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Rev. of Between Therapists: The Processing of Transference/Counter-Transference Material

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BETWEEN THERAPISTS: THE PROCESSING OF TRANSFERENCE/COUNTER-TRANSFERENCE MATERIAL. Arthur Robbins. New York: Human Sciences Press, 1988, 222 pp.

It is not unusual today for us to find contemporary literature supporting the totalistic view of countertransference as a valuable tool with which we may understand our patients' psychodynamics. And this recent work by Arthur Robbins offers us a unique method through which we may elicit, acknowledge, and work through our countertransference conflicts in a way that leads to an increased breadth and depth of understanding not only of our patients, but of ourselves as well.

In his Foreword the author explains the historical factors that led to the evolution of his concept of specialized countertransference-focused Supervision Groups. It is the in-depth exploration of several specific group experiences that lays the framework of this book. The Foreword and first chapter serve to orient the reader with regard to the theoretical aspects of the following material, which is presented as modified transcripts of these sessions. For these chapters, sessions were chosen to illustrate the power and effectiveness of this vital technique of countertransference supervision, as well as to explore a variety of timely countertransference issues, such as collusion, working with a terminally ill patient, homosexual anxiety, and greed, to mention only a few. Introductory, ongoing, and closing comments by the author provide us with a rare view of the delicate balance between cognitive and affective processes that the group leader must experience, integrate, and formulate into practical interventions within this challenging approach to processing clinical material.

Robbins' approach is to begin with a group of therapists or analysts who have experienced a good deal of personal analysis. Participants are invited individually to present and explore their affective reactions to a current clinical case, while the group is invited to respond with their emotional reaction to the case, the presenter, and other group members as they also respond. The result is a powerful experience combining both affective and cognitive reactions to subjective and objective countertransference issues.

Central to understanding the theory behind this intricate process are the concepts of projective identification and the use of the group as a "container" for split-off and projected aspects of self and object representations of both the patient and analyst.

Through the process of projective identification, it is first the analyst who must be able to act as a container for his patient's projected raw affects and, ideally, not become overwhelmed and defensively act out this traumatic experience. This same phenomenon is seen to recur in a parallel process whenever an analyst presents such a patient to a group that is sensitive to receive these projections.

The richness and imperfection of human experience is reflected in Robbins' approach as he points out that, as analysts, our limits as containers of such powerful affects sometimes become overstressed, and we inevitably "spring leaks and spill out in any number of directions." This is especially true when we work with more primitively organized, preoedipal patients.

While personal analysis may offer a solution, Robbins suggests that a group-structured approach can act like a shock absorber for this stress and provide a rich, revitalizing experience on both affective and cognitive levels while simultaneously providing a strong sense of peer support. Through the careful exploration of group process, the very problems that interfered with the therapeutic process are often recreated and reflected back by the group to the presenter where they may be understood and integrated. Creative interventions such as role-play, the use of visual images, imaginary journeys, and fantasy exploration are often utilized to further explore the presenter's or the group's unconscious reactions to case material.

Robbins believes that there are limitations to how far any analysis will be able to resolve certain characterological issues within analysts, as well as within patients, and that prolonged exposure to patients' unconscious conflicts will often revive affectively charged issues even in the most well-analyzed analyst. This material may then become woven into the transference-countertransference fabric, which is then externalized within the group presentation experience.

His technique bridges the boundary between traditional group therapy and clinical supervision by bringing the central issues into the emotional spotlight where they may be recognized. Characterological issues within the analyst are seen as inevitabilities that cannot be completely analyzed away. We are, through this process, reminded, as Racker (1968, pp. 170-171) stated, of our "personal equation" regarding which we must all meet and blend with our patients' unconscious issues. It is important to note that Robbins' technique requires participants to have had extensive prior personal analytic work to enable them to move back and forth between the various levels of ego functioning associated with the constructive integration of both cognitive and affective experience. It is this kind of integrative experience that the author feels to be the most essential part of learning.

Illustrations of this kind of learning experience include the following: We see how a therapist deals with her countertransference feelings stirred by a patient who contracts terminal cancer. We get a clear view of the group in action, receiving projections of powerlessness and omnipotence. We feel a therapist's struggle with her complementary subjective and objective positions, as we grapple with the very real turmoil of coming to grips with the inevitable loss of her patient. This drama unfolds with a sense of realism and power that touches the reader deeply, as the humanness and torment of both the therapist and patient are experienced through the assimilation of this process. We get a very clear feeling of the ebb and flow between the group dynamic and patient dynamic issues as facets of both the patient and analyst are externalized within the group. We feel the group leaders' struggle to use his skill to sensitively weave between these various factors, at times provoking, at times remaining silent, letting the process unfold and finally bringing the material to closure with a breadth of perspective and compassion that comes together like a work of art.

This is an important work which reflects many years of evolution of a unique form of learning and teaching. It is a welcome addition to the current literature on countertransference. We are often reminded of how we may utilize our inevitable failures and mistakes to further understand our patients. This message, along with that of "trusting your unconscious" as a source of information and a valuable tool in doing clinical work, leave the reader feeling reassured and more compassionate and accepting of ourselves, as we are constantly fascinated by and reminded of the vast richness and complexity of human interaction and experience.

REFERENCE

RACKER, (1968) *Transference and Countertransference*. New York: International Universities Press.

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