
TRANSFERENCE AND COUNTERTRANSFERENCE ISSUES CONCERNING NEGOTIATION AND MEDIATION

TRANSFERENCE (TR)

➤ **FREUD**

- “the reincarnation, of some important figure out of [the patient’s] childhood or past, and consequently [he/she] transfers onto [the therapist] feelings and reactions which undoubtedly applied to this prototype.” (1953b/1940, p.174)
- “A whole series of psychological experiences are revived, not as belonging to the past, but as applying to the person of the physician at the present moment” (Freud, 1953a/1905, p. 116).

➤ **SHUBS**

- The interpretation and mental construction of the current relationship in psychotherapy (AND IN MEDIATION) based on the patient’s (AND MEDIATION PARTICIPANT’S) experience with significant people in their early life and development.
- Though some aspects of it may be available to consciousness, it is primarily an unconscious displacement of thoughts, feelings, and fantasies.
- Similar distortions may occur in response to traumatic events in a person’s life, including whatever impasses may precipitate entering into mediation.

➤ **TRAUMA-FOCUSED PSYCHODYNAMIC THERAPY**

- MARSHALL et. al. (2000)
- “In trauma focused psychodynamic therapy for PTSD, the therapist’s overarching objective is exploring the personal meaning of the traumatic event.”
- “Specific attention is devoted to examining the impact of the event on the self concept and views of others as well as to defensive maneuvers being used to ward off painful emotions and nihilistic, frightening, or hopeless meanings attributed to the trauma or its aftermath” (p. 347). Wilson and Lindy (1994, p.9)
- Trauma Specific Transference (TST)
 - “Transference processes may be trauma specific”
 - “Trauma specific transference (TST) reactions are those in which the patient unconsciously relates to the therapist in ways that concern unresolved, unassimilated, and ego alien aspects of the traumatic event. These reactions include affective states, behavioral tendencies, and symbolic role relationships.”

➤ **IMPASSE-SPECIFIC DISTORTIONS (ISD) [Shubs]**

- Transference and distortion processes may be *impasse specific*.
- *ISD reactions are those in which the person unconsciously relates to the mediator in*

ways that concern unresolved, unassimilated, and ego-alien aspects of the impasse-based events. These reactions include affective states, behavioral tendencies, and symbolic role relationships. (Shubs, 2008a, extrapolated)

- May overlap with transference reactions
- “How does the event trigger pivotal and intrusive associations, recollections, and reactions to important childhood [and mediation] experiences?” (Shubs, 2008a)
- **REAL RELATIONSHIPS, ISDs, AND TRANSFERENCE**
 - Transferences and impasse distortions co-exist with and parallel a *real relationship*.
 - Impasse distortion never occurs in a vacuum. There must always be an external realization which justifies the projection so that the projection can take place.
- **RESISTANCE IN TRANSFERENCE AND IMPASSE DISTORTION**
 - The vulnerability of the mediation interaction is fraught with dangers that are elicited by associations, feelings, and experiences similar to those of early childhood and the impasse scenario.
 - ISDs and resistances to resolution inevitably follow from the fact that the mediation situation is interpersonal.
 - The mediation participant has been hurt in interaction with another person.
 - His/her sense of safety and security in interactions with others has been impinged upon and disrupted.
 - Human interactions are no longer assumed to be safe.
 - From the perspective of the mediation participant, the mediator is also a person and therefore is not presumed to be safe, despite your best intentions and efforts.
 - The mediator is then confronting a distortion in which he/she is perceived as merged with the impasse presenter(s).
 - “Are you with me or against me?”
 - To fully engage with the mediator is to risk experiencing the ways in which the mediator and the process are subjectively experienced to be hurting the participant.
 - “How will you, my mediator, respond to the content, feeling, magnitude of emotional expression, and emotionally meaningful and charged scenario that I am presenting you with?”
 - Mediation participants may develop PTSD-like reactions, especially regarding such issues as trust, betrayal, control, powerlessness, fear, anger, revenge, sadism, and shame that are commonly stimulated for people who are locked in impasses.
- **IMPASSE-BASED DISTORTION ROLES**
 - **Extrapolated samples of similar role relationships identified by therapists working with people who have been subject to traumatic experiences in interaction with people.**
 - **MILLER (1994) – The Triadic Self**
 - Victim
 - Abuser
 - Bystander
 - Innocent yet interested bystander
 - **PARSONS (1994, p. 160).**
 - “Trauma-Engineered Identifications”

- Victim-self, (identification with the victim[s])
- Victimizer-self
- Identification with the aggressor (ala A. Freud)
- Rescuer-self
- (Identification with constructive, competent behavior at the scene)
- Authority-self
- Identification with culpable or responsible persons or governmental institution”
- **SHUBS** (2008b)
 - Additional Identifications
 - Abuser
 - Any kind of perpetrator
 - Bystander
 - Ineffective Bystander
 - Innocent yet interested bystander
 - Compassionate Bystander
 - Rescuer
 - Effective Rescuer
 - Ineffective Rescuer
 - Compassionate Rescuer
 - Co-victim
 - ISDs in the **Work Setting**
 - Identifications of Self
 - Victim-Self
 - Self as victim
 - Perpetrator-Self
 - Self as supervisor who is disciplining a subordinate
 - Rescuer-Self
 - Self as helper to a co-worker who is in some kind of distress
 - Bystander-Self
 - Self witnessing a colleague who is being unfairly treated by a co-worker or a superior or who is being subject to some disciplinary action
 - Authority-Self
 - Self as authority figure over others who have been victim
 - Identifications of Others
 - Supervisor
 - Victimizer
 - Passive Bystander
 - Failed Rescuer
 - Authority-Other
 - Colleagues
 - Rescuer-Self - If they are helping a co-worker who is in some kind of distress resulting either from interpersonal

difficulties or from performance deadlines or requirements.

- Bystander
 - Ineffective Bystander
 - Innocent yet Interested Bystander
 - Compassionate Bystander
 - Dispassionate, Passive, or Complicitous Bystander
 - Victimizer/Perpetrator
 - Supervisor who is disciplining a subordinate
- ISDs in the **Mediation Setting**
 - Open to rapid oscillation between one position and the other
 - Participant's Self Identifications
 - Victim-Self Identification
 - Mediator sets limits or establishes boundaries
 - Fees, Missed sessions, Ending on time, Vacations
 - Narcissistic injuries
 - Opening the door to greet patient a minute or two late
 - Nuance of therapist's voice or body language
 - Lack of a particular desired response from mediator
 - Mediator drawing attention to existent but dysphoric and split off, denied, or defended against feelings
 - Reconnection with those self states experienced as the mediator's being perpetratory
 - May be experienced by the participant as:
 - *Making* the participant feel those things
 - Doing it to them
 - Hurting them
 - Victimizing them (subjectively experienced)
 - Especially vulnerable to denied or disavowed affect
 - Victimizer-Self Identification
 - Participant reacts in retaliatory attack to perceived perpetration from therapist
 - Takes on the perpetrator identification in relation to the "attacking" mediator
 - Mediator is facilitating or stimulating increased self-awareness of the patient's feelings, particularly when those affective states are uncomfortable or unpleasant
 - Especially vulnerable to denied or disavowed affect
 - Responds to perceived compassion or empathic dysphoric emotional expression therapist
 - Bystander-Self Identification
 - May involve drawing the mediator in and enlisting them into being a co-bystander along with them.

- Reporting some event that is happening to another person in participant's life.
 - Effective Bystander
 - Ineffective Bystander
 - Innocent yet interested bystander
 - Compassionate Bystander
 - Dispassionate, Passive, or Complicitous Bystander
 - Rescuer-Self Identification
 - Caretaking behavior with the mediator
 - Responding to the mediator's sneezing or sniffing with a cold
 - Responding to the mediator's display of compassion or emotion
 - Co-victim-Self Identification
 - Caretaking behavior with the mediator
 - Conjoint mediation
 - Victims of childhood traumatic experience
 - Sexual abuse
 - Physical abuse
 - Emotional abuse
 - Authority-Self Identification
 - When there is a narcissistic injury in occurrence and there is a participant/victim-self and a mediator/perpetrator role already in interaction
 - Asserting authority over the self and the interaction and setting limits
 - Mediator in complimentary position to any of the participant's Self-identifications
- **ONGOING LISTENING PERSPECTIVES**
 - Manifest content (overt) – Position-based
 - Latent content – Meaning\Value-based
 - Unconscious
 - Impasse Residue
 - Emphasis on “here and now” experience and actual occurrences of the therapeutic interaction
 - Reports by the participant of interactions inside and outside of the mediation process must be closely examined for veiled allusions to the transference or impasse-based distortions.

COUNTERTRANSFERENCE (CTR)

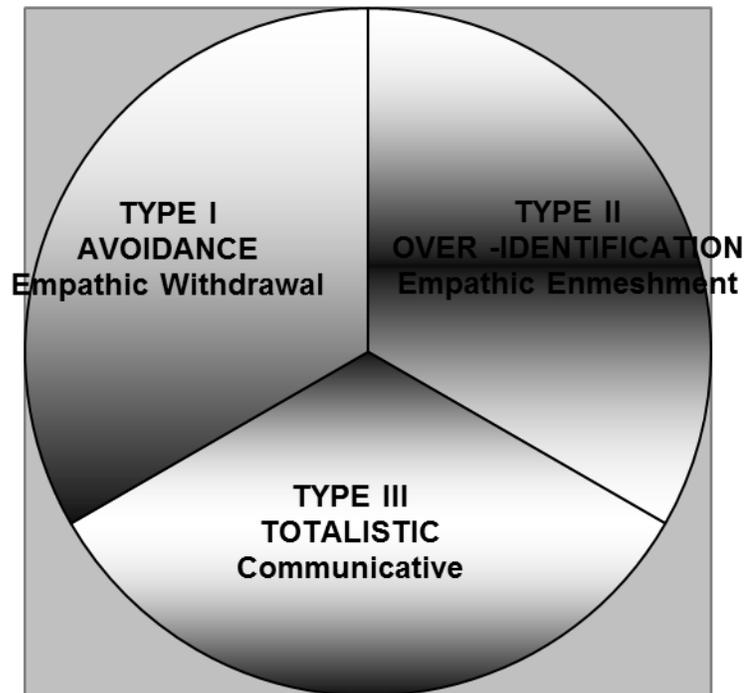
➤ CTR DEFINITIONS

- The unconscious reaction of the therapist to the patient's transference (Freud, 1915/1958)
- Therapist's receptive and empathic stance is felt to be broken
- It “... comprises the effects of the analyst's own unconscious needs and conflicts on his understanding or technique.” (Reich, 1951, p. 26)

- The main origin of countertransference lay in the unresolved issues of the therapist's own childhood development.
- **Impasse CTR Reactions (Shubs)**
 - Mediator's capacity to process impasse material from the participants is consistently being stressed and overwhelmed.
 - Independent of unresolved emotional conflicts in mediator
 - **Empathic Strain** (Wilson and Lindy, 1994a)
 - Results from those interpersonal events in mediation that weaken, injure, or force beyond reasonable limits the salutary mediation response to the participant. (extrapolated)
 - See diagram and description at end
- **Totalistic Countertransference** (Kernberg, 1965)
 - The *total emotional reaction* of the mediator in the mediation situation
 - Regards the mediator's experiences as valuable and informative rather than negative and obstructionistic
 - The CTR becomes not so much an impediment or obstacle to empathic mediation, but a *major vehicle for understanding the participant's conflicts, affects, and past subjective injuries*. Blum (1981, p. 52, extrapolated)
 - It is a form of unconscious communication which is valuable and provides an arena of inquiry that can enhance the therapist's understanding of the patient and their experience.
 - Information about the emotionally laden aspect of the impasse is unconsciously communicated in nonverbal form by the participant and may be potentially available to the mediator via the CTR.
 - The expectation that such CTR feelings are normal in the mediation experience can alert the mediator to the likelihood of their appearance and allow him/her to judiciously use their presence as further data about the meaning of the participant's transference and the emotional context of the impasse around which that transference is organized.
 - Bi-directional (Shubs, 2008c)
 - "Every transference evokes some countertransference [and] the process of transference-countertransference may move in either direction" (Chrzanowski, 1979, p. 458)
 - A result of the *intersubjectivity* of the mediation dynamic of participant and mediator.
 - Mediator and participant are mutually influencing participants in an interaction where each impacts and affects the subjective experience of the other
 - CTR to **Manifest vs. Latent Content** of Impasse Material
 - **Manifest Content** of the CTR
 - Derives from those aspects of the mediator's reactions that are direct manifestations of the content of the participant's impasse story
 - **Latent Content** of the CTR
 - Involves ways in which the mediator processes and relates to the events and the participant's experience of the impasse and its story
 - Pertains more to the style and manner in which the participant relates the manifest content
 - Has to do with the process and context of the telling of the story
 - Concerns how the participant says what happened or is happening at a given point in time

○ It is the latent content that gives meaning to the manifest content

● **TRI-PARTITE COUNTERTRANSFERENCE** (Shubs, 2008c)



➤ **COUNTERTRANSFERENCE REACTIONS AND ENACTMENTS**

- Counterparts of similar ISD roles
- Experienced or enacted by the mediator rather than the participant.
- *Concordant identification* (Racker, 1957, extrapolated)
 - The mediator feels with the participant
 - In the mediator's effort to be compassionate and helpful, these responses are natural empathic reactions.
 - Five common ISD based CTR roles
 - Protector
 - Rescuer
 - Comforter
 - Perpetrator
 - Significant figure involved in the subjectively experienced impasse event
 - Alternative/elaborated roles (Shubs, 2008c)
 - Rescuer
 - Effective
 - Ineffective
 - Comforter
 - Effective
 - Ineffective

- Co-victim
- “Walking on eggshells”
- Mediator’s experience of the fragility of the participant
- *Complementary identification* (Racker, 1957) or *complementary role* (Sandler, 1976) [extrapolated]
 - The mediator feels a corresponding reaction to that of the participant
 - His/her experience is the *counterpart* to the participant’s feeling and identification
 - The mediator’s identification with the antagonist component of the participant’s subjective experience.
 - In any of these impasse-engineered identifications, the participant may recognize or articulate the role relationships being enacted. Often, we may come to know them only through our CTR reactions in which we are identifying with some part of the impasse as they are reporting it.
 - Mediator may find that he/she has been enacting the role of perpetrator as experienced by the participant
 - Characteristic Instances
 - *Perpetrator*
 - *Victim*
 - When the participant is in the midst of a ISD or transference reaction in which the participant becomes the attacker
 - *Authority-Self*
 - Governmental Organization Agency
 - Police
 - Fire department
 - Medical personnel
 - Court/Criminal justice agency/organization
 - Insurance company

TAKE HOME PROPOSITIONS

- Transference exists in *all* relationships.
- CTR exists in *all* relationships.
- They *both* are constant and perpetual contributors to *all* mediation interactions.
- **Attention to CTR III:**
 - ***Helps Prevent*** CTR I &/or CTR II
 - ***Helps Identify***
 - Transference
 - Enactments
 - ISDs
 - ISD/TR intersections

EMPATHIC STRAIN

Wilson and Lindy (1994)

REACTIVE STYLE OF THERAPIST

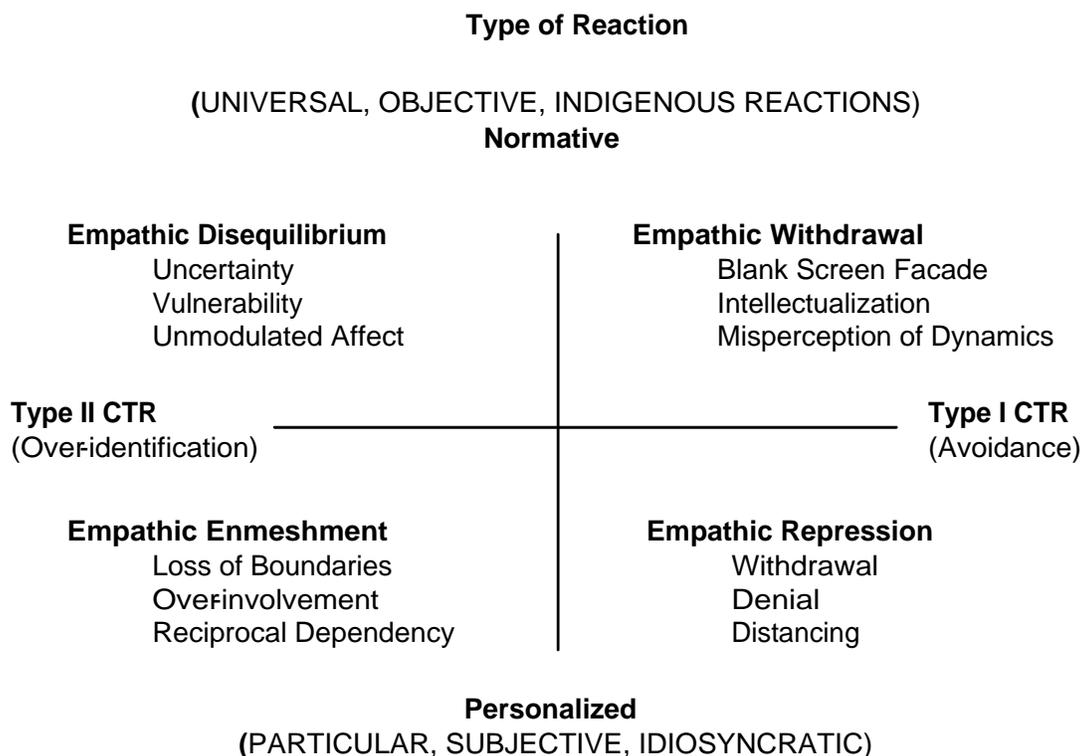


FIGURE I Modes of empathic strain in countertransference reactions (CTRs)

On the one hand is the *objective* or *normative countertransference* which is the “expectable affective and cognitive reactions experienced by the therapist in response to the personality, behavior, and trauma story of the client” (p. 15-16). In contrast, there is the *subjective* or *personalized countertransference*, which are the “personal reactions [of the therapist] that originate from the therapist’s personal conflicts, idiosyncracies, or unresolved issues...” (p. 16). These objective and subjective responses are then differentiated according to the therapist’s characteristic defensive style, with *Type I Countertransference* being avoidance and *Type II Countertransference* being over-identification, what Fields (1994) called “our own blind spots, the areas where we may tend to either overreact or underreact” (p. 210). (Shubs, 2008c)

On the avoidance (Type I CTR) side is *empathic withdrawal* (objective), in which “the therapist experiences expected affective and cognitive reactions during treatment. He/she is predisposed by defensive style and personality characteristics towards Type I avoidance and detachment responses. The result is often the loss of capacity for sustained

empathic inquiry due to over-reliance on the ‘blank screen’...” (p. 16). In contrast, they refer to *empathic repression* (subjective), in which “the transference issues of the patient reactivate conflicts and unresolved personal concerns in the therapist’s life. His/her inward focus on areas of personal conflict is likely to be associated with an unwitting withdrawal from the therapeutic role and denial of the full significance of the clinical issues being presented by the client” (p. 16). (Shubs, 2008c)

Conversely, the over-identification (Type II CTR) side consists on the one hand of *empathic disequilibrium* (objective), in which the therapist experiences “somatic discomfort, feelings of insecurity and uncertainty as to how to deal with the client. Empathic overarousal is associated with powerful affective reactions (e.g., anxiety, motor tension) and cognitive processes (e.g., images of sadistic torture) that extend beyond the therapy hour in distressing ways and are associated with self-doubt, feelings of vulnerability, and a need to discharge the therapist’s hyperaroused state” (p. 16-17). The other side of Type II reactions is the realm of *empathic enmeshment* (subjective), in which “the clinician leaves the therapeutic role by becoming over-involved and over-identified with the client. Therapists with a personal history of trauma and victimization are especially vulnerable to rescue traumatized clients. It may lead to secondary victimization or intensification of the transference themes that the patient brought to treatment” (p. 16-17). (Shubs, 2008c)