6. Identification and Maintaining Self-Identity – Page Version

Introduction

For the relationship between the client and caregiver to work, they must form what is known as a *therapeutic alliance*. That means that they must see things in one another that they recognize and to which they can relate. At the same time, the caregiver must maintain objectivity with regard to the client. However, the caregiver can get sucked into the client’s identity and over-identify and not maintain his or her own identity. Almost always, this is a very difficult balance. As we have noted already, supervision is essential.

Please carry out the activities given in this section. As always, never use examples in which a person can be identified.

Identification of the Caregiver with the Client and of the Client with the Caregiver

While various schools of psychology have various ideas about this, we believe strongly that, in order to be of real assistance, it is necessary for the caregiver to get into the skin of the client to the greatest degree possible. This means that the caregiver not only has to imagine the circumstances under which the client is living but also to attempt to think in the same way as the client. In this way, the caregiver can best facilitate the processes that the client is experiencing. Again, this is not always an easy process.

In the other direction, for the work with the caregiver to be effective, the client must find something in the caregiver with which he or she can identify.

Virtually always, the client projects a person whom he or she knows onto the caregiver and reacts to the caregiver in the way that he or she would react to that person. This person can be a relative, friend, teacher, or anyone else whom the client has known and even someone whom the client idealizes but doesn’t know personally. Gender is not important in this. Thus, the client might project his or her mother onto a male caregiver. This process of projection is known as *transference*. Transference can be positive or negative. When the client has had a good relationship with the person whom he or she is projecting onto the caregiver, this can make the relationship with the caregiver easier. Transference also can be negative when the relationship that the person whom he or she is projecting onto the caregiver has been troublesome.

The same type of projection can occur in the opposite direction, that is, from the caregiver to the client. This is known as *counter-transference*.

Transference and counter-transference are normal processes and occur as part of every relationship, whether that relationship is in caregiving or work or in other contexts.

Both transference and counter-transference can work positively and negatively in the relationship between the client and the caregiver.

Being aware of and working with both transference and counter-transference are the responsibilities of the caregiver.

It is very much the responsibility of the caregiver to be aware of and deal with his or her own positive and negative counter-transference. There always are questions as to the origins of these in the caregiver. The caregiver needs to explore these for every client, ideally during supervision. A part of this is the caregiver looking at why a particular client is evoking these and what meaning they have for the caregiver. This is a part of the caregiver’s development.

It also is the responsibility of the caregiver to explore transference, both negative and positive, with the client. This can lead the client to new insights and can be extremely important in the process of the client’s development.

Activities

Give examples in your own practice or your own life of each of the following and describe how you dealt with them and what significance they had for you and for the client or other person:

* positive transference;
* negative transference;
* positive counter-transference;
* negative counter-transference.

Maintaining Your Own Identity

We have emphasized the need for the caregiver to identify with the client. Yet, this can go too far and the caregiver can get almost totally absorbed in the personality and the issues of client. We have seen this happen to a number of very experienced professionals. Obviously, this leads to a loss of objectivity and makes it impossible for the caregiver to carry out his or her task. It is very important for the caregiver to be aware of the danger of this. If this goes too far, it is necessary for the caregiver to end the relationship with the client and perhaps to take time to restore himself or herself. This obviously is a point to be dealt with in supervision.

Activities

Have you ever had a situation in which you over-identified with a client? How did you deal with it?

What measures do you take to maintain the balance between good identification and over-identification?

Some Final Remarks

Identification of the caregiver with the client and of the client with the caregiver is one of the key elements in forming and maintaining the therapeutic process. As we have seen, it is a very delicate balance which takes constant vigilance on the part of the caregiver and which requires supervision.

This again brings up the point about supervision. We cannot emphasize the need for it enough. If you don’t have it, get it!