Day 15: Countertransference

In Theory: If transference describes what is unconsciously brought into the therapist-patient relationship, countertransference describes what is unconsciously brought in return. Early psychodynamic thinking viewed countertransference as interference, to be controlled or eliminated. Contemporary approaches have largely shifted this view. The therapist's emotional responses to the patient, when noticed with care and honesty, become part of the clinical material. Rather than a personal distortion to be feared, these internal reactions are understood as an unconscious communication received directly from the patient. When held without defensiveness, this attention can clarify what is not yet available to direct expression. This internal resonance allows the therapist to serve as a sensitive instrument, registering the silent history that the patient cannot find the words to say.

In Experience: In repeated encounters, an impulse arises to reassure or soften what is being said. The impulse feels personal, but it is also being shaped by something in the other person. Over time, this can extend into patterns, such as a tendency to move quickly toward repair, to manage tension before it forms, or to carry a sense of responsibility for the other.

In Thought: What is evoked by others is not only a reflection of them. What is brought to the encounter shapes what is felt within it.

In Print: Maroda, K. *The Power of Countertransference* (1991)

In Attention: Notice a reaction to someone that repeats across time or settings.