

THE BEHAVIOUR INSTITUTE

Diploma in Trauma-Informed Psychotherapy

UNIT 5 • CORE READING 2 OF 6

02

Transference in Trauma Work

When the therapist becomes a character from the past

What This Document Covers

Building on Document 1's general definition, this document addresses how transference specifically tends to show up in trauma work — often earlier, more intensely, and in more clinically significant ways than in general therapeutic practice.

Why Trauma Work Intensifies Transference

As Unit 3 covered in real depth, particularly in the material on Complex PTSD, a great deal of significant trauma is fundamentally relational — it happens between a person and someone they depended on, trusted, or needed to feel safe. Therapy asks a client to enter into a new relationship carrying real emotional significance, involving vulnerability, trust, and a degree of dependence, with another person. It would be genuinely surprising if old relational patterns, particularly patterns connected to trust, safety, and dependence, did not surface readily in that context.

Recognisable Trauma-Related Transference Patterns

Several patterns recur often enough in trauma-focused practice to be worth naming directly, though any individual client's presentation may not fit neatly into a single category.

The Therapist as a Figure of Danger

A client may find themselves unconsciously anticipating that the therapist will become critical, punitive, or dangerous, echoing an earlier caregiver or figure of authority — even where the therapist has given no actual indication of this. This can show up as hypervigilance within sessions, difficulty relaxing, or a persistent, low-level bracing for criticism that never actually arrives.

The Therapist as a Rescuer

A client may unconsciously position the therapist as an idealised rescuer figure, capable of resolving pain that has, in reality, taken years to develop and will take genuine time and work to address. This pattern, while understandable, can create real difficulty when the therapist inevitably falls short of the idealised, rescuing role, sometimes producing a sharp, disorienting shift toward disappointment or anger.

The Therapist as an Unreliable or Absent Figure

Particularly common where early caregiving was inconsistent or neglectful, a client may transfer expectations of unreliability or abandonment onto the therapist — becoming acutely sensitive to cancelled sessions, changes in schedule, or any sign, however minor, that the therapist might not be fully present or reliably available.

The Therapist as a Figure Requiring Caretaking

Less immediately obvious, but genuinely common, particularly in clients whose early role involved caretaking a parent or sibling — a client may find themselves unconsciously monitoring the therapist's wellbeing,

minimising their own distress to avoid burdening the therapist, echoing the fawn response covered in Unit 2 and the relational disturbances covered in Unit 3's Complex PTSD material.

Pause and Consider

Which of these four patterns do you think would be hardest for a practitioner to recognise in real time, precisely because it might feel, on the surface, like ordinary politeness or consideration rather than a transference pattern at all?

A Story to Make This Real

Consider a composite scenario drawn from patterns seen repeatedly in trauma-focused practice. A client, “Aidan,” 27, began therapy following a childhood marked by a parent whose attention and warmth were genuinely unpredictable — sometimes deeply engaged, sometimes distant and unavailable for extended periods, with no reliable pattern Aidan could learn to anticipate.

Several months into treatment, Aidan's therapist needed to reschedule a single session due to illness. Aidan's reaction was disproportionate to the situation itself — a sudden, sharp conviction that the therapist was losing interest in working with him, followed by a strong urge to end treatment altogether rather than risk further disappointment. Exploring this reaction together, rather than simply reassuring Aidan that the rescheduling meant nothing significant, opened a genuinely productive avenue: Aidan's reaction was not really about one rescheduled session. It was the unreliable-caregiver pattern from his childhood, transferred directly onto his therapist, activated by a genuinely minor and unremarkable event.

Handled well, this moment became one of the more clinically significant points in Aidan's treatment — not despite the rupture, but because of it, a theme this unit will return to directly in Document 4. Handled poorly, with the therapist offering only reassurance and moving on quickly, this same moment could easily have been missed entirely, leaving a genuinely valuable piece of clinical material unaddressed.

Why Recognising the Pattern Matters More Than Resolving It Immediately

It is worth being clear that the goal, in the moment, is not necessarily to immediately interpret or explain the transference pattern to the client. The goal is for the practitioner to recognise what is happening, hold it with genuine curiosity rather than defensiveness or dismissal, and respond in a way that does not inadvertently confirm the client's transferred expectation. In Aidan's case, responding with irritation at what could seem like an overreaction would have confirmed, rather than gently challenged, his expectation of an unreliable, ultimately unavailable figure.

What's Next

The next document turns to the other side of this relationship: countertransference, and specifically what sustained trauma work does to the practitioner over time.

A Few Things to Take With You

- Trauma work tends to intensify transference, given how frequently significant trauma is fundamentally relational
- Recognisable patterns include the therapist as a figure of danger, an idealised rescuer, an unreliable or absent figure, and a figure requiring caretaking
- These patterns connect directly to the relational trauma and attachment material covered in Units 2 and 3
- The immediate goal is recognising the pattern and responding in a way that does not inadvertently confirm it, not necessarily resolving it instantly

Before You Move On

- In Aidan's story, what would confirming, rather than gently challenging, his transferred expectation have looked like in practice?
- Which of the four patterns covered in this document do you think connects most directly to the fawn response covered in Unit 2?
- How might a practitioner distinguish, in the moment, between a genuine transference reaction and a proportionate response to something the practitioner has actually done?