Reflective Practice Guide: Understanding and managing countertransference

Claire Cartwright, Nigel George and Sue Cowie

November 2016

Using a Parent-Adult-Child model to think about countertransference

A Parent-Adult-Child (PAC) model is useful for reflecting on the client's responses to the therapist and the therapist's responses to the client. According to Berne (1961), we have different aspects of self. These include Child aspects (for example, a healthy confident Child; or hurt, angry or vulnerable Child). We also have parental aspects, which we developed through our interactions with parents and adults as children. These can include the critical Parent or the nurturing Parent. Our Adult part is our most mature part. The Adult responds to current situations in the present. When we are "in our Adult", we are not triggered into the "Parent" or "Child". (See Figure 1 below for use of the PAC model).

These concepts of "Parent", "Child" and "Adult" are similar to the concept of schema modes (Young, Klosko, & Weishar, 2003). According to Young et al. (2003), we can consider four Child modes (vulnerable, angry, impulsive/undisciplined, and contented). He also talks about two "Parental modes" (punitive, or demanding/critical); and a "healthy Adult mode".

Sometimes in therapy, clients move into a Child or Parent position. Some clients move between a Child (hurt, upset) self and a Parental self (critical, blaming). Clients do not do this deliberately. Instead, this reflects their current distress or the problems they have in relating to others. When a client is responding from a Child or Parental state, therapists can be pulled into relating in a complementary way. For example, if a client feels inadequate and really wants you to look after him her (she may not be fully aware of this) you might find yourself moving into your nurturing Parent and wanting to take care of her. This is illustrated in Figure 1 below. The client is in a vulnerable/needy Child position and the therapist has moved into a nurturing Parent.

Figure 1. Complementary countertransference
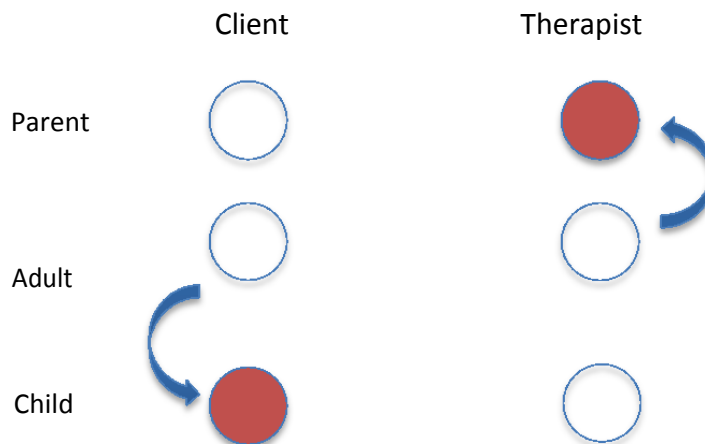
Using a Parent-Adult-Child model to think about countertransference

In some situations, we find ourselves feeling somewhat like (or concordant with) the way the client feels or has often felt in his/her life, as illustrated in Figure 2. For example, we may find ourselves feeling really sad and down with a client who is feeling sad or down; inadequate with a client who feels inadequate; or hopeless about ourselves as a therapist with a client who feels hopeless. We can think of this as picking up or absorbing the client's emotions, or identifying with the client.

Figure 2: Concordant countertransference
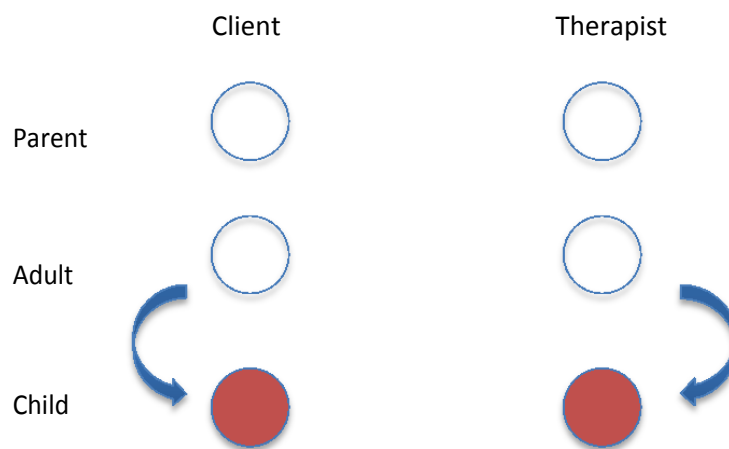
When we notice that we have moved out of the Adult position, we can ask ourselves if we are responding as the client expects us to do (complementary), if we are feeling somewhat like the client feels (concordant); if we are having a personal reaction based on our own sensitivities; or a blend of the above.

Cultural considerations

Generally, it works well for therapists to be in the Adult position. How the Adult is expressed may vary with the culture of the therapist and client. For example, a Māori therapist working with a younger Māori client may adopt the traditional tuakana teina model in which the older or more expert tuakana helps and guides a younger or less expert teina. This way of relating as a tuakana (while in the Adult) may feel culturally appropriate to both therapist and client.

Another example could include a Pacifika therapist working with a Pacifika client of chiefly status. It is culturally appropriate for the therapist to respond in a respectful manner towards the client to demonstrate recognition of his or her chiefly status. In this instance, the therapist aims to stay in the Adult position while also acknowledging the client's chiefly status through her respectful way of relating.

A template for reflective practice

Below are five steps that will help you to reflect on your countertransference responses to clients.

Step One: Monitoring and being aware of your own emotional responses to the client
Which countertransference response would you like to understand? What was happening in therapy when you began to feel like this? What was happening for the client?

Step Two: Understanding the client's experience
What beliefs about self and others does your client have and which of these might be coming out in therapy in the way that s/he is relating to you? Was there anything about this situation that was personally triggering for you?

Step Three: Using the PAC model to reflect on transference and countertransference
Think about what was happening in therapy, how the client was responding to you, and how you reacted to the client. You can use the PAC model to do this. You may also want to think about your own personal triggers in this situation.

	Client	Therapist
Parent	◯	◯
Adult	◯	◯
Child	◯	◯

Step Four: Reflections
Now that you have completed this process, what are your hypotheses about your countertransference?

Step Five: Managing your countertransference
How did you manage this in the session and how would you like to do this differently in the future. Think about how you could coach yourself "back into the Adult" in this therapy situation.

References

Berne, E. (1961). *Transactional Analysis in psychotherapy.* New York, NY: Evergreen.

Betan, E., Heim, A. K., Conklin, C. Z., & Westen, D. (2005). Countertransference phenomena and personality pathology in clinical practice: An empirical investigation. *American Journal of Psychiatry, 162*, *890-898. 10.1176/appi.ajp.162.5.890.*

Cartwright, C. & Read, J. (2011). An exploratory investigation of psychologists' responses to a method for considering "objective" countertransference. *New Zealand Journal of Psychology, 40,* 46-54.

Cartwright, C., Rhodes, P., King, R., & Shires, A. (2014). Experiences of countertransference: Reports of clinical psychology students. *Australian Psychologist, 49*, 242-230. doi: 10.1111/ap.12062

Hayes, J., Gelso, C., & Hummel, A. (2011). Managing countertransference. *Psychotherapy*, *48*, 88-97. doi:10.1037/a0022182

Miranda, R. & Andersen, S. (2007). The therapeutic relationship: Implications for cognition and transference. In P. Gilbert and R. Leahy (Eds.). *The therapeutic relationship in the cognitive behavioral psychotherapies*, pp. 63-69. New York, NY: Routledge.

Young, J., Klosko, J., & Weishaar, M. (2003). *Schema therapy: A practitioner's guide.* New York, NY: The Guilford Press.