

# Countertransference

The use of the body  
in psychotherapy

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# Transference and counter-transference: recognizing, tolerating and regulating emotions



# Emotions and feelings

- Damasio distinguishes between a *state of emotion*, triggered *non-consciously* on a biological level as part of our survival mechanisms
- *A state of feeling*, sensory patterns signaling pain, pleasure and emotion become image
- *A state of feeling made conscious*, that is, known to the organism - a feeling made known, linked to the capacity to mentalize (Peter Fonagy)

# Emotions

- An internal communication as to safety and danger, pain and pleasure in the outside world
- Preparations for action: bringing about necessary inner patterns of psychobiological – *bodily* – changes (approach or retreat)
- Emotions are visible to others
- Resulting in a reaction or emotion in the other

# Feelings

- Inside, private, and invisible to the outside world
- A feeling is an emotion become conscious, recognized and acknowledged
- Only when the emotion can be accepted and tolerated can it be named as a feeling
- and only then can it be communicated as 'feeling' to others

# Visual appraisal

- Detection and processing of the smallest change within a human face occurs within 100 milliseconds
- These facially expressed state changes are mirrored and synchronically matched by an observer's right hemisphere within 300-400 milliseconds at levels beneath awareness
- This is true for both patient and therapist – right hemisphere to right hemisphere communication

# Impact of emotions

- The impact of the patient's emotions is direct and impelling and the emotional reaction of the therapist “automatic”
- evoking non-verbal, automatic reactions, cues which will be picked up in turn by the patient
- The daunting part of therapy is not thinking up verbal interventions, but the emotional impact our patients have on us

# Parallel between the parent/child and the therapist/patient relation

- As in the parent-child relationship, the ability to offer containment will depend on the ability of the therapist to autoregulate his/her own emotions
- Patterns of early attachment can be mobilized in the therapist:
  - under-reacting: therapist becomes distant, negating or minimizing affect
  - over-reacting: therapist identifies with the affect of the patient, becoming anxious or angry, with increasing affect dysregulation in both therapist and patient

# Countertransference

- Determined by the sub-conscious sensory and bodily ('gut') reactions of the therapist to the non-verbal aspects of the behaviour of the patient
- These 'gut' reactions of both therapist and patient will be determined by early attachment experiences
- The ability of the therapist to recognize, to process and to use his own body reactions is crucial to therapy with traumatized individuals

# Containment of emotions

- The capacity of the therapist to make contact with his own body sensations is crucial
- Is the therapist able to bear with his own negative affects long enough to enable him to recognize and regulate them?
- Only then will he be able to function as external affect-regulator for his patient
- enabling the therapist to reflect back to the patient his/her split-off, not recognized emotions in a milder and for him/her acceptable form

# Limits of psychotherapy

- The boundaries of what can be achieved in psychotherapy are determined by the capacity of the therapist to tolerate, to contain, and to detoxify his own negative and frightening affects (Allan Schore)
- Only then will it be possible for the patient to make contact with the pain from the past, in that way linking up past and present and freeing the present from trauma's that belong to the past