# THE ROLE OF EMOTIONS IN AID RELATIONSHIPS AND EDUCA-TIONAL PRACTICE. FOR AN INTEGRATED REFLECTION BETWEEN PROFESSIONS AND SOCIAL DISCIPLINES

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## ABSTRACT

Relationships as professional help and as educational process foundations. If helper wants to arrive to positive results through the professional practice, it is fundamental to understand the transference and counter transference mechanisms in the specific social relation with the helpee. This emotional professional control is necessary in order to rethink own experiences and to allow therapeutic path for better communication and social aims. This work tries to reflect not only on emotions' role in social and educational work through an analysis of literature but also on providing scientific reflections that can guide professionals in the help and educational process.

**Keywords:** emotions, transfer, counter transference, helping relationship, educational relationship

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## 1. Introduction

> "The brain is wider than the sky."
> E. Dickinson, Poems

Body and mind. A dichotomy that is still considered preponderant in contemporary society to a large extent[2]. Where the *res extensa* and the *res cogitans are* thought of as distinct, separate and autonomous elements[3]. The body, indeed, is a stage on which emotions are expressed (Cerato, 2003, p. 57), in a real and tangible representation that underlies both the internal world of the subject and the social relations they maintain.

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[1] The article is the result of the collaboration of the two authors, but paragraphs from 7 to 9 are attributed to Davide Barba, and from 1 to 6 to Mariangela D'Ambrosio.
[2] Think of the mechanistic perspective and therefore of the medical-clinical paradigm.
[3] The Cartesian theory may apply here.

The psychoanalytic theory of object relations on the one hand (Lis, Stella, Zavattini, 1999) and the sociological reflection of emotions[4] on the other, represent the two paradigms which, I believe, best analyse the relationship between the external world and the internal world of individuals as they intertwine (Modell, 1968). The latter act and interact with others, in reality, as a function of an inner universe made up of an intrapsychic image of oneself capable of influencing both its own affective states and its explicit behaviours (Gill, 1985). These internal images are the result of previous experiences with significant people in the life of each of them and are so powerful that they shape human relationships themselves in the present.

"It is the concept of transference that implies the fact that the person object of an individual's experience is to be understood as a transformed configuration of the real other involved" (Greenberg & Mitchell, 1986, p. 53). It happens, in fact, that when a subject enters into a meaningful relationship with an *alter*, an emotional resonance is activated (and acts) [5] that triggers memories, emotions, experiences, past experiences experienced in the early stages of development. In other words, individuals who enter into a relationship (more or less empathic) feel and perceive the other as if it were a part of themselves that takes shape in the reciprocal communicative and emotional exchange. Unconsciously, emotions and feelings are brought into play that guide the relationship with oneself and with the social world.

Emotions, in fact, are "central to the understanding of human behaviour both as regards the individual and their private history and as regards society and its collective values" (Cattarinussi, 2000, p. 14). They share with the drives and cognitive processes the regulatory function of all psychic processes together with the expressive and behavioural responses (Mingazzini, 2005, p. 72).

The same *transference* is an emanation which, although unconscious, allows the individual to re-know himself in the emotional other, in the other *Homo Sentiens:* "the brain is an intertwining of emotions and intellect" (Dalai Lama and Goleman, 2003, p. 251). Where rational thought is fundamental for the emotional system and vice versa (Borgna, 2001, p. 41).


*Transference and countertransference: dialogue between processes*

To better understand what transference is specifically, however, it is necessary to refer precisely to the theory proposed by *Freud* according to which *transference* (or translation)6 can be understood as a mental mechanism that allows the individual to move feelings and thoughts from the memory of a meaningful relationship in the past, to a person involved in an inter-individual relationship in the present. The subject tends to reproduce these elements in the relationship with the present and without fully understanding where these emotions and feelings originate from, therefore at an unconscious level.

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[4]The sociology of emotions is based on some assumptions: 1) emotions are socially constituted; 2) emotions are activated by the relationships that are established; 3) each society has its own rules on which emotions are acceptable and how they should manifest themselves; 4) emotions and their expressions change over the course of history; 5) emotions have an important cognitive action.

[5]That is, the connection between thought and behaviour; between state of mind and action.

[6]*Freud* studied transference processes by observing the patient who tended to react in front of the doctor, as if they were some other person by projecting manifestations of intense affective feelings (love, anger, hate). The scholar observed that this process took place regularly when the patient was talking about his past.

Transference is, therefore, the occurrence of a repetition, in the analytic relationship, of infantile experiential and behavioural prototypes connected to emotional states in force in the relationship: it "consists in experiencing towards a person of the present feelings, drives, attitudes, fantasies and defences that do not refer to this person but that are original repetitions of reactions towards significant persons of early childhood and which are unconsciously shifted onto figures of the present" (Greenson, 1974, p. 146).

In the contingent of the relationship, each of the subjects involved in the relationship experiences the other by attributing to it the meaning of emotions experienced in the past, in childhood, identifying it with their current experience. Precisely because of these characteristics of emotional re-activator, *transference* is a projection that can have both positive connotations (positive transference) and negative connotations (negative transference)[7]: in the first case, it includes friendly feelings, esteem, affection; in the second, it refers to aggressive desires and negative emotions.

It is clear that the transference process as an interpersonal dynamic is acted out in the external world, shaping fantasies, memories and desires in society and in interpersonal dynamics[8] (Botta and Truono, 2009, pp. 40-41). *Transference* can be defined as that unconscious psychological process that causes a current modality of interpersonal relationship, characterised by positivity and / or negativity that affects the object social context. And the *countertransference* as a complex of the professional's attitudes towards the patient/client (Racker, 2002, p. 173). And it is in the helping relationship, in particular, that *transference*, together with *countertransference*, assumes a decisive and fundamental role: in the work requested or provided in favour of those in a state of need, a propensity towards the other is recalled and assumes a positive and supportive connotation that is expressed in reciprocal ways between the parties (Bartolomei and Passera, 2011, p. 145).

In this professional context, emotions represent that basic fabric linked to the construction of one's identity and personality that is reactivated every time a relationship occurs, even if it is a helping relationship.
All these elements, in fact, intertwine and complexify in social action in a relationship of mutual dependence, in a synthesis between psychiatry and the sociology of emotions. Between professional relationship and human relationship.

*Helping relationship and educational relationship: practice of care, processes and functionality*

"Help is a relatively complex process in which there are not simply those in difficulty and those who can help but two subjects deeply involved in an exchange relationship where both will learn something" (Zani, 1998, pp. 253-254).

This is an asymmetrical relationship in which the professional and the user[9] bring different resources, skills and emotions which, however, meet in the communicative and relational

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[7]"*Transference resistance"* comes to mind.

[8]*Freud* 's discourse can be seen in the context of the relationship between repression and resistance.

[9]In the article, the terms user/client are used. It should be specified that this terminology is obsolete but for clarity and scientific coherence they are still used. It would be better to use the term "person" as foreseen by the most

relationship itself: the relational vector here does not arise as a unidirectional element, that is, it is not directed only from the professional to the user, but rather involves both the figures of the relationship in a dynamic process (Canevaro and Chieregatti, 1999, pp. 155-157).

It should be noted that, for the success of the helping relationship itself, it is important to establish a relationship in which complementarity, equality and difference are created and produced, in light of the differences in values of[10] the people involved in the relationship itself (Pati, 1984, pp. 120-124).

The helping relationship appears as a care relationship and vice versa, as happens in relationships of an educational nature. The cure lies in the fact that the helping action provides a planning (a cure in fact) for and with the weak subject in the practice of personal and social life where they can feel supported and encouraged in identifying and implementing their own choices (process of self-determination) (Palmieri, 2003, p. 21).

In the helping relationship, it is necessary that "good care" is adopted, an integrated process in which the ability to take an interest in human and social needs is translated into the ability to act in order to satisfy them really and independently. It must include the *helper*'s awareness of their own professionalism and knowing how to read and evaluate the level of suffering of the user, responding to their expectations in an adequate way and taking on a greater load of responsibility.

Here we can trace the methodological coherence and continuity between the helping relationship and the educational relationship that capture the importance of the human subject as the primary central element; which set the communicative, empathic and bidirectional relationship and emotional contagion as an original and effective tool[11] (Bellingreri, 2005, pp. 80-87); in both we listen, accept and understand the other; active listening is adopted; prejudices and stereotypes are banished; the other is similar to oneself, in an intuitive and mediated act; in both a reciprocal bond is established made up of *transference*[12] and *countertransference* in a possibly free and non-directive approach.

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recent scientific literature as well as current legal and ethical literature. "The social worker recognises the centrality and uniqueness of the person in every intervention; considers each individual also from a biological, psychological, social, cultural and spiritual point of view, in relation to their life and relationship context", the New Code of Ethics for Social Workers, June 2020, Art. 8, p. 10 Available at: https://cnoas.org/wp-content/uploads/2020/03/Il-nuovo-codice-deontologico-dellassistenza-sociale.pdf

[10]Each user is, in fact, a unique and individual person.

[11]Intended as a form of original empathic sharing, a direct, automatic and immediate form of affective sharing, which is achieved through motor imitation and the absence of a differentiation between oneself and the other. One thinks of involuntary imitative behaviours, based on the action of "mirror neurons" (Rizzolati and Caighero, 2004; Rizzolati et al., 2001.) The concept of emotional contagion recalls, in particular, the most recent theories of *Stern* on emotional attunement (1985) and *Trevarthen* on intersubjectivity (1993).

[12]Identification and projection are talked about. In the first case, "what is meant is the psychological process by which a subject assimilates a property, an attribute of another person and transforms themselves, totally or partially, on the model of the other person. In particular, Freud (1921a) distinguishes identification as an original form of affective-emotional bond with the subject (primary identification), and as a regressive substitute for an abandoned subject choice. Again, it is conceived as a tool that allows the subject to identify with the other as there is a common element between them" in Belotti Gianini E. (2004), *Dalla parte delle bambine*, Feltrinelli, Milan, cit. pag. 62. By projection we mean, on the other hand, that defence mechanism which consists in moving one's own feelings or characteristics, or parts of the *Self*, onto other subjects or people. It was Freud, in 1895, who introduced this

In this professional context, the professional becomes a substitute for an emotionally significant person from the user's childhood: the *transference* involves the subject (user), a person present (professional, friend, work colleague, etc.) and a person from the past (parents, siblings, etc.). Depending on the type of memory aroused, the type of early childhood object relationship emanated by the client, the transference phenomenon can be paternal, maternal, fraternal and so on[13]: the user's transference reaction is mainly determined by their unconscious affections and desires towards father, mother, etc. The professional can be considered as a container of projections concerning their internal world, that is, the professional must be able to capture and contain the user's internal perceptions in such a way that the latter is able to process them. Within the helping relationship, the professional can respond to these suggestions through references to their childhood, to memories of their past, to relationships and people that are significant for them (*countertransference*).

The *helper*, therefore, covers three roles: on the one hand they are a "new object", on the other hand "object of translation" and again "subject/object of *countertransference*". In the first case, they are a professional expert (with their own personality characteristics) capable of providing competent help, through a solid alliance of help; as a transference object, they are aware that the user can implement unconscious object relations towards them, in the present, regarding their internal world and previous experiences; finally, as a subject/object of *countertransference* it is possible that the professional responds to the user with emotional resonance deriving from the solicitations of and in the relationship, with respect to their own emotions, experiences and people.

*Transference, attachment styles and adulthood*

Each individual faces a contingent interpersonal situation with the help of their past heritage, with models that, when reproduced, configure a situation in which the past and the present come into contact (Etchegoyen, 1990).

Especially on an emotional level. For this purpose, the parental function is central in the mental and emotional formation of the newborn as it is aimed, for the most part, at providing them with pleasant experiences and serving as a filter against critical and complex external stimuli.[14]

Intergenerational research on attachment and internal operating models, more explicitly, has analysed the links between the early experience that the parent has lived during their childhood connected to the type of care they will provide to the child and to the model that the latter will establish with them.

Considered in these terms, the attachment that manifests itself through interactive behaviours (Bowlby, 1989) is an "internal dimension" as it consists of the internalised aspects of the

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concept for the first time, defining it on the basis of the study of phenomena related to paranoia. Where the latter is linked to an unprocessed acute sorrow (Freud, 1895).

[13]The user can: make a shift in their experience from an important figure from their past towards the professional; proceed with *the acting-out* towards the professional and then overturn the roles that occurred previously by doing what they suffered. Or relive past subject relations as if they were identified with their previous self-representation.

[14]Here we refer to the concepts of: "projective identification" *(Klein)*, "reciprocity" (*Winnicott)* and "attachment"*(Bowlby)*.

relationship and of the sense of self inevitably linked to the experience of relationship with the other as a significant sentimental figure. It is the very first moments[15] and months of a child's life that shape their future psychic development: it is from the type and mode of contact between the mother[16] and her baby that that bond is built, more precisely defined as "attachment" (Bowlby, 1992, p. 10), and which will shape the child's well-being.

According to *Bowlby*'s theory of attachment, the child depends on the parental response (or on another figure as a substitute): "attachment is, in fact, the behavioural pattern that is based on encouraging or seeking care by someone who feels less capable of facing the world than someone else to whom they direct this request" (*Ibid.,* p. 15).

The secure base allows the child to orient themself in the world, with peers and adults, in society in an autonomous, conscious and creative way: the first social interactions, although they occur in a rather elementary form, are provided by the mother's responses to her child immediately after their birth and from the child's responses to their mother's approach,[17] in a complex dialogic and circular way of adapting (*Ibid.,* p. 11).

In order to establish this interactional dynamic, it is essential that the mother, or other significant figures, be sensitive to listening in order to be in tune with the child, with their needs, requirements, rhythms and emotions, in a mutual and satisfying bond (Rossi, 2005, p. 14). In the same way in children from the first months of life a "mirroring mechanism" is activated, fundamental in the formation of their own identity (Winnicott, 1971): "the forerunner of the mirror is the face of the mother" (Winnicott, 2004, p. 230).

Before the child becomes an autonomous entity, it is necessary that maternal care characterise their identity: it is what is defined as a "*holding*".18 "When the mother's adaptation to the child's needs is good enough, it gives the child the illusion that there is an external reality which corresponds to the child's own capacity to create" (Ibid., P. 36).

They are the eyes of the care giver that, from a psychic point of view, represent the mirror of the child's personality, in an exchange of positive (including emotional) images.

The mirror, however, can also send back a deformed image of one's child:19 "a threat of chaos, and the child will organise a retreat into themselves or will not look except to perceive ... if the mother's face is unresponsive, a mirror will be a thing to look at but not a thing to look in... the child will organise a retreat into themselves or they will only look to perceive".20
For this reason, *Main and Goldwyn* have elaborated the *Adult Attachment Interview* - AAI, a

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[15]Reference can be made to intrauterine life.
[16]The mother is thought of as the main but not exclusive care giver. Indeed, it is more correct to speak of a significant figure for the child.
[17]Or from other significant figures for the child.
[18]That is to support the infant physically and psychologically, considering that they do not know that there is something else besides themselves.
[19]Some mothers, termed *battering mothers*, use physical violence in an inappropriate, sadistic and cruel way towards their children.
[20]"When the family is intact, and continues to be intact over time, every child benefit from being able to see themselves in the attitude of individual members or ... of the family as a whole." Winnicott DW (1970), *Affective development and environment. Studi sulla teoria dello sviluppo affettivo*, Armando Editore, Roma, cit. p. 38.

clinical interview that aims to analyse the mental state related to the attachment that the adult presents, investigating not only the contents, but also the qualitative aspects of "narrative structure" (Main and Goldwyn, 1989).

It may be that the parent has developed a positive internalisation of childhood experiences, so much so as to recognise the child as a differentiated self, sending them back positivity and creating a stable image of themselves. On the contrary, if the adult has internalised inadequate parental models, an elaboration of anxious attachment models and a closed and limited capacity for expressing emotions can be revealed (Ammaniti and Dazzi, 1990): in the help process, the user reproduces models of dysfunctional relationships to manipulate the professional relationship in order to repeat their experience as a victim, of abandonment, rejection, of excessive intimacy or fusion, or of psychological violence.

*Transference,* in this sense, can become an obstacle to the user's levels of collaboration because, unconsciously, they try to reproduce past experiences that are maladaptive, inappropriate or dysfunctional. This is why the professional must be aware that their personality characteristics and those of their working environment may have attributes of reality capable of carrying out a function of triggering the autobiographical memories removed by the user.

*The Helper between recognition and management of feelings sent back to the user: countertransference*

It is now established that all *helping* as well as pedagogical professions, in addition to having appropriate theoretical skills and technical knowledge, should also and above all have an adequate knowledge of their personality structure (intrapsychic dynamics), of their emotional experience and specific forms of object relations that are established in various environments (interpersonal and group dynamics).

It is important that the professional develops the ability to control and govern their emotions and the defence mechanisms towards the user since these elements all represent, not only a relevant and useful part of the professional relationship itself but also because they allow a protection of one's own personality which is put to the test in the work of taking charge. Moreover, this is where the discourse around *countertransference* comes in: the professional, within the helping relationship, feels invested with the conscious and unconscious experiences of the user who, often times, is unable to recognise and manage well.

*Countertransference* indicates the set of intrapsychic experiences, conscious and unconscious, aroused in the social worker by the helping relationship with the user: it is the response to *the transference*, the emotional attitude with which the professional and the user react to each other, the set of their respective unconscious reactions and the response to particular aspects of each other's behaviour.

*Freud* considers it an obstacle to the professional process of help in which the unresolved internal dynamics of the *helper* arise, in a dangerous and threatening way, in the relationship in response to the transference (Freud, 1959).

Over time, however, the definition of countertransference has taken on different meanings, to the point of incorporating the set of emotional experiences linked to the professional's personal experience[21]: *Winnicott* defines *countertransference*, a useful source of information at an intersubjective level and a significant tool for understanding the personality of the patient for the purposes of the relationship. The professional must rather manage probable inhibitions and pressures from the past reactivated in the relationship with the helpee, also and above all on an emotional level: *countertransference* becomes an instrument for understanding the patient's experiences and, therefore, an integral positive part of the entire therapeutic process. It is an element that allows the professionals' unconscious to relate to the user's unconscious and to understand it empathically.

In the 1950 article "*On countertransference*", *Heimann*, on the other hand, invites us to perceive, recognise and not repress feelings because they are fundamental for the understanding of what the patient wants to communicate unconsciously. He argues that the professional must have a sensitivity to real, free emotions. They must allow themselves to experience them, they must not have prejudices or hold back and hinder the flow of their own feelings, even if they do not necessarily have to communicate them. Hate, anger, boredom, love, indifference, compassion (*pietas*) are all examples of countertransference emotions and feelings from which the practitioner must not defend themselves but rather recognise and manage. For *Alvarez*, it is "empathic perception" of the emotions aroused and evoked by the user in the professional (Alvarez, 1983, p. 7).

The *countertransference* process is thus considered an appropriate, natural and positive emotional response. It is an important "therapeutic" tool on which to base empathy and a deeper understanding of the internal processes of the user and those who help. *Sandler, Christopher* and *Holder* have suggested that it is a useful element in any kind of helping relationship (Sandler et al., 1976).
In fact, within the professional help relationship, an attempt is made to accept the user's question and to respond in the most useful, effective and efficient way. Therapeutic-educational-relational skills therefore depend on an external learning of specific techniques and skills but also on an inner, emotional development, linked to the awareness of one's own personality and experiences matured since childhood.

A training course that includes among its objectives the development and strengthening of an adequate detection and understanding of one's own experiences, in terms of *countertransference,* is fundamental precisely in order not to run the risk of professional errors.

*Countertransference and emotional reactions: between empathic responsiveness, emotional neutrality and emotional detachment*

Emotions and empathy are an integral part of equipping every human being within any relationship. Just as they are also necessary in the helping relationship where, obviously, it happens that the actors involved experience emotions and feelings in a reciprocal and circular

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[21]It was *Ferenczi*, in 1919, who was the first to discuss the problem of objective countertransference, ie an emotional reaction of the professional to the real personality of the patient as a human being made up of emotional - affective reactions that become part of the therapeutic alliance.

exchange. However, professional training is not always attentive to the role played by the emotional reactions of professionals: emotional competence, unlike intellectual competence, is in fact subject to many variables (Pope and Tabachnick, 1993, pp. 142-152).

It may happen that the professional is greatly overwhelmed and infected by the user's experiences (with consequent inability to manage the emotional relationship with the user and the progressive emotional overload) or, on the contrary, that they put into practice defensive mechanisms linked to the excess intensity of the user's perturbing and distressing experiences. In this regard, *Cohen* and *Strayer* speak of "empathic responsiveness" defined by "the ability to understand and share in another's emotional state or contest" (Cohen and Strayer, 1996, pp. 988-998). It is the emotional - affective response that is established on the basis of the empathic understanding of the user, which cannot and must not be rigid, mechanical or generic, but must be open and fluid, respecting the uniqueness and subjectivity of the user within the interaction.[22] In a delicate balance characterised by the possibility of feeling the other but without letting oneself be fully involved in their emotions.

 If, on the other hand, the professional is too involved in the interpersonal dynamics woven by the user, it may happen that he or she has greater difficulty in maintaining a balanced empathic distance to the extent that they slip into dangerous entanglements. This is the case of the professional who becomes the "defence lawyer" of the user-client: there is a tendency to play down and greatly rationalise the user's serious conduct (Botta and Truono, 2009, p. 224).
On the other hand, the helping relationship may be considered as a relationship between an adult professional and a minor user: here the emotional and psychological dependence is certainly stronger; the professional feels invested in the needs and shortcomings expressed by the minor in a reversal of roles for which they become, to all intents and purposes, a professional - parent who tries to implement restorative care procedures for the user.[23]

In this example, the professional - parent expresses the "maternal function" and undertakes to take care of the client - child in a game of transformation from the passive to the active role of the user.

In the helping relationship with minors and adolescents who complain of having suffered abuse or emotional shortcomings, the *helper* could be very helpful and accommodating with them, dynamically compensating for the pain, mistreatment and shortcomings experienced (Botta and Truono, 2009, p. 257).

Furthermore, it is possible that the phenomenon defined as "mood contagion" may occur whereby the professional can lose the boundaries between their identity and that of the user (Luborsky, 1989).Think also of the "Red Cross nurse syndrome", implemented above all by female (but not exclusively) professionals, who implement very careful and protective behaviours and attitudes, always aimed at pleasing, rewarding and defending the user thought

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[22]It is possible to connect the construct of responsiveness to different expressions, such as containment (Bion, 1962, quoted in Fonagy & Target, 2001), mirroring (Winnicott, 1971), maternal sensitivity (Ainsworth et al., 1974; Bowlby, 1988), affective attunement (Stern, 1998).

[23]Think of the educational dynamics at school, in the teacher/pupil relationship where it may happen that there is an emotional approach or estrangement based on one's own experiences. All of this clearly has repercussions on the dynamics of the class and of the relationship with the learner(s).

of as victim (Pietro, 2008). This countertransference reaction can occur when, in particular, the professional encourages the user to rebel against their parents or other authorities, or when the professional becomes the child's spokesperson to justify their own personal needs.

The "rescue fantasies" mentioned above are realised, which fall more generally in the "sage complex": the professional sees and hears the user as a victim and thus they try to treat them in a way the parents (or the figures of pre-eminent care) have never been able to do. The professionals thus become those good and loving parents that the child never had (Gartner, 1985, p. 187).

Such salvific fantasies can lead the professional to identify themselves with the idealised parental figure thus making them feel omnipotent and capable of eliminating the pain and anguish of disturbed and deprived minors, so much so that they do not contemplate and accept failures or defeats (McCarthy, 1989, pp. 67-76). It has been found that for professionals who work with minors, unlike those who work with adults, there is a tendency to adopt an attitude linked to the maternal role[24] in which many professionals tend to use a therapeutic approach of excessive care towards their own patients (Beiser, 1971, pp. 101-107).

On the other hand, the minor pushes the professional towards a parenting role that is immediately capable of reinforcing feelings of reliability, security, trust but which is equally capable of reinforcing dependence, and feelings of inferiority and unworthiness (Zaslow, 1985).

In fact, the professionals may feel "super parents" capable of taking care exclusively of the minor or have reluctance towards the parental figures of the minor, feel a sense of negativity towards them, feel almost disturbed and anguished, feel ambivalent emotions towards them (Tsiantis and Sandler, 1999, p. 44).

Without the professional being able to immediately notice it, they may themselves put into practice a judgmental attitude towards both the child and the parents: the former is considered an innocent victim, the latter the tyrants to be punished.

Here, the professional may face parents who devalue them and who are actually angry and aggressive. In this case, countertransference can push the social worker to reject the family and to classify it as dysfunctional or problematic in order to indulge in a feeling of relief and to rebuild the basis of self-esteem (Garber, 1992, pp. 43-60).

On the contrary, the professional may risk being detached in the interpersonal relationship with the user, resulting in them being cold, ineffective and even incapable of establishing a warm relationship with the user. An attitude characterised by emotional detachment, hidden behind

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[24]The effort to establish ties within the helping relationship is part of the idea of "mother's *reverie*" (Bion, 1962) or container of thought which consists in giving names to affects, to make explicit the meaning of acting out, of create links. Specifically, it is about: introducing the other (the professional themselves) by working on separation and recognition of the difference. In Tsiantis J., Sandler AM (1999), "*Il controtransfert con i bambini e gli adolescenti*", Franco Angeli, Milano, p. 100. The collusive relationship between professional and user in which a helping relationship is put into practice made up of positive maternal roles (good mother) and negative parental roles (negative mother) is also noted.

the appearance of a deontological formality, can cause intense disturbance in the user, especially in situations of serious hardship.

After some time, the professional may hide behind an "affective neutrality" which can lead to a real relational drying up process and, therefore, to the inability to perceive both their own intrapsychic experiences and those of the user (Freudenberger and Robbins, 1979, pp. 275–296).

Another modality is that of avoidance, that is to deviate and disregard the institutional task since the user shows towards the professional particular drive dynamics such as frustration, hostility and dependence that are difficult to manage. For a professional, it is more distressing to work with a user who sends back a sense of aversion and this may lead to the renunciation of the professional task.

*Transference, Countertransference, Social Work and Deontology. Phenomenological and symbolic implications in the process of helping with the social worker.*

The social worker, by legislative and scientific definition, *operates with technical-professional autonomy and judgement in all stages of the intervention for the prevention, support and recovery of people, families, groups and communities in situations of need and hardship (...)* ..[25] Professionalism therefore works for the well-being of both the individual and social groups and communities[26], with a view to constant self-reflection and self-conscious use (Falk, 1994, p. 123) as specified also in the Preamble of the new Code of Ethics. This self-awareness is a fundamental prerequisite for the social worker in the help work they carry out as it underlies the action of defining themselves in the professional relationship with the other: understanding that they are "sentient" beings in relation to the person requesting help is necessary so that possible emotional drifts can be controlled through well-defined roles and boundaries[27]. It is a work with a metacognitive connotation, integrating mind and emotions[28], which the professional should also implement to check the progress of their actions and the subsequent consequences on the user. Becoming conscious means "taking control of the situation by making choices about what is said and done" (Falk, 1994, p. 123).

In coherence and continuity with this aspect, the selection of techniques and the use of appropriate interventions as additional elements that contribute to the professional planning of

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[25]Law 84 of 23 March 1993, ORDER OF THE PROFESSION OF SOCIAL WORKER AND INSTITUTION OF THE PROFESSIONAL REGISTER Art. 1 - *Profession of social worker.*

[26]"The relationship with the person, even in the presence of information asymmetry, is based on trust and is expressed through transparent and cooperative professional behaviour, aimed at enhancing all the resources present and the ability of individuals to self-determine. The profession is dynamic and reflective; the professional is committed to people so that they can reach the best possible level of well-being, taking into account the evolution of the concept of quality of life". Preamble New Code of Social Workers, June 2020, p. 7, available at: https://cnoas.org/wp-content/uploads/2020/03/Il-nuovo-codice-deontologico-dellassistenza-sociale.pdf.

[27]Another risk could be that of leading the other to rigidly imposed positions. It is the phenomenon of "reversible complementarity".

[28]A person's awareness of their abilities and cognitive processes. See also: http://www.treccani.it/enciclopedia/psicologia_res-c993e661-9b9d-11e2-9d1b-00271042e8d9_%28Enciclopedia-Italiana%29/

the operational task as well as to the achievement of the objectives within the help process (Ibid, p. 124).

Even self-criticism contributes to the recognition of one's own work: "the presence to oneself is an acknowledgment, an active acceptance, a recognition, an opening one's eyes to oneself" (Minolli and Coin, 2007, p. 97).

Recognising that you are in a relationship with another ther than yourself becomes an acceptance of the person in their diversity and their needs, seeking possible solutions and strategies to improve this condition, overcoming even the so-called ethical dilemmas. On the other hand, "the profession strives to address the ambiguities and dilemmas inherent in its exercise, also through reflective practices and decision-making processes oriented towards ethical results" (Code of Ethics Social Workers, 2020)[29].

Paraphrasing the new Code of Ethics, indeed, it could be said that the same ethical dilemmas are already acquired in the exercise of the profession and it is the task of the social worker to identify and address them by making a scientific assessment of the context and of the person whose protection and self-determination must be primarily and constantly guaranteed (Ibidem, Title III - General duties and responsibilities of professionals, Art. 14, Paragraph 1, p. 12). And again: "moral aspects pervade social work" (Jordan, 1990, p. 1; Banks, 1999, p. 17); "Social work is essentially a moral activity" (Pinker, 1990, p. 14; Banks, 1999, p. 17).

Another element is the transparency of professional actions which allows to clarify the motives and reasons for the choices within the decision-making process (Ibidem).

In the dynamics of help, all these pragmatic elements, recalled here, can guide the management of transference and countertransference processes.

According to *Perlman* (1957), on the other hand, the Social Service is a *problem-solving* process between professional and person who, starting from taking charge, passing through co-planning, has the duty to reflect on their own involvement.

Among the most recurrent emotions that the social worker can experience are the sense of guilt, dismay, widespread anxieties with a consequent management of blame by colleagues when making choices that in the future are found to be inaccurate or non-strategic (both for the person and for the system of services in which the profession is carried out).

Specifically, the sense of guilt is that widespread, unpleasant and distressing feeling connected to the fear of being considered negatively or with hostility by the other (Della Seta, 2005)[30]. In the case of the professional help relationship, the social worker could experience this emotion, perceiving themselves as inadequate, inferior or even harmful compared to the choices agreed in the help process, especially when the objectives set in the contract with the person are not achieved[31]. The social worker could also feel that they have transgressed a social or institutional norm towards their colleagues, in a failure that reverberates on their own work and on the concept of themselves[32].

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[29]Available at: https://cnoas.org/wp-content/uploads/2020/03/Il-nuovo-codice-deontologico-dellassistente-sociale.pdf (accessed 3 March 2020)

[30]This emotion, therefore, is usually expressed in the relationship with the other.

[31]Burnout is thought of as a possible dysfunctional outcome for the professional.

[32]This emotional experimentation could also be tried by the person receiving the help for various reasons (non-completion of the help project, goals not achieved, difficulties and obstacles of various kinds).

"We feel guilt every time the feeling of 'should' arises in us, the sense of the discrepancy between what is and what should be, between what we do and what we should do, between what a situation is and what it should be" (May, 1991, p. 29)

From a positive perspective within ethical dilemmas, however, the sense of guilt can help the professional to assume greater responsibility for themselves and guide the actions to be taken through greater control of the process. It is a push to constantly check/evaluate their own work that can clearly tell them if they are wrong.

Connected to the sense of guilt is the fear that can refer to the professional's anguish of being physically or verbally attacked by the user[33]: "in the course of their professional experience, (...) as <u>many as 15.4% have suffered some form of physical aggression</u>. In the quarter preceding the survey, over a thousand of the survey participants suffered forms of physical violence that ranged from pushing to aggression that required major medical intervention. Only a part of the physical attacks suffered is reported to the public security authorities or to one's own body, respectively in 10.6% and 23.3% of cases, presumably due to a certain degree of widespread distrust among professionals. In fact, 49% of the interviewees declared that following episodes of verbal violence the institution they belong to did not take any concrete initiative to help" [34] . The factors contributing to the state of frustration and aggression include not only the widespread sense of distrust in services, as reported by the national research, but also the scarcity of resources and policies that are inadequate to social needs[35] together with the communication and information conditions not suited to the state of difficulty of those who turn to social services[36].

On the one hand, then, it would be desirable to have a greater professionalism that takes into consideration the specialised social relationship between *helper* and *helpee* in a clear, recognisable communicative and emotional exchange, on the other, adequate and truly synergistic social policies would be needed[37].

*Professional supervision of the social worker as a tool for controlling transference and countertransference processes.*

One of the tools that can help control the transference and countertransference processes that are activated in the help process is professional supervision[38]. The latter "takes the form of the social worker acquiring reflexive abilities about the professional role, the mandates (social,

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[33]It often happens that the social worker becomes the scapegoat for the user's problems.

[34]The research reached 20,122 Italian social workers and was promoted and financed by the National Council of the Order of Social Workers, the National Foundation for Social Workers and by numerous Regional Councils of the Order of Social Workers (Liguria, Piedmont, Lombardy, Veneto, Emilia- Romagna, Valle d'Aosta, Friuli Venezia Giulia, Sardinia and Trentino Alto Adige; Puglia, Sicily, Umbria, Campania, Tuscany and Lazio). Link to the research: https://cnoas.org/wp-content/uploads/2019/08/Ricerca-aggressivit%C3%A0.pdf

[35]"As *many as six out of ten social workers believe that the service staff is not adequate for the work that needs to be done"*. Ibidem.

[36]Sicora, Rosina, Sanfelici, Nothdurfter (2019), "L'aggressività nei confronti degli assistenti sociali", available at: https://welforum.it/laggressivita-nei-confronti-degli-assistenti-sociali-esiti-di-una-ricerca-nazionale/ (accessed 29 July 2019)

[37]Ferguson KM (2005), "Beyond indigenization and reconceptualization: Towards a global, multidirectional model of technology transfer*"*, International Social Work 48 (5), pp. 519-535, available at: https://journals.sagepub.com/doi/pdf/10.1177/0020872805055315

[38]It can be both individual and group.

professional and institutional) and the theoretical-methodological assumptions that define the context of their work" (Giacconi, Bonifazi, 2019, p. 332).

And, in addition, "supervision is characterised as the most suitable path to pursue an improvement in the ability to analyse situations and relational skills in the relationship with users and their families, with colleagues and with other services network subjects. From reflections on individual cases, it is possible to highlight emerging needs, develop more complex and community-oriented intervention strategies and combine professional practice with ethical and deontological aspects." (http://scuolairsperilsociale.it/supervisione-professionale/)

According to *Allegri*, it is "a meta-thought system on professional action, a space and a time of suspension, in which to find (...) a balanced distance from the action, to analyse both the emotional dimension and the methodological dimension of the intervention to set it in a correct dimension, in the spirit of critical thought and research" (Allegri, 1997, p. 35; Ivi, 2007, pp. 667-668).

Having a meta-reflective space (Ibidem), therefore, allows the professional to re-elaborate their work both on a strictly technical and an emotional level. It means having a neutral space in which to take stock of one's work with a view to explaining all the elements (both positive and negative) that characterise the helping relationship and the possible problems connected to the organisation and service system.

Supervision helps the professional to understand the complexity of the relationship and requests, decoding subjective, objective, methodological and work team difficulties (Giacconi, Bonifazi, 2019, p. 333)[39].

Through reflection guided by an expert external to the organisation (Allegri, 2000; 2007, pp. 667-668), the help of a neutral third party, an expert who acts as a guide, mediator and facilitator, the professional can critically explain elements of disturbance, stalemate and obstruction as well as seeking, then, a balance between planning and intervention skills (Ibid., p. 334).

The transference and countertransference processes, especially in individual supervision, can be revealed by the professional who is aware of them so that the consultancy function is activated, a specific task of supervision together with the quality orientation function understood as promotion and integration of theory and professional practice[40].

In addition to the emotional elements, methodological and technical aspects can be addressed in the supervision; situations related to the professional's self-perception (between autonomy and recognition of one's work); ethical issues related to the sphere of self-determination and decision-making autonomy of the person; teamwork methods and strategies and, finally, the dynamic relationships between professional and organisation (Ibid., page 344).

The problematic situations of complexity and fragility that the social worker has to face, in particular, impose techniques for activating reflective practices on one's professional action in the confrontation-encounter with the other: positive change can only be produced if these specific elements that connote the human and that pour into the specialist working world are mastered.

The empowerment of the person facing hardship can only be really implemented if the relational and emotional dynamics in the help project are examined in a detached way: supervision must

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[39]Dotti M (2015)., *Il servizio sociale ospedaliero*, Carocci, Roma, p. 103.
[40]Other functions of supervision include: administrative; periodic job evaluation; educational-didactic; consulting; institutional; transmission of professional culture; of documentation; of transmission between professional generations.

become a central and cyclical moment and not a buffer response and *last resort* to the isolation and disorientation of the professional. There must be a real possibility of "re-education" and "reintegration".

*Conclusions*

The assumption and maintenance of an attitude of neutrality by the professional constitutes a fundamental regulating principle of professional interpersonal relationships that should always be present in help work. The professional should always have clear, in summary: the boundaries of the rules of engagement aimed at carrying out the professional and ethical task; the reality of psychological processes and the internal world of the client; the setting and the helping relationship itself; the educational relationship and the pedagogical mandate.
Only in this way can we think of providing assistance, support and solidarity to the person in the right way within an effective and efficient relationship (including help). It is important that the professional continuously makes a critical examination of the relational reality (professional) in order to clearly define the boundaries of their own Self and those of the Subject: they must know how to differentiate their (own) experiences from those of *the helpee*, recognising their emotional responses and orienting them.

In postmodern society, a society which, as mentioned above, is complex and individualistic, there is however a growing need for help and relationships between people, in which I believe it is essential that all *helping professions* try to rethink the human and professional role they play, paying attention to their feelings and emotions related to the helping relationship with the other[41].

Being aware of, controlling and managing the transference and countertransference processes and their possible consequences in the helping relationship means rethinking the helping profession as a specialist also with regard to emotions which, in turn, affect the effectiveness and efficiency of the whole social project.

In light of the above*, transference and* countertransference are *two highly cohesive elements that form a therapeutic alliance, which, however, if not properly managed, can become potentially self-destructive.*

The social worker, therefore, must provide themselves with tools that help them become aware of the levels of involvement and identification, in order to find the right distance to establish in a relationship with the other. A distance, from which to observe and understand what is heard, seen and perceived within a circular view, is aimed not only at the user but also and above all at the professional themselves.

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[41]A specific consideration must be made in light of the socio-health emergency linked to Covid-19 that we are experiencing today. The social worker, as well as other professional figures operating in the world of assistance, had to reshape their intervention by opting, where it has been and is possible, for smart working. The helping relationship, therefore, has been and is put to the test by producing different emotional responses in the assisted person and, consequently, in the specialist who supports them. Online is an integral part of social work to the extent not only of the emergency but also of the daily work of the social worker and, therefore, the transference and countertransference processes that are activated in the link between real and virtual should be studied.

That is to say, it is essential to re-build networks and links including between professionals, not starting from the role, task or profession but starting from the countertransference experienced, in order to really benefit from the different identifications in a perspective of co-construction of knowledge, new knowledge, new food for thought.

It is therefore essential that this discourse be deepened more and more so that the confrontation and continuous evaluation of interventions do not evade us, whether they be relational, therapeutic, implemented in the helping relationship itself or others. We can only help others if we really know ourselves.

I consider this an ethical duty and a challenge but even more a moral duty towards oneself and above all towards those who face hardships.

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