The Examination of Therapist Countertransference to Reduce Stress

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Even though many of us feel more effective with clients with whom we can identify, the influence of the therapist's personality and motivation on the therapeutic process remains a relatively neglected area of inquiry. While much psychoanalytic literature focuses on the transference phenomenon in therapy, there is much less writing on countertransference. Until the 1980's it was discussed more generally, and often with the feeling that it is a normal but unfortunate aspect of the work, perhaps to be minimized to avoid contamination of the therapeutic environment. More recently, the interpersonal schools have focused on the importance of the therapist's personality and the notion of collaboration between the patient and therapist. Despite this more recent acceptance of the practitioner's psychic tendencies as germane to the work, the therapist's core conflicts are treated with care and slight distaste in professional circles. Somewhat like the guest we admire for their courage in overcoming trauma, but find upsetting when they bring it up. Sussman (2007) suggests that this is related to positioning ourselves as "helpers," as opposed to "those needing help." If we are to be able to provide a crucible in which our patients can heal, we must be strong enough to contain the power of the unconscious forces unleashed in the therapy. This position tends to leave us alone with the pain of our patients. Others suggest we view our problems as "resolved" and therefore in need of little attention (Sedgwick, 2013), leaving us only slightly vulnerable to the suffering of our patients but integrated enough to use more prosaic forms of self-care such as exercise and vacations as adequate relief from over-identification and other pitfalls of inappropriate countertransference. And yet, we often speak of burnout, or the phenomena of exhaustion or symptoms associated with being affected by our patients' processes. Many psychologists are aware of the need for self-care, but as a profession we shy away from ongoing psychological care or even the level of professional support typical of many other disciplines.

The concept of the "Wounded Healer" can provide a way to think about the role of our personal problems in our clients' work and provide a starting point for addressing the problem of professional exhaustion. This idea suggests that the flaws and wounds of the healer actually inform her ability to be effective with clients. Further, the resolution of problems is not a prerequisite to help others. If we openly use our conflicts and ongoing attempts at resolution as ways to understand our patients, we are opening a door to a deeper kind of connection and motivation to change in both patient and therapist. This idea has antecedents in Greek mythology and Shamanism, and has been occasionally discussed among analysts since the beginning of the field. In 1929, Jung states: "We have learned to place in the foreground the personality of the doctor himself as the curative or harmful factor.... What is now demanded is his own transformation" (Sedgwick, 2013, p. 7). It is in how we are like our clients, not in how we are different, that the power to change is often accessed in therapy. Later in his career, Jung, in exploring the mutative elements of psychotherapy, says; "The psychotherapist ... should clearly understand that psychic infections ... are the predestined concomitants of his work, and thus fully in accord with the instinctive disposition of his own life" (Sussman, 2007, p. 23). Here, Jung presages recent movements in conceptualizing the therapeutic encounter as a collaboration on both the conscious and unconscious levels.

Sedgwick (2013) appropriately asks how we avoid veering into narcissistic or exhibitionistic tendencies if we are using our own struggles as guideposts in accessing our patients' processes. There is no simple solution for this question. On a concrete level, our very presence as a consistent professional force in our patients' lives provides a moderate boundary. Our adherence to strong professional and ethical principles further frames the

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When calling someone on the Ethics Committee you can expect their initial response to your inquiry over the phone. That Ethics Committee member will then present your concern at the next meeting of the Ethics Committee. Any additional comments or feedback will be relayed back to you by the original contact person. Our hope is to be proactive and preventative in helping OPA members think through ethical dilemmas and ethical issues. Please feel free to contact any of the following Ethics Committee members:

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*Newsletter Schedule**

2014

2nd Quarter Issue - deadline is May 1 (target date for issue to be sent out is mid-June)

3rd Quarter Issue - deadline is August 1 (target date for issue to be sent out is mid-September)

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*Subject to change

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relationship safely. But in terms of the work itself, there is the acceptance that our own issues are part of our ongoing process in working with clients. We can explore in detail how our emotional responses and identifications with patients affect them. This can occur in supervision with colleagues and consultants. We can even take our secrets out of the closet for use in consultation groups as we explore ways to allow them to be valuable in the therapy.

Just as we take on many transference-based identities for our patients, we can be role models for them. If we conceptualize ourselves on the same road to greater integration, just at a different spot, we are sharing the change process in a more intimate way. Actively making this awareness a part of our professional lives can protect us from stagnation, burnout and stress related difficulties in our work as well as provide clearer signals about when we need professional help ourselves.

References

Sedgwick, D. (1994/2013). *The Wounded Healer: Countertransference from a Jungian perspective*. New York, NY: Routledge.

Sussman, M. B. (2007). *A curious calling: Unconscious motivations for practicing psychotherapy (2nd ed.)*. Lanham, MD: Jason Aronson.