Broadening the Framework:
Response to Franzen's "Transference and Countertransference in Pastoral Care, Counseling, and Supervision"

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I am grateful to David Franzen for his insightful essay. He justifiably challenges CPE educators, chaplains, pastoral counselors, and clergy to be more proactive and strategic in assessing and addressing issues of transference/countertransference (T/CT) with students, patients, clients, and congregants. My response focuses on these themes: (1) the fluidity and thereby oftentimes murkiness of identities and roles; (2) the relevance of the pastoral context; and (3) concerns that fixed attributions of classical understandings of T/CT may obstruct other helpful interventions.

The Fluidity and Thereby Oftentimes Murkiness of Identities and Roles

To introduce this theme, I offer an experience from my past. When I was a CPE supervisory student, I recall my supervisor initiating a conversation that was presumably motivated by his investigation into how T/CT was

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operative in our relationship. Effectively, he asked about the roles I associated with him. I pondered for only a few moments before offering: "Teacher, mentor, friend, father, colleague, husband, pastor, priest." I don't remember if I risked elaborating on additional roles that seemed operative; such as ally, antagonist, and even student and son. When I reversed the question, asking what role he associated with me, he said "sister." I wondered whether other roles were at play that, congruent with Franzen's suggestion, my supervisor was reluctant to name. "Sister" was reasonably safe, but to go more deeply into T/CT issues between us might have elicited feelings of self-consciousness, vulnerability, and possibly even shame. Perhaps our sensitivities to fully exploring any projections and roles that might indicate T/CT limited our ability to reflect upon important dimensions of the dynamic between us.

I appreciate Franzen's caution that pastoral educators and spiritual care professionals avoid engaging T/CT issues at the peril of staying superficial and possibly ineffective in our interpersonal encounters. But, as my vignette suggests, I struggle with the inference that we can assign clear-cut, unitary roles to characterize our relationships. The case studies Franzen presents hone in on transferential explanations for behaviors that may be overly constrictive. I don't know if Franzen would disagree that multiple roles may be operative in our pastoral interactions, but I wonder if his preferencing singularity in roles does a disservice to the development of thinking around T/CT. He affirms Pamela Cooper-White's contributions to this topic,[1] though his views seem more consistent with traditional psychoanalytical theories of T/CT. He notes that Cooper-White "'expands' the insights of the neo-Kleinian perspective" he espouses in his article (p. 197). But perhaps Cooper-White does more than expand. My understanding is that her twenty-first-century contributions to the discussion may succeed Franzen's T/CT emphases, which rely heavily upon writings from the 1950s to the 1970s.

Cooper-White views the unitary self as "potentially repressive of subjugated inner voices" and quotes feminist writer Jane Flax: "I believe a unitary self is unnecessary, impossible, and a dangerous illusion."[2] Cooper-White also references the work of Philip Bromberg, a relational psychoanalyst, along with other researchers who "observed that the earliest experiences of the self appear to be organized around a variety of shifting self-states that encompass cognitive, affective, and physiological dimensions to include in-

ternalized representations of relational or interactive experiences."[3] While such researchers may focus on early childhood development, to the degree that we believe that human development continues throughout the course of a human life, I would assume that multiple self-states continue to develop as well and to be in play in our relationships.

To summarize my first point, I do not disregard the power of a clearly identifiable case of T/CT—such as a patient projecting an image of her mother onto a female chaplain (transference) or a chaplain projecting her motherly feelings towards a patient (countertransference)—and how important it is to assess and address such dynamics. However, I believe we need to cultivate the consciousness that more (even more!) complexity may be at play.

Relevance of the Pastoral Context

The second focus of my response relates to the relevance of the pastoral context and the different strategies for addressing T/CT depending on the relationship. Cooper-White delineates differences in our pastoral approach based on the counseling relationship, whether it is pastoral care, pastoral care and counseling, or pastoral psychotherapy.[4] The degree to which we can, and perhaps *should*, engage T/CT issues would reflect the type of relationship and expectations that are in force. For the purposes of our CPE conversation, we can add student-teacher as another context with its own dynamics to consider.

As with my first point, Franzen may agree with my comments on context. But since context is not his emphasis, and I think it quite relevant, I choose to highlight this. Franzen says, "Sadly, I must note that the 1880s prepsychoanalytic practices of catharsis, suggestion, hypnosis, and reassurance have become staples today in the pastoral care and counseling practices of many chaplains and pastoral counselors." Elsewhere, he critiques chaplains who jump to providing bereavement care in situations in which grief is not actually the presenting problem. He says, "From a clinical theory-based perspective, doing so could reduce the chaplain's function to that of a 'one-trick pony' who sees most patients as in need of bereavement care" (p. 184).

I agree with Franzen and, at the same time, reiterate the importance of context. There may be T/CT concerns at play in a fifteen-minute hospital visit with a post-surgery patient. However, because of the limited parameters of the relationship, it may be preferable to focus on issues of grief, reassur-

ance, catharsis, and suggestion.[5] As part of my teaching on the topic of grief, I utilize Melodie Beattie's "Master Loss Inventory," which has nearly five hundred losses to consider.[6] Even though, as Franzen points out, grief may reflect necessary losses and is a normative part of life transitions, my experience suggests that unaddressed grief exacerbates spiritual pain. Inviting patients to explore griefs, losses, and painful life adjustments may be what we can realistically offer in many of the limited contexts in which chaplains provide spiritual care, even though complex transference issues may illuminate a deeper understanding of a patient's suffering.

Regarding the pre-psychoanalytic terms of reassurance, catharsis, and suggestion, I may be taking liberty with their intended clinical definitions, but as I hear these words from my current perspective, I am cautious about writing off these concepts too hastily. Here is what I associate with "reassurance": exploring with patients what are authentic and meaningful coping resources—offering comfort, support, hope, affirmation, and/or encouragement. I see inviting "catharsis" as listening actively and deeply to patients as they express a full range of their thoughts and emotions. "Suggestion" might include providing guidance, counsel, spiritual resources, prayer, or a professional referral. Again, I admit that I may be taking these words beyond their intended applications, but I am reluctant to disregard any intervention that may be useful for the chaplain's or teacher's "toolbox."

To summarize my second point, I agree that we ought to avoid becoming "one-trick ponies"—whether the "trick" we favor is bereavement care, reassurance, catharsis, or suggestion. At the same time, there may be more of a legitimate place for practices that Franzen dismisses, especially when we factor in the *context* of the helping encounter.

Fixed Attributions Of Classical Understandings Of Transference/Countertransference May Obstruct Other Helpful Interventions

My third point addresses concerns that fixed attributions of classical understandings of T/CT may obstruct other helpful interventions.

A few months ago, I had an experience of a patient putting me on an unexpected pedestal, similar to Franzen's second case study of Mrs. A's "sudden, desperate, dependent, and erotically tinged" positive and idealizing transference toward him. In my case, it was with home health patient "Cora," a fifty-seven-year-old woman going through intense chemotherapy

treatments for ovarian cancer. At the time, she was living alone, though she had had different lesbian partners over the years. Although she had grown up in a small, rural, fundamentalist Christian community in the Midwest, she considered herself a spiritual seeker, open to teachings from a variety of traditions and sources. From the moment we met, Cora was intrigued and enthusiastic to have as her chaplain a *woman rabbi*! We arranged visits at her urban townhome via a work text number. Typical texts from her were like this one: "Wise and Rabbinical One. I'm so thrilled to hear from you. I would be most pleased to see you this coming week." One time, she opened her text with this greeting: "Hey chickadee Rabbi Susan." She raved about my way of being with her, the resources I shared, the "wisdom" I offered her, and so on, mentioning numerous times how she shared with friends and family her delight with my visits. At one point, when I apparently blushed at her affirmations, she assured me that she wasn't coming on to me. Nevertheless, I did experience her as somewhat seductive and felt some discomfort with her effusiveness.

Surely, there were T/CT projections at play in our encounters, in sync with the kinds of awarenesses Franzen admonishes chaplains to pay more attention to. Yet, in contrast to the methodology Franzen describes, and due to the limited context of my chaplain visits with Cora, I felt another transference lens would be more productive in informing my work with her. What guided my interventions was Heinz Kohut's (d. 1981) self psychology theory. Below, I offer some background on self psychology and then describe how my visits with Cora utilized transference, in congruence with self psychology theory.

Developing a cohesive self-structure, according to Kohut, takes place on three axes: (1) the *grandiosity axis*, which refers to a person' ability to maintain self-esteem, expressed as one's sense of self-worth; (2) the *idealization axis*, which refers to the ability to develop and maintain goals, ideals, and values; and (3) the *alter ego-connectedness axis*, which refers to the development of a person's ability to communicate feelings, form intimate relationships, and become part of groups.[7] Relational or self-object needs correspond to these three axes: (1) *grandiosity* corresponds to mirroring—the need to feel affirmed, accepted, and appreciated; (2) *idealization* corresponds to idealizing—the need to experience oneself as being part of an admired and respected self-object; and (3) *alter ego-connectedness* corresponds to twin-

ship—the need to experience similarity to others and be included in relationships with them.

So for my work with Cora, utilizing self psychology, with elements evolved from classical T/CT ideas, was very helpful. On the *grandiosity axis*, I provided mirroring, accepting, affirming, and appreciating her independent lifestyle authentic to her identity as a modern, liberal urban woman and lesbian. From her comments describing her religious heritage, I understood that my nonjudgmental way of being with her was a stark contrast to how she felt perceived by her hometown community. On the *idealization axis*, I offered her the experience of being part of an admired and respected self-object. She conveyed that she experienced me in my pastoral role as being authentic, competent, and grounded. My attentiveness offered her an "opportunity to be accepted by and merge into a stable, calm, non-anxious, powerful, wise, protective, selfobject" that possessed qualities she may have felt lacking in herself.[8] Our encounters also allowed her to address *alter ego needs.* That is, she was able to experience an essential alikeness[9] with me, predominantly with regard to my own openness to and embrace of diverse spiritual explorations and expressions. Kohut also had a great deal to say about the centrality of empathy as an essential component of therapeutic work, an additional awareness I brought into my visits with Cora.

As I note in the first and second sections of this essay, Franzen may agree with my recommendation to consider theories that would complement the ideas he presents. In line with his admonishment that chaplains should not become one-trick ponies with bereavement care or any other favored spiritual care intervention, I would affirm that those in our field also should not become one-trick T/CT ponies. Ideally, we in our field will invite the fullness of the conversation around this topic as it has developed in the decades following the essential and foundational components Franzen illuminates.

Interestingly, interventions Franzen ends up using with Mrs. A are presumably what a chaplain would use in the employment of most theories of informed compassionate care. Specifically, he demonstrates empathic listening, attentiveness to time and relational boundaries, focus on immediate needs—"to unburden her anxiety, fear, and emotional pain" (p. 183)—and referral for personal psychotherapy when assessing a need for more intensive counsel and support. I cannot think of a normative pastoral counseling theory that would contradict such an approach. That said, with well-consid-

ered and broad understandings of theory to gird our interventions, we will become (and/or teach) more consistency and reliability in the provision of effective and meaningful spiritual care.

Concluding Thoughts

I appreciate Franzen's challenge that we in our field do not attend to T/CT sufficiently, as well as his acknowledgment in his closing comments of the difficulty of adding even more content to the already dense CPE curriculum. One modest and very doable way to elevate awareness is to have a category on all students' verbatim templates, as part of the verbatim evaluation, for students to reflect on T/CT issues. The template would ask students to consider: "What T/CT issues were at play in the visit? How did you address these? What interventions might be most useful in addressing any T/CT concerns that arose?" Possibly more potent would be asking students, as part of their running verbatim commentaries, to address T/CT issues.[10]

Even though we may be able to offer only limited didactic teaching around T/CT, my hope is that clinical pastoral educators will supplement students' exposure to this important topic informally, for instance during group discussions of patient cases and in individual supervisory conferences. This informal input at least will convey that ongoing learning about and awareness of T/CT will enhance their professionalism and effectiveness. Of course, to be accountable to this practice means a commitment on our part as educators to keep learning and to stay current and "fluent" on the topic ourselves.

NOTES

1   Pamela Cooper-White, *Shared Wisdom: Use of Self in Pastoral Care and Counseling* (Minneapolis: Fortress Press, 2004).

2   Cooper-White, *Shared Wisdom*, 53.

3   Cooper-White, *Shared Wisdom*, 49.

4   Cooper-White, *Shared Wisdom,* 132–33. Cooper-White relates these categories to four domains of the helpee's self-consciousness, utilizing the Johari window paradigm. She suggests that the context of the helping relationship is significant in informing the appropriateness of the depth to which a pastoral intervention should probe.

5   Presumably, "hypnosis," another pre-psychoanalytic practice Franzen mentions, almost always would be out of the scope of practice of chaplains and pastoral educators.

6   Melodie Beattie, *The Grief Club* (Center City, MI: Hazelden, 2006), 314–39.

7   Erez Banai, Mario Mikulincer, and Phillip R. Shaver, "'Selfobject' Needs in Kohut's Self Psychology: Links with Attachment, Self-Cohesion, Affect Regulation, and Adjustment," *Psychoanalytic Psychology* 22, no. 2 (Spring 2005): 224–60.

8   Ernest S. Wolf, *Treating the Self: Elements of Clinical Self Psychology* (New York: The Guilford Press, 1988), 55.

9   Wolf, *Treating the Self*, 55.

10   I use a template with a right-hand column for this kind of running commentary. I've seen other templates ask students to insert parenthetical remarks.