I. Introduction: June Onkundi, NP; the challenge of focusing on ourselves

II. Origins of the concept of countertransference: from Freud to Klein to Reik to Kernberg

III. What is countertransference?

According to Paula Heimann, working in the 1950s, countertransference is the therapist’s emotional response to the client which can provide information for understanding the client’s unconscious world. Otto Kernberg’s work is where countertransference becomes a tool to form the therapeutic relationship. Modern psychotherapy has adopted an amalgamation of these viewpoints.

IV. What is projective identification?

Projective identification is a defense mechanism in which the individual projects qualities that are unacceptable to the self onto another person, and that person introjects the projected qualities and believes him/herself to be characterized by them appropriately and justifiably.

V. The first encounter with a patient

VI. Karpman’s Drama Triangle – a useful paradigm for projective identification
VII. How countertransference gets acted out: concordant vs non-concordant countertransference

1. Personally disclosing inappropriately to a patient
2. Offering advice
3. Not having boundaries
4. Developing romantic feelings
5. Being overly critical
6. Being overly supportive
7. Allowing personal feelings to interfere with therapy

VIII. Empathy and objectivity: focusing on ourselves

1. Do we see our negative feelings about a client/patient as a failure of empathy?
2. Do we feel that focusing on ourselves is selfish and a failure of empathy?
3. How do we inadvertently make ourselves vulnerable? The importance of acknowledging our negative reactions.
Persecutor
“It’s all your fault.”

Victim
“Nothing’s my fault.”

Rescuer
“You need me.”