

Enhancing self-reflective practice:

Understanding and managing countertransference

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Overview

- Transference and countertransference - definitions
- The importance and value of countertransferential responses
- Use of basic TA model to examine processes occurring within therapeutic relationship
- A five-step model for understanding/managing emotional (C-Tr) responses to clients

Aims

- Understand and apply concepts of:
 - Transference
 - Countertransference (subjective and objective)
- Develop valid hypotheses about these therapeutic processes
- Develop strategies for managing countertransferential responses

Cognitive Therapy / CBT

- Has placed less emphasis on the therapeutic relationship – though viewed as important
- New trends towards greater emphasis
- May use Tr/C-Tr terminology and ideas, or develop alternative language (Gilbert & Leahy, 2007)



Importance of the therapeutic relationship

Goals, tasks and bond

- The bond is associated with outcomes, correlations ranging from .21 to .29
- Higher than association between specific interventions and outcome

(Hardy, Cahill & Barham, 2007)



The Therapeutic Relationship

Aspects of the therapeutic relationship:

- The therapeutic alliance
- The real relationship
- Transference and countertransference relationship

(Hovarth, 2000)



Transference

Transference is the repetition by the client, of former, often child-like patterns of relating to significant people, such as parents, but now seen in relation to the counsellor (Jacobs, 1999, p. 17)



Transference

The transference relationship consists of all personal and interpersonal processes that occur in the relationship between the patient and therapist. These processes include personal schemas about the self (inadequate, special, helpless) interpersonal schemas about others (superior, inadequate, special, helpless) intrapsychic processes (repression, denial, displacement), interpersonal strategies (provoking, stonewalling, clinging) and past and present history of relationships that affect how the current therapeutic relationship is experienced. (Leahy, 2007).

Countertransference

The therapist's response to the client:

- "Objective" countertransference - a response to the transference



- "Subjective" (or abnormal) countertransference - a response that relates more to therapist's situation or personal issues

The Transference Relationship

Interpersonal relationship patterns are learnt early in life and these provide frameworks or templates for relating to others (transference).

When clients respond towards therapists from these templates for relationships, therapists can find themselves responding according to client expectations

Countertransference: Cognitive-affective response

Negative countertransference

Emotions:

Anger, powerlessness, frustration, hurt, boredom, sleepiness



Cognitions:

He's wasting my time!
I'll never be able to help her! She's/I'm hopeless.
After all the effort that I have put into this..
I can't stay awake - he'll notice..



Countertransference

Positive countertransference

Emotions:

Loving, protective,
hopeful, excited about progress,
admiring, feeling admired - warm fuzzies

Cognitions:

She's such a good client!
I'm obviously the right person for him!
She's a special case - I'll go the extra mile.



**Countertransference research:
Eight countertransference dimension**
(Betan et al, 2005)

overwhelmed/ disorganized	helpless/inadequate
positive	special/overinvolved
sexualized	disengaged
parental/ protective	criticized/mistreated

- Countertransference patterns systematically related to clients' personality pathology across therapeutic approaches
- Narcissistic clients - anger, resentment, and dread; devalued and criticized by the patient; and finding themselves distracted, avoidant, and wishing to terminate the treatment.
- Conclusion - diagnostic value



(Am J Psychiatry 2005; 162:890-898)

**COGNITIVE THERAPY and
Countertransference**

Emphasis on subjective countertransference

- The self, relationship, and emotional schemas of the therapist
- The potential schematic mismatch between client and therapist (Leahy, 2007)

Countertransference

As part of reflective practice, consider if countertransference:

- Is a personal or subjective response?
- Can be seen as "objective" and largely a response to the client's transference
- In this latter case, other therapists would have a countertransferential response to the client



Countertransference

Currently, countertransference is most frequently seen as:

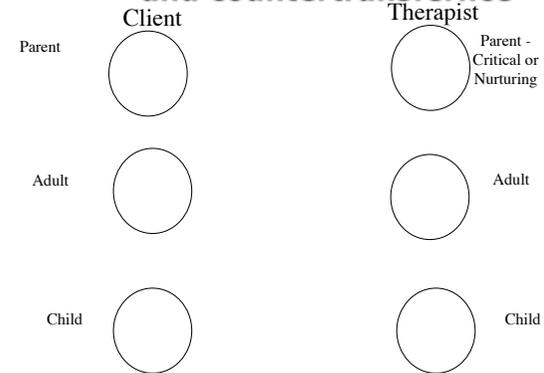


- Resulting from what the client brings to the therapy situation and transfers onto it
- And a hook in the therapist's personality that responds to it

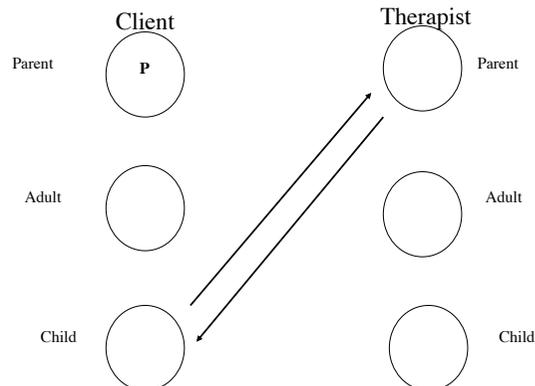


A source of potential information about the client
(Gabbard, 2004)

Using the TA model to map transference and countertransference

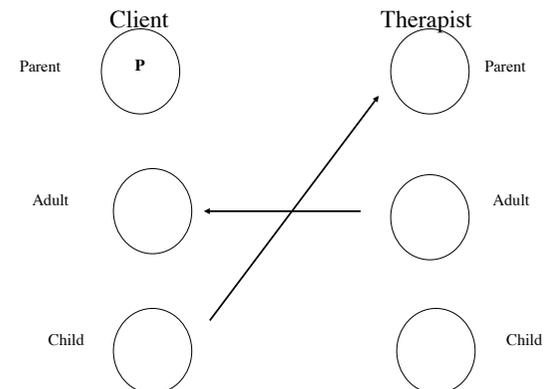


Complementary Countertransference



Therapist response confirms the client's transference if s/he enacts or acts from the countertransference response.

Managing the countertransference response



The therapist observes his/her affective-cognitive response and shifts back into the Adult self

Shifting back into Adult

1. Monitoring one's own responses
2. Recognizing that the response may relate to client's experience
3. Development of hypotheses
4. Breathing/centering activity/mindfulness
5. Moving back into the Adult

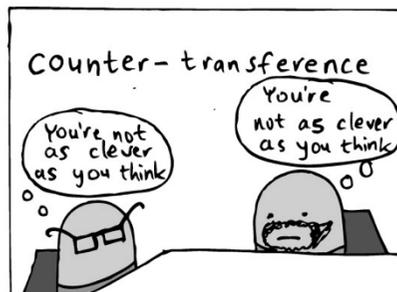
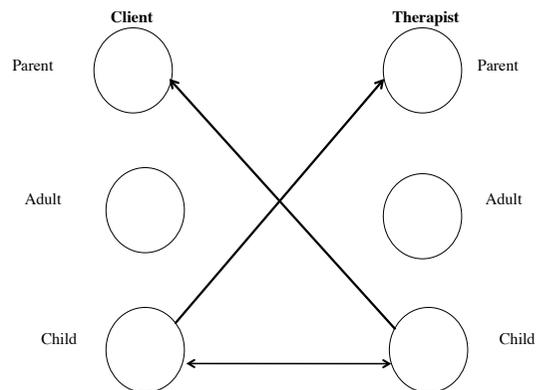


Countertransference enactment

It is important to distinguish between:

- A countertransference response - an emotional and cognitive reaction - these are inevitable
- And acting from this response
- When a therapist acts on the countertransference response s/he may confirm the client's unconscious expectations or transference

Concordant Countertransference



When experiencing a countertransference reaction, you can ask yourself:

- Is my response related to my own personal issues?
- Am I feeling what the client expects or hopes for me to feel?
- Am I feeling what the client (perhaps unconsciously) is feeling or what the client has repeatedly felt in the past?

In conclusion

- Therapist attending to own emotional responses can give insight into client's experience in the therapeutic relationship
- Five-step method allows therapist to manage own responses and protect the therapeutic relationship from a countertransference enactment

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