

The wounded healer as the counselor: the impact of personal psychological struggl...

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The Wounded Healer as The Counselor: The Impact of Personal Psychological Struggles on Work With Clients
IntroductionMy interest in wounded healing grows from the counselors' emotional experience of strong reactions to their clients.

During and after their counseling program, most counselors wonder if their often deep involvements in counseling process are a problem, caused possibly by poorly controlled inner feelings, quality of being too sensitive, directing interest inwards towards their own anxieties rather than towards the external world to the client, anxious dependency, and other things. Little by little, however, most of the counselors come to feel thankful for the fact that clients have a psychological impact on them. The purpose of this essay is to show what wounded healing - the counselor's self involvement in the psychotherapeutic process - is like in reality, and how it can be used effectively in counseling. The argument of this essay is that wounded healing can be used in counseling practices, not only as a secondary practical method, but as a main tool in analysis.

Moreover, it can be used effectively in conjunction with more " traditional" counseling methods. This work will demonstrate in detail wounded healing-based techniques of working and analyze the impact of personal psychological struggles on work with clients. The essay is written primarily for counselors and others interested in the wounded healing process. Main BodyThe work of counselors is undoubtedly very interesting, constantly changing yet emotionally difficult to accomplish and intellectually stimulating activity. Every counselor is unavoidably confronted by the disorders and

problematic situations that harass constantly the lives of their patients.

Counselors must, to some degree at least, have a sympathetic response to what are often inner feelings of emotional suffering and hopelessness.

There are days in work of every counselor when he or she is swimming against an unending cyclic of human total loss of hope and distress. An often not answered question is how does the counselor share the patient's emotional suffering and yet maintain a sense of optimism and continue to be a source of emotional energy for the client? One of the elements that is in many cases left out of the counselor-patient relationship, as theories of counseling practices are worked out and discussed, is the important fact that counselors too are human beings and have feelings. In many cases counselors feel the need to put on a sort of professional mask that hides many of the normal unresolved difficulties and inevitable moral anxieties that are experienced by every person. Counselors may make an effort to generate a kind of myth of personal invulnerability in which refusal to agree with a problem takes the place of self-learning and inactivity is substituted for active dealing with the problem. One of the absurd aspects of the professional work of counselors is that they in many cases have the greatest difficulty in recognizing and analyzing psychological pain in themselves and how it may relate to the emotional experiences of the client (Deutch, 1985). The well-known myth of the wounded healer who could cure every person other than himself can be often met in counseling practices in real world.

The point where client and therapist establish unconscious connection in which therapist and patient are "involved" could be called a wounded

healing. This means that the emphasis here is on the counselor's feelings and emotions and healing intimacy is established. And as counselor and client grow close, new patterns of closeness are established - transference and counter-transference. Because they have emerged in this engaged, intimate relationship, both counselor and client can be healed. Although this type of healing is effective, it is not often discussed in print. This absence of comprehensive discussion may be explained as defense, as Little (1951) and other therapists first indicated in the past century.

This type of healing sometimes tends to be thought of in the therapist's fantasy as not allowed, causing the therapist to feel confusion and self-consciousness. It also is considered as professionally damaging (to the therapist and his professional practices). Therefore, the therapist's self experience with the client, that actually may be the essence of deep analytic work, has been less well explored and studied than the client's experience of the therapist.

While attempts to "undertake therapy through the therapist's own wounds" may indeed cause some issues, the practice of wounded healing is nevertheless of considerable importance both for therapists and counselors (Harry et al. 2009, p. 384). Part of the difficulty in working with the client as a wounded healer, aside from painful nature, is the fact that the counselor often tends to feel guilty during wounded healer-based work. Freud's early statement about "mastering" wounded healer-based work has much to do with this, as expected.

Even this day, mainstream counselors, psychoanalysts, and therapists show caution. Actually, this may not be unnecessary, in the twenty first century of actively publicized ethical and boundary violations by counselors. At the very least, wounded healer-based work and its usage therapeutically continue to require careful and serious attention and reasonable grounds. Jung said something very important when he stated that the therapist is "...as much 'in the analysis' as the patient" (1929, p. 72). Nevertheless, the clear meaning of this statement and its possible implications for therapists and counselors were not explained thoroughly with the exception of Michael Fordham and Society of Analytical Psychology group in the 1950s. As Harriet Machtiger said about this almost thirty years ago, " Until fairly recently, [Jungian] analysts were largely, or completely, unaware of the importance of the counter-transference for the outcome of therapy" (1982, p.

107). Despite various problematic issues, unwillingness to mention about wounded healer-based work has been lessening gradually in therapeutic circles. With this moving in small stages change in " awareness" in the end of the past century has come an increased interest in Jungian written material.

It would be interesting to know the origin of the term " wounded healer". It came to Jung not from alchemy, medicine, or religion. In reality, the main myth or story behind the Jungian wounded healer is the Greek myth that tells the story about the " wounded healer." The main theme of the story is the ancient Greek devotion to Asklepios, who was regarded as a " founder of medicine" and god of healers, as the central god of curing (Graves 1955). In

this story, Asklepios, who was abandoned by his father Apollo, is brought up by the centaur Chiron, who becomes his teacher and gives him all knowledge of healing. Chiron, half man and half animal, has a wound that cannot be cured. Ultimately, Asklepios becomes like his teacher: he grows into so good a healer that he can make the dead alive and is then slain by a destructive weapon of Zeus for his ambition and pride.

Asklepios is subsequently raised from the dead as a god, the “divine physician,” and appears in the stars among the immortal beings. Asklepios’s teacher, the wounded healer Chiron, in astronomy is represented by the northern part of Sagittarius. Wounded-healer imagery was studied by Jung and his followers and later became the basis for Jung’s clinical approach.

At this point Jung shifts away from modern medicine into a world of the therapist’s soul. Jung begins to pay a special attention to an emotional world of therapist/patient interaction, a world of powerful feelings the client communicates to the therapist. The therapist, at the same time, is disposed to get close to his or her own emotional anxieties and becomes emotionally involved into the healing process. With regard to counseling, a client is possessing great emotional strength. His or her unconscious is open, and the counselor must be open too – the counselor’s unconscious must be open to his or her own psychological analysis. From a Jungian theory about wounded healer-based work, because of the powerful nature of the unconscious processes, the counselor will inevitably be affected and may benefit from this process. As Jung (1935) points says: Emotions are contagious, because they are deeply rooted in the sympathetic system; (hence the word “

sympathicus").... In psychotherapy, even if the doctor is entirely detached from the emotional contents of the patient, the very fact that the patient has emotions has an effect upon him.

And it is a great mistake if the doctor thinks he can lift himself out of it. He cannot do more than become conscious of the fact that he is affected (pp. 138-9).

To better understand wounded healer-based work, let us consider such terms as transference and counter-transference. Actually transference and counter-transference constitute the heart of wounded healer-based work. Jung thought that these elements were the main thing in psychotherapy. Jung's stated that counter-transference was equally important as transference, perhaps even of more importance. If there is no counter-transference, the therapist can build no real therapeutic relationship with the client. Jung really can be regarded as the father of the counter-transference, that is the therapist's emotional involvement in the process.

Jung defined the concept of Freud's transference differently and broadened it into his own terms, adding counter-transference as an equal and essential partner. In counseling, the counter-transference - the counselor's mental pain and his or her active work inside with something that is similar to or is connected with the client's emotional disorders - appears in quite defined ways with each client. As that client " gets to" the counselor in some way, the client actually may generate a unique counter-transference reaction in the counselor, based on the counselor's particular characteristics, the

client's, and the particular combination of these that develops. The counter-transference in counseling may be explained as essentially a response to the client's transference. This idea of counter-transference as characterized by reaction is reasonable, and shows correlation with the idea of the client's transference being the opening point for the emotional interaction.

Counter-transference is thus based on the idea of the client's "putting" his unconscious "into" the counselor's unconscious and unconsciously responding to or trying to control the counselor in an appropriate manner. Before Jungian perspective, however, there was idea about transference as being an obstacle to the work and about the therapist as being free from the patient's projection. In accordance with Jungian theory, however, a projection-free therapist cannot exist in reality. Gradually, transference, defined in various ways, has come to be regarded as the central element in all therapies, not an impediment, but what Jung refers to as the "projection-making factor" that is a kind of unlimited inner stimulator and activator. Jung also stated that the unconscious in the therapist, that is the counter-transference, is active with the same power.

Historically, much of the reference to the counter-transference concept in counseling was about how to free oneself of it. Both transference and counter-transference are often thought of as inappropriate change in perception of the client, as things that can negatively influence the analysis of objective reality. Yet, gradually, more and more discussions and research appear about how to get into counter-transference and how to make it

effective in counseling practices. The counselor's perceptions of the client are as important as the client's perceptions of the counselor.

Counselors can study the kinds of emotional positions that clients put them in order to learn about the client. Therefore, the counselor's personal emotions and feelings, in addition to his theories, psychological interpretations, and judgments, become the chief tools in the wounded healer-based work. This is contrary to the traditional approach of not letting the counselor's emotions and feelings distort his or her understanding and sympathy with the client. In this manner, the first part of training in the use of the wounded healer-based approach in counseling is the continuous self-analysis and monitoring. This analysis of personal emotions by the counselor helps prevent the classically described neurotic counter-transference, where the therapist's ideas and emotions are not relating or important to the patient. Counter-transference can be used effectively by the counselor who realizes that his reactions are to some extent generated by the client's unconscious feelings and who is capable of holding his feelings within a fixed limit and work through them. Recognizing and analyzing such feelings in himself, the counselor may make use of them as a foundation for forming or assuming hypotheses about, comprehending, or explaining the meaning of a client's personal experience and emotional developments. The counselor's analysis and interpretation of his own emotion in this way transfer for consideration potential meaning about the client.

This counter-transference practice is as a result an informational counter-transference that can be used effectively as an essential part of a

communication process in the client-counselor interaction. The counselor is able to understand the client directly by means of his or her own experience: the counselor is not thinking about but is directly involved in the client's unconscious. The word "informational" is probably insufficient to give a full representation of this process. A client does not just let a counselor know some personal information, some small piece of knowledge about personal experience, but invokes its reality in the counselor. Clearly, it is more than an information communication to the counselor; Jung speaks definitely of "psychological induction" (1946, p. 199). The actual presence of energy and the unconscious components as experienced by the counselor constitute this process. As Jung explained this, a whole complex is transferred.

Moreover, a complex includes a mix of feelings, and during transference/counter-transference processes more than detached small pieces of information or experience are obtained. The particular pieces form a larger structure, so in general a whole individuality of the client and whole interaction can be experienced by the counselor - a fully developed counter-transference anxiety, as mentioned above that in turn corresponds to the client's transference anxiety. This process may be described as a healing where the counselor experiences the sufferings of the client and shares them with him. The counselor has, as a result, a very particular counter-transference to this particular client, and they have a counseling relationship with the unique features this client's healing requires. Counter-transference can also be viewed from a patient's perspective, as well as from a third point outside and above the vantage points of the two participants in the process.

Counter-transference can be also considered by the counselor as bringing his own unconscious into the process regardless of the client. This is well explained by Jung in “ Psychology of the Transference” (1946).

In this work Jung refers to two individuals and two unconsciouses that were present in the therapy. The therapist participates with his consciousness of his own identity; he is not an empty world that the patient then enters with his emotions. The therapist is a person, too, who affects the patient’s unconscious just as the patient does his. Consequently, the patient’s redirection of attitudes and emotions towards the therapist interacts with the therapist’s. Importantly, Jung observes that the therapist’s personal anxieties should not cause harm to the patient.

At the same time, Jung makes the further point that effect of therapist’s personal anxieties is unavoidable. Therefore, the therapist’s behavior in the end becomes “ the harmful or curative factor” in healing process (1929, p. 74). The general theoretical picture of described above wounded healer-based work provides the background for a more specific model for working effectively with counter-transference in counseling process. What follows is an analysis of the model that can be used by the counselor to be an effective wounded healer.

This model is applicable to any style of doing counseling. All elements of this model overlap each other considerably. Each component may exist simultaneously with the others, and what may be considered as separate activities constitute sometimes essential part and parcel of other process. At

the same time, relatively long periods of time may be spent working in one of the events.

It would be best to say one stage may continuously emerge again through the whole period. This process may increase in speed with repetition; for example, the counselor can frequently begin where one left off the previous analysis with the client. In reality, it is problematic to create and use a strictly accurate model of these counter-transference processes because they are relatively changeable and are constantly modified by the counselor. Complementary, often operating at the same time and unevenly balanced operations constitute counter-transference process. It seems that this process is like inconsistent stages: there are multiple groups of ideas felt to be connected and associated in analysis most of the time, resembling airplanes flying in a circle around an airport at different angles before they land.

One or several ideas may be more important for analysis at a certain time. Moreover, the attempts of the client to prevent the translation of repressed thoughts and ideas from the unconscious to the conscious can be a central feature of the counselor's experience at any time of the counseling process. As was mentioned before the counter-transference process entails a large number of small, half-conscious stages that involve decisions by the counselor (and often by the client). In the following sections will be described the major stages. The first stage of the counter-transference process could simply be called the preliminary stage. This takes place before there has

been any interaction at all between the counselor and the client. It consists of preparations for doing analysis with a counter-transference perspective.

Its essential part, usually, has to do with the counselor's knowledge of his own character, personal development and basic orientation and views. Contributing factors are, first of all, the analysis skills, in addition to the counselor's training in general, and experience of working with counter-transference focus. As many therapists indicate, it helps, without doubt, to have been through these analytical processes previously. It also helps a lot to have something of the attitude based on the counselor's own life Jung tells about so well: The doctor knows - or at least he should know - that he did not choose his career by chance; and the psychotherapist in particular should clearly understand that psychic infections, however superfluous they seem to him, are in fact the predestined concomitants of his work, and thus fully in accord with the instinctive disposition of his own life (Jung, 1946, p. 177).

But whatever the counselor feels about his or her driving interests for carrying out transference analysis, he, in particular in this preliminary stage, must be ready to envelop himself fully in this process. The first interactions with clients strongly influence counter-transference. An anxious client meets a not necessarily less worrying counselor. The "projectiles," as Plaut (1956, p.

156) visually describes this, may be moving "in the air". The counselor should be in his analytic mode or be ready to use analytic techniques from

the beginning. The second stage of counter-transference work might be described as freeing counselor/client contact from darkness or obscurity. This is appropriate, naturally, to the very first meeting with the client, but as well to following ones. The purpose of this stage is to generate a state of openness both to the client's unconscious and to the counselor's own unconscious in relation to this specific client. Even though this does not make necessary possession of a practical method or skill, it does need concentrating the counselor's own consciousness (and unconscious) on the client.

This process is probably a sort of focusing or meditative-reflective activity. Thus, when Jung (1973), noted, "Learn your theories as well as you can, but put them aside" (p. 84), or when Bion speaks of preliminary sessions worked through without "memories" of previous sessions and without "desires for results and healing" (cited in Langs, 1990, p. 244), it seems they are describing this state of the counselor's approach at this stage. Similarly, Freud's (1963) "evenly hovering attention" may refer to more relaxed atmosphere in initial analysis (p.

118). The purpose in any case is to try to notice what may come from the interaction in a fresh manner. Despite the above suggestions, it may also be useful to look at notes from the previous meeting with the client before the new analysis begins. This can produce fresh attitudes in the counselor regarding what is happening in the client's mind and make the client more enthusiastic. Having established contact with the client in this manner, then the content itself can be disregarded, if one desires.

Moreover, it may be very helpful to make reflections towards the client in no particular way, that may help to see what the client feels about the counselor, what is beginning in the counter-transference. Making notes can help with this. Consequently, such efforts of the counselor, that are personalized and involving a great deal of time, are chiefly to make the counselor's empathy warmer towards that a specific client. Analysis usually is a creative activity, and above-described rituals can also help generate and focus energies for that. At this stage the counselor's activity is characterized by considerable use of self-analytic careful considerations, not just directly before and after meetings.

As rule, the more problematic situation, not easy to understand and solve, the more work will be involved by the counselor. In this kind of counter-transference work the counselor frequently carries his clients around with him, in conscious or unconscious manner. What Jung (1933) observes on the account of dreams has direct bearing on counter-transference: " Look at it from all sides, take it in your hand, carry it about with you, let your imagination play round it" (p.

320). The next perceptible stage of the counter-transference process is the internal reception of the client by the counselor. This is a relatively complex process, involving multiple processes concerning the counselor's attention and observation, in which the counselor's attention is directed both outwards toward the client's feelings and emotions and inwards towards own inner world. Through the whole of the counseling process the counselor will be periodically imagining, seeing or feeling from the client's perspective (trying

to understand and imaginatively enter into the client's feelings) and then from his own (counter-transference). Particularly, having prepared the ground at the first stage, the counselor becomes more active in his work with the client and his reaction becomes deeper. Basically the counselor is attentive to the client's thoughts, imagination and emotional experience. In fact, anything can be employed; it may be desirable to connect in the mind and imagination more or less within the context of the client's account. There exist a large number of factors able to cause responses in the counselor, the primary one being the client's inner feelings and method of presenting himself.

Then, in this enlarging number of associations, there are the counselor's own reactions that in turn may generate further thoughts. More factors that produce responses in the counselor are also available. For instance, facial similarities, articles of dress, or some words uttered by the client may cause the counselor, indistinctly and half-consciously, to remember someone he knows or knew. Being attentive to the similarities allows the counselor to perceive how the feeling tone of the counseling relationship has been influenced or changed. More symbolic meanings or assumptions may then be noticed, as the counselor reflects on the possible relationship between the client and this connection. Then a selection process follows. Usually it is the client who unconsciously makes selection of the material to be concentrated on.

The counselor may observe by ear or eyes things that in particular interest him, sometimes for unknown reasons. It should be noted that because the

client can be so easily influenced by the counselor's choices, it would seem of great importance frankly to let the client's unconscious open and show the way that would be followed in the next sessions. The counselor lets to be directed in his counter-transference by his silent responses to the client's facts and observations - except under the circumstances that the counselor finds himself absorbed in his own thoughts or confused.

It happens that the client may move to another topic, leaving the counselor analyzing the previous one in his counter-transference. Here the counselor may have to stop and even return to the earlier topic, and at this stage are expected numerous counselor interventions, the purpose of which is to slow things down. Most of counselor's comments, often characterized by understanding and sympathetic entering into the client's feelings, are just markers in the process, or breaks so the counselor have time to analyze all information.

The main characteristic of the next step is restraining the counselor's unconscious. In a specific session and during many other sessions, as the client focuses, the counselor's unconscious becomes more and more involved. The areas of emotional analysis become narrow or deep that seems to naturally develop.

Deeper emotional areas generate deeper counter-transference responses, as do direct client statements, considerations or dreams about the counselor. In addition, counter-transference dreams may produce a certain willingness to be more connected with the client. Usually, there may emerge recognizable

experience of greater uneasiness in the counselor, generated by dreams, client statements, and other sources. Something unconscious begins to rise to the surface, in the counter-transference, that is characterized by the counselor's experience of the classical counter-transference neurosis. The principal feature of this deepening, based on the counselor's personal experience, stage is the counselor's strict control over his unconscious. Here is the moment where he has to restrict it, under pressure, and not allow various activities that make the tension a real problem.

When the anxiety grows into real stress, the counselor's focus is directed even more inward to restrain and try to rid of it. This may take a little time, but in more problematic cases it may be a process lasting over a long time. It is of great importance here to analyze, clarify, use fantasy, and examine feelings, in order to answer the question: what are my reactions to all this? Essential part of this self-analysis stage includes resistance of the counselor and therefore there are continual struggles inside the counselor. As the counselor moves through steps of resistance, he may ask himself many questions, including these: is it true, what this client thinks about me? If yes, why he thinks so? Or, what exactly wounds or problematic aspects does this client brings up in me? Having considered some of these and other similar questions, the counselor's focus much of the time tends to shift to the client: "Are these images mine or the client's?" In this way the problem begins to be pushed back toward the client.

At this point, the counselor begins to make clear distinction between his neurotic counter-transferences and what could be the neurotic transference

projections by the client. In the course of this back and forth process the counselor may draw a conclusion like “ The client is projecting this on me.” As a result, the counselor may build hypotheses about the nature and characteristics of that particular image in the client’s unconscious.

Inferences may be made form about what all this is stating, chiefly about the client and his unconscious awareness of the situation, but also about the counselor, counselor/client interaction, future possibilities, implications for other relationships and so on.

As these things become comparatively clear in this phase of the counter-transference process, the counselor must make another decision in relation to the client; that is, whether he should tell the client what he understood about all this. If the counselor makes decision to clarify his observation to the client, there are some factors to be considered first. These include chiefly considerations of the client’s ego and emotional condition and the specific aspects of the session in addition to the many factors from preceding work and experience in this area. At this stage the counselor at all probability will continue with his restrictive strategy.

The counselor prefers to sacrifice the outer expression of his inner tension. This does not mean sacrificing the understandings, nor this does not mean that, even unspoken, interpretations may not still be felt by the client (registered somehow in the client by means of intuition, symbols, body language changes noticed in the client, etc). But the main focus of the counselor’s analytical activity can be also directed toward his own wound, that is shared with the client unconsciously, rather than solely toward the

client's anxiety. Therefore, instead of explaining his self-analysis to the client, a counselor may choose or be forced to leave the anxiety-ridden states not interpreted and continue his self-analysis further in himself.

The analyst here continues his analysis of the client and at the same time is following the analysis of his own wounds. At this point, he progresses with difficulty, observes and gives deep consideration to all collected information, including notes, personal dreams and fantasies. During this process different feelings and fantasies of the client may occur, which the counselor can also analyze. These overall elements constitute counter-transference measures of the client's situation. This is a less perceptible area of counter-transference experience, for example, like gradual shifts in dream images over time. The counselor may discover them unexpectedly. Nevertheless, they must be observed constantly by the counselor. In the case when such spontaneous images of the client do emerge, the question then should be answered: have I undergone transformation or has the client? The last stage of the counter-transference process is validation.

When the counselor has been struggling for some time with counter-transference issues, a considerable shift in the overall understanding of the tension may occur. This understanding and insight may contribute to the "aha!" experience by the counselor. He also perceives indications of movement or lack of changes in the client. Thus, direct client statements help measure emotional changes in addition to obvious behavioral changes (observing compliance strivings, the client's ego, and the state of the counselor/client cooperation during the work). Unconscious sources, in

particular dreams in client and counselor, may confirm changes in the counselor and the client's inner life. Transformations in the character of the personality, open feelings, more friendly relationships, more awareness - all these factors contribute to a validation of the counter-transference picture developing in the counselor, too. The counselor's best guarantee, however, against counter-transference mistakes is a constant consideration of the question, "Are these images mine or the client's?" This is a difficult question that cannot always be answered by the counselor clearly and without doubt.

Taking this into account, the continuous attention to this question is a proper safeguard against mistakes. The counter-transference-based process outlined above is also best thought of as an integrated process. Not only is the progression in it somewhat accidental as well as continuous, it is also the case that the counselor may have some restrictions in this process and have to control his unconscious. It should be noted, however, that many theorists consider that counter-transference-based healing should also include a stage of self-disclosure. The topic of self-disclosure is too complex to discuss outside of particular writings and theorists. On the whole, my point of view is that it will be better to make mistake on the side of restriction. Jung it seems took a "speak and ask questions!" position, as indicated by his Tavistock comments (in Jaffé 1971). His counter-transference dream of the client in the "castle tower" was one he without any delay disclosed and interpreted to the client, with not only harmless, but beneficial results according to the report (Jung, 1943, p.

112). The psychoanalysts and therapists, who have examined this aspect for a long time, fall approximately into three disclosure groups: conservative (who prefer no disclosure), moderate (who prefer selective disclosure) and radical (who prefer freer work with the client) (see Tansey and Burke (1989) for more information on this classification). This is a helpful classification, upon which, however, one does not need to be steadily directed.

The counselor's position on it could presumably change from counseling to counseling, or even within a session. Moreover, it would much depend, again, on the client, specific therapeutic methods, general mood, feelings, sensations, intuitions, beliefs and so on. Jung would probably be representative of the radical group. My personal point of view would be more temperate and probably I would be among those who belong to the moderate group: if disclosure is needed and the ground is prepared for it, it might at most times be restricted to in-session feeling statements or small pieces of counter-transferences that are well analyzed by the counselor. In other words, it is better to provide the client with "end results" of counter-transference-based analysis than "still in process" considerations. The client's reactions to the counter-transference-based analysis may be extremely interesting but at the first place may become a stress to the already stressed client.

Counter-transference-based analyses tend to invite professional considerations of the counselor that the client does not need to do and actually is not prepared to do and may feel indignant. Not that the client or his unconscious are not, as Searles (1965) suggests, attempting to "cure"

the analyst. The counselor should pay attention to the signals, in my view, but be responsible. If something is to be said to the client from the counter-transference analysis, then it might be best communicated when the counselor has a relatively neutral mode, if this is capable of being achieved, rather than experiencing stormy emotions.

A good guarantee not to make spontaneous error is to check the state of one's excitement before making the results of the counter-transference analysis known to the client. Certainly it is often problematic to be in that "neutral" state or a client may press or make demands on the counselor. Obviously, honesty and fairness must be the best strategy of counseling, but honesty does not inevitably mean full disclosure. In counseling it may mean restricted, considerate or in some cases even no disclosure.

It seems naturally right to keep reserved when uncertain about something. Probably within the context of a counseling process an image, sensation, emotion, or association can be communicated to the client. The smaller details, however, can be left unknown to the client. And usually it seems will be right that such responses should emerge as the counselor's reactions to something the client is saying at the moment and thus will be continuations of the client's thoughts.

In this way, the disclosure is more an expanding reaction than an active, disturbing comment. At the other side of the disclosure considerations is Schwartz-Salant's (1982) idea of the significance of confirming the client's perception of the therapist. In most cases, this complex issue depends much

on the client's character and the specific atmosphere, as well as the capacity to accurate perception of information. The full development of the analytic relationship would also be a major factor to be considered by the counselor. In addition Schwartz-Salant's very free participation and sharing of the counter-transference images in the counseling process would seem to impose as a necessity a long-term development and a special relationship between counselor/client.

In addition to this, special attention should be paid to the more intuitive understandings a counselor may come to, whether through immediate use of counter-transference analysis or dreams. The self-disclosure aspect is of the greatest importance here, as the effect can be considerable. It is convenient for the counselor to think that all involved in the process are insightful personalities or even wizards of some kind. Nevertheless, the main question is one of regulating actions or remarks in relation to the client to produce the best effect or knowing what the client really needs. Actually, the great art in analysis is to stop talking in time. Sudden insights must in some cases be concealed until the client is really prepared for them. Moreover, usually it would be appropriate to count to ten and it is also of great importance to check twice personal insights. Fordham (1978) has stated that is risky to make quick counter-transference-based revelations to clients - the therapist must wait until the client's material is on the same level with what the therapist at the time " knows.

" On the whole, counter-transference process is based on a two-part sequence: making a series of analyses and then interpreting them and

making some decisions regarding them. As Rosemary Gordon explains: after examining and analyzing the material, the therapist must then “decide whether to communicate to the patient his emotional reactions and, if so, in what form and when” (Gordon 1968, p. 181). Although the theorist belongs to the more radical side of the self-disclosure discussion, Searles seems to summarize very well the incomprehensible bases for answering this question of when and how to disclose counter-transference information: It is clear to me that the analyst’s inner freedom to experience feelings, fantasies and patient-transference-related shifts in his personal identity...is unequivocally desirable and necessary. But it is equally clear that only his therapeutic intuition, grounded in his accumulating clinical experience, can best instruct him when it is timely and useful-and when, on the other hand, it is ill timed and injudicious-to express these inner experiences (Searles 1973, p. 279). This entire question of self-disclosure may depend not just on employed methods and conditions but on the counselor’s judgments regarding the importance of the client’s identification with the counselor. For many counselors the healing dynamic of the client/counselor contact is that the client and the counselor himself experience in the present positive emotions and feelings.

But how this healing is achieved may be determined by the counter-transference disclosure. As there is no certainty about what exactly it is that heals, there will be surely various decisions by the counselor on the day-to-day basis regarding how to deal with the analytic material. It seems that in terms of counter-transference, self-knowledge is more significant than self-

disclosure. It is also right in some cases to be radical in emotion and at the same time conservative in disclosing. Taking into account the fact that there can probably be no precise rule on self-disclosure, the chief element of this process would be a constant analysis of the progress of the counseling.

Conclusion The question of dangerous and problematic vs. useful and effective counter-transference in counseling is today of the greatest importance.

Clearly this essay rests on the idea that counter transference is useful for healing. Counter transference in counseling may be used when two people need help. The counselor definitely benefits from the healing too, and not only because the client enables the counselor to examine or re-examine his inner emotions and feelings. In this regard Jung notes how both the therapist and the client are “ altered” or “ transformed” in this process (Jung, 1946, pp.

199). Dieckmann (1974, p. 75) indicating that two healing opportunities are presented to the therapist: the first through his interaction with the client and the second by means of his self-analysis. Therefore, it may be concluded that counselors will clearly benefit from deeper studies of counter-transference analysis. References Deutch, C. J. (1985). A Survey of Therapists Personal Problems and Treatment.

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