Therapists’ Reactions to Clients: The Good, the Bad, and the Indifferent

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Objectives

- Describe the nature of and dynamics involved in clinicians’ reactions to clients.
- Identify potential signs or manifestations of countertransference.
- Discuss possible impact and management of reactions.

“A as much as they seek to adhere to a professional ideal, psychotherapists were people before they became therapists, and the extent to which they continue to be people means that they will be influenced by all those forces to which humans are subjected.”

Wolf, Goldfried, & Muran (2013)

A Definitional Dilemma

- Near universal recognition that reactions to clients will happen
- No consensus definition
- Poses difficulties such as:
  - Describing
  - Researching (other impediments as well)
  - Identifying best practices

Countertransference (CT) Defined

- Proposed “Integrative” definition:
  - The therapist’s internal or external reactions that are shaped by the therapist’s past or present emotional conflicts and vulnerabilities.
- Distinguish CT as not:
  - Any and all reactions
  - All negative reactions
  - Reaction “created” solely by patient

Historical Views of Countertransference

Hayes et al. (2011); Gelso & Hayes (2007)
Initial CT Considerations

### Acute vs. Chronic
- **Specific to situation**
- **Over-involved** vs. **Under-involved**
- **Lose all neutrality, etc.** vs. **Withdrawal, etc.**
- **Positive** vs. **Negative**
- **Oversharing or supportive, etc.**

**Gelso & Hayes (2007)**

### Countertransference Structure

- **Proposed Structural Elements:**
  - Origins
  - Triggers
  - Manifestations
  - Effects
  - Management

**Gelso & Hayes (2007); Hayes & Gelso (2001)**

### Countertransference Structure

- **Origins**
  - Family of origin
  - Gender roles
  - Meaning of commitment

- **Triggers**
  - Client attributes, therapy content or process
  - Countertransference interaction hypothesis

- **Manifestations**
  - Affects
  - Behaviors
  - Cognitions

**Net automatically CT**

**Gelso & Hayes (2007); Hayes & Gelso (2001)**

### Manifestations of Countertransference

- **What does it look like?**
- **What does it feel like?**
- **How would I know?**

### Top 11 Rated Prototypical Behaviors

- Acts flirtatious with a client.
- Loves a client.
- Daydreams about relationships or events related to a client.
- Loses all neutrality and sides with a client.
- Rejects the client in session.
- Treats client in a punitive manner during session.
- Expresses sexual attraction to a client.
- Experiences sexual arousal with a client.
- Engages in too much self-disclosure.
- Expresses hostility toward or about a client.
- Colludes with a client in session.

**Several instruments developed to help measure**
- Ex. - Inventory of Countertransference Behavior (Friedman & Gelso, 2000) - rating in-session behavior
- Hofseth & Tracey (2010) took a "prototype" approach due to the definitional difficulties
  - Had experienced psychologists rate agreement on 104 behaviors (agreed highly)
Countertransference and Theory
“Despite the existence of differing views on the construct, countertransference is considered to be transtheoretical and is thought to invariably occur across all therapists, regardless of their theoretical persuasion or whether they label it as such.” (Hofsess & Tracey, 2010)

Countertransference and CBT
- Cognitive-Behavioral Therapy may downplay relationship (less literature)
- “Control” reactions through manualization
  – not reflect complexity/challenges
- “Applying CBT techniques without integrating the facilitative aspects of the therapy relationship is like clapping with one hand”

Levendusky & Rosmarin (2013)

Countertransference and CBT
- Leahy’s (2003) Overcoming Resistance in Cognitive Therapy: 2 chapters devoted to countertransference
  – Common countertransference problems:
    • Ambivalence about techniques so not alienate client
    • Guilt/fear of client anger
    • Feeling inferior with narcissistic clients
    • Discomfort with sexually attractive client
    • Overextending sessions
    • Lack of assertion collecting fees/enforcing policies
    • Catastrophizing hospitalization

Leahy’s (2003)

Countertransference and MFT
- Kaslow (2001):
  – CT historically often missing from marriage and family therapy (MFT) texts or “absent from conceptual base”
  – “Sorting out” CT “more complex, challenging and cumbersome in couples and family therapy”
- Gehlert et al. (2014):
  – “Countertransference has special significance” in MFT field due to “more points of” CT “activation when working with couple and family relationships”

Kaslow (2001)

Possible CT Manifestations - MFT
- Power struggles with more functional family members
- Siding (ongoing) with one in couple or family member
- Selective attention to a certain member(s)
- Focus therapy solely on family’s identified patient (IP)
- Self-defeating or aggressive interactions with members
- Being late/missing appointments

Kaslow (2001)

Diversity Issues and CT
- Despite heavy attention in therapy, “little has been written about how cultural factors, including race and / or ethnicity, affect and are affected by countertransference. We offer that cultural factors are usually involved in countertransference…” (Gelso & Hayes, 2007)
- “Bias, stereotype, and prejudice are……..the inevitable consequences of being fully human and capable of having affect-laden associations” to others (Brown, 2013)
Research on the Impact of CT

- CT reactions impact therapeutic distance
  - Pull back from clients if our unresolved issues (most common)
  - Some findings regarding “too near” behaviors also
- CT can (not necessarily will) interfere with outcome
  - Little research & complex findings
  - CT behavior related to outcome when poor outcome
  - CT behaviors related to poor working alliance
  - Meta-analysis by Hayes et al. (2011):
    - CT reactions modestly inversely related to therapy outcome

Gelso & Hayes (2007)

Countertransference Management

- Five proposed factors:
  - Self-insight
  - Conceptualizing ability
  - Empathy
  - Anxiety management
  - Self-integration
- Initial support for “excellent therapists” more highly rated on all

Gelso & Hayes (2007); Van Wagoner et al. (1991)

Countertransference Management

- Self-insight
  - “Know thyself”
  - Understanding of others limited by self-understanding
  - Challenges/resistance:
    - Fear, habit, discomfort

Gelso & Hayes (2007); Van Wagoner et al. (1991)

Countertransference Management

- Conceptualizing Abilities
  - Intellectual framework for CT reactions
  - Ex. – behavior as recreation of family dynamic
  - Caution against “defensive intellectualization”
    - CT not a one-way street
  - Are the reactions/feelings diagnostic? (cautious)
  - Look at client through other’s perspectives
  - Be aware of other people’s influence

Gelso & Hayes (2007); Van Wagoner et al. (1991); Williams & Day (2007)

Countertransference Management

- Empathy
  - Partial identification vs. over- or under-identify
  - Attune to client feelings, but keep sense of self/distance
  - Clients other “human beings” vs. “them”
  - Identify client strengths
  - Separate client from problem
  - Develop increased understanding of client’s life
  - Helps "re-frame" negative reactions (Wolf et al., 2013)

Gelso & Hayes (2007); Van Wagoner et al. (1991); Williams & Day (2007)
Countertransference Management

- Anxiety Management
  - Consistently important across theoretical and empirical writing
  - Trait and state anxiety found as CT predictors
  - State anxiety as emotional marker of CT
  - Suggests better anxiety regulation may contribute to less CT (and less anxious about CT)
  - More broadly affect regulation (Wolf et al., 2013)

- Self-integration
  - Stable sense of identity
  - Differentiated from others
  - Psychologically healthy
  - Able to maintain the balance of connection and distance

- Additional conclusions from research:
  - Strategies for CT management have little impact on CT reactions (as studied)
  - Successful CT management correlated with better counseling outcomes

Gelso & Hayes (2007); Van Wagoner et al. (1991)

Professional Challenges

- Wolf et al.’s (2013) review found studies suggesting (in various samples):
  - American Psychological Association members:
    - 61% reported 1+ depressive episode & 29% suicidal ideation (62% & 42% in another)
  - Healthcare professionals:
    - Irritability & emotional exhaustion: 43%
    - Therapeutic success doubts: 42%
    - Occupational disillusionment: 27%

(Hayes et al., 2011)

Countertransference as an Ethical Issue

- “Ethical practice requires that practitioners remain alert to their emotional reactions to their clients, that they attempt to understand such reactions, and that they do not inflict harm because of their personal problems and conflicts.”

- “Ethically, therapists are expected to identify and deal with their reactions through supervision, consultation, or personal therapy so that their clients are not negatively affected by the therapists’ problems.”

Corey et al. (2014)
“It is the willingness to be affected by another, to allow oneself to be impacted by another, that at times provides the most direct and immediate source of data about how a client deals with others. The challenge of the therapist is how to reflect on this experience and respond therapeutically rather than automatically.”

Wolf et al. (2013)

Professional Benefits

- Hayes (2014) described what he termed the **beneficial demands** of being a therapist:
  - Self-Knowledge
  - Presence
  - Perspective

References

- Aponte, H.J., & Kissil, K. (2014). “If I can grapple with this I can truly be of use in the therapy room”: Using the therapist’s own emotional struggles to facilitate effective therapy. *Journal of Marital and Family Therapy, 40*(2), 152-164.

References
References