Objectives

- Identify common countertransference reactions in working with eating disorder patients
- Recognize countertransference cognitions, feelings, and somatic reactions in own bodies
- Discuss specific ways in which the use of mindfulness practices help manage countertransference reactions

Countertransference: what is it anyway?

Gradually, and somewhat reluctantly, I have come to appreciate the fact that patients will have an impact on me.

- David Sedgwick
Literature Review:
Why we need to talk about it

- 1984: Medical residents reported more anger, helplessness, and stress working with patients with eating disorders than any other group
- 1989: Professionals reported heightened awareness of food and physical condition leading to changes in body image, eating, and focus on appearance
- 1992: Medical and nursing staff in a psychiatric hospital liked eating disorder patients less than patients with schizophrenia
- 1996: Therapists identified words like: frustrated, hopeless/helpless, tired, manipulated, and disgusted

Yet...we have difficulty acknowledging these feelings because we feel like they are wrong or bad....

Historical Journey from Contamination to Tool...

- Freud 1910: Originally seen as an emotional reaction of the therapist to the patient's transference that presented an obstacle to treatment
- Jung: Further developed the term and believed it was just as useful and meaningful as transference. The analyst is "just as much in the analysis as the patient"
- Heimann 1950: Analyst reaction might be a useful clue to what is happening inside the patient
- Kernberg 1965: countertransference has to do with the therapist capacity to withstand stress and anxiety of the transference
- Slakter 1987: all the reactions of the analyst to the patient that can help or hinder treatment
- Gabbard 2001: a joint creation involving contributions from therapist and patient

From Contamination to Tool...

- Rogers: necessary and sufficient conditions for therapeutic change
  - Unconditional Positive Regard
  - Empathic Understanding
  - Congruence: therapists being in touch with how they experience their patients and being willing to use this information in the therapeutic process
- Stein: our fears of discussing countertransference is related to our fears of revealing our "unwashed psyche"
- Ella Sharpe: we deceive ourselves if we think we have no counter-transference
Working Definition

* All of our inner and outer processes (emotional reactions, cognitions, somatic sensations) in relationship to our patients, both from our own personal psychology and engendered by our patients (co-created) that hold clinical relevance and provide us an opportunity to connect with our patients on a deeper level.

Two Key Points

* Countertransference reactions are NORMAL...AND
* We are responsible as clinicians to examine ourselves and our reactions
Guiding Archetypes

- Eastern Religion/
  Taoism: Rainmaker
- Shamanism/Depth
  Psychology:
  Wounded Healer
- Alchemy: Mystic
  Marriage

Compassion Fatigue or Countertransference?

- Reactions that emerge from overexposure to patient suffering
  - Cumulative absorption
  - Negatively impact professional identity, longevity, and personal life
  - Not an enactment, but a response
  - Symptoms:
    - Cognitive: lowered concentration, apathy, thoughts of self-harm
    - Emotional: powerlessness, guilt, depression, rage, fear
    - Behavioral: impatience, moodiness, sleep disturbances, hypervigilance, accident prone

- Reactions induced in us from some of our patients most difficult affects, thoughts, and conflicts.
  - Ubiquitous
  - May be connected to unresolved losses in our own lives
  - Intersubjective
  - Related to the unconscious world of the therapist and patient
  - Essential component of therapeutic work to be understood and integrated

Countertransference Reactions specific to Eating Disorders

  - Guilt, Anger, Anxiety
  - Excessive, Drap, Psychophysiological complaints
  - Excessive worry about medical consequences, suicidality, or death, especially in the severely emaciated patient
  - Increased self-consciousness about body, weight, and body image
  - Excessive sense of power, control, and grandiosity (seduction of idealization)
  - Irrational fear making mistakes
  - Envyment when patient improves, feelings of admiration or love
  - If patient is trauma victim, therapist may feel induced to change the usual boundaries
  - Boredom due to disavowed patient feelings, excessive focus on weight or somatic concerns, and repetitively going over the same details of their history
  - Feeling induced to make the patient feel special, unique, valued

Other Reactions
  - Over identification
  - Control
  - Allowing Secrecy or Over-talking
  - Helplessness
  - Avoidance of Affect
  - Frustration/Impatience
  - Anxiety related to financial/insurance limitations
Common Reaction to “Resistance”

- Resistance is often a code word for “frustrating” and implies that the patient is actively evading responsibility for the need to change. When the slow pace of change is understood to be entirely a function of resistance, the enormous importance of the patients’ attachment to her symptomatic self is unfortunately minimized and disregarded.


Why do we these reactions with patients with eating disorders?

- Illness is life-threatening
- Patients frequently have a range of intense feelings toward their therapist but have had fewer opportunities than other people to express their real emotions to an interested listener
- Significant boundary violations or parental misattunement have been an aspect of the patient’s childhood
- Patient has developmental needs to experience attachment, sense of security, and mutual recognition that can cause us to work harder or treat the person differently/care-taking


So what do we do?
Essential Elements of Therapy

- Genuineness
- Accurate Empathy
- Positive Regard
- Nonjudgmental
- Remaining Patient
- Flexible in Approach
- Mutually Established Goals

Lean into Working with the Shadow

- Shadow is created by light
- We can always get stuck in blindspots
- What is happening internally for us as therapists is information
- We work with it, consciously, so we can “continue to treat the patient with compassion as a fully franchised human being” (Yager, 1992)

Personal Examination and Professional Engagement

- Consultation
- Supervision
- Personal Therapy
- Mindfulness

“a good half of every treatment that probes at all deeply consists in the doctor’s examining himself”

C. G. Jung
Four Foundations to Mindfulness

- Awareness of the Body
- Awareness of Feelings
- Awareness of our State of Mind
- Awareness of Mind-Objects

The Mindful Path Goals/Intentions

In transference and countertransference matters, the price of freedom, it appears is eternal vigilance.

- Ron Britton

Our Guides in Embarking on the Mindful Path....

- Cultivating Consciousness and Therapeutic Presence
  - Empathic and Creative Use of the Countertransference
  - Engaging Curiosity
  - Remaining Psychologically Open
  - Challenging the “Healer/Wounded” Dichotomy
    - Acknowledging the mutually transforming nature of the therapeutic relationship

The Mindful Path Intention:
Cultivating Consciousness and Therapeutic Presence

"Consciousness is our protection against falling into the soup with our patients" (Ullman, 2009).

- Consciousness is a container where we don’t have to act or theorize from a place of aloofness
  - Unpack our reactions before we can respond authentically
  - Attend to our feelings, thoughts, images, and bodily responses

"Bringing one’s whole self into the encounter by being completely in the moment on multiple levels: physically, emotionally, cognitively, and spiritually" (Geller, Greenberg, and Watson (2010)

- Mindfulness as a useful tool in helping therapists…
  - cultivate therapeutic presence which in turn can help with…
    - managing countertransference reactions specifically in the ways that they can take us out of the experience with the patient and into our own world.
The Mindful Path Intention: Engaging Curiosity

- Learn to pay attention in a way that does not leave us drained or depleted
- Basic component of our nature and linked to greater well-being
- “Impulse towards better cognition” (William James)
- Traits of Curiosity:
  1. Recognition, Pursuit, Desire to investigate challenging phenomena, exploration, absorption
  2. Blocking curiosity can prevent assimilation and integration of the parts of ourselves

The Mindful Path Intention: Challenging the “Healer/Wounded” Dichotomy

We work as clinicians for this particular patient and at the same time we are working for our own soul, promoting the coming to be of life as a person, as persons, not discardable objects, not dismissible collateral damage, not remaining sunk in inertia, not forgotten on the margins” (Ulanov, 2009, p. 95).

- Mutual Exchange/Two Way Relationship
- Not to meet our personal needs but we do benefit
- Intersection of the Personal: Enlightened by the wisdom of our patients
- Occurs within us, not verbally in the relationship
- Wounded Healer: being aware of what woundings have led us to this work
- For more on using it in the room- check additional readings on handout.

The Mindful Path to Managing Countertransference

Embodied Mindfulness includes:
Attention, Affect Regulation, and Accurate Empathy fostered through Attunement to our own Inner Experience
**Zen Experiential Practice**

**Attention: Evenly Hovering**

- Evenly Hovering Attention (Freud 1912):
  - Conditioned daydreaming
  - Phantasy
  - Without memory and desire
  - Reverie
  - Fliess

- Mindfulness: Paying attention in a particular way, on purpose, in the present moment and non-judgmentally (Kabat-Zinn)
- Buddhist Meditation (Concentration)
- Optimal Listening
- Our practice in sessions is to respond to our patients with our full attention.
- The patients anxiety is the object of meditation and continued sitting with both theirs and ours is the work.

**Affect Regulation**

“The mindful clinician develops an attitude of friendly curiosity with her own affective experience in the session in order to tolerate that experience. Specifically, the clinician notices, without judgment, the thoughts, the physical experiences and emotions that occur during and related to the therapy sessions with a particular client” (Turner, 2008, p. 98).

- Buddhist Meditation (Mindfulness)
  - Focus on moment-by-moment thoughts, sensations, emotions
  - Nonjudgmental note and label the thoughts, feelings, fantasies, or somatic sensations
  - If we can’t label them, call them “confusion”
  - If we judge, call it “judging”
Empathy

- Arising out of “insight into impermanence, mental suffering, and the constructed nature of the self” (Morgan & Morgan, 2005)
- Eroded Empathy
- Dan Siegel (2007) in The Mindful Brain states, “In sum, we are proposing that mindfulness involves a form of internal attunement that may harness the social circuits of mirroring and empathy to create a state of neural integration and flexible self-regulation”

Pre-Session Loving Kindness Meditation
- Compassionate Self
- 3-5 Minutes in-between sessions

Wrap Up: Let Curiosity Be the Guide

Turn toward what is showing up… ASK QUESTIONS
Observation: WHAT IS THIS?
Compassionate Curiosity: WHAT AM I NOTICING?
   - Emotionally, Somatically, Cognitively
Withhold Judgment… Ask “What mightthis be telling me?”
Bringing it in the Body
   - Centering, Focusing, Grounding

Make it a way of life!

Meditation is not just one thing
- Mindfulness Meditation
- Embodied Mindfulness Practices

Move it beyond a skill or intervention to a place of integration
May you be filled with love, May you be well, May you be peaceful and at ease, May you be happy.

Questions?
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