Countertransference and its Impact on Patient Care

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Objectives

1. To gain an understanding of countertransference
2. To develop a greater understanding and perspective of countertransference and how it impacts health care professionals, relationships with their patients, and its impact on the treatment.
3. To gain insight into counter transference behaviors to with different types of patients
4. To learn how to identify countertransference when it is manifested and how to prevent it from sabotaging the patient health care relationship and treatment.
5. To learn how to manage problematic counter transference
6. To learn how our internal experiences (counter transference) play out in the general medical setting
Transference and Countertransference

- Terms that were rooted in psychodynamic thinking.
- Transcended into all branches of psychology and virtually all clinical settings.
Transference

- Term rooted in psychoanalytic theory in which patient projects thoughts and feelings about a significant person, usually in early childhood and in authority onto the therapist.
- Beliefs, expectations and emotional responses that patient brings to the therapeutic relationship that are the result of old feelings that patient had toward someone in their family of origin (Pearson, 2001, p 8)
- Feelings are usually in the unconscious and can be positive or negative.
- Although the concept is originally a therapeutic one, it is also used to understand what can happen in any type of relationship whether personal or professional such as that experienced in the medical setting with doctors, nurses and other health care professionals.
Countertransference

Freud 1910– psychoanalysts unconscious response to patient, patient’s transference, stressing the need for analyst to overcome this as it is an obstacle to successful treatment. The classical definition of countertransference refers to the therapists own internal conflicts and interferes with the treatment.

Counter transference and transference may be conscious but they always have an unconscious component. And both have a psychological component based upon experiences throughout life.
Countertransference—definitions history

- Originated by Sigmund Freud (1910). Analyst’s unconscious and unresolved conflicts and affective responses to the patient that interferes with the Psychoanalytic process. Emphasis is on the analyst to recognize this counter transference and overcome it (Freud, 1910, p. 145). Based solely on earlier experiences and conflicts, the clinician was experiencing his/her own personal form of transference in response to working with patient.

Carl Jung’s thoughts on counter transference: "Must have clean hands so as not to infect the patients’ with the analysts unconscious reactions"
- Winnicott --- Relationship between psychoanalyst and patient is like mother and child. Mother(analyst) must set aside own frustrations in order to comfort and understand the child, as therapist is expected to set aside their personal or unconscious reactions and attempt to treat the patient in an objective manner (Winnicott, 1994)

- Sullivan—Therapy is a two person factor “Participant observer”... Countertransference transformed from an observer in therapy to active member in the process. Therapists internal psychodynamics is an additional factor. While still encompasses the therapists internal dynamics and experiences, he includes the patient as an additional factor.
Countertransference can be either positive or negative or subjective or objective.

- Subjective: reactions to patients originate for own unresolved conflicts and anxieties. harmful to treatment
- Objective: Reactions to patient evoked by maladaptive behaviors
Empathy

“Understanding a person from their frame of reference so we know where they are coming from.—Requires freedom from judgement. Empathy can be said to be a part of countertransference but it is in the conscious realm.

EMPATHY: “Empathy does not mean we are motivated to assist a person but we know why they are feeling what they are feeling.” (Nugent, P. (2013) Empathy Psychology Dictionary)
Facets of Countertransference

- Originates in the psychodynamics of the patient and its transference, however the clinician’s reaction to this is influenced by past needs and conflicts. Past becomes the present.
- Therapists expect both transference and countertransference and see it as part of the treatment.
- Phenomenon no longer confined to occurring in a psychiatrists/psychologist office or an inpatient psychiatric unit.
- Occurs in any relationship that one person is in the role of treating or helping the other person:
  - Medical (doctor, nurse,)
  - Coaching
  - Massage Therapists
  - Trainer
Examples of counter transference

- Patient reminds us of someone we have had positive or negative feelings for (example of Dr. Jones and the elderly women who reminds him of his grandmother)
- Over identify with patient
- Feel parental towards patient
- Feel negative or critical of patient
- Feel over supportive of patient
- Difficulty empathizing with patient
- Defensive to patient’s criticism

COUNTER TRANSFERENCE HAPPENS.. IT IS A GIVEN IN A PATIENT PROVIDER RELATIONSHIP. IT CAN HELP OR HINDER PAY ATTENTION TO INTENSE FEELINGS
Counter Transference in the Medical Setting
Patients’ mechanisms

Dependent Personality
- Unconsciously wishes for unlimited care
- Depends on others to feel secure
- May make excessive request to staff

Obsessional personality
- Meticulous self-discipline
- Illness represents loss of control
- Will try to gain mastery over illness by focusing on details, information

Histrionic personality
- Outgoing, colorful, lively
- Attractiveness and sexuality important
- Needs to feel the center of attention
- Illness represents defect, loss of physical beauty

Masochistic personality
- Satisfies unconscious needs by suffering
- Needs to play victim role

Paranoid personality
- Pervasive doubt of other’s motivations
- Often questions motives for interventions
- Illness represents threat to safety

Narcissistic personality
- Grandiose sense of self, which protects against shame, humiliation
- May demand superior care, insult junior team members

Staff’s countertransference

Dependent Personality
- Gratification at being able to take care of patient’s need
- Resentment if patient’s needs seem insatiable

Obsessional personality
- Relief at patient’s willingness to actively participate
- Power struggle is possible

Histrionic personality
- Warm initial engagement
- Fear of crossing boundaries
- Wonder about Veracity of complaints

Masochistic personality
- Frustration when reassurance does not help
- May unconsciously play in to patient’s need for punishment

Paranoid personality
- Wary of lack of alliance
- Anger that patient questions treatment motives
- Frustrated at the inability to form a trusting relationship with patient
- Unsettled by lack of connection

Narcissistic personality
- May feel flattered by inability to treat patient as VIP
- May alternately feel devalued, wonder about competence
Characterizations of patients we call “difficult” patients

- What we call difficult patients are usually those that we have negative countertransference to:
  - Dependent patient
  - Entitled Patient
  - Help-Rejecting patient
  - Self Destructive patient
  - Eating Disordered patient
  - Substance Abuse patient
  - Inpatient
Dependent patient

- **Behavior:** Patient constantly asking for attention
  Patient unaware of their insatiable neediness (*Transference*)
  probably not met at an earlier age

- **Countertransference Reaction**
  Initially *positive* due to intense gratefulness for our attention. Unconsciously they are seductive and enticing which is gratifying to their providers

  *Negative* Draining and exhausting. Can result in providers avoiding and wish to get rid of patient and transfer to another provider

- **Recommendations:**
  Boundaries and limits need to be set from the beginning. Be reassuring letting them know that they want the best care and tell them your plan is to give the “best care”.
Help – rejecting patient

- **Behavior:** Patient demands care but does not comply with treatment. The more the provider tries the less successful s/he will be. Shows little faith in treatment

Unconscious fear of abandonment. If treatment is successful patient fears s/he will be abandoned. Way to keep relationship is for treatment to fail

- **Countertransference Reaction**
  - Anxiety, Feelings of inadequacy, Anger, Nothing Works

- **Recommendations**
  - Assure patient that getting better does not mean termination of relationship
  - Be cognizant that this is patient’s psychology and transference of early experiences
  - Understand how patient sees the world
  - This is patient’s psychological need not the care or treatment
  - BE MINDFUL
Entitled Patient

Patient projects a sense of entitlement (narcissistic patient)

Unaware (unconscious transference) of underlying feelings of insatiable neediness. Early narcissistic needs probably not met at an important developmental stage.

- **Behavior:**
  Intimidating, threats of punishment, reporting to higher ups; overly devaluing and at same time demanding attention

- **Countertransference Reaction**

  **Negative:**
  Resentment
  Develops fear of getting into trouble if demands not met, Wishes for retaliation

  **Recommendations:** Empathic communication. We are doing the best that we can. Appeal to their compassion that we have other patients to take care of.
Self-Destructive

- **Behavior:** Dangerous behavior. Patient looks like s/he is unaware of consequences of their behavior. (Drug Users, Eating Disorders..)

- **Countertransference Reaction**
  - Anger—feel patient is doing this on purpose
  - Fear

- **Recommendations:** Explain to patient, without blaming, that there is so much provider can do and state that we will continue to do our best. Being mindful of our limitations as well as obligation to patient is one way of being aware how understanding our countertransference is helping patient. Counter transference helps in understanding the patient’s world.

Psychiatric inpatient

- **Behavior:** More regressed, more primitive defenses
- **Countertransference:** Aversion, desire to reject or escape from patient
  - Desire to punish patient
  - Inattentiveness, boredom, vague anxiety
  - Denial of countertransference results in labeling patient as “hopeless”, “bad borderline”, “sociopath.”
  - Fear of therapy sessions, thus avoidance of them, patient represents punitive object of the therapists past. (Jefferson Journal of Psychiatry)

- **Recommendations:**
  - Recognize the countertransference
  - Supervision
Substance Abuse Patient

- **Behavioral Problems**: Withdrawal symptoms, rude behavior, erratic attendance, concealing use, misrepresentation, disregard for standards, grandiosity, denial of illness, continues using, seductive behavior, idealizing treatment, failure to get medical care, high risk behavior,

- **Countertransference**: Anger at patient, rejection of patient, anxiety (related to lack of control of addict/alcoholic) hurt, rejected, confused, deceived, exploited, angry, guilty, Loss of interest, bored, hopeless, devalued, impotent, Overwhelmed, drained, panic, punitive
Review of transference and countertransference

- Transference: unconscious process in which feelings are projected/transfered to health professional.
- Countertransference: Occurs when health professional responds to the transference.
- Consequence: A strong emotional response to patient could be inappropriate to the content of nurse-patient relationship and thus may not respond to patient’s clinical needs
Countertransference is Inevitable

- Counter transference is inter relational and is a given in a patient provider relationship
- Understanding counter transference can help us understand the patient and thus positively impact treatment
- Avoidance or misuse of countertransference can hinder treatment in addition to causing great discomfort to the provider
Managing Countertransference

- Pay Attention to Intense feelings and unusual thoughts
- Self Awareness
- Mindfulness
- Understanding of the patient’s world
Know thyself (Socrates)
Self Awareness

- Self awareness can mitigate the severity of countertransference
  - Gain Insight into your unique personality
    - Attributes
    - Limitations
    - Feelings
    - Thoughts
    - Motivations
    - Triggers
    - Response style
Consequences of lack of self awareness

- Unacknowledged countertransference leads to unmanaged countertransference.
- Consequences:
  - Poor empathy
  - Patient-provider relationship suffer
  - Poor influence of the patient’s emotional distress
  - Limitation of excellent of treatment
Paying attention to intense feelings and thoughts by asking:

- Is my response to patient typical of me and feels like me?
- Do I associate this patient with anyone else?
- What feelings do I have about them and are they similar towards all my patients or are there differences?
- If feelings different, why?
- Are they impacting my work with patient?
Mindfulness

- Mindfulness is the basic human ability to be fully present, aware of where we are and what we’re doing, and not overly reactive or overwhelmed by what’s going on around us. (Mindful Newsletter October 2014)
- Practicing mindfulness increases self awareness opens self to consciousness and attending to thoughts and emotions (Scheick, 2010)
STEDFAST Self-Aware Mindfulness Developmental Model

Self Assess (Take time to check in with yourself (What am I feeling, etc.—nonjudgmental)
Therapeutic Role (Ready to take on your role, taking on nursing values)
Empathy (Putting yourself in patient’s shoes)
Detached Reflection (be aware of and accountable for own feelings, especially those that seem disproportionate to the context)
Facilitated Debriefing (Deliberately seeks help from colleagues, for input, feedback, support
Alert Empathy (Stay in tune with self and emotionally in tune with patient (requires self assessment and detached reflection
Self Aware Mindfulness (Willing to gain insight nonjudgmentally-empowering and increase ability to recognize and manage countertransference)
Therapeutic Use of Self (Use of oneself in the nurse’s role to facilitate health – (uses all of the above)

Goal

- Goal is not to eliminate countertransference, it is unconscious and inevitable --- the goal is to be aware of it, learn from it, and use it to help patients
“Patients fill our offices with their feelings. They touch us, inspire us, frustrate, demoralize us enrage us, bore us, entertain us, delight us and surprise us. They weep and laugh and rage and tremble with anxiety. We learn from them about feelings we never knew we had. (McWilliams, N. 1999 Psychoanalytic Case Formulation)
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