The Curious Observer: 
The Mindful Path to Working with Countertransference Processes with Eating Disorder Patients

“Gradually, and somewhat reluctantly, I have come to appreciate the fact that patients will have an impact on me” –David Sedgwick

A. Two Key Points
1. Countertransference reactions are normal...AND
2. We are responsible as clinicians to examine ourselves and our reactions

B. Examples of Typical Countertransference Issues in Treating Eating Disorder Patients
• Anxiety around the patients’ medical stability or suicidal ideations
• Resentfulness about energy spent outside session coordinating a treatment team and care
• Drained by patients’ powerful ambivalence about recovery and worthiness of treatment
• Feeling manipulated about dishonesty of patients regarding eating disordered behaviors
• Over-empathizing with a difficult situation leading to caretaking
• Increase in our own struggles as a human with weight, food, or body image

C. Mindfulness, Curiosity, and NonReactivity,
• Turn Toward What is Showing Up…. Ask Some Questions
• Observation: What is this?
• Compassionate Curiosity: What am I noticing? Emotionally? Cognitively? In my body?
• Withhold Judgment: What might this be trying to tell me?
• Bringing it in the Body: Centering, Focusing Grounding

D. Bringing it into the Room: Importance of being a “human” therapist
• Who is it serving?
• How solid is the rapport?
• Does it further the therapeutic rapport?
• Does it relate to the session or the work?
• Goldilocks: Too Hot, Too Cold, Just Right?

Additional Reading

Contact info: Nikki.Rollo@uhsinc.com  www.centerforchange.com