another person and of that part taking over the person from within; then there is pressure exerted via the interpersonal interaction such that the "recipient" of the projection experiences pressure to think, feel and behave in a manner congruent with the projection; finally, the projected feelings, after being "psychologically processed" by the recipient, are re-internalised by the projector» (Ogden, 1979, p.358).

Projective identification seen in this way goes beyond what is ordinarily referred to as transference in that not only does the patient view the therapist in a distorted way determined by past object relations, but in addition pressure is exerted on the therapist to experience himself in a way that is congruent with the phantasy.
Joseph in a series of clinical papers, demonstrates the subtle unconscious attempts that patients make to manipulate or to provoke situations with the analyst, which are a recreation of earlier experiences and relationships, or the externalisation of an internal object relationship. She shows that much of our understanding of the transference can only be captured through the processing of our countertransference. She describes how patients,

> «Try to draw us into their defensive systems; how they unconsciously act out with us in the transference, trying to get us to act out with them; how they convey aspects of their inner world built up from infancy – elaborated in childhood and adulthood, experiences often beyond the use of words» (Joseph, 1985, p.447).

In her view, the analyst needs to be open to experiencing the patient's projections sufficiently to become conscious of the emotion, the phantasy, the pressure, and its

content, so that she can begin to make sense of it. While enactment is not desired, she too feels a degree of enactment may need to occur before the analyst is sufficiently aware of what the patient is feeling or doing.
The analyst in allowing herself to be moulded by this interpersonal pressure can observe these changes in herself which can provide access to a very rich source of data about the patient's internal world – the induced set of feelings and thoughts are experientially alive, vivid, and immediate. Yet, as Ogden (1993, p. 24) points out, «they are also extremely elusive and difficult to formulate verbally because the information is in a form of an enactment in which the therapist is participating and not in a form of words or images upon which the therapist can readily reflect».
Sandler (1976), from a different perspective, suggested that the patient casts himself in a role and his object in a complementary role, which represents the externalisation of an internal object relationship. The other is then subtly manipulated to accept the role into which he or she has been cast. Regarding countertransference, Sandler held that in addition to maintaining a "free-floating attention" to the patient, the analyst, within limits, responds to the patient with a "free-floating responsiveness" that includes not only thoughts and feelings but attitudes and behaviour.
It is interesting to think, that as one imagines with a mother and infant, many of the patient's projections remain unconscious in the analyst but might nonetheless be contained as the patient observes a projected part of the self, contained in another psyche. Carpy (1989) argues that the analyst's capacity to tolerate the countertransference, and the patients witnessing of this, could, in itself, lead to psychic change in the patient.

Working through the countertransference

The third important development in the understanding of countertransference is the attention given to the process of "working through" – how in fact, the analyst tries to become aware of the patient's projections through their conscious derivatives and give meaning to them as part of the analytic work.
Not many analysts have described the complex process of working through, but an exception to this was Irma Brenman Pick's paper "Working through in the countertransference", written in 1985. Brenman Pick pointed out that patients' project into particular aspects, or internal objects, of the analyst. These aspects act as a valence or hook into which the patient can project. This then necessitates the analyst taking a third position in the process of working through, of untangling what is the therapist's part and what is the patient's. This, she pointed out, presupposes that the analyst can face the exposure to powerful, intense experiences while continuing to think (see Brenman Pick, 1985, p.164).
Despite Brenman Pick's paper, although there have been many clinical accounts which include countertransference and the part it has played in understanding the patient, there has not, to my knowledge, been a great deal in the literature to describe

this process in detail. Exceptions to this, I think, are Money Kyrle's 1975 paper, written 10 years earlier "Normal countertransference and some of its deviations" and Weiss's more recent 2014 paper, "Projective Identification and Working through of the Countertransference: A Multiphase Model". Drawing mainly on the work of these three analysts, Brenman Pick, Money Kyrle and Weiss I will try and describe the process of working through the countertransference as I have come to understand it.

The first part of the process is the introjective identification by the analyst with aspects of the patient's internal world. As Brenman Pick describes the patient by projecting into aspects or internal objects of the analyst, helps the analyst understand the projected contents as they become associated with a suitable characteristic of the analyst. This inevitably brings the analyst into contact with her own earlier self and the damaged objects in her unconscious phantasy. This helps us understand how disturbing the countertransference can feel and is part of the answer as to why countertransference may be sometimes underused – it is too difficult to process.

Second, the analyst through finding a third position attempts to separate out what part is her and what part is the patient. As Habibi Kohlen (2018, p.395) describes, from an intersubjective perspective, «In this model the analyst's own objects, which encounter those of the patient, are thought about with them and as necessary intermingle with them and are differentiated again».

However, Brenman Pick warns us to be careful in our attempts to differentiate between what is us and what is the patient. She writes that, «whilst this differentiation is an essential part of our psychoanalytic endeavour… how problematic the clinical reality is. For there is no absolute separation, only a relative movement within that orbit» (Brenman Pick, 1985, p.157).

Third, the analyst transforms the projected parts which can then be interpreted and potentially reintrojected by the patient. Clearly being able to find a third position inside oneself is very important in this process. As Weiss (2014, p.748) describes: It is only when the analyst «can regain an observational stance vis-à-vis the feelings evoked in him and compare them with the material from the patient that he will be in a position to use his countertransference as an aid rather than being ruled by it».

Money Kyrle elaborated how the working through of the countertransference could be impeded in each part of this process, possibly manifesting itself as phases of delayed introjection, anxiety about failure to understand, or in defensive re-projections. There are many things that can get in the way of this process of introjection. The analyst may not be psychologically available in some ways to the patient who is then unable to reach or penetrate the analyst through projective identification. Just like the mother of an infant, the analyst may be preoccupied with something else and not as receptive to the patient as usual. Or something is taken in by the analyst that is too difficult for the analyst to tolerate and process, because it meets with some unanalysed part of the analyst, which will always be there. In this situation the analyst might take in the patient's projection but then quickly reproject it and in this process project some of the analysts unresolved parts. Alternatively,

the capacity in the analyst to stay with the more disturbing feelings, may lead to greater insight. As Money-Kyrle reflects,

> «The less satisfactory states… in which our feelings are at least in some degree disturbed, probably take up a lot more analytic time than we readily remember or admit. Yet it is precisely in them, I think, that the analyst, by silently analysing his own reactions, can increase his insight, decrease his difficulties, and learn more about his patient» (Money-Kyrle, 1956, p.31).

At the same time, it is also important to note that not everything the analyst feels is necessarily a projection from the patient, countertransference may be both underused and overused. A student recently asked me what is the difference between empathy and countertransference. It's a good question. A sensitively attuned therapist is often feeling things about their patient by protectively identifying with them. This is not the same as the patient projecting into them. So sometimes what is expressed is 'the couple made me feel sad', as if this feeling had been split off by the couple and projected into the analyst, whereas in fact something different may have been occurring, the couple were sad and the therapist through identifying with their feelings experienced empathy.
As Ruszczynski (1994, p.45) warns, «Countertransference, by definition, is an unconscious phenomenon and we do an injustice to the concept and its clinical usefulness by our readiness to sometimes so easily talk and think that what we rationally and consciously feel in relation to a patient, is necessarily countertransference. It may be intuition, empathy, or sensitivity (to use only some of the positive possibilities), all of which are very useful and necessary, but it may not be countertransference ».
In practice it may be quite hard to differentiate between empathy and countertransference. However, if a patient or couple consistently evoke a particular kind of response in the therapist we might wonder if what feels like empathy is in fact countertransference. The clinical example I will bring later perhaps illustrates this.

Countertransference in couple therapy

I have come to think about the processing of countertransference in couple analysis in several ways.

Two intersecting fields of transference and countertransference

I think it is useful to think of the couple in the room as enacting their relationship together. This is very different from individual work where the patient may be putting pressure on the analyst to enact together with him a particular kind of object relationship, as described by Joesph above. In couple analysis the couple are

enacting their relationship all the time, in the presence of the therapist. It is one of the transference and countertransference fields in couple analysis, because there is of course the other field of transference and countertransference which is that occurring between the couple, both as a pair and individually, and the analyst.
Conceptually, these two areas of transference are experienced somewhat differently for the analyst. The analyst's countertransference is experienced internally in the ways I have described, while transference and countertransference dynamics between the couple are observed. However, they are also *felt*, and the analyst has conscious and unconscious responses to it, thus in practice they overlap.
When the analyst is observing and thinking about the way the couple are interacting, one or both partners inviting the other to recreate with them an aspect of their internal world, the couple, at the same time, is relating to the analyst in a certain way, also unconsciously inviting her to play a particular part. Because there are two people coming for therapy who bring their relationship, not just as a problem to be discussed but as an alive and enacted phenomenon in the present, she has an experience that conveys what it is like to be in their relationship. The analyst is affected by the way the couple interacts, speaks, the tone of voice each of them uses, the silences, the aggression and fear, or warmth and connectedness. This enacted dynamic between the couple can be a vivid manifestation of their couple inner world.
These two overlapping forms of transference and countertransference are probably present in all sessions. For example, a couple recreates the unresolved argument they had earlier in the week. The analyst can feel the pressure on her to take sides as each partner seeks to make an alliance with her and show the other to be at fault. Losing all objectivity, they project into her; she becomes a judge or arbiter of the 'truth' or a misunderstanding object. She feels under pressure, perhaps feels confused, helpless or judge like. At the same time, through their enactment of the argument, the analyst is invited into the couple's living inner world. The analyst feels what it is like for this couple when things break down and they can't think and feel confused, how frightened and out of control they feel, how they feel the other is twisting reality and how despairing they feel about their relationship.

Working through the countertransference in couple therapy

An interesting aspect of co-therapy with couples is not only that there are two minds working together to try and understand the couple, but a couple relationship which is being projected into the co-therapy pair, and may be enacted there. If the co-therapy relationship is strong and safe enough, the enactments can be worked through between the therapeutic pair. For this reason, co-therapy with a couple requires a space after each session in which the two analysts can share their countertransference experienced in relation to the members of the couple, to the couple as an entity and their experience of their co-therapist. It may take time to process and understand what is projected into the co-therapy relationship. This has

been described as the “reflection process’(Mattinson, 1975).
In an excellent paper “Enactment as countertransference”, Ruszczynski describes the process of working through his countertransference as it became enacted in phantasy and action in the co-therapy relationship. I found his writing about his countertransference evocative, and it captured what a disturbing experience countertransference can be. He describes a couple in which there was a very tense disturbing deadness between them which had a paralysing impact on him. He describes a session as follows:

> «I began to develop a thought that I was remaining silent because I believed that if I were to speak, I would find myself in open conflict with my co-therapist: she would openly disagree with me, and this would be extremely damaging to us, to the couple and to the therapy. Initially, this thought froze me even further, and I felt a sense of hopelessness and helplessness. Momentarily, I concluded that I could no longer work with this co-therapist and certainly could not be of any use to this couple. It was as if simply having the thought of speaking out produced a sense of destructiveness and despair» (Ruszczynski, 1994, p.52).

He then describes a process of working this through in himself and with his co-therapist and eventually being able to make an interpretation to the couple, that they feared that if they engaged with the other, they would get an aggressive and highly dangerous response. The interpretation led to the couple opening up about profound anxieties in this area. In this process, and through making links to earlier experiences, it felt to me that there was an increase in understanding and containment.

Gathering the countertransference

In the clinical example by Ruszczynski, we can see that countertransference usually takes time to work through and interpret. That accords with my experience too. Often there is an array of different internal responses to the partners individually and as a pair. It can be hard to find a place in one’s mind to bring these different elements together. In Monzo’s view a therapist with a couple state of mind can «observe and think about his relationship with the couple and the dynamics amongst the three people in the room» (Monzo, 2022, p.203). A couple state of mind also helps the therapist hold on to her belief that these different, complex, and sometimes seemingly unrelated responses might eventually be understood in terms of the couple’s inner world. In that sense a couple state of mind functions as a container for these disparate elements.
I will give a brief clinical example of this but before doing so, I want to pause and think a little about the internal world of the couple therapist. Following Brenman Pick’s view that patients project into our internal objects, it can be difficult for the couple analyst to bear the way her internal couples get affected. I think there is no doubt that working with couples can stir up unresolved areas for the therapist in

relation to their own internal couples. Many therapists will have experienced parents who separated and divorced or had conflictual relationships. Others may have suffered trauma in the family. All of us will have had to struggle with Oedipal conflicts, feelings of exclusion from the parental relationship or inappropriate inclusion. Working with a couple, we are back inside a triangular situation. It may be difficult for the therapist to feel on the outside of the couple or she may feel overly anxious about being drawn into their relationship. Myers and Long (2015, p.4) suggest that countertransference in couple therapy, «holds, particular strong intensity». They point out that working with couple can stir up unresolved Oedipal issues, and in a review of the literature on format changes in couple therapy, they make the interesting suggestion that feelings of exclusion in the therapist might sometimes unconsciously motivate the therapist to change the couple therapy from joint to separate sessions.

Ron & Debra

After I had seen this couple for about 6 months, I became aware of a hard to process and understand countertransference. There was a paradox in that the couple seemed very needy and demanding of the therapy whist often leaving me feeling they didn't value it. They never wanted to miss a session, and I found myself being more than usually flexible in offering them an alternative time if they had a problem in attending. They always took the alternative time.
Ron the oldest of 3 boys, felt overlooked by his parents as he was growing up. He was sent to a boarding school at a young age and became precociously independent, eventually reciprocating the coldness towards his parents that he felt from them. There had been some recent family events in which he had hoped something might change but he was yet again disappointed. Debra's family was more enmeshed, she had a twin sister and two younger brothers. Her parents were consumed by constant arguing between them that sometimes took a violent turn. Like Ron she felt there was little space in her parents' minds for her and her siblings and attempts to get attention risked an unpredictable response. Perhaps because of this she and her siblings clung together, she described the feeling that "everyone was on top of one another". Ron and Debra had a 6-year-old son, Bobby, and Ron had a teenage son, Tom, from a previous relationship, who lived with them some of the time. The couple reported arguments in which they felt the other one's needs always took precedence over their own; there was a continual sense of unfairness.
The following are some of my transient countertransference feelings from around that 6 month period. In one session, they arrived with Debra upset. At the school drop off she had tried to get the attention of Bobby's class teacher, but the teacher was too busy to speak to her. She felt upset and angry. Although I felt I could understand Debra's frustration, there was something about her unwillingness or inability to sympathise with this busy primary school teacher that irritated me. In

that moment I felt more identified with the teacher and was in touch with the feeling of Debra's demandingness on me, which could feel like a heavy weight.
There was another session around that time when Ron's phone rang ten minutes into the session, and he said he needed to send a text which he proceeded to do. He said he wouldn't be a minute it was important. Debra and I were left waiting for several minutes. She felt annoyed, as did I. Then Ron, finishing his text, lifted his head and smiled, saying "right let's carry on". I suggested we try and think about what had just happened. Ron was startled as if it hasn't crossed his mind that any of us might be affected. The couple started arguing and although I tried to return to this incident I couldn't get anywhere as Ron insisted I was bringing up something irrelevant.
The next few sessions, Ron and Debra talked about their difficulty in coming together physically and sexually. When Ron came back from work trips, at the first opportunity he wanted to have sex with Debra. He found sex reassuring because as we came to understand, he felt anxious when away from home and Debra. But Debra was starting to realise that she wasn't enjoying sex anymore, she has gone along with it as she had felt there was no option because of the intensity of need in Ron. But now she was feeling that she herself got entirely lost in their sexual encounters. I was reminded of her comment about her early life in which she felt everyone was on top of each other, as if she couldn't crawl out and find her own space. As she described this, I was in touch with something I too felt that was suffocating about this couple.
A few sessions later, something happened that really provoked me. We were trying to find an alternative session time for the following week, when Ron had a business meeting, and it was proving difficult. I said this might not be possible and Debra responded, "but you have to, we are in therapy with you!" At this moment I was in touch with their need for me to be available in the totally accommodating way they wanted. It was clear they couldn't do the time I had offered but rather than facing this loss, they said "they would see", they might attend. In that moment I experienced them as relentlessly demanding. Even though they clearly could not do the time I offered neither could they let it go, I was to be keep there, waiting in the very unlikely event they could attend. I reflected on the fact that I had often been accommodating to them and had the new thought that perhaps I had been enacting something with them. Their neediness had met with something inside me that wanted to be available to them in the way they had not experienced earlier in their lives, but I now wondered if I had I got caught up in enacting a relationship in which their needs could never be brought in balance with anyone else's.
The other difficult and unclear countertransference's were in my mind at this point, my internal reaction to the anger with the teacher who should drop everything for Debra, Ron's texting in which Debra and I were dropped, their sex life in which one person's needs wiped out the other's. What I now felt in my countertransference was that I was not experienced as separate from them and when I broke free from that by saying I couldn't offer another suitable time, it surprised and enraged them.
I bring this brief example to illustrate a few things. One is that quite a lot of

countertransference is processed over time. We often need to live with difficult feelings that take time to process and make sense of. There are often enactments that we are not aware of that require us to look at the parts of ourselves that have been projected into and that working through involves an internal process of separating out what belongs to us and what to the patient or couple. This is not easy, as it involves being in contact with early and possibly damaged parts of ourselves. As some have suggested, this might be quite acute in working with a couple who may project into our own unresolved internal couple objects.

I also wanted to show that in couple therapy the projections are going in many directions - between the couple, and from the couple to the analyst, both individually and as a pair. With a couple state of mind, the analyst is always leaning towards understanding the couple, so that although she may be engaged with either partner, for example the demanding heaviness I felt from Debra, or the irritation with Ron, the question is always - how does this help to understand the couple? A couple state of mind is a capacity in the therapist to take a third position and observe what the two members of the couple are unconsciously creating together. This might necessitate working through the countertransference towards one of the partners within oneself, before being able to make use of it in relation to the couple. A couple state of mind helped in working through the various countertransference experiences with Ron and Debra and its meaning for the couple. The couple's demandingness, which took the form of intense neediness mixed with coldness, and their outrage when faced with my separateness from them, helped me understand what it was like for them in their relationship. The expression of need between them could be quite ruthless leaving the other feeling dropped or even annihilated. In those moments the other was not experienced as separate with their own needs.

I am of the mind that it is better to take time for the countertransference, which is primarily an unconscious phenomenon, to be worked through. This means that we often have to tolerate the countertransference feelings for some time without knowing what they mean and allow them to be worked through consciously and unconsciously. In my experience, there is often a crystallising moment in a session in which previously disparate elements that have been being worked through, come together. This process has been described as a selected fact (Britton & Steiner, 1994) or in therapeutic work with couples as a conjoint selected fact (Pickering, 2011). For me one of those crystallising moments was their outrage when I couldn't find an alternative time for them. I then became aware that there had been an enactment in which they often tested out my availability and I was not allowed to disappoint – unconsciously this was felt to be a catastrophe. A couple state of mind helped me to understand the states of mind the couple enacted in which separateness for one could feel annihilating for the other.

If the countertransference is difficult for the analyst to work through, re-introjection of previously projected parts by the couple, can also be difficult for them to work through. In the next few sessions, I felt I was better able to understand the difficulties between Ron and Debra. Although I knew from their histories that they shared

unavailable parental objects, who could not provide a containing space for them, I was now in touch with the rage that encountering such objects evoked. In the transference I was made into and enacted an ever-available object, but I had not been aware of how controlled I had to be as hiding behind this ever available object was the horror of the object who was never there or when there, could suddenly abandon. This was clearly an object hard to be with but now it made some sense of the general uneasiness I had felt with them for some time of being both needed and unwanted. I was able to help them understand the rage and disappointment they felt when the other was not available but also, the way in which they avoided contact with an object who was sure to disappoint. And of course, there was quite a lot of resistance to relinquishing me as an ever-available object. The intervention was the beginning of helping them accept and even explore separateness without the illusion that this can only be a form of abandonment.

This paper has been an attempt to de-mystify countertransference, it is elusive, enacted, often difficult and disturbing for the analyst to work through and make sense of in terms of the patient or couple. The process of interpreting and thereby reprojecting into the patient is also complex. There are many kinds of projections, not all of them are aimed at communication and understanding, sometimes they are more evacuative and controlling. Thus, the therapist's relief at having understood something may not always come as a relief to the patient or couple. This will lead to more projections and further countertransference to process.

Is there anything mysterious in the process? Perhaps yes, in that we will never fully understand the way that one unconscious tunes in to another, nor will we ever be fully cognisant of the unconscious part of working through the countertransference, only those parts that through often difficult reflective work, and the help of colleagues and supervisors, we come to see.

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