



HAKOMI
MINDFUL SOMATIC PSYCHOLOGY

Transference and Countertransference from a Systemic Perspective

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This article is excerpted from Rob Fisher's book, Experiential Psychotherapy with Couples: A Guide for the Creative Pragmatist (Phoenix, Zeig/Tucker/Theisen, 2002).

It was already 40 minutes into the session and I was feeling intensely uncomfortable. Specifically, in my countertransference to this obviously talented and active woman, I felt useless and ineffective as a therapist. Although I have suffered bouts of low self-esteem in my life, I do not always feel this way, so the event was noteworthy. Helen, my client, kept talking, coming up with insights and feelings which, at least outwardly, made the session look like real psychotherapy. I knew, however, that I had done very little except to squirm occasionally, as she had undertaken the session very much on her own. She was now talking about how other people never really helped her out or supported her and how, in contrast, she supported them a great deal. I realized that this was happening between us even as she spoke. Helen, a master of self-reliance, was being both client and therapist. Her expectation of help was very low, so she engaged in the session basically on her own, in the same way in which she engaged in her life outside of my office. Our relationship was a microcosm of the dynamics that occurred between her, her family and her friends. By preempting me from helping her, she confirmed her belief that she was alone in the world and had to do everything herself. My countertransference provided the first key to exploring and working through this difficult and painful transference/countertransference enactment that plagued her in many aspects of her life.

This kind of self-reinforcing relational dynamic that includes cognition, affect and behavior occurs frequently in psychotherapy between client and therapist. The deconstruction and exploration of this occurrence provides important clues to the client's core issues and the symptomatic problems that they present.

Systems in human relationships

It is inevitable that people in relationships enter into repetitive systems. These systems involve patterns of perceiving, feeling, behaving, and interacting, which reinforce each other in circular ways. Systems occur in families, in intimate couple relationships, and very notably, in the process of psychotherapy. Being able to notice the system that a therapist unconsciously enters into with the client, being able to name it in a nonjudgmental fashion, connecting this event to the client's presenting problem, and finding a way to explore it with respect, curiosity and warmth is one of the hallmarks of a master psychotherapist.

Every person has a predisposition for entering into certain kinds of systems. We do this by perceiving others through the filters of our own histories, treating people as if these perceptions are true, and neglecting any evidence to the contrary. Try as we might, none of us is immune to unconsciously entering into a system that is compelling to our clients. This inevitably wounds them in ways that evoke their own history. At first glance this seems unfortunate. However,

being able to notice, name and intervene on this level brings to consciousness the clients' internal models of the world in an undeniable and visceral fashion.

The therapist's contribution to the interpsychic field

Every therapist comes to the process of psychotherapy with their own characterological inclinations. For instance, one therapist may be reluctant to become too intimate with his clients. It may be difficult for another to embody her own authority and set limits. Still another may need to dominate their client and give advice. Other therapists may worry about their own sense of neediness, and may become dedicated to helping their clients eliminate their own dependence on others. A therapist's need for attention and understanding may interfere with their ability to focus on and enter into their clients' worlds. These examples represent just a few of the possibilities of how a therapist may be internally organized in their profession.

In the last few decades, psychoanalytic (Stolorow, et al. 1995, Renik 2004) and humanistic (Friedman 1985, Hycner 1988) psychotherapists have started to acknowledge and integrate the tremendous effects of a therapist's personality on the therapeutic relationship and therapy itself (Hubble et al. 1999).

It has become an accepted view that psychotherapists tend to perpetuate their own systems by "enlisting" the psyche of their clients. For instance, a therapist may have a tendency towards moving quickly, performing and producing in a goal-oriented fashion (producing character style). She will therefore tend to create a container in psychotherapy that silently and covertly pushes the client towards results, and away from connection to their internal world. The therapist might have developed this disposition because she learned in her own family of origin that she would only be loved and attended to if she succeeded at performing at high levels. Being adaptable and creative, as human beings tend to be, she learned how to perform and produce, and how to achieve goals. When she grows up and becomes a competent therapist, she will be likely to conduct therapy in this same goal-oriented fashion. If a client of hers happens to have a characterological strategy from which he resists others in order to maintain his sense of autonomy (enduring character style), he will begin to resist the therapist. At the end of the day, the therapist will go home and complain to her partner or colleague about the resistant client she saw during the day. The client will go home and complain about his pushy psychotherapist. The client's characterological predispositions interlocked with the therapist's. Systems between two people are determined by the meeting place of their characterological strategies and the wounds that underlie them.

The client's contribution to the interpsychic field

Clients also enter the therapeutic relationship with a compelling predisposition to enact the relationship according to a blueprint determined by their own history, as we have learned from psychoanalysis (Freud 1925, Peterfreund 1983). If a therapist attends not only to the content, but also to the *way* in which the client engages in psychotherapy, they will discover important clues to how the client most likely engages in all intimate relationships.

One way to begin attending to the therapeutic system is to notice one's own countertransference. This will provide information not only about the therapist's own psyche, but about the models of relationship, self and others that the client brings to the therapeutic container. Once the therapist begins to sense the feelings and images that are rising internally, he can begin to assess what the client is doing to engender these specific kind of experiences. For instance, one client with whom

I worked in couples therapy would barely let a sentence go by without needing to reword what I said. I would say, “So, you’re feeling sad, huh?” He would respond, “It’s not exactly sad, it’s more like I feel depressed.” I would say, “You have your right hand over your heart, huh?” He would respond, “Well, it’s really on the center of my chest.” After a while I began to feel frustrated and started to doubt my ability to track what was going on with him. At this point in the session his girlfriend was appealing to him to get married. He responded to her by saying, “Marriage is a form of slavery.” I realized at that moment that he was fighting for his freedom. He did not want to be categorized or confined in any way. This battle for autonomy that he was fighting with her was also occurring between him and me. Now, having understood the underlying wound, instead of feeling frustrated, I felt sympathetic towards him in his quest for independence. This was a just and noble cause that I could support. From this recalibrated internal place I waited a moment and then, noticing that he was in a mindful state, offered a probe. I slowly said, “What happens inside when you hear me say, ‘I will fight for your right to be free.’?” During the rest of the session we worked with his core beliefs around his sense of being controlled by others.

The next session, as the couple entered, he was grinning. He said, “Guess what happened between sessions?” I said, “What?” He responded, grinning, “I asked her to marry me!” After several more sessions of therapy we ended. As we performed the postmortem on our brief set of sessions, he remarked that the turning point for him was feeling like someone supported him in his quest for autonomy, and he did not have to do it all on his own.

Transference and countertransference as a system

Each type of characterological strategy has its own set of transference and countertransference reactions. Below is a chart that details this. It names a variety of character strategies that clients commonly present and the typical countertransference reactions that a therapist might experience. It also details typical ways the client might act to engender these countertransference reactions. Being able to notice your countertransference reactions will provide a key to understanding and assessing the client’s characterological predispositions, core beliefs and historical wounds. It will provide the royal road of assessment and indicate the preferred types of interventions for each client.

The following chart provides a highly simplified version of how transference and countertransference play themselves out systemically in the process of psychotherapy.

Typical Transference and Countertransference Reactions

Character strategy	Containing	Conserving	Self-reliant	Expanding Tough Generous	Expanding Charming Seductive	Enduring	Producing	Attracting
Transference	Therapist seems unwelcoming and unsafe	Looks to therapist to take the lead	Does not need therapist's help	Doesn't want to be vulnerable	Sees therapist as potentially dominating or humiliating	Feels stuck and victimized	Feels valued only for their achievements	Feels unheard, unseen and misunderstood
Client acts	Withdrawn and analytical	Helpless and needy. Appeals to therapist to lead and asks many questions	Like they have no needs	Intimidating, tough, seductive. Must lead and initiate.	Charming and seductive	Slow and resisting. Automatically disagrees	Competent, fast-paced and goal oriented; pretentious; changes topics constantly	Intense and overwhelmed. Dramatizes
Counter-transference	Feels tender, or bored because of lack of connection	Feels important. Feels paternal, maternal or repulsed	Feels useless	Feels intimidated, admiring or competitive	Feels charmed, seduced or wary of incongruence	Impulse to push or be impatient and angry	Not much connection. Feels rushed and pressured	Feels overwhelmed, confused or entertained
Test	Is the therapist safe, and welcoming?	Is it okay that I am powerful? Will you help?	Do I have to do it all by myself?	Can I be real and vulnerable without being dominated?	If I am myself will I be taken advantage of?	Are my impulses and anger acceptable to the therapist?	Will I be valued for myself or only for my accomplishments?	Does the therapist see and hear me? Are they interested?
Therapist acts in ways that reinforce the strategy	Uninterested, insensitive	Takes care of client, or tries to keep him away	Does not provide much support	Is afraid to confront client, or tries to force them to be real	Becomes seduced and does not insist on realness.	Pushes or insists on therapist's direction. Is impatient or even angry.	Focuses on goals rather than connection and beingness	Turns away as a result of feeling overwhelmed, doesn't take client seriously

Therapeutic response to an impasse

Once the therapist has a sense of the system in which they and the client are engaged, fine tuned interventions become possible. This kind of intervention contains the liability that the client can feel judged by the therapist's stance. For success at this juncture, it is critical that the therapist guard carefully against this possibility. There are a number of steps, both internal and external, detailed below, that a therapist may go through to intervene on this level:

Steps to jumping out of the system

- **Noticing.** The therapist notices some internal discomfort, boredom, frustration, anger, repulsion, fear, overwhelm, or any of a number of other countertransferential experiences. The therapist may even feel critical or judgmental towards the client. This can be used as a signal that they are caught in a dysfunctional system. At this point the therapist must first sort out what part of their experience is their own issue, and what part is being engendered by the client. *Example: The session may jump from one content area to another, but whenever the therapist tries to keep in the exploration the client jumps to a new topic. The theme in general appears to be the client's longing for attention and the flight from painful insights, but the session appears to be going nowhere. The therapist feels frustrated and thwarted by the client's refusal to be corralled by their attempted interventions to deepen their exploration together.*
- **Being Responsible.** The therapist becomes aware of and takes responsibility for their part in the system. This may be internal or interactive. At first, however, it is an internal event. *The therapist realizes that they are trying to control what the client is presenting, but the effort is futile.*
- **Becoming Clear.** The therapist can then begin to assess what the client is actually doing to produce the countertransference reactions. So, for instance, if a therapist is feeling intimidated, and does not usually feel intimidated by clients, they would begin to look for how the client may be attempting to intimidate them. It could be a puffed out chest, an unsmiling gaze, or any of a number of other subtle behavioral indicators that may be influencing the therapist.
- **Naming the System.** The challenge now is to name what the client is doing, feeling or perceiving in a way that is nonjudgmental and invites the client's curiosity and willingness to explore further. *Example: The therapist might say, "Whenever we start to pursue a specific topic, you tend to change to another one." Or, to avoid that the client would feel judged, "There seem to be so many important things going on at the same time that one chases the next and you hardly get to stay with one, huh?"*

Before naming a system, the therapist must really appreciate the beauty, creativity and intelligence of the system that they and the client are co-creating. The underlying ways of being originally helped the client survive and get their primary needs met. Therefore, jumping out of the system implies not so much curing a system as it means exploring how it occurs and the purpose it serves. Jumping out of the system means having a metacommunication (Watzlawick, et al. 1968) about what is going on relationally. While systems are limiting, at their heart is the psyche's positive intent to protect and nourish the self.

- **Weaving In.** The therapist connects the interpersonal issue with the client presenting problem or theme of the session. *The therapist says, “There’s something in you that loves freedom, and you’re fighting for it even as we speak.”* In naming the system, in order to avoid sounding judgmental the therapist must undertake both internal and external activities. Internally, they must find a way to celebrate this trait in the client, which was functional and adaptive to a difficult situation in the past. For instance, being still, withdrawn, invisible and holding oneself inside may have been a very useful strategy in the family that was aggressive, hostile and abusive. In order to speak about this, it is sometimes helpful to name the system metaphorically, or to initiate the conversation by saying something laudatory or celebratory about the client’s role in the system, such as, “You’re like a butterfly that moves from flower to flower tasting the nectar of each, but never landing and resting.” Or, “You have a great analytic capacity which you easily lead with, but something has turned you away from your feelings.”
- **Exploring:** Therapist and client undertake an experiment through which they explore the system in mindfulness. Once the client’s curiosity is engaged, therapist and client can together devise an experiment to be performed in mindfulness that will help bring consciousness to the system so that it no longer exerts an unconscious and covert influence on the client’s relationships. It is critical to the success of any experiments that they be performed with the client’s permission, that safety has been established, that there is a strong therapeutic alliance, and that mindfulness is invoked. Experiments without prior invocation of mindfulness will be shallow and will yield information only from the neocortex rather than from the deeper structures in which these narrow patterns are buried. *Example: The therapist says, “How about we explore this further? I can try to get you to talk about something in particular, and you can notice your ability to switch to another topic. As we do that, notice the feelings, thoughts and sensations in your body, and the images and memories that might arise. Take your time to go inside before we do this so you can really tell the subtleties of your experience.”* Once engaged in such an experiment, therapist and client can proceed to explore the issue in their usual Hakomi ways, using accessing techniques that contact and name the client’s present experience, immerse the client in it, and ask them to study it from the inside instead of discussing it or speculating about it. It is critical here to have the client immersed in their actual lived experience.
- **Relating.** Therapist and client can then be free to explore the option of constructing a relationship that is not based on the limiting characterologically-driven models embedded in the client’s psyche. This, of course, is entirely up to the client. The therapist must be prepared to support the decision and the timing of whatever the client wants at the moment. *Example: In the case where Helen, in her self-reliant way, does all the therapy herself, we eventually explored how to jointly lead and follow in the session. She experimented with allowing herself to notice that I was available to support her, and to accept that support. This new relational pattern could then be transferred to her life outside of the session.*

Conclusion

While systems may appear to impede the progress of therapy, they are really the very heart of it. The systems in which clients engage therapists provide keys to the core of their psychological organization. The impact of the aliveness of the moment, and the presence of immediate direct experience provide an opening that can be deep and impactful. The exploration of how the client

engages in the system and how they enroll others in it can help them choose alternatives that are more nourishing in their lives.

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