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COUNTERTRANSFERENCE

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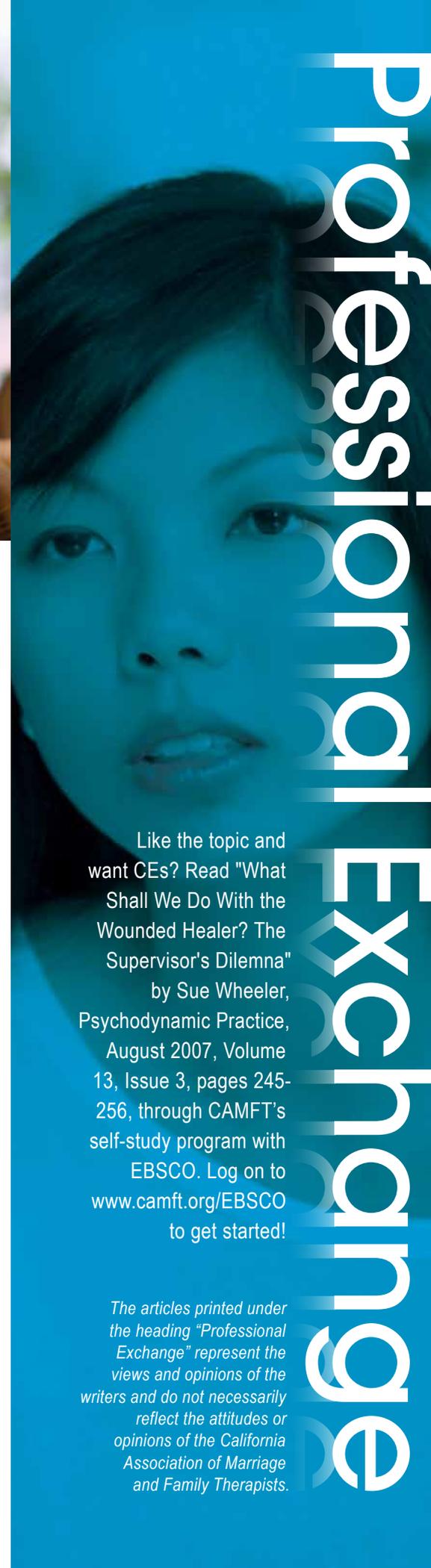
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- 07 Listening to Ourselves in Order to Hear Others:
Using Countertransference in Our Work with Clients**
Countertransference originally referred to the psychoanalyst's transference to a patient, and was thought to impair the therapist's abilities. However, the thinking about countertransference phenomena has developed tremendously over the past 100 years to mean something radically different, and far more clinically useful than the original concept.
- 13 Does Our Codependency Help or Harm Our Clients?**
Given the prevalence of codependency in America, it's a disorder that shouldn't be overlooked in clients, irrespective of their diagnosis or presenting problem. Whether a therapist's codependency helps or harms the therapy depends on self-awareness. This article highlights how codependency affects treatment.
- 19 The Threat of Therapy: Countertransference and Resistance**
Countertransference, the manner in which the therapist's own unconscious enters into the therapeutic relationship, entails the therapist's resistance either to change in the patient, or more particularly, resistance to change that does not occur on the therapist's own terms. It provides a comforting mirror in which therapists see their own image reflected back in the patient, rather than being a window through which they can view the patient as a unique and separate individual.
- 35 Personal and Professional Alchemy: Creating Your Own Clinical Style**
Mark your calendars to attend CAMFT's 49th Annual Conference at the Sheraton Grand Sacramento, May 16-19, 2013. Keynote speakers: Buck Runyan, John Jolliffe, Bruce Ecker, Esther Perel, and Terry Real. Early discount offered through March 31, 2013.
- 65 The Living History of the MFT License**
Antonia Bouyer, Jill Epstein, and Eileen Schuster had the great pleasure to chat with three CAMFT members who are amongst the first people to have received the MFCC license: Dr. Isabelle Fox, # 596 (licensed April 10, 1964), Dr. Myron Howland, # 226 (licensed February 21, 1964) and Marcia Lasswell, #210 (licensed February 21, 1964).
- 71 The BBS' "Garden of Forking Paths"**
With "The Garden of Forking Paths," Jorge Luis Borges penned one of the greatest short-stories in all of world literature, and, although he certainly was not intending to do so, his conception of time and his emphasis on the consequences of the choices we make gives us a framework for the outcomes of possible interactions with the Board of Behavioral Sciences, with three possibilities being particularly important and fairly recurrent.
- 77 Reasonable Accommodations and Emotional Support Animals**
Letters from health care and mental health providers are generally requested to show that an animal provides a disability-related benefit to an individual. Therefore, it is becoming more common for clients to ask their therapists to provide such documentation. This article will provide a brief summary of the relevant laws and discussion of some legal and ethical issues for therapists to consider when responding to this type of request.



Listening to Ourselves in Order to Hear Others Using Countertransference in Our Work with Clients

Bob Gallo, LCSW, BCD

The analyst's psyche is similar to a musical instrument, upon which the patient plays. (Dieckmann, 1974, p.171)

...A good half of every treatment that probes at all deeply consists in the doctor's examining himself. (C.G. Jung as quoted in Stevens, 1994, p.110)

In order to find the patient, we must look for him within ourselves. (Bollas, 1987, p.202)

Introduction

Countertransference originally referred to the psychoanalyst's transference to a patient, and was thought to impair the therapist's abilities. However, the thinking about countertransference phenomena has developed tremendously over the past 100 years to mean something radically different, and far more clinically useful than the original concept.

Although many still consider countertransference to refer to a therapist's "personal" reactions, many others think of countertransference as aspects of the therapist's subjective experience which provides important information about the client. Countertransference dynamics are present in all psychotherapeutic work regardless of the setting, client population, treatment modality, or therapeutic approach. Attending to them can be of great benefit to the client and the therapeutic process.

Like the topic and want CEs? Read "What Shall We Do With the Wounded Healer? The Supervisor's Dilemma" by Sue Wheeler, *Psychodynamic Practice*, August 2007, Volume 13, Issue 3, pages 245-256, through CAMFT's self-study program with EBSCO. Log on to www.camft.org/EBSCO to get started!

The articles printed under the heading "Professional Exchange" represent the views and opinions of the writers and do not necessarily reflect the attitudes or opinions of the California Association of Marriage and Family Therapists.

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My Interest

I became interested in countertransference phenomena and countertransference theory about sixteen years ago due to the following experience:

A social worker brought an adolescent to see me because he made a comment about wishing he was dead. We first met late in the afternoon on a Friday. He was angry about needing to meet with me, and did not want to talk. As I kept trying (unsuccessfully) to engage him in conversation, I became aware of feeling frustrated with him. Soon afterwards, I started having a fantasy of saying, “You don’t want to talk with me? That’s fine, see what you think of this!”, then hitting him with a belt, locking him in my office, turning off the lights, and leaving for the weekend. I was surprised and very disturbed by my reaction. I had never had such sadistic thoughts before, and didn’t understand where they were coming from.

On Monday morning, the social worker called to see how the appointment went. During our conversation, she gave me some background information about the client, which included a horrific history of being beaten regularly by various men in the family home who often locked him in a dark laundry room for days at a time.

Although I was still upset about my experience, I was also intrigued by the striking similarities between my fantasy and what happened in his life. So, I contacted a social worker/Jungian analyst whose primary area of clinical interest was countertransference, and began consulting with her.

Countertransference Perspectives

I will highlight two perspectives on countertransference and mention an intermediate stage between them in order to provide some context for considering how our subjective experiences can be useful in our therapeutic work with clients.

Classical Perspective: The Classical perspective developed directly from Freudian theory. In this paradigm, the analyst attempted to be a perfectly detached, objective, scientific observer and interpreter of the patient’s intrapsychic dynamics. If the analyst had emotional reactions, they were thought to result from unresolved childhood conflicts which were displaced onto the patient. These emotional reactions were thought of as impediments to therapy that needed to be eliminated because they prevented the analyst from being a “scientist-observer” and led to distortions in understanding, and errors in therapeutic intervention.

Intermediate Stage: This stage came about as clinicians (many of whom were working with children and psychotic adults) began to speak openly about having thoughts and feelings in their sessions that they believed were somehow related to the client’s experience. Their curiosity led them to begin developing theories about countertransference phenomena which revolved around the concept of projective identification.

Totalist Perspective: Clinicians who hold a Totalistic perspective about countertransference come from a variety of theoretical orientations including: Object-relations, Relational, Attachment, Intersubjective, and Jungian. This perspective emphasizes that our experiences while doing therapy are often related to the client’s experience. It also provides guidance about how to make therapeutic use of countertransference.

- Rather than striving to be detached and objective, Totalists consider themselves to be participant/observers in the therapeutic process, believing that the client and therapist constantly affect each other’s state of being.
- Totalists believe that clients use unconscious processes to evoke certain feelings in their therapists, and/or influence their therapists to co-create specific (usually unpleasant) relational events with them in hopes that the outcome will be more positive than it had been in the past.
- From this perspective, a therapist’s experiences while working with a client are thought to result from a combination of personhood **and** the effect of being reached/impacted by the client.
- The Totalists consider countertransference to be **all** of our subjective experiences **in relation** to a particular client. This includes what happens in our mind, our self-states, emotional state, and physical experience. (I will elaborate more about this in a later section.)
- Totalists are attentive to their subjective experiences and attempt to make therapeutic use of them.

Why Work With Countertransference?

- Attending to our countertransference experiences can help us “hear” and understand our clients’ unconscious communications. The psychoanalyst Theodor Reik referred to this as “listening with the third ear.” If we don’t do this, we neglect a vital source of information; a lot like working without one of our senses.
- Cultivating an ongoing practice of inquiry and reflection about our countertransference can enhance and deepen the work we do, and protect the therapeutic process by reducing our acting out of feelings.
- We can use countertransference experiences in ways that are beneficial to our clients.

Another Countertransference Example

I worked with a man who nearly always looked out the window when he spoke. In our third session, I became aware of feeling bored and disengaged, and wondered if I would be able to close my eyes, and perhaps even sleep for a while, without him noticing. I also had a mental image of long tufts of grey hair growing out of my ears. I responded to all of this by simply asking about his relationships. He told me he had been avoiding contact with people because he felt so badly about himself, he felt different from everyone else, and had been unspeakably preoccupied with getting old. I think that my boredom, disengagement, and fantasy about going to sleep were similar to his avoidance and sense of alienation. The image I had of hair growing out of my ears was consistent with his preoccupation about aging.

Projective Identification & Enactments

Projective identification and enactments are the two most important concepts in Totalistic thinking about countertransference. Projective identification means different things depending upon one’s specific theoretical orientation. For our purposes, I will refer to it as an unconscious affective process that helps the client evoke specific feelings in the therapist in order to: 1) communicate about a painful, traumatic, or pre-verbal experiences, or 2) communicate about an internal object world (mental models about people based on one’s past experience).

With enactments, a client unconsciously does things and acts in ways that are aimed at: 1) evoking particular feelings in the therapist, 2) communicating issues about an internal object world, or 3) getting the therapist to relate to the client in specifically determined (usually unpleasant) ways in hopes that the outcome will be more positive than it had been in the past.

Even though it can be difficult to clearly separate these two dynamics during the course of our work, it is most useful to think of them as a client’s attempts to be understood, heal, and grow. The effects of projective identification and enactments can range from subtle and fleeting, to intense, distressing, and disorienting. It is helpful to consider our full range of thoughts, feelings, physical experiences, and actions as potentially important sources of information about the client, even if they seem irrelevant, unprofessional, or unacceptable. We can think about our reactions/experiences as possibly meaning that we have “heard,” or been impacted by, the client’s unconscious communication.

Types of Evoked Countertransferences

The countertransference experiences that are evoked through projective identification and enactments tend to fall into a few main categories or “positions.” I’ll highlight three of them, and mention another one that is not related to these unconscious mechanisms. The positions we experience with a client may be relatively consistent, or they can change rapidly.

1. Sometimes we are attuned to the client’s felt experience. This happens when we feel accurate empathy for the client, or have an experience in the room that matches or parallels the client’s experience. For example, we might become aware of feeling anxious and overwhelmed, and doubt our abilities when listening to a client talk about the situation. This may be the same thing the client feels and communicates through projective identification and/or enactment. The vignette in which I described feeling disengaged and envisioned hair growing out of my ears is another example of this kind of countertransference.
2. Sometimes we are attuned to the client’s denied, repressed, or disavowed experience. This kind of countertransference can create a

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sense of disparity between us and the client. An example may include feeling angry while listening to a client talk in a casual, matter-of-fact way about having been abused.

These first two positions, in which we are attuned to the client's experience, are referred to as "concordant" countertransferences. The following one is referred to as a "complementary" countertransference.

3. We may have experiences that are similar to, or parallel with, someone who has caused the client harm. The first vignette I gave illustrates this type of countertransference.
4. The client influences us to either: 1) feel and respond differently from people that have caused the client harm, 2) provide needed empathic responses that the client has never received, or 3) provide responses that corresponds to positive early experiences. I refer to this as the "Needed Object" position.

Capacities That Help One "Look" For Evoked Countertransference

Before beginning to look for evoked countertransference experiences, one must first be very present for the task at hand. Any preoccupations or upset from our personal lives, professional lives, or previous appointments will occlude our ability to notice the countertransference, or cause us to incorrectly attribute our own experiences to something happening between us and the client.

Helpful Capacities: Working with evoked countertransference reactions can be very challenging. It requires centeredness, self-awareness, curiosity, and reflective capabilities. One must strive to accept all of the experiences/reactions, while containing the feelings, affects, and impulses. It is also necessary to have what Wilfred Bion referred to as "negative capability," an ability to tolerate uncertainty and not knowing.

Here are some ways to "look" for evoked countertransference reactions:

- Be aware of what you feel while meeting with the client. For example, do you feel bored, aloof, unmoved, impatient, overwhelmed, sad, angry, or ashamed?

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- Notice any attitudes, “positive” or “negative,” that you experience. For example, do you feel judgmental, condescending, dismissing, or think of the client as a victim?
- Notice any physical sensations you experience.
- Be aware of what goes on in your mind. For example, do you have any day-dreams, fantasies, or repetitive thoughts?
- Notice how you feel about yourself when you are with the client. For example, do you feel self-critical, inadequate, or confident?
- Notice what you do, and how you are interacting. For example, did you run over-time, were you “chatty,” was it difficult for you to understand or empathize, did you self-disclose, give advice, or look at the clock?
- Recognize any impulses or desires that arise within you. For example, do you want to end the meeting early, want to blurt something out, or want to go to sleep?

I refer to the information gathered from these practices as sources of “un-mined” treasure, which should be examined to identify any underlying countertransference dynamics. As stated previously, it is useful to consider that some of our experiences arise as a result of having “heard,” or been impacted by, the client’s unconscious communication. It can also be helpful to wonder if we might be experiencing a concordant or complementary countertransference. Reactions/behaviors that are atypical for you, or do not seem to have an identifiable origin, are often rich sources of evoked countertransference. If we experience things that are intense, distressing, or disorienting, we may be inclined to disengage, become self-involved, self-recriminating, or act-out. However, it is vital to be aware of our experiences, contain them, and remain engaged in the therapeutic task.

What Can Be “Done” With Evoked Countertransference?

There are several things therapists “do” with evoked countertransference. I will mention three that any therapist can immediately put into practice. Due to the brevity of this article, I will not illustrate the interpretive or

disclosing types of interventions. Furthermore, one must be well-informed about the subject and receive guidance from an experienced supervisor/colleague before attempting to make more explicit use of evoked countertransference.

Notice and Contain: We can simply be aware of our countertransference experiences, and contain them. As easy as this may sound, it can be very challenging. Although it may not sound helpful, the impact can be profound. One of my teachers used to say, “Don’t just do something, sit there!”

Projective identification and enactments allow us to experience what the client experiences (via the concordant countertransference). When this happens, the client can feel known and understood, which is tremendously healing. When we tolerate the difficult emotions that have been evoked in us, we offer an example of strength, and provide hope. Both of these things can be sustaining for the client. By sharing the experience, the client’s burden is lightened as we work together to hold and master it.

When the therapist contains a complementary countertransference a corrective relational experience is provided for the client. This can help modify the client’s internalized images of self, others, and relationships.

Here is an example: I met with a man who pretty much talked non-stop each meeting. He began when I greeted him in the waiting room, and continued until he was half way down the hall after leaving my office. Each time I inhaled prior to saying something, he started speaking louder and faster. Then, I stopped taking the in-breaths because I realized it cued him to the fact that I was about to talk. However, he still spoke over me each time I began to say anything. This went on for several sessions, and I started feeling very irritated by what he was doing.

One day, he mentioned that the meetings were very helpful to him. This surprised me because I hadn’t really said, or done anything. He said it meant a lot that I didn’t yell at him to “shut up,” or become verbally abusive. I then learned that he was subjected since early childhood to ongoing silencing and verbal abuse from his

father. He was terrified that I would treat him similarly. The truth was, there were times that I had the impulse to yell at him to “shut up,” but I didn’t. I just kept listening, being kind, and contained my feelings.

Inquire: We can use countertransference as a cue to initiate inquiry. When realizing that we may be having an evoked countertransference reaction, we can simply ask what the client is experiencing. Often times, the client will reveal affects, experiences, or concerns that are present. For example, had I asked the man from the previous vignette what he was experiencing in the session with me (without disclosing anything about my irritation), he might have given voice to his worry, fear, or anxiety.

We can also use our countertransference reactions as a guide for our inquiry. For example, I asked the man (with whom I was having the ear hair fantasy) about his relationships because I related to his lack of connection to others.

Get Comfortable With Your Experience:

Many clinician/theoreticians believe that the therapist and client’s psyches become deeply intertwined during the therapeutic process. They assert that projective identification allows the client to temporarily get rid of overwhelming or painful affects (and the associated self and object representations) by evoking them in the therapist. By containing the countertransference, the therapist’s psyche “metabolizes” the affects (and related representations) and gives them back (via projective identification) to the client in a more tolerable form.

Sometimes, we may become unsettled or disturbed by the experiences evoked in us with a particular client. During these times, it can be beneficial to attempt to reduce our reactivity to what has arisen, allow the experience to be, and become calm and grounded again. Besides helping yourself, doing these things can also invite/facilitate change to happen in the client.

Returning back to the first vignette, I was very upset by the sadistic fantasy I had with the teenage client. I was frightened by the intensity of my reaction. I worried that I had just found a previously unknown well-spring of

“ Evoked countertransferences occur in all psychotherapies. Working purposefully with countertransference is a challenging and fascinating endeavor. It offers endless opportunities for learning and personal/professional growth. It also provides us with the profound realization that by listening to ourselves, we can often hear others. ”

cruelty within myself. I judged myself harshly, and wondered if I should refer the client to someone else.

The consultation I received helped quiet my reactions to my experience, and allowed me to become curious about it. This brought me a sense of calm and spaciousness. As this process happened for me, I noticed that the client became less self-recriminating, less suspicious of others, more comfortable with his strong feelings, and more positive in his outlook.

Summary

Many contemporary countertransference theorists believe that clients use unconscious processes to evoke specific feelings in their therapists, and/or influence their therapists to co-create specific relational events with them in order to be understood, heal, and grow. These theorists claim that many of our subjective experiences arise as a result of having “heard,” or been impacted by the clients’ communication. Some of these experiences may be subtle and fleeting, while others can be intense, disorienting, and distressing.

From the Totalistic perspective, countertransference is defined as **all** of our subjective experiences **in relation** to a particular client. Because of this, we are encouraged to consider our full range of thoughts, feelings, physical experiences, and actions as potentially important sources of information about the client, even if they seem irrelevant, unprofessional, or unacceptable. However, we must be skilled at identifying the

personal and professional pre-occupations and upsets that we bring to our work, which are not related to the client.

Working with evoked countertransference reactions can help us “hear” and understand our clients’ unconscious communication, enhance and deepen the work we do, protect the therapeutic process, and assist in the development of therapeutic interventions.

Containment is a crucial capacity for working with evoked countertransference. It prevents the therapist from acting-out feelings that would be detrimental to the client, or the therapeutic process. Although I mostly gave examples of what are often referred to as “negative” countertransferences, containment is of utmost importance with “positive” and “romantic/erotic” countertransferences as well.

Evoked countertransferences occur in all psychotherapies. Working purposefully with countertransference is a challenging and fascinating endeavor. It offers endless opportunities for learning and personal/professional growth. It also provides us with the profound realization that by listening to ourselves, we can often hear others. ☯



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