

Gegenübertragung

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Franz Alexander 's Idee

- Following the rather courageous idea of Franz Alexander to study the naturalistic evolution of countertransference feelings by recording the private association of an analyst with a separate microphone,
- Bergman (1966) recorded his personal reactions after each therapy session.
- Bergmann P (1966) An experiment in filmed psychotherapy. in Gottschalk LA & Auerbach AH (Eds) Methods of research in psychotherapy. New York, Appleton-Century-Crofts S. 35-49

Experimental Analogue Studies

- In the fifties and sixties of the last century a number of researchers generated truly experimental approaches to study the subject of countertransference (f.e. Bandura 1956; Fiedler 1951; Strupp 1960).
- **Many of these studies can rightfully be criticized as lacking ecological validity.**
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Beckmann's GT-Experiment

- Beckmann D (1974) Der Analytiker und sein Patient. Untersuchungen zur Übertragung und Gegenübertragung. Bern Stuttgart Wien, Huber
- **Ergebnis:**
- Hy überschätzen D
- D überschätzen Hy
- Zw überschätzen Zw
- Beckmann D (1988) Aktionsforschungen zur Gegenübertragung. Rückblick auf ein Forschungsprogramm. in Kutter P & Beckmann D (Hrsg) Die psychoanalytische Haltung. München, Verlag Internationale Psychoanalyse S. 231-244.

Singer and Luborsky (1977)

- Countertransference is a hindrance to effective treatment of the patient.
- Countertransference hinders the treatment by preventing the therapist from properly identifying with the patient.
- One of the marks of the occurrence of countertransference is an inordinate intensity or inappropriateness of sexual or aggressive feelings towards the patient.
- Countertransference can be of two kinds, acute and chronic. Acute countertransference is in response to specific circumstances and specific patients. Chronic countertransference is based on an habitual need of the therapist; it occurs with most of his patients and not in reaction to a particular conflict.

Singer and Luborsky (1977)

- Countertransference can be a valuable therapeutic tool since it can help in empathizing with the patient.
- The therapist's emotional maturity is a deterrent to his potential countertransference needs which might interfere with the relationship.
- Avoiding countertransference problems can be aided by self analysis or by discussing with a supervisor or colleague.
- Countertransference can often be communicated-peripherally- that is, through non-verbal cues.
- (p.447-448)

AE Meyer (1988)

- Following Alexander's idea Meyer (1988) studied three's analyst's emotional reactions who recorded their feeling on a note-pad while in session.
- Meyer AE (1988) What makes psychoanalysts tick? in Dahl H, Kächele H & Thomä H (Eds) Psychoanalytic Process Research Strategies. Berlin Heidelberg New York London Paris Tokyo, Springer S. 273-290

Beispiel

- *"eine ganz herrliche Stunde , ich bin wirklich überrascht , was da so zutage kommt, ich hoffte schon vor Beginn der Stunde , dass er sich weiter mit den Tonbandaufzeichnungen beschäftigt , weil ich dann nur das Gefühl hatte , ich kann nochmal überprüfen , ob die Vereinbarungen , die wir ge-troffen haben , hinsichtlich der Aufzeichnungen auch weiter-hin zu vertre-ten sind, das würde meine Beunruhigung und Sorgen min-dern ., toll fand ich ,dass die Idee des Mistes sich so weiterentwickelt hat, dass der Patient sowohl über seine Beziehungen spricht, dass Ängste aufkommen , dass er deswegen bestraft wird , als auch in einer ganz übergangsobjekthaften Weise eine Welt sich aufbaut , die bisher noch überhaupt nicht angesprochen wurde.*
- Kächele H (1985)
- Zwischen Skylla und Charybdis. Erfahrungen mit dem Liegungsrückblick.
- Psychotherapie Psychosomatik medizinische Psychologie 35: 306-309

PEP Data Base

- *Clinical Case Studies:*
- Using the PEP-database searching for the term countertransference in the titles of papers one learns about 730 articles which use the term-counter-transference from 1952 til 2012; since 2000 the information provided (193 papers and books) underlines that countertransference indeed enjoys a high degree of attention. It would be a Herculean task to categories the varieties of uses.

Betan and Westen (2009)

- „From the start, patient criticized his therapist's therapeutic style, choice of words, and efforts to explore his reactions. Most times the therapist ventured to speak, her words triggered the patient's angry outbursts. He demanded the therapist repeat verbatim the words he wanted to hear, and it seemed he could not tolerate anything but perfect and absolute mirroring. Paraphrasing, using synonyms, pointing out the controlling quality of his demands brought an onslaught of criticism of the therapist's personhood with accusations that the therapist was inhumane, disingenuous, and even nonhuman. The patient's efforts to dehumanize and annihilate the therapist intensified during periods of consistent attendance. Normally, however, the patient arrived 30 min late if he arrived at all.

Betan & Westen 2

- *Interpretations of Mario's need to control the interaction and fears of difference, along with attempts to articulate the therapist's understanding of the links between Mario's early experiences and presentation in the treatment, sometimes seemed to quiet his anger and promote collaboration. However, at other times, he experienced these interventions as the therapist's withdrawal and abandonment, intensifying his anxiety and rage.*

Betan & Westen 3

- *In the face of ongoing interpersonal assaults, it became increasingly difficult for the therapist to think her own thoughts. She felt stilted and stifled, as well as angry in response to what she experienced as Mario's effort to control her. At each appointment, waiting to see if Mario would arrive, the therapist hoped he would miss, dreaded that he would attend, and worried about his well-being" (Betan & Westen, 2009, p. 179).*

Countertransference Questionnaire (Betan et al. 2005).

- Factor 1, Overwhelmed/Disorganized, involves a desire to avoid or flee the patient and strong negative feelings including dread, repulsion, and resentment.
- Factor 2, Helpless/Inadequate, was marked by items capturing feelings of inadequacy, incompetence, hopelessness, and anxiety.
- Factor 3, Positive, characterizes the experience of a positive working alliance and close connection with the patient.
- Factor 4, Special/Overinvolved, indicates a sense of the patient as special relative to other patients, and “soft signs” of problems maintaining boundaries, including self-disclosure, ending sessions on time, and feeling guilty, responsible, or overly concerned about the patient.

Countertransference Factors Inventory (CFI)

- The CFI captures features of therapists that describe the handling of counter-transference respectively the functioning of a therapist in the therapeutic situation. The instrument consists of five sub-scales: self-insight, self-integration, anxiety management, empathy, conceptualizing ability.
- The CFI may be used as self-rating instrument or can be applied by a rater f.e. the supervisor.

Meta-analysis by Hayes, Gelso, & Hummel (2011)

- a) Countertransference responses show a negative yet numerically small correlation with treatment outcome
- b) Factors of countertransference management play only a small role in the mitigation of countertransference reactions
- c) Management of countertransference is associated with better treatment outcomes
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Patient-Focused Qualitative Studies

- The notion of countertransference has evolved from an isolated hindrance to an unavoidable part and parcel of the therapeutic interaction so that most analysts nowadays speak of a transference – countertransference link.
- One step further one encounters the tendency to speak of the here-and-now where everything the patient says is transference and everything the analyst contributes bespeaks his or her countertransference.
- The traditional effort to distinguish between the real relationship, the therapeutic alliance and the transference is loosening (Gelso 2011).
- The concept of comprehensive countertransference flattened out the distinctions. The same process also can be observed in empirical research.

Micro-Level

- The microscopic level of observing therapeutic interaction leads to the disappearance of the transference and countertransference notions.
- „Psychoanalysts have elaborated nonverbal aspects of the patient-therapist interaction. Sandler (1976) emphasized nonverbal interaction as a connecting link between transference and countertransference.....
- „The introduction of microanalytic instruments to investigate affective interaction.....provided access to the interaction patterns that appear to be key elements of the psychotherapeutic relationship“ (Beutel & Rasting 2005, p.188).

Harold Searles

- The basic insight for qualitative analysis of countertransference stems from a clinician. Harold Searles, clinically experienced in an original approach of borderline therapy (1977), felt the patient's transference to be something like a kind of disturbance of the analyst's ability to calmly observe and only later it appears to him, "that all patients... have the ability to 'read the unconscious' of the therapist" (1978, p. 177).

EXAMPLES OF INTERVIEW-STUDIES ON COUNTERTRANSFERENCE

- Schröder et al. (2009) focused on an important aspect of countertransference:
- to hold the patient's mind in (the therapist's) mind. Indeed, the experience of "being held in the mind of the other" is a critical formula for mothers and infants and for therapists and clients, too. Often clients cannot imagine that a therapist thinks about them during sessions
- „It might be reasonable to consider whether therapists' intersession experiences should be viewed as a form of 'homework' that therapists either engage in spontaneously or assign to themselves as preparatory problem solving in advance of encountering patients.“ (Schröder et al., p. 43)

Intersession Experience

- 1040 therapists from US, Canada and New Zealand were confronted with questions like how often in the last week they had thought of their patients, how often they felt to lose confidence to find a solution for treatment impasses and how often they actively tried to view things from a different perspective.
- The analysis of the answers was two-fold: Such thoughtful engagements are "work-related" and "affect-related" both.

Difficulties and Coping

- „Furthermore, we found that (a) intersession experiences are more frequently reported by therapists who experience more difficulties in practice, (b) intersession experiences in part serve to help therapists cope constructively with those difficulties, and (c) therapists who follow different theoretical approaches tend to use intersession experiences somewhat differently.“ (Schröder et al. p. 50)
- Schröder, T., Wiseman, H. & Orlinsky, D.E. (2009). "You were always on my mind": Therapists' intersession experiences in relation to their therapeutic practice, professional characteristics, and quality of life. *Psychotherapy Research* 19, 42–53.

Affective Facial Action

- Benecke & Krause (2005) considered affective facial behavior as a tool unconsciously used by 20 panic patients to regulate the relationship with the therapist. Their core conflict to urgently need a relationship with a positive confirming object and their inability to include negative feelings or maintain autonomy and self-determination is expressed in a constant facial smiling behavior.
- However, this hypotheses could not be completely confirmed. The authors found it necessary to differentiate between two subgroups of panic patients. Half of them showed disgust or contempt as the leading affective facial behavior. It seems to be important how therapists react to this influential micro-behavior and how they contribute to it unconsciously.
- Benecke, C.,-Krause, R. (2005): Facial affective relationship offers of patients with panic disorder. *Psychotherapy Research*, 15,-178–187.

Gegenübertragung in situ

- Berühmter Therapeut verabschiedet eine schwierige Patientin.
- Nach einem Vierteljahr ruft diese an:
- Th. Was ist denn jetzt schon wieder?
- Dahl H, Teller V, Moss D & Trujillo M (1978) Countertransference examples of the syntactic expression of warded-off contents. *Psychoanalytic Quarterly* 47: 339-363

Gegenübertragungs-Traum

- Ein sich wiederholender GÜ Traum, wohl angeregt durch ihren Verschreiber: Leipzig statt Leipzig
- Es beschäftigt mich wohl, welche weitergehenden körperlichen Erfahrungen sie sucht; inwieweit sie diese im Bewusstsein hat, oder ob sie sich spontan ergeben.
- Der Traum variiert folgendes Muster. Ich lade die Pat.ein, sich in einem Massagesalon, oder Sauna, oder Gastappartement mit mir zu treffen, und beide ziehen sich aus bzw. ziehen einen weissen Bademantel an. Dann überlasse ich ihr die Wunsch-Initiative: was wünschen Sie – diese Antwort auf diese Frage würde das weitere Geschehen bestimmen.
- Zwiebel R (1977) Der Analytiker träumt von seinem Patienten - Gibt es typische Gegenübertragungsträume. *Psyche - Zeitschrift für Psychoanalyse* 31: 43-59