

# Robert Oelsner on Heinrich Racker: Countertransference as a Technical Tool

June 2013

Daniel Benveniste, PhD

Robert Oelsner, MD FIPA, presented *Countertransference as a Technical Tool Then and Now: Racker's Work Standing the Test of Time* at the May 15th NPS Scientific Meeting. It was a presentation that incorporated the history of the concept of countertransference and Heinrich Racker's important contributions pertaining to the technical use of countertransference. He also introduced some of his own reflections and examples from his clinical practice and led a fascinating conversation that ended on time but all too early, as the enthusiasm it generated could have kept us going all night.

Freud initially saw the resistance and transference as obstacles to treatment and later saw them as essential parts of the clinical picture that must be dealt with in the treatment. He also saw the countertransference as an obstacle to treatment but never changed his view on that. While Theodore Reik and Wilhelm Reich had both written on the importance of the analyst using his/her intuition, the countertransference continued to be viewed as an obstacle to the analyst's clear perception of the patient, and it was seen as a problem best dealt with in a further analysis of the analyst. But nine years after Freud's death, Paula Heimann, in London, and Heinrich Racker, in Buenos Aires, independently introduced ideas that transformed the concept of countertransference from a problem of the analyst that becomes an obstacle in the analysis to an inevitable component of the analytic dialogue in which the subjective experiences of the analyst are seen as being partially derived from the patient's psychological impact on the analyst. While both Heimann and Racker had arrived at similar ideas, Racker developed his ideas on countertransference to a much greater extent.

## **Heinrich Racker (1910-1961)**

Heinrich Racker was born in Poland in 1910, but when the First World War broke out, in 1914, his family immigrated to Vienna. Growing up in Vienna, he took an interest in literature, piano, and psychoanalysis and in 1935 obtained his doctorate in philosophy. In 1936, he began studying at the Vienna Psychoanalytic Institute and was analyzed by Jeanne Lampl-de Groot. In 1937 he entered medical school, and in 1938 all studies stopped when Hitler and the Nazis marched into Vienna. The war was about to begin and, while many had reasons to leave Vienna, Racker was under pressure to leave as he was Jewish and therefore an object of Nazi hatred. It's not hard to imagine that as an object of hatred he could feel within himself the effects of Nazi projective identifications.

In 1939, Racker arrived in Buenos Aires, Argentina, where he was psychoanalyzed by Angel Garma, and entered the Argentine Psychoanalytic Association. He did his training analysis with Marie Langer and completed his training in 1946. In 1948, he presented his first paper on countertransference: *Observaciones sobre la contratransferencia como*

*instrumento técnico* (1951) (*Observations on the Countertransference as a Technical Tool*). It was a frankly revolutionary paper that made a strong and positive impression on his colleagues. Soon Racker's articles on countertransference began flowing forth in Spanish and English, but that first piece, presented in 1948, was not translated into English until 2013, when Robert Oelsner presented parts of it to the Scientific Meeting at NPS.

Essential to Racker's view were the dialectical relation between the transference and countertransference and his dismissal of the illusion of the impersonal analyst. The analyst is a person reacting and responding to the analysand, and it is the countertransference that gives the analyst an indication of what is going on with the analysand and with the analysis. Racker was active as a writer, lecturer, analyst, and teacher. He was named Sloan Visiting Professor at the Menninger School of Psychiatry and was a member of the symposium *The Factors of Healing in Psychoanalysis* at the International Psychoanalytical Association Congress in Edinburgh in 1961. That same year, Heinrich Racker died an untimely death at the age of 50 (Etchegoyen 2005). Racker left behind many students, supervisees, and analysands, but perhaps none carried on his dedication to psychoanalytic technique more than his analysand R. Horacio Etchegoyen.

### **Countertransference**

Robert Oelsner's presentation began with a clinical vignette of a case from early in his training. Oelsner had a new patient sent to him by someone he did not know. When he opened the door to him for the first time, Oelsner had the thought that the patient was actually a robber who had come to steal from him. The patient did not rob him, and after two sessions Oelsner accepted to see him for analysis. But under the influence of his countertransference suspicion and fear, Oelsner changed his fee policy such that the analysand would pay one month in advance, at the beginning of the month, rather than afterward at the end of the month. The patient agreed and came dutifully to every session but always with a story about why he had forgotten his money that day. At the end of the month Oelsner felt obliged to interrupt the analysis and naturally never received payment. In effect, he was robbed. What was that premonition about? How had the analysand communicated his message so quickly and nonverbally? How was it a repetition of the very problems for which the analysand sought assistance? And how might it have been handled differently? The case was supervised in a case conference led by Professor Elena Evelson, an analysand of Racker, who invited the candidates to wonder about the meaning of Oelsner's mistrust, which motivated his change in payment policy.

After presenting this evocative vignette, Oelsner began reading excerpts from Racker's 1948 paper *Observations on the Countertransference as a Technical Tool* complete with clinical vignettes and theoretical commentaries. Though other articles by Racker have been translated into English, this foundational paper, Racker's first on the countertransference, was only recently translated into English. After each excerpt, Oelsner led a discussion that brought everyone to the edge of his or her seats. Even though many of the ideas presented are not particularly new in 2013, it was not difficult to imagine how this article caused such a sensation when it was first presented 65 years

previous. It was an exciting reading, and we were privileged to hear it, probably for the first time ever in English.

Racker described an analyst's malicious glee when a patient who tended to persecute others had the tables turned on him by a person of a lower class, leaving the analyst amused to see the "trickster tricked." But not stopping there, the analyst came to understand through his countertransference glee how similar dynamics were playing out in the analysis. That is, he used his countertransference as a clinical tool to understand something in the dynamics of the analysis.

Racker wrote, "We let the material penetrate into us and at times the chord which was 'touched' vibrates immediately; but at other times this reception must be followed by an active process in which we 'touch' and detect what has penetrated in us with our unconscious feeling and thinking, so as to be able finally to unite with it."

Addressing "the myth of the analytic situation," Racker wrote, "The truth is that it [the analytic situation] is an interaction between two personalities, in both of which the ego is under pressure from the id, the superego, and the external world; each personality has its internal and external dependencies, anxieties, and pathological defenses; each is also a child with his internal parents; and each of these whole personalities—that of the analysand and that of the analyst—responds to every event of the analytic situation."

This being the case, Racker presented two kinds of countertransference, which he described as concordant (or homologous) identifications and complementary identifications. The concordant identifications are when the analyst's ego is identified with the analysand's ego, the analyst's id with the analysand's id, and the analyst's superego with the analysand's superego. It is what we recognize subjectively as empathy. The complementary identifications, however, are when the analysand treats the analyst like one of his internal objects and the analyst identifies with it in such a way that the ground may be prepared for an enactment or an acting out of roles in the analysand's repetition compulsion.

Many of us were already familiar with the distinction between concordant identifications and complementary identifications and also with the observation that when a complementary identification occurs quickly and intensely, it is often a sign of severe psychopathology. This understanding reminded me of a metaphor I once heard. It is said that when a neurotic patient comes to us, it is like a person with a broken leg coming to ask for help. We feel empathy and we want to help. But when the severely disturbed patient asks for help, it is sometimes as though he has an infectious disease and we catch a little bit of it. We get pulled into his drama rather quickly.

Racker also described two classes of countertransference experience: countertransference thoughts and countertransference positions. Countertransference thoughts occur when the analyst discovers thoughts coming to mind, which on examination is realized to be derived from unconscious communications. He gives the example of an analysand who at the beginning of a session pays the analyst's fee by leaving his money for the analyst on a

table, after which the analyst goes out of the room to retrieve change. The analyst suddenly has the fantasy that the analysand will take the money back and accuse the analyst of already taking it. The analyst returns and the payment is transacted with no problem. But when the analysand goes to the couch and begins to free associate, he says he had thoughts of taking the money, just as the analyst had imagined.

Countertransference positions occur when the analyst falls into a “position” in relation to the analysand’s transference neurosis out of which it is difficult to extract himself. Racker uses the example of a patient with a “neurosis of failure,” who does everything he can to defeat the analyst and ultimately his own treatment. Thus the analyst is forced into the position of being ineffective and thereby fulfilling the analysand’s neurotic transference.

This short summary can neither do justice to the richness of this historic paper nor to the discussion in the Scientific Meeting. What it does, I hope, will whet the appetite of the reader to look into the soon-to-be published anthology on *Transference and Countertransference Today* (2013), edited by Oelsner and in which Racker’s historic paper will be published in English for the first time.

In our discussion, I reflected on how at one time psychoanalysis used to view the countertransference as entirely the problem of the analyst, for which the analyst was expected to return to analysis, and that 65 years after Racker, it is not uncommon for us to think of the countertransference as a kind of message sent directly from the analysand. In my opinion, however, I think it is important to remember that the countertransference reaction is actually created by both the analysand and the analyst and that it might be valuable to think about countertransference reactions as containing more components from the analysand or more from the analyst but always being a combination of the two and always a bit more of one than the other. This would enable us to recognize exactly what Freud saw—the problems of the analyst getting in the way of the analysis—while at the same time acknowledging that the conscious and unconscious communication from the patient often creates pressure and has an impact on the analyst, which can be used as a clinical tool to understand the dynamics of the analysis.

I recall a psychotherapy patient with whom I experienced recurring fantasies of doing plastic surgery on his face and combing back his messy hair. I never had plastic surgery fantasies with any other patient in my life, and I had them in virtually every session with this patient. I am also not bothered by messy hair, but with this patient I was being driven to distraction until the patient began speaking of his father who was always impeccably well groomed, finely coifed, and incessantly trying to “fix” his son. Now the plastic surgery fantasy was mine, so I certainly had something to do with it, and another psychologist would no doubt have another countertransference reaction. That said, the foreignness of the fantasy and its persistence with this one patient told me it had a lot to do with this patient in particular and his concerns about being “fixed up” or meddled with.

I describe intuition as a conscious conclusion based on subliminal information (unconscious communication). The countertransference might include intuitions but also

other experiences that are completely, or largely, unconscious. This being the case, our conscious conclusions about our countertransference are often incorrect and never more than partially correct. We need to be open to our countertransference experiences, manage them with a playful spirit, and be discriminating about whatever we might conclude. As a friend once told me, “The only problem with an open mind is that anything can fall in.” Thus, we must be open to our countertransference but discriminating about our conclusions as well.

The first time I ever recognized a countertransference generated thought was when I was seeing a young woman who was depressed and occasionally burned herself with cigarettes when drunk. In one session, she was speaking, as I had invited her to, in a free and uncensored fashion. Suddenly, I just checked out. I’m sure I remained looking at her and nodding appropriately, but I was completely lost in a story a friend had once told me. The friend was a nurse, and she explained that she once had a patient who was a large woman with an impacted bowel. My friend had to remove the bowel digitally (with her fingers). With each piece of the bowel removed, the patient comically began to sing in an operatic voice. When I realized I was recalling this story, instead of listening to my patient, I immediately concluded it had to have had something to do with what my patient was saying. The next thing my patient did was to issue a deep sigh of relief and say, “It feels so good to get this all out.”

In the discussion led by Oelsner, there was some speculation as to why Freud saw the clinical value of the resistance and the transference but never considered the value of countertransference as a clinical tool. This brought to mind Freud’s self-image as a highly rational scientific observer of natural phenomenon. Beyond this, I think it is important to recall that Freud was trying to build a new discipline, and when Jones, Jung, Frink, and others were crossing sexual boundaries already established by medical ethics, he probably felt a need to build thick walls. Meanwhile, although “intuition” was certainly recognized and valued, it was not elaborated on as a technical tool to the extent that Racker did with countertransference. It is important to remember that Freud was an extremely rational thinker. He was an atheist, abhorred mysticism, could not relate to the “oceanic feeling” of the spiritually inclined, avoided all religious ritual and did not like most music. One thing that all these activities have in common is they ask the subject to give him/herself over to the feeling. Freud didn’t like doing things like that.

Joshua Cohen wondered if Racker’s revolution in psychoanalytic thinking might have had parallels in other contemporaneous disciplines. In response to Joshua’s musing, Mirta Berman-Oelsner recalled the notion of “participant observer” and its transformative role in mid-century psychology, sociology, and anthropology. There were additional references to Heisenberg’s uncertainty principle, and so on. Without taking away any of Racker’s well deserved credit, the notion of countertransference as a technical tool was clearly an idea whose time had come.

I’d like to close by sharing another countertransference experience from my own practice. With a somewhat obsessive woman patient I found myself often sleepy as she recounted details of stories about which there never seemed to be feelings or even much

of a point. One day I suddenly dropped into a fantasy, which was the reliving of memory from my adolescence. The memory was of being at summer camp playing water polo in the swimming pool with a watermelon (which will float in water) covered in an oily vegetable shortening. When I came out of the memory, I wondered why I had fallen so deeply into that particular adolescent memory and concluded it had to have something to do with what I was hearing from my patient. The feature in the memory that for me was most prominent was the slippery watermelon. I said to my patient, "You know I am having trouble getting a grasp on what you are saying today. Your story seems somehow slippery." Her eyes popped open, and she began to speak with great feeling about how important the word "slippery" was to her and how being slippery had been a survival strategy most of her life. My countertransference fatigue, of course, disappeared immediately, and the previously blocked associations began flowing once again.

Robert Oelsner's presentation occurred three weeks before the publication of *Transference and Countertransference Today*, a book Oelsner edited for The New Library of Psychoanalysis (Routledge). It contains articles on transference and countertransference written by seventeen eminent psychoanalysts of different theoretical perspectives, from Europe, Latin America, and the United States. Included is Racker's original 1948 paper *Observations on the Countertransference as a Technical Tool* presented for the first time in English. It ought to be of exceptional interest to all psychoanalytic clinicians.

### References

Etchegoyen, R. H. (2005). "Heinrich Racker (1910-1961)" in *International Dictionary of Psychoanalysis*. Ed. Alain DeMijolla. USA: Macmillan Reference.

Racker, H. (2013). "Observations on the Countertransference as a Technical Tool." In *Transference and Countertransference Today*. Ed. Robert Oelsner. London: Routledge. The New Library of Psychoanalysis.

**Daniel Benveniste, PhD**, is a clinical psychologist and psychoanalytic psychotherapist with a practice in Bellevue, Washington. He is a Community Member of Northwestern Psychoanalytic Society and recipient of the 2013 Community Members Service Award.