



COMMON LANGUAGE for PSYCHOTHERAPY (clp) PROCEDURES
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COUNTERTRANSFERENCE, USE OF

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Definition: The therapist's use of his/her persistent or brief emotional responses to the patient (countertransference) - as clues to the patient's past and present emotions.

Elements: a) The therapist senses and identifies his/her own feeling towards the patient, b) verbalises this internally (e.g. *'I'm feeling sad'*), c) offers this to the patient as a possible emotional resonance (*'I wonder if you're feeling sad right now'*) usually without referring explicitly to the therapist's own feelings, and d) suggests this feeling may reflect recurrent themes in the patient's life (*'perhaps you usually avoid feeling the pain of sadness'*).

Related procedures: *Transference interpretation*

Application: Psychoanalytic and psychodynamic therapy with individuals, groups and couples.

1st Use? Freud S (1910)

References:

1. Bateman, A & Holmes, J. (1995) *Introduction to Psychoanalysis* p109-117. London: Routledge
2. Freud S (1910) Future prospects of psychoanalysis Standard Edition 11 (Eleven) p145. London: Hogarth Press
3. Gabbard, G (1995) Countertransference: the emerging common ground *Int J Psychoanalysis*, 76, 475-85
4. Gabbard, G. (2005) In (Eds). G Gabbard, J Beck & J Holmes *Oxford Textbook of Psychotherapy* p8 Oxford: OUP

Case Illustrations (Holmes, unpublished)

1. *Using countertransference as a clue to a patient's repressed rage*

Alexandra's husband had chronic depression and killed himself while she, mother of a 3-year-old son, was pregnant with her second child. She sought help to come to terms with the suicide and find stability to raise her children as a widow. During early sessions she poured out sadness and grief at what had happened, guilt about a row with her husband on the day of his death, and expressions of her lost love for him. The therapist was initially very moved by this but, as sessions continued, despite understanding the suicide risk in depression, felt outraged at what the husband had done to his wife and family, and intuited that anger was conspicuously absent in Alexandra's narrative. Sensing that she had repressed these feelings, partly to present a positive image of her husband to her children, the therapist tentatively suggested in Session 4 that in addition to her feeling of loss and sadness she might be enraged at her husband for abandoning her. She dismissed this initially out of hand, but at the next session said she had woken in the night feeling overwhelming fury at her husband for what he had done. Expressing this seemed to reduce her guilt and enable her to realise that at

moments when she felt unable to talk to her son about his father it was because her anger prevented her from seeing the positive side of his dad which her son was seeking.

2. Using countertransference as a clue to the patient's early and current relationship difficulties

Peter, an unmarried loner, was an information technology specialist seeking help for chronic low self-esteem and feeling inadequate. He had recently been cautioned at work and told that, despite technical competence, unless he 'examined his attitude', dismissal was likely. He often felt that his excellent suggestions for reorganising his department were ignored, and after months of resentment had a 'blazing row' with his boss about this. An only child, he described a loveless upbringing which emphasised order and achievement rather than fun. The therapist repeatedly suggested that Peter's anger with his boss might relate to similar anger towards his parents, but Peter ignored this or dismissed it as absurd – "I come from a totally normal family". At session 12, the therapist used his countertransference sense of a lack of progress in therapy to point out how Peter tended to pass over his comments and suggested that perhaps Peter felt he had never been really *heard* or taken seriously by his parents, who knew in advance 'what was best' for him, and that similar feelings might explain his interpersonal difficulties at work. At this Peter dissolved into tears, for the first time in therapy, complaining bitterly that his true feelings seemed of no consequence to anyone. Later he saw that 'not being heard' worked both ways and that his few girlfriends had left him when he had tried to impose his ideas of how things should be rather than responding to their wishes.