

Complementary Dreams:

A Window to the Subconscious Processes of Countertransference and Subjectivity

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The British psychoanalysts were the first to be interested in reciprocal and interpersonal interactions of psychotherapy. The Freudian mirror model was progressively questioned in the 1940s and 1950s. Throughout the 1950s, positions and terms were created that either defended or attacked the use of subjectivity and countertransference in psychodynamic psychotherapy.

The objective of this article is to discuss the participation of the therapist's subconscious mind, as it is involved in communication with the patient's subconscious mind during psychodynamic treatment. Specifically, this takes the form of complementary dreams, a clinical phenomenon that I will describe as secondary to the therapist identification with the patient infantile object relations. Complementary dreams will be discussed as a helpful therapeutic tool used to understand the subjective communication that happened between patient and therapist in two separate cases. Complementary dreams will be presented as a helpful therapeutic instrument in containing countertransference enactment.

INTRODUCTION

COMPLEMENTARY DREAMS AND IDENTIFICATION WITH PATIENTS' INFANTILE OBJECT RELATIONS

Therapy is the product of the interaction of two complete psyches in which the therapist is a participant-observer (1). The objective of this article is to discuss the participation of the therapist's subconscious mind, as it is involved in communication with the patient's subconscious mind.

Specifically, this takes the form of complementary dreams. I will present two of my dreams, as therapist, that provided material and meanings that complemented the dreams of two different patients. These dream pairs brought light to the transferential and countertransferential

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elements of the relationship that were previously not available to my conscious mind. By paying attention to these dreams, new elements of each patient's relations were understood and appreciated experientially by me.

The idea of the complementary dream and complementary phenomena as therapeutic tools are an extension of Deutsch's and Racker's (2, 3) idea of complementary countertransference. Deutsch's complementary countertransference refers to the therapist's identification with the patient's infantile object relations. In the case examples I will discuss how I became aware of my identification with the patient's infantile object relations through complementary dreams. I believe that the sublimation of my countertransference into dream form allowed me to remain in the participant-observer position. It contained countertransference enactment, and allowed me to understand the subjective communication coming from the patient's subconscious mind.

I will proceed in the following manner: The description of each patient and his or her dream will be followed by the description of my dream. Then the patient/therapist dream dyad will be compared with the transference and complementary countertransference. These will illuminate the essential infantile object relations in each case. I also will describe how crucial interpretations of this material allowed both cases to move beyond the point of where they were about to become stuck.

CASE 1

THE VAMPIRE: INFANTILE PRE-OEDIPAL OBJECT RELATIONS

Background

The Vampire is a thirty-seven-year-old Caucasian male who has a mixed personality disorder with schizoid and borderline traits. He has a very complex psychic structure in which pre-Oedipal pathology predominates causing him to have instability of self-image and severe free-floating anxiety.

He calls himself a vampire since his interpersonal relations are marked by fantasies of fulfilling the emptiness of his heart using others as nourishment. He is an embodiment of borderline feelings. These have led him to engage in violent behaviors and suicide attempts.

On the one hand, he has mixed feelings about me, much like what Dracula may have felt for the physician who killed him. He hates the idea that I plan to destroy his fantasy of being a vampire. On the other hand, he knows that Dracula's death ultimately saved the count's soul, therefore part of him wants the destruction of his vampire side. In his pre-Oedipal transference, there are peaceful sessions in which I am the "good mother"

that will nourish and help him to develop his “unfinished personas.” In the difficult sessions, I am the “predatory father” that will sodomize him. Then he wants to strike out at me and gouge out my eyes. Following the sessions where he experiences me as predatory, he feels inferior. He reads books that he does not understand in an attempt to lecture me on philosophy and history that he does not believe.

He also communicates through his art. His drawings reflect his split transference towards me. He gave me his drawing, *Hitler machine eating Adam and Eve*, just before he had the dream I will describe. This drawing and his dream influenced my complementary dream. In the drawing, I am represented as the Nazi predator that victimized him, but I am also a hopeless biblical figure that was about to be digested in the fury of his racism. During this session, he could not figure out which one of us was Hitler and which one of us was Adam.

After the Adam/Hitler rapid shift of part-object projections (4, 5), he came to the next session an hour early. He found me in the corridor playing with a child patient. I had dinosaur puppets on both of my hands, as I was trying to convince the five-year-old patient to come to my office. The vampire saw me and turned around. That day he did not return for his session. The following week, he told me his dream.

Vampire's Dream

In the dream, he is a powerful vampire floating with outstretched arms under the moonlight. He feels his teeth against his lips. While flying he is amazed at the sight of his hands that are now bigger and stronger than usual, with sharp nails. He plans to slash the throat of his victim using his lethal fingernails.

Below him is a holy city full of cathedrals with sharp-edged towers. The towers resemble spears. Although he is hungry, he becomes increasingly afraid of diving into the city. He fears missing the entrance point and ending impaled through the heart by a cathedral spire. He flies past the city and takes sanctuary in the cemetery at the outskirts. There he finds his uncle who is sitting in a tomb.

Upon arriving at the cemetery, he is not sure if he is still a vampire. He believes that he is part human, and being insecure, he feels that he needs to get attention from the uncle. The uncle was never mentioned in therapy until that day. The Vampire continues telling me the dream, in which he now is making acrobatic movements in one sepulcher while the uncle stands in another sepulcher. His free association is to his childhood bedroom, which he shared with the uncle. At first he seems unaware of the

similarities of the two sepulchers to the two beds in the bedroom. Upon noticing the similarity, he tells me that he does not understand why in the dream the uncle pulls a knife and stabs him in the back. He is perplexed by the violence coming from the uncle. Then he states that he never understood why as a child he believed that there were snakes in his bed. He used to be afraid of going to bed, imagining that snakes would penetrate his mouth and anus. Later we were to uncover that his uncle had sexually abused him as a young boy.

THERAPIST'S COMPLEMENTARY DREAM

In my dream I am at a party, dressed in a white toga. The other guests are eating with their hands great portions of raw meat. I can see blood on their fingers and on their regular clothes.

The party progresses until the arrival of two policemen who put me in handcuffs and inform me that I am under arrest. My handcuffs are so tight that my hands were getting painfully cold in the absence of circulating blood. They take me to a glass house. Initially the darkness around me allows no vision and the cold air in my lungs makes me short of breath.

I notice that my feet are also in shackles. At this point, I cannot move my hands any longer. They are irreversibly frozen. I notice that the floor is full of dead bodies, among them a young female in a toga and a naked child.

I am very afraid, but now I can see the darkness of the night through the glass of the ceiling. I realize that very soon I will be another cadaver on the floor. I wake up in despair, and for the rest of the night I am frightened by this nightmare. My first thought was that the dream had to do with my patient, the Vampire.

I realized how hopeless and victimized I was in the dream. I understood that I was feeling part of what my patient feels on a daily basis. By comparing his dream with my dream, I concluded that there was subconscious communication in the dreams that shed light on the transference/countertransference phenomena.

The handcuffs that were placed by the policeman and that led to the loss of my hands symbolized countertransference guilt. They were in the position where the puppets were when the Vampire ran away. The hand amputation in my dream complemented the Vampire's wish to use his hands to kill in his dream, demonstrating how he and I were unconsciously apprehensive about the meaning of the missed session. There was also a clear victim-predator dynamic between the dreams that paralleled the

Hitler/Adam drawing. This was congruent with the aggressive transference and the countertransference anxiety.

These complementary dreams made it clear to me that to contain my hopelessness and the projected hopelessness of my patient, I would have to accept his primitive oral aggression. I understood that the dreams reflected powerful risks to our therapeutic alliance. On my side, the dream shows that I need to stay in touch with my patient's sense of hopelessness and help him move past it. I would have to be arrested and chained. I would have to subject myself to the aggression he felt and feared. On his side, he would have to prevent acting on his oral aggression directly or face being stabbed in his heart by the phallic spires.

In fact, the most important insight for me that this was possible was derived from the fact that the Vampire decided not to dive into the cathedral city in his dream. He contained his aggression, and thus saved the therapist from his violent oral necessities. Instead of killing the therapist, he decided to go to the graveyard of his psychological life to explore the origins of his aggression. There he entered the world of childhood sexual abuse at the hands of his uncle. This is the crucial element of Deutsch's complementary countertransference idea. At the point where the therapist is hopeless in his dream, the patient shifts to his real problem: hopelessness due to his poor infantile object relations. Both the patient and the therapist are communicating subconsciously. The therapist now is in tune with the dynamics experienced in the infantile object life of the patient.

The idea that the predator was actually the victim, and that the vampire fantasy was a narcissistic defense against his childhood trauma allowed a series of interpretations. These interpretations culminated with the patient telling me his history of sexual abuse. The split in the patient's mind between abuser and abused, victim and killer, all-good and all-bad objects is typical of the paranoid-schizoid state (6, 7). I believe that the crucial point in the patient's dream occurred when he could no longer maintain the primitive split images of me as separate. When he saw me playing with a child patient, using menacing dinosaur puppets on my hands, the isolation of the predatory/bad object/uncle from the nurturing/good object/therapist was no longer possible. The primitive split was broken and he briefly reexperienced his trauma history. In the sessions that followed the disclosure of his abuse, the patient would tell me on several different occasions that he would like to be a child again so "I could treat and teach him."

CASE 2

THE DOLPHIN: INFANTILE OEDIPAL OBJECT RELATIONS

Background

My second patient I will call the Dolphin. She is a thirty-one-year-old unmarried professional woman from South America. She came for therapy when she realized she was unable to successfully pursue her career and her personal life. She is different from the Vampire in that her conflicts are on an Oedipal level and her ego is more flexible and developed. She is capable of introspective thinking, a quality that allows her to explore the depressive position (8).

The Dolphin recalls her childhood as happy. Among her early memories, there is the recollection of the swimming pool in the back of her childhood house. She particularly remembers the weekend afternoons in which she would swim with her siblings and would talk with her father. Her father was a "soul mate" and a "confidant" whose opinions were to be trusted. In her early adolescence she would repeat the political ideas of her father in her high school, referring to this period as the best time of her life.

She arrived in the USA with her older brother and four younger siblings when she was fifteen years old. Her father immigrated to the USA because of political changes in their country of origin. The immigration to the USA precipitated sickness of the Dolphin's mother, who had to be hospitalized for a long time. The Dolphin, as the oldest daughter, assumed the responsibility of caring for the family.

Shortly after the mother's recovery, the two women began struggling over control and care for the house. This period of my patient's life was marked by close emotional proximity with her father and increasing distance from the mother. She recalls her mother complaining about the patient's weight and looks. The family crisis reached its apex when the Dolphin's parents had an acrimonious divorce. Her mother returned to the country of origin, and her father died unexpectedly.

The death of the father happened when the Dolphin was still in college. The death of the patriarch caused a split in the family and aggravated the identity problems of his children. The mother and younger siblings remained in her country of origin. The Dolphin and her older brother stayed in different cities in the USA to finish college and eventually became American citizens.

The older brother, after finishing college, lived part of the time in the USA and part of the time in South America. The Dolphin never returned

to live in her country of birth. She only visited her mother on sporadic vacations.

The Dolphin's transference toward me evolved with "unexpected feelings." In between sessions she found herself thinking about me and wishing to come to therapy. Conversely, while driving to therapy, she would feel anxious. From her ambivalent desire to be cared for by me, she developed a deeper understanding of a complex transference. Her transference alternated paternal longings, erotic components, and identification with maternal elements that were reinforced by the fact that both she and I were from Latino cultures.

The initial interpretations clarified the constant flow of free associations between current events and latent material from her infantile object life with her father. The Dolphin developed a classical pattern of intense transference love (9), manifested in her fears of betraying me with "other men." The therapy evolved to the point of transference neurosis and I experienced countertransference anxiety. As this transference deepened, the Dolphin had her first dream.

She began the session by reporting that she was ashamed about having gotten drunk the previous night and of having sex with an old boyfriend. She was puzzled by her guilt. The regression then permitted her to tell me that she was in love with me. She was re-experiencing the paternal "soul mate feeling in a love relationship in therapy." Immediately after the love confession, she stated that the previous night she had a dream (10).

Dolphin's Dream

The dream began with the patient as an actress swimming in the ocean. She soon felt despair that she would never reach land. She discovered then that her body was divided in half. She still felt herself as one person in the dream, but transected at the abdomen. "There was no blood and no pain, only anxiety."

She could command her legs and her arms, but unfortunately they were swimming in different directions. She was anxious because she felt that she would die since the upper part of her body was heading in one direction and the bottom part was heading in another. The increasing anxiety of feeling split reached a maximum level and the dream changed.

In the second part of this dream, the Dolphin is her real self. She is in front of a swimming pool, trying to take her dog out of the water. Upon cradling her dog like a baby, she discovers that the animal is now split in half. The effort of holding the dog in her arms made her anxious since she could not keep the dog together.

I interpreted to her that she was divided as to what she wanted. She feared this would prevent her from having a baby and being a mother. The Dolphin started to cry, which escalated to a cathartic sobbing. As this gradually subsided, she concluded that the swimming pool in the dream was the same one that she had at her house in South America. She also made repetitive referrals to the most vivid memory of her childhood: her father taking her out of their swimming pool.

The sessions that followed the patient's dream about the split were marked by escalation of her transference love that reached an apex around Christmas time. On that holiday, she presented me with a loaf of bread that she had baked. The bread represented her feelings of "unilateral love." Furthermore it was baked with the Dolphin thinking about her father and feeling grateful toward me. Suddenly, while in her kitchen thinking about her father and me, she was gripped by an unexpected crying spell. On reflection she realized that she started to cry when she felt angry toward a married man with whom she was romantically involved in the past.

During these sessions, I interpreted the patient's love and anger toward me as a reflection of the Oedipal object relation with her father. I represented the father who loved her and the "married man" who spurned her. Both were to be fed with the loaf that she had baked.

THE THERAPIST'S COMPLEMENTARY DREAM

In my dream, I am a knight walking in the desert trying to find a castle. I enter the castle, and become aware that my armor and my sword are stained with blood. Several small and friendly women approach me. I have a strong desire to free myself from my armor and sword.

I see the Dolphin and through her dress I see that her body is split above the level of her uterus. My sword is heavier than ever. I am aware and afraid of the split, afraid of ending up with her wound. She tells me not to worry. She touches my arm and the initial sensation is relief and pleasure. In despair and fear, I noticed that my sword has disappeared and that the Dolphin's arm is already fused with mine.

Her abdomen is not split anymore. She tells me that this is how she is going to fuse with me. I try to resist, but her abdomen and mine are already one. I close my eyes and I try with my mind to push her away. I finally feel her lips touching mine and I realize that I do not feel my armor any longer. I have the salty taste of the ocean in my mouth. I am afraid to open my eyes, afraid I will find myself split. I open my eyes to see that I am dressed like a monk. In my right hand I hold a book, in my left hand I have research data.

By accident I let the research data and the book touch each other, they become a single manuscript so big that I needed both hands to carry it. I am now in the desert again. In despair, I fail to unlock the book that can take me out of the desert. I know that in the desert, without the defense of my armor, the old monk will die. Hopeless in the wind of the desert, I am getting weaker and weaker. A wave of sand finally hits me and I wake up.

Like Anna O and Breuer, the Dolphin and I shared the same cultural background (11). Contrary to the Anna case, we also share the same developmental tasks. We both have strong, unresolved, ambivalent feelings toward generativity versus stagnation (12). The Dolphin and I, by virtue of our professions, are divided between having a family and having a profession that leads us in other directions. This is the meaning of the split self on the surface level, the level I could see and interpret. But I had not felt the emotional power of that split nor understood its relationship to deeper Oedipal conflicts until this dream.

Needless to say, I woke up with a start. This was followed by several waves of relief alternating with anxiety and again relief. I wondered whether I was in the right profession. These dreams about patients were invading my core self in some way. But then I settled down to do the work of trying to understand the dream. Certainly, I had gone to a lot of trouble to create it. I felt I owed it to myself and to the Dolphin to see what I could learn from it. Over a number of days, I pieced together the following:

In my dream there is an initial identification with this patient who wishes for a more nourishing maternal figure. At the same time, I don't want her to suck my life out of me. This fear resonated in my dream as the desert and the necessity of an armor that protects my chest. This is probably how the patient experienced her mother, especially after their arrival in the USA. The armor is vital in the process of surviving in the desert until the maternal longings can be contained in the safety of the castle where the small, nonthreatening females live.

In the safe environment of the castle, the full extent of Oedipal conflict can take place. The identification with the patient's father creates the knight. The knight represents a mixture of the therapist/the noble father/the sexualized father and, finally, the married man that was introduced in the sessions around Christmas. These objects were projected onto me by the patient in her transference neurosis. In the dream, I fully accept the projection, I identify with it and condense it in the form of the knight.

This allows me to address the primitive split from a different perspec-

tive. As the knight, I realize that the Dolphin is split above her uterus. My subconscious mind had realized that the split body in the patient's dream represented the patient's need to polarize her intellectual and sexual wishes in different areas of her body. Superficially this split separates the uterus from the brain. In her dream, the brain was heading north toward the country in which the Dolphin has her intellectual life rewarded. The uterus was heading south, back towards the country that would reward her interpersonal life. This conflict partially explains the ongoing compromise formation between having her professional life in the USA, while being unable to sustain an intimate relationship.

On a deeper level, the splitting defense keeps me, and the infantile paternal object that I represented, away from the uterus. I am her "soul mate" and by being part of the soul, I am idealized as her father was and put in the brain, far away from the uterus and the sexual desire. But the defense is faulty since it creates the psychological castration represented in the split dog/baby.

The split defense is also ineffective since the sense of castration continues to be linked to the unresolved Oedipal material no matter which side of the body the father is at. The crying spell, while the patient was baking the loaf of bread during Christmas, is the crucial element, which links the transference to my complementary dream. By giving me her loaf of bread, the patient is asking me to assimilate, in my own digestive system, her conflicts around her Oedipal objects. The fusion of my abdomen with that of my patient in the dream represents my primitive identification with her conflict. In order to resolve the abdominal split in the Dolphin's dream, I must lose my sense of body integrity for some moments in my dream.

The loaf of bread is a symbol that combines love and anger. At a superficial level, by baking the bread, the patient will nourish her therapist to heal her severed abdomen. But looking deeper, the gratitude toward the therapist/father was replaced by anger toward the affair with the married man. This is the crux of her conflict: Accept being the father's favorite child, without having guilt for winning the conflict against the diseased mother; and at the same time accept that the father is married to her mother but still loves his daughter as well.

On a third level the baking oven is a metaphor for the uterus, and the loaf of bread is a metaphor for the baby. These show up as the fusion of abdomens in my complementary dream. Longing for the full uterus and the abdominal contents of the therapist, the patient achieves reconstruc-

tion of her own abdomen. The healing process is followed by the fusion of viscera and the salty kiss that transforms the knight into a monk.

Of course, at some point, this becomes my dream about my conflicts as well. When I became the monk, the Dolphin disappears and so does her split abdomen. Desexualized, the monk contains peaceful representations of both the mother and the father. It may be a partial solution to my countertransference anxiety since the monk representation allowed the therapy to progress. There are limitations though. Clearly by the end of my dream, the monk is not out of danger yet.

Identification with the patient's infantile object relations, paralleling Deutsch's idea of complementary countertransference, allowed me to negotiate the therapeutic resistances. After this I experienced a considerable decrease in countertransference anxiety. This allowed me to help the Dolphin to explore her transference love more thoroughly. She came to appreciate how she identified me with maternal and paternal objects without feeling rejected by me. This gave her more trust in me and in the therapy. This increasing trust led her to disclosure that she had an abortion shortly before her first depressive episode. The split baby in her dream now could be connected to her deep guilt for her abortion. This, in turn, deepened her understanding and mastery of her Oedipal conflicts and the depressive position. In both the Vampire and the Dolphin cases, the exploration of complementary dreams allowed the patients to disclose relevant information that was linked to their conflicts. In the Dolphin case, after the disclosure of the abortion, the patient experienced significant and lasting relief of her anxiety and depression.

DISCUSSION

FROM FREUD TO COMPLEMENTARY DREAMS

In 1913 Freud was already aware that "everyone possesses in his own unconscious an instrument with which he can interpret the utterances of the unconscious in other people." The idea of the unconscious as a therapeutic tool was unfortunately overlooked, most probably due to Freud's fear of countertransference. The avoidance of the use of countertransference as part of therapy has roots in Breuer's experience with hysteria.

Breuer's cooperation with Freud in *Studies on Hysteria* was shortened, according to Jones (13), due to Breuer's need to protect himself from the uncertainties of his countertransference toward Anna O. This initial concern about "creating a sterile field in which to operate" in psychotherapy probably postponed the acceptance of countertransference as part of

therapy. The image of the analyst as a "mirror" did not allow for much containing of projections from the patient. Therefore, the early history of psychoanalysis was marked by avoidance of subjectivity and the pursuit of objectivity. Through psychoanalytic purification, the therapist would be able to provide enough neutrality in the therapeutic setting by being objective and listening with free-floating attention.

The British psychoanalysts were the first to be interested in reciprocal and interpersonal interactions of psychotherapy. The Freudian mirror model was progressively questioned in the 1940's and 1950's (14, 15). Throughout the 1950s, positions and terms were created that either defended or attacked the use of subjectivity and countertransference.

Annie Reich (16) stated that the therapist should have some degree of libidinal investment in a case, otherwise the therapy will not progress. In her opinion, partial and short-lived identification between therapist and patient are necessary for the progression of therapy. With the Dolphin, the identification was greatly facilitated because both the patient and the therapist shared a common cultural background and more important than that, shared the same developmental tasks. With the Vampire, the libidinal investment arrived from sublimated voyeurism into pre-Oedipal dynamics, and the identification happened secondary to subconscious awareness of the patient's conflict. In both cases, the interest and the investment of the therapist were tremendously high and probably signaled to both patients the availability of the therapist to negotiate resistances in the dyad.

Reich's ideas on identification and libidinal investment relates to Deutsch's idea of complementary countertransference. Through identification with the patient's infantile object relations, the therapist experiences complementary countertransference, and this in turn can lead to complementary dreams. In the cases discussed, my identification with the Vampire's pre-Oedipal object relations and the Dolphin's Oedipal object relations was the necessary first step. It is not the intensity of the transference or the neutrality of the therapist that allows complementary dreams to happen. It is the quality of the process of identification with the patient's object relations that permits it to happen.

This identification should be kept under control in order to avoid countertransference neurosis (3) and counteridentification (16, 17). The process should reach the point of complementary countertransference without progressing to therapist's neurosis or a regressive response on the part of the therapist. The task of staying in the participant-observer position is to allow enough libidinal investment in the patient and enough identification with the patient without regressing to a neurotic enactment.

The fine balance differentiating useful identification from enactment can be maintained by bringing countertransference as it stands to the field of self-analysis or supervision (18). Awareness of personal motivations, especially if subconscious, is essential if the therapist is to effectively use countertransference. Interpretation of complementary dreams is a fine example of this. As demonstrated in these two cases, it allows the therapist to become aware of the subjective dynamics while avoiding destructive countertransference enactment.

In the Dolphin case, the complementary dream helped me understand how I might have wished to act on my impulses of being the savior of the patient. If the countertransference enactment had happened, I would have avoided becoming aware of my identification with her generativity conflicts. Enacting the knight would not have helped the Dolphin (19). Instead it would keep the therapeutic relation at a superficial level. In the Vampire case, if I acted on my countertransference, I might have responded to my terror and helplessness and terminated with the patient (20, 21). This would have protected my own object-relation life from the draining capacities of a pre-Oedipal borderline patient, but done little good for him. In both cases the complementary dreams were helpful in recognizing the hidden potential for therapeutic failure.

If therapy is the product of the interaction of two complete psyches, complementary dreams are part of therapy. Assuming that the therapist's psyche has to be involved with the patient's psyche, the therapist's dreams may have an important place in the negotiation of resistances that happen in each therapeutic dyad. Complementary dreams may help the therapist understand and experientially appreciate the patient's conflicts more fully. Consequently, interpretations can be more personal and to the point. Interpretations are always made within the relationship. The most effective ones are specific for each patient/therapist dyad. This subjectivity reflects the conscious understanding of conflicts and also the subconscious communication that happens on a nonverbal level.

To assume that the therapist brings his or her subconscious mind to bear on his patient's is to admit that it is impossible to detach the therapist's inner reality from the therapeutic negotiation. The therapist's awareness of subconscious communication makes handling of resistances easier. Ultimately, the therapist's subconscious identification with the patient's infantile object relations is what permits "the unconscious of a human being to react upon the unconscious of another human being without passing through the conscious" (9).

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