

# Working With The Dynamic Tensions Of Countertransference

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Online Workshop

MGM Personal Notes & Reflections



## Experiential – Feeling Into Body Reactions To Encountering Our Clients

*Think About Your Favorite Client* – reflect on how the work goes well, how you look forward to seeing them. As you anticipate being about to see them, feel the impact of this anticipation in your body.

How is your body preparing to greet this person? Visualize them coming into your work space, or on screen – do they tend to make eye contact? How do they typically enter?

How do you move into the shared space? Feel the quality of your usual greeting. Who tends to speak first? What is typically said as you begin? How do you look at each other? Listen to the tone of your voice.

What does it feel like to move into the sense of the ‘work’ together.

The session goes on, and at the end, how does it typically happen? How do goodbyes take place? What is the typical feeling you have at the end of the session?

After your client leaves, as you linger in a few quiet moments with yourself – reflect on what stood out about what was said. What might have been said that wasn’t? What would have been difficult to name or speak to? What makes it difficult?

Feel into the comfort of the work you do with them...then also feel into where the discomfort of the work may reside...

Question: Are there ways you are holding yourself back to keep this work in a comfort zone?

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*Imagine Your Least Favorite Client* – perhaps the work feels strained, deadened, anxiety producing, tension-filled, distressing, unpleasant, a source of dread, etc. Perhaps it leaves you feeling ‘de-skilled’, uneasy, hopeless, or stuck.

Do the same anticipation of a typical session – feel into your body preparing yourself to meet with this client. What happens in your body this time when the client walks into the room, or appears on screen? How do you each greet each other? How do each of you move?

Do you look at each other? What is the quality of your gaze? What kind of anticipatory thoughts are you having? Who speaks first? What is typically said?

As you speak, feel the quality of your voice, your throat, your shoulders, breathing. How do you speak? What does the quality of your listening feel like?

The session unfolds and winds down....How does the session typically end? How do you part from one another? How does this way of ending feel in your body?

Linger with yourself in the afterwards of your time together. What are your thoughts, fantasies, comforts, discomforts? What are your questions? What was said that stood out? What wasn't said, what could not be said?

What was in your mind and your body that could not be brought into the session? What *in you* makes it seem impossible, too risky, threatening, hostile? What *in your client* makes it seem impossible, too risky, threatening, hostile, anxiety-producing?

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With you most challenging clients...

1. What are the conditions for each of these working relationships?
2. What do the limitations of this relationship feel like?
3. What seems necessary or needed, and not yet provided?
4. What seems at stake?
5. What seems impossible, dangerous, unspeakable?
6. What in you feels protective of your client?
7. What in you feels protective of yourself?

NOTE - When working online:

How much harder does it feel to be able to 'get across' the screen to your client, to get through to them? What do you have to do to not get too comfortable or passive with the emerging content? Is there anything about the screen that makes it harder to call things into question, or to inquiry more insistently to gain more clarity or better understanding?

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Paying attention to countertransference requires paying attention to our bodies, to the unconscious forces at work, and especially to the history and roots of what evokes the countertransference.

It is easy to judge our own countertransference reactions, and of course, this is not useful at all.

- *How do we create the necessary space for self-reflection, in a way that is accepting of what one is feeling on a body level, where we can also think critically about it?*

## THE TRANSFERENCE AND COUNTERTRANSFERENCE RELATIONSHIP

### Love Poem With Toast

Miller Williams

*Some of what we do, we do  
to make things happen,  
the alarm to wake us up, the coffee to perk,  
The car to start.*

*The rest of what we do, we do  
trying to keep something from doing something,  
the skin from aging, the hoe from rusting,  
the truth from getting out.*

*With yes and no like the poles of a battery  
powering our passage through the days,  
we move, as we call it, forward,  
wanting to be wanted,  
wanting not to lose the rain forest,  
wanting the water to boil,  
wanting not to have cancer,  
wanting to be home by dark,  
wanting not to run out of gas,*

*as each of us wants the other  
watching at the end,  
as both want not to leave the other alone,  
as wanting to love beyond this meat and bone,  
we gaze across breakfast and pretend.*



Freud stated that *transference was a fundamental form of communication*, that it incorporated those aspects of our lived history too troubling to hold consciously, that no one of significance ever knew how to hold or contend with, or knew what to do with.

- *This kind of transference material does not ever go away.*

There are other aspects of transference that cannot actually be remembered, as they are too disturbing or unacceptable, they carry pieces of ourselves that can't be tolerated. This also doesn't go away.

Transference remains as a *pressure* that is, on one hand, constantly looking for particular kind of acknowledgement, forbearance, acceptance, and longs for understanding.

On the other hand, transference dynamics also push against this seeking, and keep this troubling territory 'off limits' for examination. We come up against and unspoken '*do not disturb*' sign, where interest is warded off. In this territory, the self defends and protects vociferously, or simply avoids the trouble at all costs.

- *This unconscious inner conflict lives on as a constant and ever lurking dynamic tension, and this is what a therapeutic relationship has to hold in mind.*



Each of our clients create an atmosphere, an environment, one that communicates about those things that seem impossible to actualize in one's life.

Particular character styles emerge from experiences of repeated failures, traumas, sufferings in one's life. *They are formed as a solution* to help one adapt, to stay alive and go forward; but they also carry a cost - a diminishing of life force, of available energy needed to move life forward.

Can psychotherapy bring this essential drive, this hunger, these unconscious forces on behalf of life, back to life?

- *Our countertransference is deeply embodied in us.*
- *Our countertransference is not intentional, it is not conscious, and we can't hold any immediate meaning toward it.*
- *How is our protective instincts towards our client actually an unconscious need to protect ourselves?*
- *Whatever powers the countertransference reaction in us is that which remains unconscious.*

Whenever our countertransference overtakes us, our curiosity is diminished, our self-reflective space collapses, our ability to respond is truncated.

This type of countertransference, one that has deep roots in our own lived histories, is evoked in the context of the client's transference with us, and it seems reasonable to have, because we can no longer effectively think about the interior or interpersonal spaces where the therapeutic work takes place.

With his client Samantha, Bill couldn't think about the work while he was still in the thick of his countertransference; he was too enmeshed.

In more problematic countertransference, we are '*thrown back*' into what feels like an '*impossible dilemma*' – we can see no way through, nor perhaps even how we have arrived here.

To cope with this dilemma, we can instead apply a type of '*universal standard of caring*' – we indiscriminately do what makes sense to us in general, which often has little to do with the particular and unique needs and circumstance of the client.

As children, we didn't have anyone to help us think about the things that troubled us.

Supervision is something that can create a space to think about whatever confounding or weird, those enigmatic and peculiar things that are taking place in the therapeutic endeavor.

- *When working one-to-one, in an interpersonal manner, the work is demanding, urgent, and in certain ways 'pressurized', due to the dyadic arrangement.*

In the dyad, the client's transference fantasies or wishes are communicated to the therapist, verbally and non-verbally. They are indicative to the other of how they are supposed to be with the client, if the client is to feel cared for.

The experience of the dyad is both essential to the therapeutic endeavor, and yet also can be interfering with it as well.

- *A triadic relationship in the therapy necessitates and holds the position that the client-therapist dyad is to be doing clinical work.*

When there is a pull for the therapist to be a certain way in the therapeutic relationship, *how does the focus on the work itself help create a shift in the relationship, and how might it interfere?*

- *The triadic function of 'focusing on the work at hand' interrupts the client's fantasy of the relationship, the 'preciousness' of the interpersonal dyadic wishes.*

Supervision and consultation also creates a triadic function, allowing the therapist to not be alone in the dyadic arrangement. The therapist has access to another mind being available, which can safeguard against and monitor one's countertransference reactivity.

In the more defensive aspects of countertransference, we are pulled into something we are not yet aware of. We are more vulnerable to our own countertransference reactions with certain clients and issues, and not others.

With the clients whom we feel very comfortable and/or safe working, we are just as vulnerable to our countertransference reactions, as we are more likely to become 'dulled' by the countertransference, and thus more susceptible to losing our 'working edge' with these types of clients as a result.

How can we learn to become suspicious of the place of comfort in the therapeutic endeavor? Can we discern the passive nature of being comforted from the more active functions of holding and containing both ourselves and the client?

- *Safety is not to be conflated with comfort.*

Staying alert and attentive is far more crucial than staying comfortable.

The dulling and pacifying effect of comfort-seeking diminishes the quality of attention we have to give to our clients. When comfort enters the foreground of the therapy, curiosity gets rendered to the background, where it can easily get set aside, or lost.

Valuing comfort leaves us prone to states of *merger*, which over-rides the dynamic tension that is typically experienced during contact with another. An attitude of confluence and passivity takes effect, and fosters a merging style that emphasizes sameness, and a way of joining with the client that forecloses differentiation.

This can play out around the client's need to be understood. The need for comfort creates a pressure to over-identify with the client's experience, and an unnecessary bias towards presumed agreements and sameness, and an over-valuing of the 'we'.

The therapist's sacrifice of the self, and a weakening of the 'self-other' boundary, is a kind of erasure that avoids the learning and maturation that come from misunderstandings and differing.

Holding in mind that 'this is a working relationship':

1. Keeps the 'self-other' boundary more intact, and allows for space to think about the work. *"What are we up to here? What are we trying to accomplish? What needs to happen in the life of the client, that has not yet been able to happen?"*

2. Keeps part of our attention separate from what is happening in the therapeutic dyad of 'you and I'.
  3. Utilizes an position of 'active witnessing', whereby the therapist is at once both *a part of* and *apart from* the client's experience.
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*"An honorable human relationship – that is, one in which two people have the right to use the word "love" – is a process, delicate, violent, often terrifying to both persons involved, a process of refining the truths they can tell each other.*

*It is important to do this because it breaks down human self-delusion and isolation.*

*It is important to do this because in doing so we do justice to our own complexity.*

*It is important to do this because we can count on so few people to go that hard way with us."*

- Adrienne Rich

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## THE DYNAMIC TENSION OF THE COUNTERTRANSFERENCE

Countertransference has the potential to be inhibiting and restricting, and it also has the potential to be deeply informative as well as transformative. Because both possibilities are always there, so is the resulting tension. *How to distinguish one from the other?*

Through their transferences, the client shows us what life is like for them. And yet while showing this to us, they also don't want this to be interfered with.

*What is at stake for them now, as a result of this contradiction? What was at stake for them at the origins of their transference?*

- *Through our countertransference, we are learning something about our client's world; they are showing us what they cannot in essence tell us about, and this is important to keep in mind.*

Through the client's transference, something keeps happening between ourselves and our clients that we don't quite understand, that we feel acutely in our bodies, and we want to find a way to think about this, and talk about this.

When our countertransference is rooted in our own lived histories, something else needs to happen.

Samantha's symbiotic demands upon Bill were hard for him to tolerate, due to his early history with his mother. *This type of countertransference does not belong in the therapy.* It needs to be taken care of outside of the sessions, either in supervision, personal therapy, or self-reflection.

Countertransference has multiple meanings, as per Jim McLaughlin's work.

When the countertransference we have becomes too strong, we just can't find a way to effectively think about the work. Jim's way of working with wood, immersed in his woodshed, allowed for another kind of triadic 'third space' to be created.

His way of working with his hands created the depth of immersive experience he needed to shift his frame of mind, and open up the unconscious to new possibilities and ways of thinking. This type of created 'third' provides the necessary space for self-reflection to happen, beyond one's own personal will or ego demand.



#### ADDITIONAL WAYS OF USING COUNTERTRANSFERENCE

Working with a therapist's example of being triggered by his client's impulsive and self-destructive behaviors. How to make use of his strong countertransference reactions by processing them further?

- *When being stirred by countertransference, do not speak directly to the client's content that evokes the countertransference.*

What is it that the client is showing the therapist, that is not yet possible to say? What is the client communicating through these impulsive behaviors, by 'announcing them' to the therapist right at the end of the sessions? What is the quality of pressure he is putting on the therapist?

Examples of speaking from what the countertransference informs him of:

*"I've been thinking a lot about what happens in the work between us...you bring something up that startles me, I find I get worried about you. You bring up things that happen after the fact, kind of like an announcement, and it doesn't invite a conversation. I think it would have been good if you'd have talked about it with me before you acted..."*

*"What does it mean to you that you tell me about decisions you make after they happen? Let's think about the position you keep putting me in when you do this. I wonder if I am supposed to*



*be a disapproving and limit setting father for you? It doesn't feel like a very satisfying position to hold with you."*

Bring forth language that makes space for 'wondering about' what is happening between you, a way that offers awareness to what's been unconscious, or unintentional.

Keep in mind this is the only way the client knows to bring himself to someone else when he is having a problem.

During *transference-countertransference* enactments, explore the underlying meaning of what is going on, and stay out of the surface content. This way of being with the client is delicate.



## THERAPEUTIC TASKS WITH COUNTERTRANSFERENCE

Bringing to conscious awareness a client's patterns of actions and interactions, naming things that are just being enacted or 'done rather than being spoken or thought about, can be startling and jarring for the client to take in and experience.

This is why introducing potential underlying meanings, in speakable ways, must be done through a type of 'wondering about', a positing that can be looked at *together*, and thought about *together*.

We need to find language that makes possible space for a client's active participation, through curiosity and reflection.

This way of utilizing the countertransference Bollas named '*countertransference receptivity*', towards one's own conscious and unconscious body experiences with what is going on, which requires us, as the therapist, to live with these countertransference reactions for a while, until they take clearer form and shape.

By living with the countertransference we have, we can allow the necessary time and space for bodily, imaginative and emotional reactions to 'cook', to happen to us, so we can give potential meaning to what is happening or NOT happening in the therapy.

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*Chickpea leaps almost over the rim  
Of the pot  
Where it is being boiled.  
"Why are you doing this to me?"*

*The cook knocks it down with the ladle.  
"Don't you try to jump out."*

*You think I'm torturing you;  
I'm giving you flavor,  
So you can mix with spices and rice  
And be the lovely vitality  
Of a human being.*

*Remember when you drank  
Rain in the garden?  
That was for this."*

*Grace first. Sexual pleasure,  
Then a boiling new life begins,  
And the Friend has something  
Good to eat.*

*Eventually  
The chickpea will say to the cook,  
"Boil me some more.  
Hit me with the skimming spoon.  
I can't do this by myself...*

*You're my cook, my driver,  
My way into existence.  
I love your cooking."  
-Rumi*

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We bear the containment of these forces within us; when we don't alleviate them, we can become shaped and informed by them.

We can become more willing and more able to take in the transference from a client, to be affected, infected, disturbed, and informed by what we've taken in. We take the position of being 'experience-near', instead of 'experience-distant'.

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This reminds me of content from Mick Landaiche's book on Groups, in the first chapter on Engaged Research:

One of the paradoxes of professional relationships with clients who come to us for help is that we are supposed to maintain our objectivity even as we, too, may become infected by what the person has brought to us to work with.

- *In turning ourselves into receptors we are taking a big risk. From what we know of the universe we live into some of the information may be most unwelcome; the sound or*

*signal we receive may not be of the kind that we want to interpret, to diagnose, to try to pierce through. -Bion*

Yet this risky procedure – of receiving what we may not want to know – is precisely how we come to be of help. We figure out how one can live within the same emotional forces that are disrupting another's life or capacity to function well.

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A certain points in a person's life, *transference- countertransference* enactments *need* to take place - to create the 'as yet unthought' potential for transformative experience, when the conditions are ripe, due to something feeling crucial and being at stake for the client.



## A CASE PRESENTATION

*Distilling the essence of the trouble below the surface content:*

K's client has never really known a relationship to be a source of pleasure.

She instead privileges her illnesses in her body, and puts this between self and other. She pressures K to be of help – to reduce her physical symptoms of illness – while unconsciously keeping in place the types of conditions that convert her suffering into these very symptoms.

She has a relentless way of not being with herself. Playing it safe with this client will collude with her position, and cause her to fade away. Asking her more questions, gathering more info from her, will only be stalling the inevitable.

Transference statement – *“Keepers of cats need to be educated.”* A message for K.

In her relationship dynamics, K's client is constantly eliciting caretaking functions. K will need to take on a different stance.

This is a woman who has consistently been discarded. She has almost no sense of what it is like to be wanted, to feel 'gotten'.

K will have to mine the depths of her client's pervasive distrust of anyone's interest in her, anyone who attempts to engage in her well-being, anyone who makes consistent effort to understand her.

Her client knows well the masochistic position of the nobility of being burdened, of endurance, but *not* the unsettling position of pleasure.

She can cut others off with her hostilities, and herself as well, but she can't have any direct expression of hatred.

#### IN SUMMARY

Notice how the client's symptoms are always being placed between her and K, how she creates the conditions or demands to be relating to a burdened mind, or an ill body, and how it is 'too late' for the desiring body to come forth.

IN THIS CONSULT: Bill was asking how to keep the *transference- countertransference* enactments alive and aware in the work between them. He kept re-directing K back to herself, and her own bodily pressures in relation to the client, to the bodily feeling of the positions she was being put in by her client.

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#### **Post Workshop Reflections:**

In looking ahead, I am wondering about these possibilities for exploration, based on what has unfolded:

Working with Positive & Negative Aggression, in client and in self.

Maybe returning to more countertransference to aggression itself, and how to work with receptivity and aggression, and being a disturbing force on behalf of the client's idiom – how to also intervene in a way that gets through and doesn't unnecessarily provoke a defensive entrenchment?

Furthering the material on cultivating a "working third" that supports the dyad.

