

**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

Cooper, P. (1999). Buddhist meditation and countertransference: a case study. *American Journal of Psychoanalysis*. 59, 1. (p. 71-84).

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