

“Linking the Past to the Future”: Response to Franzen’s “Transference and Countertransference in Pastoral Care, Counseling, and Supervision”

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I appreciate the invitation to read and comment on David Franzen’s article, “Transference and Countertransference in Pastoral Care, Counseling, and Supervision.” Franzen begins with a clear recognition that transference and countertransference are psychodynamic phenomena that naturally come into play in almost any human interaction. The critical importance of these concepts is heightened in therapeutic and supervisory relationships that are typically characterized by power differentials and/or one party being in a vulnerable state who is in need of spiritual or emotional care.

In his article, Franzen traces the development of the understanding of transference and countertransference. Focusing initially on Breuer and Freud, he acknowledges the essential evolution of transference from a phenomenon to be feared to a barrier in the therapeutic enterprise to an opportunity for growth and resolution. Referencing his own clinical examples, he underscores how transference can be understood as symptomatic of a deeper need and the critical significance of the provider’s capacity to receive and

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engage transference in partnership with the patient or client. Failure to do so can contribute to both parties remaining stuck. The opportunity for new insight may benefit the provider and the client/patient alike, but the responsibility for recognizing and appropriately managing the phenomenon remains with the former. In both scenarios, Franzen appeared to be non-anxious and present. He was able to stay connected and maintain appropriate professional boundaries. I appreciated the way he unpacked the two clinical scenarios from his own work while simultaneously drawing on evolving literature on the nature of transference and countertransference. He adroitly used these concepts to underscore the depths of human relationship and the responsibilities that accompany professional service and care of others.

Franzen seems to imply that there is a universal application regarding these psychodynamic phenomena that can be drawn from the three clinical examples. However, at no point does he address the potential limitations of such a conclusion. The article would have benefited, for instance, from some acknowledgment that in each instance the provider was male and the recipient of care female. His own two clinical scenarios reflect a therapeutic/caregiver relationship between a Lutheran clergyperson and a Lutheran layperson. A more critical analysis of these scenarios might have explored the nature of the pastoral role and the transference onto the "representative of God." As such, an exploration of how cultural factors might come into play would have strengthened his presentation. He might have been able to address this through further connection to contemporary interpretations of the depth of human interaction.

Franzen's encounter with another CPE supervisor's interpretation of the clinical case of Mrs. A seems to be a motivating factor in his preparation of his article. He attends to the importance of differential diagnosis and makes a strong argument for his position that the nature of the transference in his encounter with the patient was of a more urgent nature than her need for grief counseling. Although I have no reason to disagree with Franzen's analysis, as a reader, it is more difficult to draw the same conclusions without the benefit of more clinical (perhaps verbatim) material.

As a CPE supervisor with a strong research interest, I was drawn to Franzen's apparent concern about the extent to which transference and countertransference are currently addressed in clinical training and supervisory curricula. He begins the section on this topic with a direct and relevant question: "Does any element of a program's training curriculum di-

rectly address transference and countertransference?" (p. 197). Throughout the article, Franzen appears to work out of the assumption that students in spiritual care training and supervisory education are insufficiently exposed to psychoanalytic theory and to the concepts of transference and countertransference. How does he know that? What evidence does he bring to bear? Did he consider the single encounter with another supervisor who understood a clinical scenario from a different perspective than his own an example of single case research from which he could justify a generalization? There is no attempt to answer the potential research question through any scientific investigation. As a result, there are no data to support his indictment of current training curricula.

Franzen's question about attention to psychoanalytic theory in training curricula is a curious one worthy of exploration. This could in fact be an excellent research question and could continue along some of the same lines as recent conversations and studies regarding clinical pastoral education curricula. In 2014 and 2015, *Reflective Practice* provided an open forum to discuss the best ways to prepare individuals for modern chaplaincy. In addition, recent studies have investigated the extent to which research literacy¹ is incorporated in ACPE-accredited residency programs. In addition, Fitchett et al. investigated the extent to which ACPE residency programs incorporate the APC certification competencies in their curricula.² These studies were founded on a basic research question using survey data from a convenience sample of ACPE supervisors.

If Franzen were to develop a systematic investigation of the question at hand regarding training curricula, the results might have a greater impact than a narrower focus. The scope of his critique of current training models is broad, extending to training for chaplains, CPE supervisors, pastoral counselors, and even congregational clergy. By conflating distinct training curricula, however, the impact of any findings would remain more diffuse than focused. This could limit the generalizability of the findings.

The implications section could have been strengthened had he recommended strategies and/or teaching methodologies for attending to issues of transference and countertransference in CPE curricula. The implication drawn from the article is that the diffuse content and current methods employed in traditional clinical training are less than adequate. Franzen attributes his capacity to recognize his own countertransference to his own clinical training and personal therapy. What in his clinical training helped?

He only mentions the importance of being exposed to literature that speaks to these phenomena, suggesting one resource for that purpose. I would have liked to hear more.

The implications section could have served as an opportunity for Franzen to shed some light on his educational theory. He critiques the trend toward over-burdened curricula with too many foci. How does he understand the evolution of the integration of new knowledge (how to think vs. what to think) in CPE training? What recommendations might he have about the balance between content and process in the supervisory curriculum? How might he suggest we implement those recommendations? For instance, would Franzen advocate for mandated therapy as a co-curriculum requirement for certification as a chaplain or CPE supervisor? There was a time, after all, when that expectation, even though it was perhaps unspoken, was prevalent. He seems to suggest that some of these questions might be beyond the scope of his article. Yet, I find them to be at the core of my response.

For me, Franzen's article resurfaced some of the historical factors in the early days of the development of CPE. At some level, it resurrected the education vs. therapy debate. In New England, attention leaned toward methodological innovation leading to skill development and competence as the basis for professional formation. Cabot and Dicks emphasized the student-patient relationship as the locus of learning. Meanwhile, in New York the dominant metaphors derived from Boisen and Dumbbar focused on the psychodynamic approach to learning. Supervision focused on the supervisor-student relationship and attention to the students' insight into their own emotional world. Franzen's article caused me to reflect once again on how close we remain to our own history. In the end, I find that historical perspective to be core to the ongoing vitality of clinical training and supervision.

NOTES

- 1 George Fitchett, Alexander Tartaglia, Diane Dodd-McCue, and Patricia Murphy, "Educating Chaplains for Research Literacy: Results of a National Survey of Clinical Pastoral Education Residency Programs," *Journal of Pastoral Care and Counseling* 66, no. 1 (2012): 3; Alexander Tartaglia, George Fitchett, Diane Dodd-McCue, Patricia Murphy, and Paul E. Derrickson, "Teaching Research in Clinical Pastoral Education: A Survey of Model Practices," *Journal of Pastoral Care and Counseling* 67, no. 1 (2013): 5.
- 2 George Fitchett, Alexander Tartaglia, Kevin Massey, Beth Jackson-Jordan, and Paul E. Derrickson, "Education for Professional Chaplains: Should Certification Competencies Shape Curriculum?" *Journal of Healthcare Chaplaincy* 21, no. 4 (2015):151-64, doi:10.1080/08854726.2015.1075343.