Management of Countertransference with Imagery and Role-Playing

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Therapeutic relation

Transference and countertransference are important parts of therapeutic relation. It is important to continually reflect and process them.

- **Transference**
  Used for mapping of schemas about important persons

- **Countertransference**
  Self-reflection about one's cognition, emotions and attitudes helps to avoid complementary behaviors to the client
Therapeutic relation - Collaborative empiricism

Shared responsibility
setting goals and agendas, feedback, applying CBT methods in daily life

The therapist and the patient target together problematic thoughts and behaviors - tested empirically for validity or utility.

Therapeutic relation with more challenging patients

Limited re-parenting
Therapist's behavior serves as an antidote to patient's childhood experiences.

Therapist fulfills needs that were never adequately met, within appropriate boundaries.

“Corrective emotional experience”

- Emphasis on affect (e.g., imagery, role-playing) and mood states
- Discussion of childhood origins and developmental processes
- Emphasis on lifelong coping styles (e.g., avoidance and overcompensation)
- Emphasis on entrenched core themes (i.e., schemas)

Reflection:
- transference
- counter-transference
- self - reflection
Patient with emotional instability frequently crosses defined borders.

Confrontation typically leads to deterioration of the relationship.

„The gummy fence“ best delineates the border – it helps the patients to come back inside the borders.

Transference in CBT

- **Transference phenomena** - reenactment of key elements of previous important relationships in the treatment relationship.

- Focus on **habitual ways of thinking and acting** that are recapitulated in the treatment setting.

- CBT is typically **short-term treatment** – intensity of transference is usually much lower than in longer-term psychotherapy (but can be the same in the therapy of a client with a personality disorder).

- In assessing transference, the therapist looks for **schemas** and associated **behavioral patterns**:
  - to learn about the patient’s **core beliefs**
  - To design interventions to curtail any negative **effects of transference** on the treatment
Countertransference

- Countertransference occurs when the relationship with the patient activates **automatic thoughts and schemas in the clinician**, and influence the therapeutic process.
- A good way to spot countertransference is to **recognize** emotions, physical sensations, or behavioral reactions that may be stimulated by cognitions.
- Common **indicators**: feeling angry, tense, bored, frustrated with the patient; feeling relieved when the patient is late or cancels; repeated difficulties working with a particular disorder, a symptom cluster, or personality dimensions; finding attraction to a patient.

Transference and countertransference – Basic types

- **Positive** – thoughts, emotions, bodily reactions, and acting friendly, supportive, and caring.
- **Negative** – thoughts, emotions, bodily reactions, and acting with anger, animosity, derogation, fear, or suspicion.
- **Ambivalent** – thoughts, emotions, bodily reactions, and acting in mixed positive and negative ways.
Examples of typical countertransference problems

- Ambivalence about using obvious approaches because of worries about possible worsening of the therapeutic relation
- Guilty feelings, anger or fear concerning the patient
- Feelings of inferiority when comparing with the patient
- Tension from patient’s sexual attraction
- Problems in border building in situations with patient’s provocative sexual or hostile behavior
- Prolongation or shortening of treatment sessions
- Inability to speak about intimate issues
- Anger to patient phoning between sessions
- Slandering patients with colleagues
- Catastrophizing the issue of hospitalizing a patient

Countertransference - The triangle of the relationships

Relation to patient

Actual relations

Past relations

My value depends of the others think about me.
**Context of countertransference**

- **Personality of therapist** (traits, humanity, maturity, patience, tolerance, frankness, congruency, preferences, values, transcendence, level of self-reflection, burn-out…)
- **Attractiveness** of the patient (personality, appearance, position, affiliation, third persons, honorarium…etc.)
- **Organization influences** (attitudes to specific problems, demands on the therapist, his/her loyalty)
- **Education** (psychotherapeutic teachers, theory, type of training, theory, doctrines…)
- **Family influences**
- **Life situation and problems** (divorce, problems with insurance, lack of time…)
- **Other social influences**
- **Somatic influences** (illness of the therapist, fatigue, period…)

**Levels of countertransference reactions**

**Cognitive:**

*To the patient:*
- Labeling personality (hysteric, psychopathic, hypochondriac, borderline…)
- Labeling behavior (manipulative, lazy, exaggerates, does it intentionally…)

*To ourselves:*
- He/she doesn’t trust me, I don’t feel safe, rewarded, accepted…
- Evaluation of achievement, therapeutic skills, appearance.

**Emotional experiences** (self-complacency, pride, withdrawal, power, helplessness, anger, fear, shame…)

**Somatic reactions**

**Behavior:**

- **Overcompensation** (hyperprotectiveness, astenization of the patient, cold withdrawal, depreciation, critique, shouting, disparaging behavior, quarrels, aggressive confrontation…)
- **Avoidance and safety behavior** (delaying to say important things, passivity, exaggerated loyalty, …)
I would like you to work with an automatic thought record when you have health anxiety. Ideally one record a day.

If you don’t do it, it won’t help you.

That’s all there is to it? That’s supposed to help me?

Angry child
Anger
She does not understand me! She gives me tasks but does not understand me. She must help me!

Vulnerable child
Helplessness
Anxiety
I will never feel better.

Critical mode
I can’t make it.

Schema: I am useless. Others have exaggerated requests. Others must care about me, otherwise I will not survive.

Experiences: Father fully cares about the client for her whole life but often speaks how useless she is.

Patient

Therapist

Overcompensator
It’s her problem. If she doesn’t try, it won’t work. I do not care.

Detached protector
It’s her problem. If she doesn’t try, it won’t work. I do not care.

Critical mode
It is not possible. I do not know what to do.

Vulnerable child

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If you don’t do it, it won’t help you.

That’s all there is to it? That’s supposed to help me?

I will express understanding. I will strengthen her and offer help. I will increase her feeling of safety.

You understand things well and it seems to be going well.

I understand, Helen, that you’ve been worrying for a long time and you already have doubts about whether something will help you. When you learn to work with thoughts, we will strengthen the Healthy Adult mode. I’ll help you first. You understand things well and it seems to be going well.

I understand, Helen, that you’ve been worrying for a long time and you already have doubts about whether something will help you. When you learn to work with thoughts, we will strengthen the Healthy Adult mode. I’ll help you first. You understand things well and it seems to be going well.

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Possible change from the modes of Nurturing Parent and Healthy Adult

Patient

Therapist

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Basic questions about countertransference

- What are my emotional reactions to this patient?
- Are they somewhat exaggerated?
- What is making me like or dislike this patient?
- What issues do I want or not want to discuss with this patient?
- What is making me feel uncomfortable?
- What were some signs of the patient’s issues that I had missed? What was it about me that made me miss them?

Additional Countertransference Questions

Formulate questions like:

- How do you feel in the presence of this client?
- Which feelings does he/she trigger?
- In which situation I can image him/her and in which not?
- How does my body react to him/her?
- Which past situations I remember when being with the client?
- What do I crave to tell him/her?
Exercise: Countertransference and its impact

- Discuss in groups of 3 people your countertransference reactions:
  - Positive
  - Negative
  - Ambivalent
- Shut your eyes and shortly imagine what happened in your practice. How did you behave, think, feel, and somatically react?
- What could you improve with regards to your reactions in future?

15 minutes

Video – Modes triggered during the therapeutic session

Supervisor leads the therapist:
- to recall a therapeutic session in which the therapist did not feel comfortable
- to imagine the most important points of the session when he/she felt uncomfortable
- to identify modes of the patient and his/hers during this moment
- to discuss alternative reactions
**Exercise:** Modes triggered in the therapist during the therapeutic session

3 persons (a patient, a therapist, and a supervisor):

- The therapist recalls a therapeutic session when he/she did not feel comfortable or experienced negative emotions.
- The therapist imagines the most important moment of the session when he/she felt uncomfortable and describes it.
- The patient tries to imagine the described patient.
- The patient and the therapist discuss together the modes of the patient during this situation.
- The therapist with the supervisor discuss alternative solutions, the patient hears the solution, and describes his/her feelings – all try to find best solution.
- The therapist and the patient role play the best solution.

15 minutes

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**Imagery rescripting – Bridging imagination and role playing**

- Identify a difficult situation with a patient or with a supervisee.
- Recall this situation in imagination.
- Try to understand the modes in which you were.
- Come back to the situation with the same feeling as in the past.
- Rescript situation.
- Discuss a possible positive change (think of your needs and needs of the client or the supervisee).
- Imagine the optimal reaction.
- Role play the optimal reaction.
Video – Imagery rescripting of a therapeutic situation

Description of the process:
1) Identify a difficult situation with the patient or with the supervisee.
2) Recall this situation in imagination.
3) Try to understand the modes.
4) Discuss a possible positive change (think of your needs and needs of the client).
5) Imagine the optimal reaction.
6) Role play the optimal reaction.

Exercise: Imagery Rescripting

- Do the same:
- Identify a difficult situation with the patient or with the supervisee.
- Recall this situation in imagination.
- Try to understand the modes in which you were.
- Discuss a possible positive change (think of your needs and needs of the client or the supervisee).
- Imagine the optimal reaction.
Understanding own modes and their flipping in the therapeutic session is an important psychotherapeutic tool.

The therapist can use self-reflection to explore which modes are actually active and in which modes the client is.

The therapist can decide from the meta-position of the Healthy adult which tactics he/she can use to help the client in the best way.

This process can help the therapist clarify adequate processes in the treatment and realize the transference and countertransference.
Vicious circle of negative counter-transference reaction

TRIGGERS:
Patient has no homework and after moment start to criticize me that I did not help enough.

THOUGHTS:
No working but criticizing!
I try everything but without collaboration nothing works!
I don’t know what to do!
Better to send him to other colleague

EMOTIONS:
Anger, irritability, helplessness

SOMATIC REACTIONS:
Headache, tension in muscles, tiredness

BEHAVIOR:
Moralizing, telling the client to come to the other therapist who is oriented to the treatment of the personality disorders

CONSEQUENCES:
Short-term positive: relief of tension  Negative: feeling own incompetency
Long-term positive: stop working with difficult patients
Long-term negative: losing the patients, decreasing self-esteem
Vicious circle of positive counter-transference reaction

**TRIGGERS:**
Expressions of admiration, love, praise, emphasizing the uniqueness of the relationship

**THOUGHTS:**
He is excellent, he is exceptional in something, he is very grateful (and he has something for it), I am very successful, better than others, I am a good therapist....

**EMOTIONS:**
Pride, self-admiration

**SOMATIC REACTIONS:**
"Extended" breath, straightening, pleasant muscle tension,

**BEHAVIOR:**
Hyperloyalty and adherence to the patient
Trivialization of patient mistakes and own mistakes and own shortcomings
Avoiding problems
Diffuse praise

**CONSEQUENCES:**
Short term positive: pride, reconciliation with the patient Negative: not solving problems
Long term positive: feeling as a "nice" therapist
Long term negative: prolongation of the therapy, inability to really help the patient, possible riot of the patient

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Exercise: Circus vicious of countertransference

**TRIGGERS:**

**THOUGHTS:**

**EMOTIONS:**

**BEHAVIORS:**

**SOMATIC REACTIONS:**

**CONSEQUENCES:** short-term positive:
Short-term negative:

Long-term positive:
Long-term negative:
**Situation**

Patient came late and have not homework, which we hardly prepared last session

**Thoughts** (rate belief 0-100%)

- He never get it. 90%
- We are making no progress using cognitive behavioral therapy. 80%
- I really don’t know, what to do next! 80%
- I am bad therapist! 80%
- I never grow up to be a good therapist 70%

**Emotion** (intensity 1-10)

- Anger 5, Sadness 7
- Anger to myself 7
- Hopelessness 6

**Facts for the thought**

- He repeatedly had no homework or coming late
- His problems decreased minimally
- Also other three patients collaborated poorly.

**Facts against thought**

- Most of patient I had prepared homework and coming to the sessions at time
- We had only 5 session and nevertheless he slightly improved. He said he likes therapy with me.
- Most of my patients collaborated well and improved through the therapy.

**Reframing – new constructive thought** (rate belief 0-100%)

- I have problems with this patient because he comes late and doesn’t fulfill homeworks, nevertheless he improved slightly after 5 session and like the therapy 90%
- I worked good enough with the most of patients. 75%

**Outcome (emotion in 0-100%)**

- Anger 2, Sadness 4, Helplessness 2

**Action**

I will go to supervision
I will speak with the patients about homework and ask him about obstacles to do it and strategies how fight with this obstacles

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**Vulnerable child mode and countertransference**

**Therapist**

**Critical mode:**
Speaks about bad collaboration, lack of homework, little effort, criticizes, pushes

**Angry child**
Impulsively criticizes the client, punished him/her, feels anger, asks for an immediate hospitalization

**Overcompensator:**
Acts with too much empathy, sorrow, gives advice

**Therapist**

**Detached protector:**
Detaches, uses cliché, talks about a need of medication, labels the patient, daydreams during the session

**Patient:**

**Vulnerable child:**
Displays helplessness, sadness, or anxiety to get needs met

**Therapist:**

**Vulnerable child:**
Feels guilty, sad, thinks about personal competencies, displays helplessness
Vulnerable child mode and therapeutic help

**Therapist Healthy adult**
Asks what happened, tries to gather information, uses inductive questions to help the client to change the mode to the Healthy Adult.

**Therapist Kind and nurturing parent**
Empathically recognizes the state, displays emphatic sorrow, validates feelings, encourages

**Patient: Vulnerable child:**
Displays helplessness, sadness, And anxiety to get needs met

Punitive / Critical mode and countertransference

**Therapist Critical mode:**
Criticizes back, moralizes

**Therapist Angry child**
Explodes, is angrily silent, stops the therapy, later slanders the client

**Therapist Overcompensator**
Tries to show how much he/she worked, offers more possibilities

**Therapist Detached protector**
Ironic or silent, detached

**Patient: Vulnerable child**
Explains, feel hurt, feels inadequate
**Punitive / Critical mode and therapeutic help**

**Therapist**
- **Healthy adult**: Accepts valid points, asks for further details and suggestions.
- **Kind and nurturing parent**: Accepts valid points, empathizes with the Vulnerable child mode.

**Patient**
- **Critical mode**: Criticizes, harshly points out mistakes, moralizes.

**Angry child mode and countertransference**

**Therapist**
- **Critical mode**: Criticizes, punishes, moralizes.
- **Detached protector**: Displays irony and detachment, is cold, labels.
- **Overcompensator**: Speaks too much, apologizes, promises.
- **Vulnerable child**: Feels fear, sadness, speaks about personal inability to help.

**Patient**
- **Angry child**: Reproaches, opposes everything, shouts back, feels anger and hostility.
Angry child mode and therapeutic help

**Therapist**
- **Healthy adult**
  - Agrees with valid points, tries to understand, helps the client to enter the Healthy adult mode by developing meta-position

**Therapist**
- **Kind and nurturing parent**
  - Agrees with valid points, accepts anger, empathizes with the Vulnerable child

**Patient**
- **Angry child**
  - Reproaches, opposes everything, shouts, displays anger, hostility, impulsivity

Overcompensator mode and countertransference

**Therapist**
- **Critical mode**: Criticizes, hyperactivity and critically questions consequences

**Therapist**
- **Overcompensator**: Over-rewarding, also bragging, demonstrates personal workaholism, competes

**Therapist**
- **Detached protector**: Irony, disqualifies with contempt

**Patient**
- **Angry Child**
  - Reproaches hyperactivity, angrily scoffs, devalues success, jealous

**Patient**
- **Overcompensator**: Brags, displays workaholism, exercises too much, feels pride

**Patient**
- **Vulnerable child**: Feel guilty, not good enough
**Overcompensator mode and therapeutic help**

**Therapist**

*Healthy adult*

Accepts and helps to recognize advantages and disadvantages, context, asks which needs are overcompensated.

**Therapist**

*Kind and nurturing parent*

Empathises with pride but also with disadvantages (like tiredness), asks for unsatisfied needs, considers how much they must do avoid or compensate pain and vulnerability.

**Patient**

*Overcompensator:*

Braggs, displays workaholism, exercises too much, feels pride.

**Detached protector mode and countertransference**

**Therapist**

*Critical parent:*

Criticizes, disregards the needs behind the Detached Protector.

**Therapist**

*Angry child*

Reproaches, angrily scoffs and devalues.

**Therapist**

*Overcompensator:*

Uses many strategies, Rewards too much, pushes the patient to express emotions and motivation.

**Patient**

*Detached protector*

Detached, avoidant, uses irony, changes the topic, acts disinterested and aloof.

**Therapist**

*Detached protector*

Irony, disqualifies with contempt, does not identify the DP in the patient.

**Therapist**

*Vulnerable child:*

Feel incompetent, shameful, depressed, hopeless.
### Clients modes, countertransference mode response and cure mode response from the therapist - 1

<table>
<thead>
<tr>
<th>CLIENT MODE</th>
<th>REACTION FROM THERAPIST COUNTERTRANSFERENCE</th>
<th>CURE RESPONSE FROM THERAPIST MODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vulnerable/abandoned child</td>
<td>Hypercompensator: Overemphasize empathy, sorrow, give advice. Detached protector: Detaches, use cliché, talk about need for medication, labeling.</td>
<td>Healthy adult: Ask what happened, try to gather information, use inductive question to help client change the mode to healthy adult. Kind/nurtue parent: Empathically recognize state, display sorrow, valid feelings, asks for the antecedents.</td>
</tr>
</tbody>
</table>


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### Clients modes, countertransference mode response and cure mode response from the therapist - 2

<table>
<thead>
<tr>
<th>Punitive/critical parent</th>
<th>Detached protector: Irony or silent, detachment, detract from.</th>
<th>Healthy adult: Accept what is right, asks further details, asks about suggestions. Nurture parent: Accept what is right, empathize vulnerable child, question needs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criticize, pointing mistakes from up position, controlling, moralize</td>
<td>Punitive/critical parent: Criticize back, moralize. Vulnerable/abandoned child: Explain, apology, promise. Angry child: Explode, angrily silent, stop therapy, later traduce client. Hypercompensator: Try to show how much worked, offers more possibilities.</td>
<td></td>
</tr>
<tr>
<td>Hypercompensator</td>
<td>Hypercompensator: Hyper rewarding, also bragging, demonstrated personal workaholism, compete. Detached protector: Irony, disinquility with contempt speaking about consequences, detract from.</td>
<td>Healthy adult: Accept and helps to recognize advantages and disadvantages, connections and context, asks the needs which are hyper compensated. Nurture/kinde parent: Valued, empathize with pride, but also with disadvantages, like tiredness and asks unsatisfied needs, consider how much vulnerable child must do to avoid or compensate pain and vulnerability.</td>
</tr>
<tr>
<td>Bragging, display workaholism, over exercising, over carrying, hypomania, pride, over rewarding</td>
<td>Hypercompensator: Hyper rewarding, also bragging, demonstrated personal workaholism, compete. Detached protector: Irony, disinquility with contempt speaking about consequences, detract from. Vulnerable/abandoned child: Compare and feel guilty, adoring, rewarding from down position. Angry child: Reproaching hyperactivity, angrily scoff, devalue success, jealous.</td>
<td></td>
</tr>
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Clients modes, countertransference mode response and cure mode response from the therapist - 3

<table>
<thead>
<tr>
<th>Mode</th>
<th>Therapist Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy adult</td>
<td>Accepts, interest, asks for connections and context</td>
</tr>
<tr>
<td>Nurture parent</td>
<td>Accepts, share satisfaction</td>
</tr>
<tr>
<td>Detached protector</td>
<td>Mistrust, detached, try to avoid</td>
</tr>
<tr>
<td>Detached protector</td>
<td>Mistrust, detached, try to avoid</td>
</tr>
<tr>
<td>Punitive parent</td>
<td>Persuades that everything cannot be all right, Warning for future changes</td>
</tr>
<tr>
<td>Vulnerable/abandoned child</td>
<td>Accept with admiration and devotion</td>
</tr>
<tr>
<td>Angry child</td>
<td>Firstly angrily devalue, then calm down</td>
</tr>
<tr>
<td>Hypercompensator</td>
<td>Try to speak about much how he/she help client</td>
</tr>
<tr>
<td>Hypercompensator</td>
<td>Try to be the same or better</td>
</tr>
<tr>
<td>Detached protector</td>
<td>Don't understand, distancing</td>
</tr>
<tr>
<td>Punitive parent</td>
<td>Impeaches, warning for future</td>
</tr>
<tr>
<td>Vulnerable/abandoned child</td>
<td>Adore, asks for help</td>
</tr>
<tr>
<td>Angry child</td>
<td>Jealous, anger because lose of competencies</td>
</tr>
</tbody>
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Examples of the counter-transference and possible strategies for a change

<table>
<thead>
<tr>
<th>Type of counter-transference</th>
<th>Examples of typical thoughts</th>
<th>Emotional reactions</th>
<th>Behavior</th>
<th>Strategies of change</th>
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</thead>
<tbody>
<tr>
<td>Moderate positive</td>
<td>I like him, he is nice, good cooperation with him, he will do well.</td>
<td>Nice tune</td>
<td>Cooperation, support, empathy</td>
<td>None</td>
</tr>
<tr>
<td>Admiring</td>
<td>That person is special (especially beautiful, original, intelligent, etc.)</td>
<td>Admiration, fascination</td>
<td>Therapist does not make appropriate examinations, does not conduct the therapy. Possible non-compliance of the patient is deprecated, does not require patient’s homework, tends to talk about the exceptional properties of the patient</td>
<td>Clarify own attitudes, their background, the effect on the behavior, advantages + disadvantages for the therapy. Supervision needed. “Normalization of the therapy”: conduct the same way like the others. In case that the behavior is impossible to change and make a standard therapy, necessary to open that problem with the patient or the patient should change the therapist</td>
</tr>
<tr>
<td>Overprotective</td>
<td>He cannot make decisions on his own. Leads help, advice, it will be my fault, if something wrong happens to him.</td>
<td>Fear, insecurity</td>
<td>He gives advice, protects, ensures, takes control over the patient, does not allow patient’s independent decision making, doubts patient’s abilities</td>
<td>Clarify own attitudes, their background, the effect on the behavior, advantages + disadvantages for the therapy. Supervision needed. Stop the directive leading of the therapy, let the patient plan things, stop ensuring. Otherwise the patient should change the therapist</td>
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<td>Distrustful</td>
<td>What does he want actually? He has some hidden intentions against me!</td>
<td>Apprehension, tension, anger</td>
<td>Withdrawal, only &quot;formal cooperation with the patient, waiting for hidden motives, tries to cancel the therapy</td>
<td>Work on the self-confidence and self-acceptance. Supervision needed. To process own attitudes, their origin and effects. If necessary, let the patient chase the therapist.</td>
</tr>
<tr>
<td>Competitive</td>
<td>Do not let him think, he will overtop me.</td>
<td>Tension changes with the pride (vanity)</td>
<td>Competition with the patient in the opinions, in &quot;who is right&quot;, prides himself, he is not very supportive, empathic</td>
<td>Work on the self-confidence and self-acceptance. Supervision needed. To process own attitudes, their origin and effects. If necessary, pass the patient to other therapist.</td>
</tr>
<tr>
<td>Derogatory</td>
<td>He is a jackass, weakling, dumb, hysterical person, etc. I am fed up with him bored, I wish he would not annoy me.</td>
<td>Contempt, boredom, anger, vanity</td>
<td>He gives condescending advice minimizes the attitudes and problems of the patient, make fun of him, does not have the time for him, is very impatient, does not let the patient finish what he wanted to say, does not listen properly.</td>
<td>To work on his/her own relationships, attend the psychotherapeutic training or to attend a new one in case experience from the previous is not sufficient enough. To process own attitudes, their origin and effects. If necessary, pass the patient to other therapist.</td>
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<td>Erotic</td>
<td>He/ she is attractive. I would feel nice with him/her. The only problem is his/her lack of tenderness (sex, attention). Has sexual dreams (imagination) about the patient.</td>
<td>Fascination, &quot;trance&quot; or depersonalization during the time they meet</td>
<td>He flirts, is over-protective, &quot;unwilling&quot; touches, speaks often about sex, offers &quot;sexual therapy&quot; in the worst case and has an affair with the patient</td>
<td>Stop rationalization of the seductive behavior. Stop it completely, admit own counter-transference, find supervision. Realize own motives, their background, the effect on the behavior, advantages + disadvantages of the therapy. Otherwise the patient should change the therapist. Even after the change, the therapist should not have a sexual affair with the patient.</td>
</tr>
<tr>
<td>Apprehensive</td>
<td>He can hurt me, make fun of me, rouse me, show me I am worthless, stupid, etc.</td>
<td>Fear, anxiety, shame.</td>
<td>He speaks quietly, cannot keep the distance, the leading of the therapy leaves on the patient, is not active in the therapy (he calls it &quot;empathic leadership&quot;). He is afraid to say what he thinks, does not discuss the alternatives with the patient.</td>
<td>Work on the self-confidence and self-acceptance, help the patient to process the transference reaction. Supervision always needed. Otherwise the patient should change the therapist.</td>
</tr>
<tr>
<td>Aggressive (invasive)</td>
<td>He is a psychopath, an ignorant person (does not try hard enough, wants only advantages, secondary benefits, etc.). He is annoying. I will show him!</td>
<td>Anger, resonance</td>
<td>He moralizes, preaches, minimizes the needs of the patient, does not have time for the patient. He is rude to the patient, yells at him.</td>
<td>Realize his own aggressive attitudes and behavior, stop to deny or rationalize them. Clarify their background, the effect on the behavior, advantages + disadvantages for the therapy. Otherwise the patient should change the therapist.</td>
</tr>
</tbody>
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