Transference/Countertransference Systems –
A Practical Model of How to Assess Them
and How to Intervene

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It was already 30 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 generally 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, and say an infrequent “uh huh”, as she had undertaken the session very much on her own.

What is a transference/countertransference system?

Therapists and clients, as well as intimate partners, easily slip into relational systems based on neurologically held historical models of the world. These systems involve repetitive sequences of perception, feeling and behavior that elicit predictable reactions from others. These reactions, in turn, reinforce the underlying beliefs and models of the world of each person. For instance, a client may have an internal representation of relationships in which no one is there to help her. She then acts from this by doing therapy all by herself without really using the expertise of the therapist or depending in any way on them. The therapist then starts feeling extraneous and gives up trying, letting the client do it by herself. This reinforces her original belief that she cannot depend on anyone.

How do you notice it?

Often the therapist will begin to notice some form of personal discomfort when systems begin to play out. This can take many forms such as: feeling overwhelmed, bored, intimidated, parental, admiring, useless, very interested, or attracted; feeling like a savior or persecutor; wanting to get away from the client; having an impulse to push or punish the client; becoming highly goal oriented or pressured to perform; having a sense that things are spinning and not moving forward, or being basically stuck. Any of these may be clues to the client’s entrenched psyche.

If you find yourself experiencing some of this, it is time to sit back and notice what the client is doing to evoke this in you. It is equally important to separate out what part of this interaction resides in your own psychology, and notice what you are doing to contribute to the perpetuation of the system.

What can you do about it?

Elegantly intervening in systems is one of the most difficult and, if well done, masterful aspects of psychotherapy. Often the system that occurs in a session is a hologram of how the client limits him or herself in outside life and provides a key to disentangling their psyche. It also creates a substantial potential for alienating a client if not performed skillfully, as comments in engagement with this realm can easily be interpreted as judgmental. Here are some basic approaches to begin to work with care in this arena:

Name the observable elements silently: Internally notice what the client is doing to contribute to the system as well as what you, the therapist might be doing to initiate or maintain it. For instance, you may notice yourself getting angry. Then you notice a
pattern: the client seems to agree to pursue a certain topic, but when you start they either slow things down or gradually find a way to change the direction.

**Develop a way of communicating this to client:** Let's assume, for this example, that your client tends to be self-reliant, has difficulty stating their needs and approaches therapy consistently with this characterological trait. (How a client does therapy is an important key to understanding their character and underlying issues.)

**Four possible ways to name it:**
- **Operationally:** “You seem to be doing this all by yourself.”
- **Generously:** “You have a lot of skill in staying focused on a topic and having insights without my having to do very much.”
- **Metaphorically:** “You are like a lone wolf here, strong and self-reliant, but still separate”
- **Relationally:** “You aren’t taking much from me here and I am left feeling kind of like a fifth wheel.”

**Explore it together:** Naming it is not enough. Find a way to explore with the client the underlying models of the world and relationship (in this case, perhaps, “No one is ever here for me”). This can be done in more or less cognitive formats depending on your theoretical orientation. In Hakomi Experiential Psychology we work directly with the live, present moment experience, first having the client study in mindfulness the somatic and emotional nuances how they construct their interpretation of the relationship, and then experimenting with new options in an experiential way.

For example, the therapist might say, “So, you seem to be doing this all by yourself, like a lone wolf. Maybe you can keep working this way, but also study it from the inside. You even sit forward without letting yourself rest against the back of the couch. Really let yourself do that and notice what memories, images, sensations, feelings etc. seem to go along with that”. This would immerse him in his current experience so that he can become conscious of the underlying emotionally laden beliefs that govern his current behavior. Information comes from his current experience rather than from conjecture about his psyche. Later the therapist might say, “Maybe we can try something different. How about I’ll take the lead and you can notice what you like and what you don’t like about it, how it may feel nourishing, and how some part of you may object.”

**Summary:** While it is presumptuous to simplify this complex and subtle aspect of therapy into a few short paragraphs, exploring systems between client and therapist can be a key to successful psychotherapy. Recognizing the presence of a system in psychotherapy, naming it and finding a skillful way to explore it with the client can help release them from the dominance of early wounds, beliefs and blueprints of reality that limit both their therapy progress and everyday worlds.

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