

An Introduction to Somatic Psychotherapy, and Transference and Counter transference

MA Humanistic Psychotherapy and Counselling

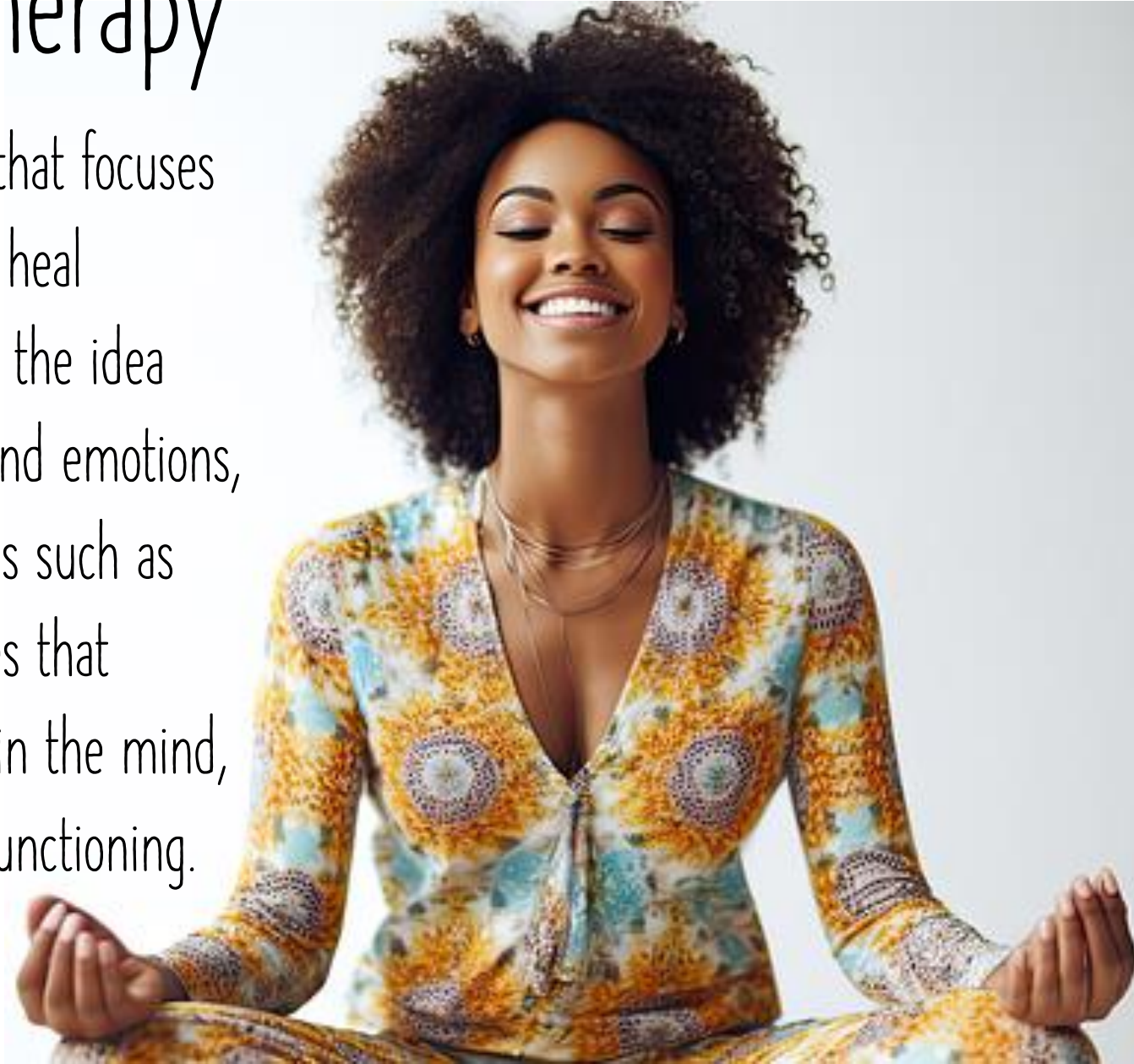
Mx Tara Murphy

Learning Objectives

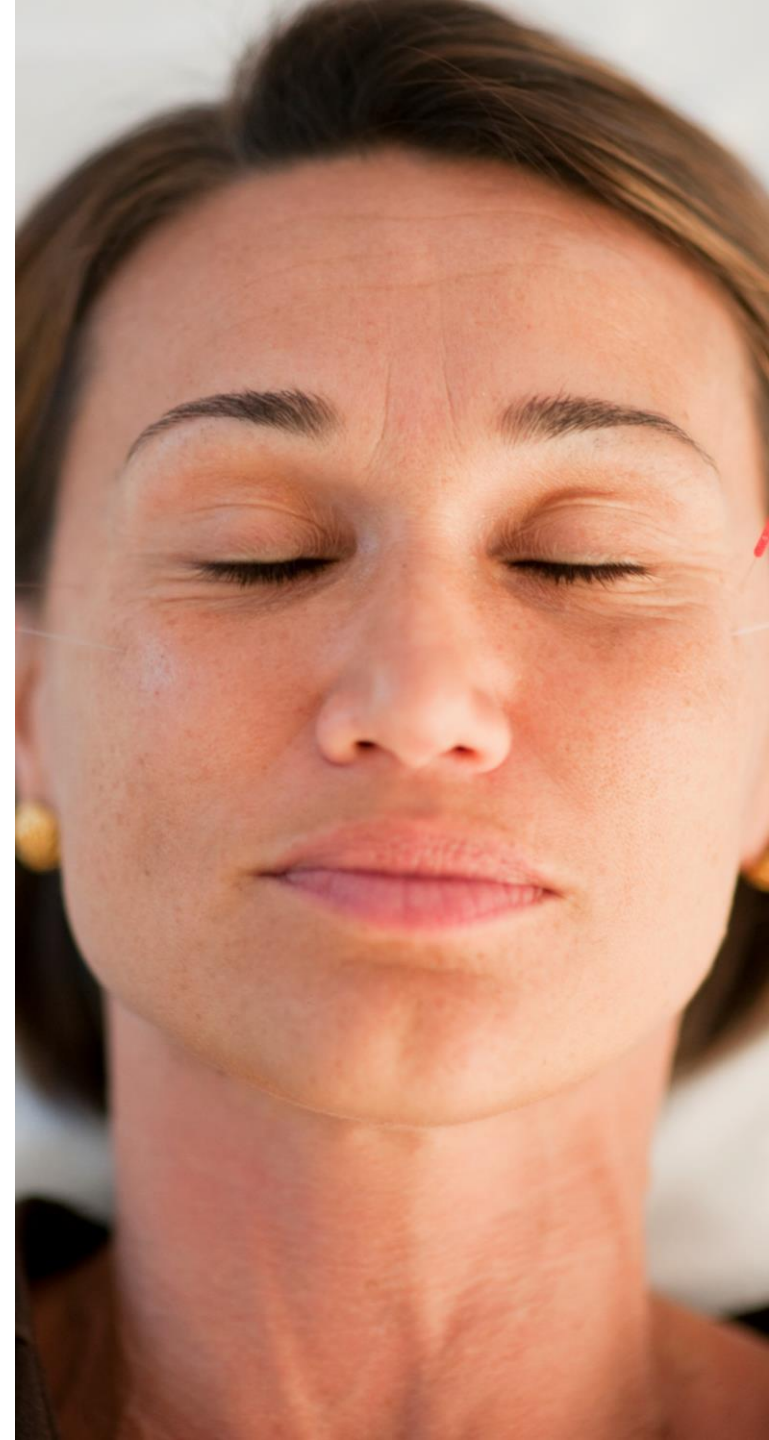
- Understand the Key Concepts of Somatic Psychotherapy
- Identify Somatic Psychotherapeutic Techniques
- Recognize the Role of Transference in Therapy
- Examine the Impact of Countertransference on the Therapeutic Process
- Integrate Knowledge of Body–Mind Connection with Relational Dynamics in Therapy

What is Somatic Psychotherapy

Somatic therapy is a holistic therapeutic approach that focuses on the connection between the mind and body to heal emotional and psychological trauma. It is based on the idea that the body holds onto experiences, memories, and emotions, often manifesting them through physical sensations such as tension, pain, or discomfort. This therapy recognizes that trauma and emotional distress are not just stored in the mind, but also within the body, and can affect physical functioning.

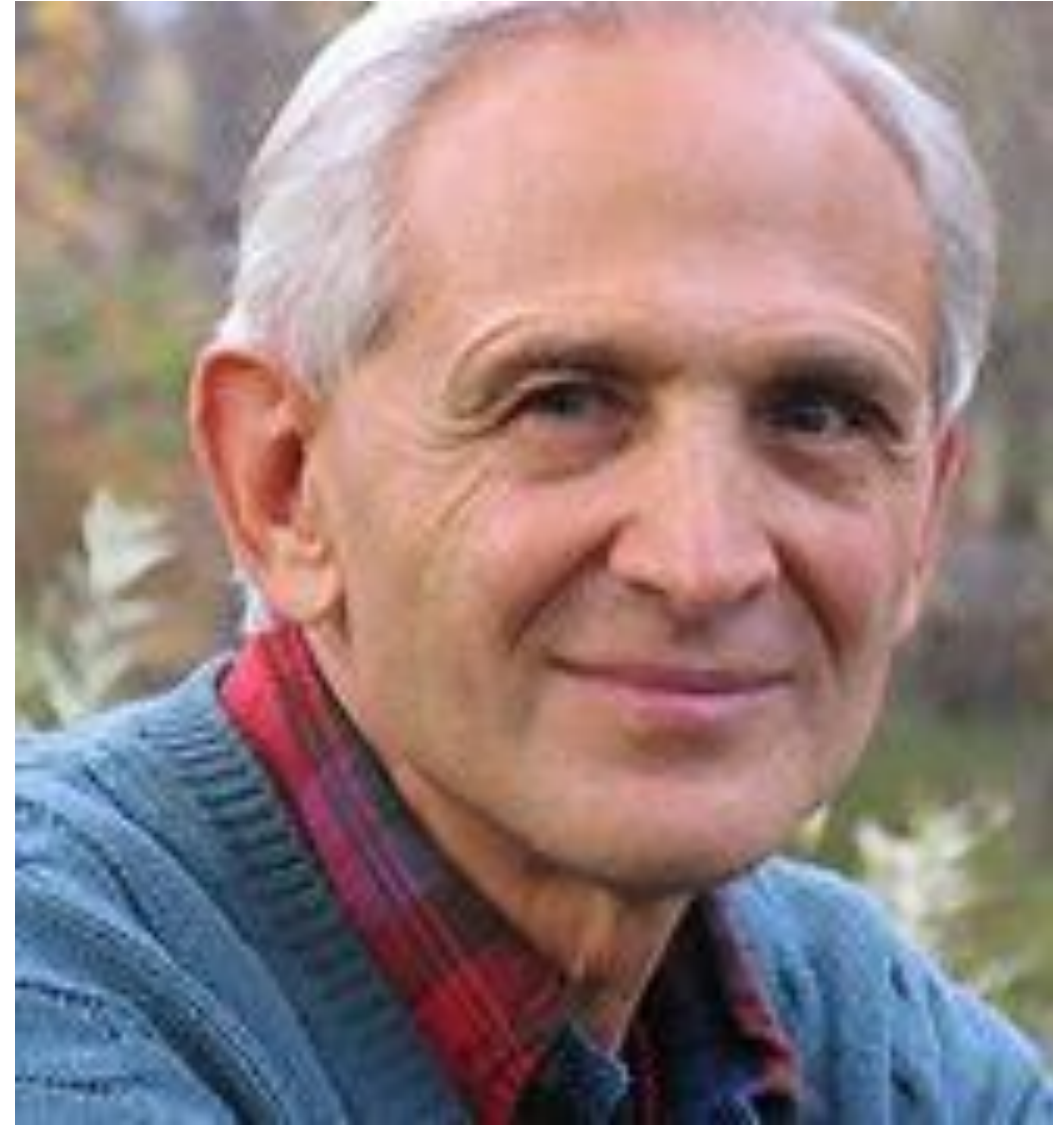


By paying attention to bodily sensations, movements, and breath, somatic therapy helps individuals process and release the physical and emotional effects of trauma. Through various techniques—such as body awareness, grounding, and gentle movement—clients can learn to regulate their nervous systems, release stored tension, and reconnect with their bodies. Somatic therapy is particularly effective for individuals who have experienced trauma, anxiety, depression, or chronic stress, providing a holistic path to healing that integrates both mind and body.



Somatic Experiencing in Psychotherapy

Somatic Experiencing (SE) is a therapeutic approach designed to address trauma by focusing on the connection between the mind and body. Developed by Dr. Peter A. Levine, it is grounded in the belief that trauma can become "trapped" in the body and that unresolved physiological responses to traumatic events can lead to physical and psychological distress. SE aims to help individuals safely release this trapped energy and restore balance to their nervous systems, allowing them to resolve trauma and its symptoms.



THE SCIENCE

Trauma may begin as acute stress from a perceived life-threat or as the end product of cumulative stress. Both types of stress can impair, sometimes seriously, a person's ability to function with resilience and ease. Trauma may result from a wide variety of stressors such as accidents, invasive medical procedures, sexual or physical assault, emotional abuse, neglect, war, natural disasters, loss, birth trauma, epigenetics, systems, or the corrosive stressors of ongoing fear and conflict.

Somatic Psychotherapy and Trauma

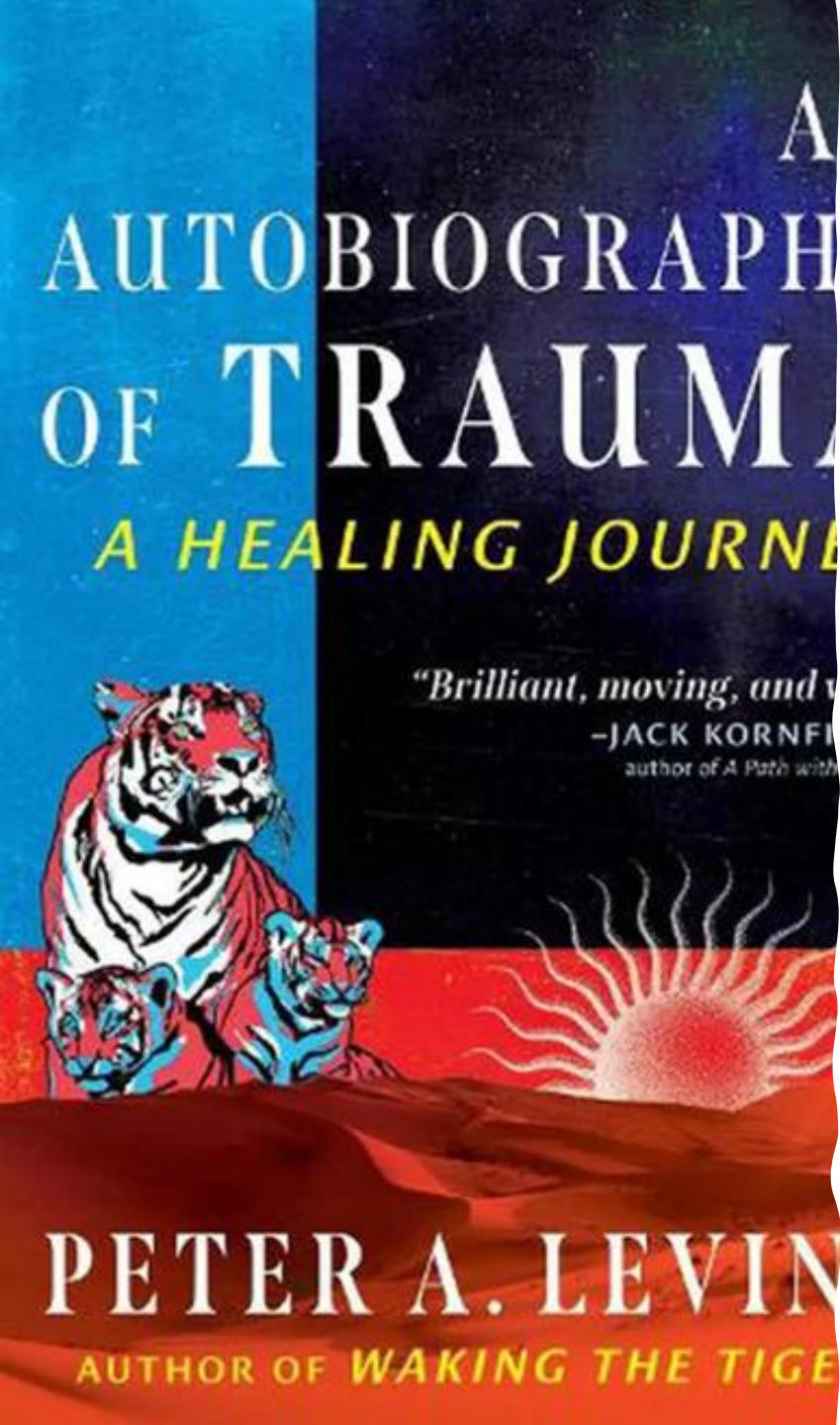
Dr. Peter A. Levine:

"Trauma is not what happens to us, but what we hold inside in the absence of an empathetic witness."

"The body remembers, the bones remember, the joints remember, even the little finger remembers. Memory is lodged in pictures and feelings in the cells themselves."

"Resilient strength is the opposite of helplessness. The tree is made strong and resilient by its grounded root system."

How the body keeps the score on trauma | Bessel van der Kolk for Big Think+
Watch: <https://www.youtube.com/watch?v=iTefkqYQz8g>



Healing Trauma Through Somatic Experiencing: In his book *Waking the Tiger: Healing Trauma*, Dr. Levine

HOW IT WORKS

The Somatic Experiencing approach facilitates the completion of self-protective motor responses and the release of thwarted survival energy bound in the body, thus addressing the root cause of trauma symptoms. This is approached by gently guiding clients to develop increasing tolerance for difficult bodily sensations and suppressed emotions and working to complete defensive responses previously thwarted from bringing resolution to the nervous system and, therefore, to the individual.

Dr. Levine was inspired to study stress on the animal nervous system when he realized that animals are constantly under threat of death yet show no symptoms of trauma stuck in their systems. What he discovered was that trauma has to do with the third survival response to a perceived life threat, which is freeze. When fight and flight are not options, we freeze and immobilize, like "playing dead." This makes us less of a target. However, this reaction is designed to be time-sensitive, in other words, it needs to run its course, and the massive energy that was prepared for fight or flight gets discharged, through shakes and trembling. If the immobility phase isn't complete, that charge stays trapped, and, from the body's perspective, it is still under threat. The Somatic Experiencing method works to release this stored energy and turn off this threat alarm that causes dysregulation and dissociation. SE helps people understand this body response to trauma and work through a "body first" approach to healing. Within their scope of practice, SE Practitioners work with these responses in a way that supports their ongoing work with clients.

Key Principles of Somatic Experiencing

Mind-Body Connection: Somatic Experiencing integrates the idea that trauma affects both the mind and the body. Trauma can manifest through physical symptoms like chronic tension, pain, or an inability to fully relax. SE helps individuals become aware of these bodily sensations and supports them in releasing stored stress and trauma.

Pendulation: This principle involves moving between feelings of safety and the traumatic material. Therapists guide clients through a process of gently oscillating between traumatic sensations and moments of calm, helping them avoid feeling overwhelmed while addressing the trauma.

Titration: Instead of delving into the full scope of the traumatic experience all at once, SE breaks down the trauma into manageable pieces. By processing the trauma incrementally, clients remain within their "window of tolerance" and avoid retraumatization.

Resourcing: This technique helps clients develop internal and external resources to cope with distress. Resourcing involves recalling people, places, or memories that provide comfort and safety, offering clients tools to regulate their nervous systems during and after sessions.

Completion of Incomplete Survival Responses: Trauma can occur when the body is unable to complete natural fight, flight, or freeze responses during a traumatic event. Somatic Experiencing encourages the body to finish these responses, allowing the nervous system to "reset" and release pent-up energy.



Benefits of Somatic Experiencing

Trauma Resolution: Somatic Experiencing is particularly effective in addressing trauma-related conditions like post-traumatic stress disorder (PTSD), anxiety, depression, and complex trauma. By addressing the physical effects of trauma, SE helps resolve lingering symptoms.

Nervous System Regulation: SE works directly with the autonomic nervous system, helping individuals regulate their responses to stress. This can reduce symptoms like hypervigilance, anxiety, and chronic tension.

Emotional and Physical Integration: SE promotes a deeper understanding of the connection between physical sensations and emotions, leading to more holistic healing.

Self-Awareness: By focusing on bodily sensations, clients gain greater awareness of their emotional states and learn to connect these sensations with past experiences, leading to greater insight and personal growth.

Increased Emotional Resilience: Clients learn techniques to self-regulate and calm their nervous systems, which enhances emotional resilience and improves overall mental and physical health.



Somatic Interventions

Somatic psychotherapy uses a body-based approach to therapy, recognizing that trauma and emotions are often stored in the body. By focusing on the mind-body connection, therapists help clients access deep-rooted emotional experiences through physical sensations, movements, and body awareness. Below are ten key somatic interventions frequently used in somatic therapy to facilitate healing.

1. Developing Somatic Awareness:

Somatic awareness is the foundational practice of tuning into physical sensations in the body, such as tension, warmth, or pressure. In therapy, clients are taught to recognize and identify areas of constriction or relaxation in their body, which may be connected to unresolved emotions or stress. This awareness helps create an internal shift, allowing for deeper healing and emotional processing.

2. Resourcing:

Resourcing involves helping clients identify internal and external sources of safety, stability, and comfort. These resources could be a safe space, a protective figure, or a memory of a time when the client felt secure. Clients learn to return to these mental or physical resources during moments of distress or when processing traumatic memories, providing an anchor to replenish emotional energy.

3. Grounding in the Here-and-Now:

Grounding techniques help clients reconnect with the present moment and feel more embodied and connected to their surroundings. This intervention is particularly helpful when clients are overwhelmed by emotions or traumatic memories. Common grounding exercises include focusing on the feet on the floor, breath awareness, or connecting to the elements (earth, air, water, fire) to promote calm and regulation of the nervous system.



4. Using Descriptive Language

Clients are encouraged to describe their physical sensations in precise, sensory terms rather than focusing on the story or event behind them. For example, instead of saying "I'm angry," a client might say, "It feels like a fiery sensation in my chest." This approach helps clients track and move through emotions by focusing on bodily sensations. It facilitates the processing of trauma by shifting focus from the cognitive to the somatic level.

5. Movement

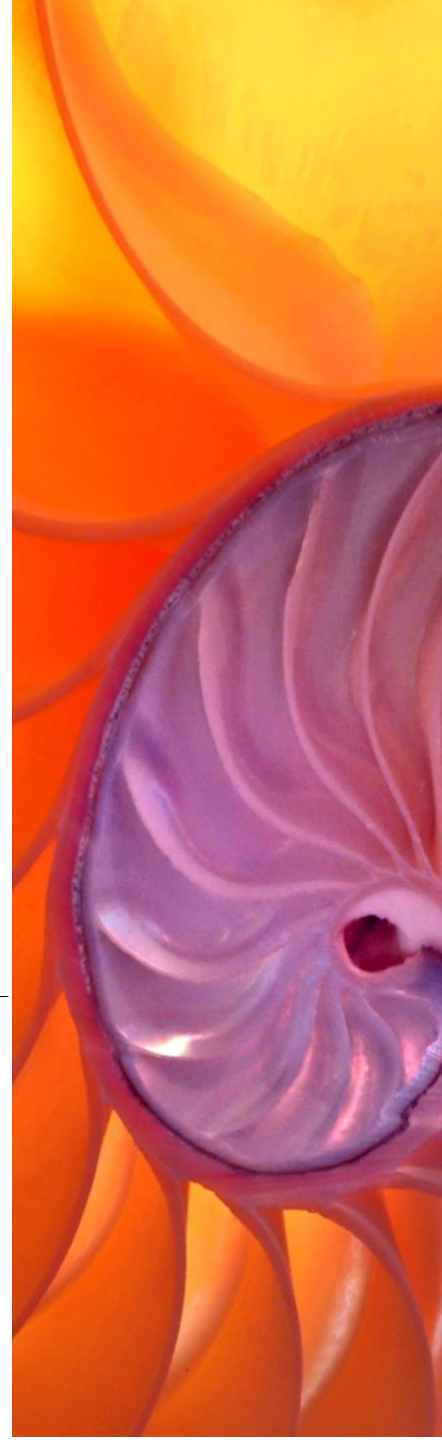
Movement is a natural and essential way for the body to process and release emotional experiences. In somatic therapy, clients may be guided to use specific movements to represent emotions or situations, such as pushing against a wall to establish boundaries or lifting arms as a symbolic act of releasing tension. Movement allows the body to express what words cannot, helping to heal emotional wounds stored in the body.

6. Co-Regulation & Self-Regulation

Co-regulation refers to the calming effect of being in the presence of another person, such as a therapist, who provides warmth, safety, and attunement. This mirrors how caregivers soothe infants. Clients learn to co-regulate through the therapeutic relationship and then develop self-regulation techniques. Self-regulation is the ability to manage emotional responses on one's own using tools like breathwork or mindfulness.

7. Titration & Pendulation

Titration is a method of breaking down the processing of traumatic memories into manageable pieces, preventing overwhelm. Pendulation involves oscillating between the traumatic material and a safe or neutral experience. These techniques ensure that clients stay within their window of tolerance and avoid retraumatization. By pacing the process, clients are better able to release stored tension and emotions.



8. Act of Triumph

An act of triumph refers to revisiting moments of trauma where the body wanted to act (such as running away or defending itself) but couldn't. In therapy, clients may reenact these physical movements to release the trapped survival response. For example, pushing against a pillow to symbolize setting a boundary, or mimicking running to complete a fight-or-flight response, helps the body release stored energy and tension, leading to emotional resolution.

9. Sequencing

Sequencing is the process where the body releases built-up tension or trauma in a wave-like motion. This release might manifest as trembling, warmth, or emotional outbursts like crying. Clients may notice sensations moving through their body—such as tightness in the chest, which then moves to the throat and finally dissipates. This movement signals the body's natural healing process, allowing for the release of unresolved trauma.

10. Boundary Setting

In somatic therapy, clients work on both verbal and non-verbal boundary setting. This involves practicing clear verbal statements, such as "yes" or "no," and learning to identify the physical sensations that come with asserting boundaries. Through physical exercises, like pushing away or standing tall, clients can strengthen their ability to set and maintain healthy boundaries, which often leads to greater emotional stability and a sense of safety in relationships.



Transference and countertransference



Transference and countertransference

Transference and countertransference are key concepts in psychotherapy, originating from psychoanalytic theory but widely applied across various therapeutic models today. Both phenomena describe how emotions, feelings, and expectations are transferred within the therapeutic relationship, either from the client to the therapist (transference) or vice versa (countertransference).

Transference refers to the unconscious redirection of feelings from one person to another. In therapy, clients project feelings they have toward significant people in their lives (such as parents, siblings, or partner) onto their therapist. These projections may be positive or negative and often reflect unresolved emotional issues from the past.

Countertransference occurs when a therapist unconsciously projects their own personal feelings onto a client. While Freud originally saw this as an obstacle to effective therapy, modern therapy recognizes it as a potential therapeutic tool when managed correctly.



Transference

Client → Therapist

- It is the unconscious tendency to project feelings onto the therapist
- Seek more than is appropriate for a therapeutic relationships
- Attempts to personalise the therapeutic relationship
- Positive or negative misperceptions towards the practitioner
- Tends to diminish the therapeutic relationship

*It is the practitioner's/therapist responsibility to maintain clear professional boundaries



Recognising transference in therapy

Recognizing transference in therapy involves being attentive to the patterns and dynamics that emerge in the therapeutic relationship. Transference occurs when clients unconsciously transfer feelings, behaviours, and expectations from past relationships onto the therapist. Here are key signs to look for to identify transference:

Strong Emotional Reactions

Excessive admiration or intense dislike toward the therapist, out of proportion to the context of the therapeutic relationship, can signal transference.

For example, a client might idealize the therapist as a perfect caregiver or authority figure, or they may express irrational anger or disappointment, often reflecting unresolved emotions from their past.

Recurring Patterns from Past Relationships

If a client starts reacting to the therapist in ways that mirror how they behaved with important figures in their life (parents, partners, teachers), transference may be occurring.

For instance, a client who felt neglected by their parents may fear abandonment by the therapist, even when there's no indication that this will happen.



Unreasonable Expectations

Clients may develop expectations that the therapist should meet emotional needs or take on roles that go beyond the professional relationship.

A client may expect the therapist to provide constant reassurance, act as a saviour, or fulfil a parental role, which can highlight a dependency or unresolved needs from past relationships.

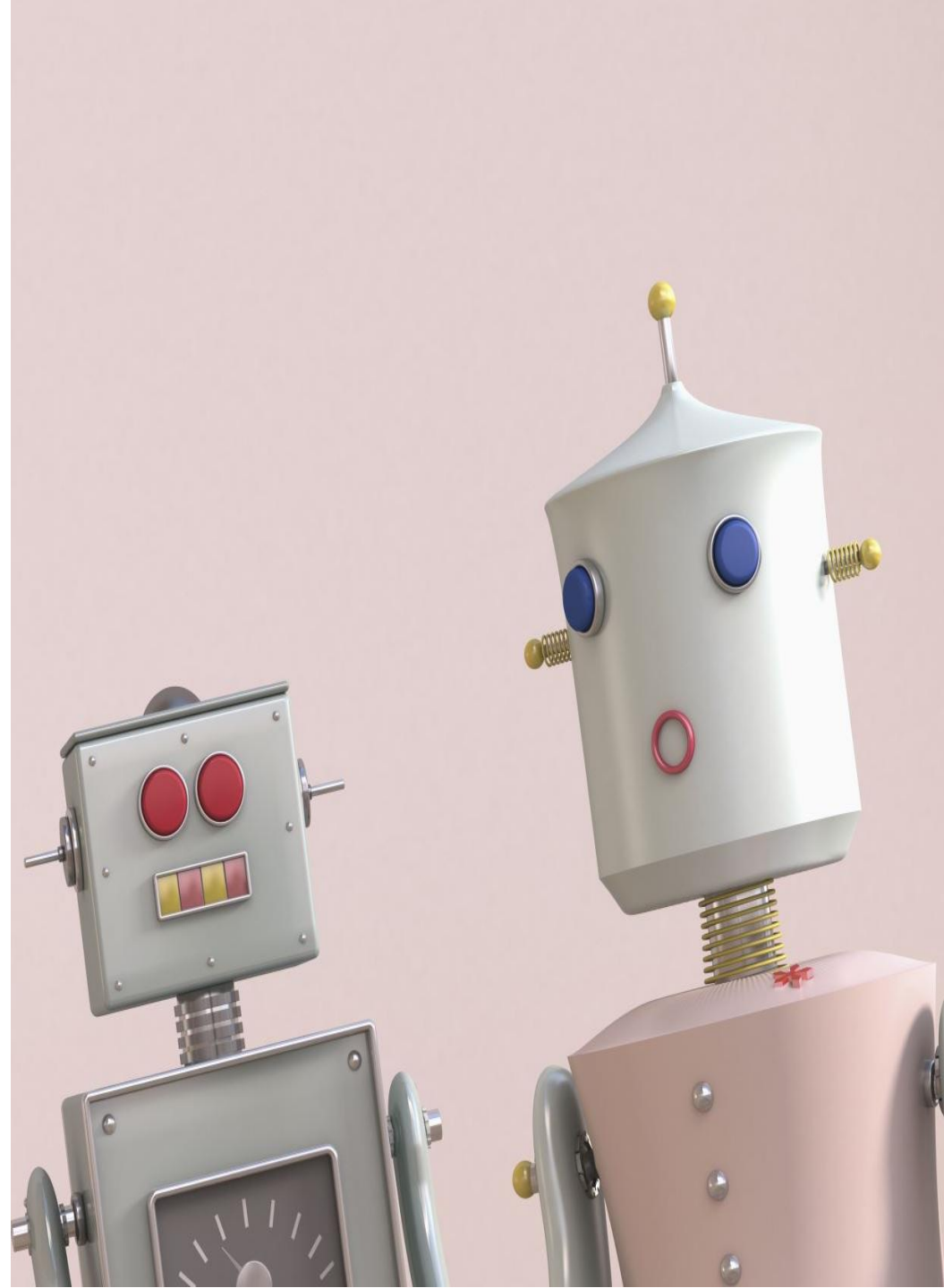
Overly Familiar Language or Actions

Clients may use language or behave in ways that suggest they see the therapist as someone else from their past. They may make comparisons, refer to the therapist with familial terms like "mom" or "dad," or act overly familiar.

This shift in dynamic can often indicate that the client is unconsciously transferring feelings toward someone else onto the therapist.

Romantic or Sexual Feelings

Clients may develop romantic or sexual feelings toward the therapist, reflecting unresolved emotional dynamics from past relationships. This type of erotic transference can complicate therapy and requires careful management.



Disproportionate Emotional Responses to Neutral Comments

If a client reacts strongly or unexpectedly to a neutral or routine comment or intervention by the therapist, it may be a sign of transference.

For example, a therapist suggesting homework may evoke a response where the client feels criticized or controlled, as they might have felt in their past relationships.

Shifts in the Client's Engagement

If the client's level of engagement with therapy shifts dramatically (such as becoming overly eager to please the therapist or showing signs of avoidance), it may signal that they are projecting feelings from past relationships onto the therapeutic relationship.



What to do as a therapist

When you recognize transference, it's important to address it therapeutically:

Acknowledge the feelings without judgment, and explore where they may come from.

Reflect with the client on how these feelings may be rooted in past relationships, helping them gain insight into their emotion patterns.

Maintain professional boundaries to ensure the therapeutic relationship remains healthy and focused on the client's healing.

Transference Worksheet

A grievance I have with _____

is: _____

I perceive his/her patterns to be: _____

Like my (mother, father, surrogate): _____

I react: _____

Which I learned from my (mother, father, surrogate): _____

How this hurts me in other areas of my life: _____

How I feel about letting my Dark Side control me: _____

How I will deal with this in the future: _____

Things I appreciate about this person: _____

How long am I going to hold on to this grievance: _____

Four groups case study: 15 minutes

Transference



Countertransference

Therapist → Client

- Unconscious tendency to project feelings onto the client
- Seek more than is appropriate for a therapeutic relationship
- Attempts to personalise the therapeutic relationship
- Positive or negative misperceptions towards the client
- Tends to diminish the therapeutic relationship

*Again, it is the practitioner's/therapist responsibility to maintain clear professional boundaries



Recognizing countertransference in therapy is crucial for maintaining a healthy and effective therapeutic relationship. It occurs when the therapist unconsciously projects their own feelings, unresolved issues, or personal experiences onto the client, which can interfere with the objectivity and neutrality needed for effective therapy. Here are key signs and strategies to help therapists recognize countertransference:

Strong Emotional Reactions to the Client

If a therapist finds themselves experiencing unusually strong emotions—such as anger, frustration, affection, or protectiveness—toward a client that seem out of proportion to the session content, it may be a sign of countertransference.

Unconscious Comparisons with Others

The therapist may unconsciously compare the client to someone from their own life, such as a parent, sibling, or friend, and begin to treat the client as if they are that person.

Overidentification with the Client

If a therapist feels that they deeply relate to or identify with the client's experiences, they may struggle to maintain an objective stance, projecting their own unresolved issues onto the client.

Desire to Step Outside Professional Boundaries

A therapist might feel a strong urge to go beyond the boundaries of the therapeutic relationship, such as wanting to be a friend, mentor, or caregiver to the client.



Disproportionate Frustration or Annoyance

The therapist may become easily frustrated or irritated by a client's behaviour or progress, even though the client is not acting in a particularly problematic way. This could signal that the therapist's personal triggers are being activated.

Preoccupation with the Client Outside of Sessions

If a therapist finds themselves frequently thinking about a particular client outside of sessions—whether with strong positive or negative emotions—it may be a sign that countertransference is occurring.

Feeling Overly Responsible for the Client's Outcomes

When the therapist feels as if the client's success or well-being is solely their responsibility, it may indicate countertransference, especially if it leads to overinvolvement or a sense of failure when the client does not make progress as expected.

Unexplained Preference or Dislike for a Client

A therapist may have an unconscious preference for one client over others or an unexplained dislike toward a particular client without clear therapeutic reasons. This can reflect unresolved issues from the therapist's personal life being projected onto the client.

Difficulty Maintaining Professional Detachment

The therapist may feel a strong emotional attachment to the client that blurs the lines between the therapeutic and personal relationship, leading to overinvolvement in the client's life.



Strategies for Recognizing and Managing Countertransference

Regular Self-Reflection:

Therapists should regularly reflect on their emotional responses during and after sessions. Journaling or personal therapy can help therapists recognize when their reactions are more about their own issues than the client's.

Supervision and Consultation:

Seeking supervision with supervisor or colleagues can provide insight into countertransference. Discussing cases with an objective third party can help therapists recognize when they are overly involved or emotionally reactive.

Maintain Professional Boundaries:

Keeping firm professional boundaries helps prevent countertransference from interfering with the therapeutic process. If therapists feel the urge to cross these boundaries, it can be a red flag for countertransference.



Mindfulness and Grounding:

Practicing mindfulness during sessions can help therapists stay present with the client rather than being caught up in their own emotional responses. Grounding techniques can help therapists manage emotional triggers as they arise.

Ongoing Professional Development:

Attending workshops or training on countertransference can increase a therapist's awareness of how it can manifest in practice and provide tools for managing it effectively. Using Professional Development Group in and outside of Education.

Ending Sessions:

When ending therapy due to transference or countertransference, reassure the client that it is not their fault, provide a clear explanation for the referral to another therapist, offer support through the transition, and ensure closure while maintaining professional and ethical boundaries.



Is Transference and Countertransference Good? Bad? Ugly?



Relating the BACP ethical framework to transference and Countertransference

The BACP ethical framework in therapy, which is grounded in values, principles, and personal moral qualities, is closely related to how therapists manage transference in therapeutic relationships. **Respecting Human Rights and Dignity**

Transference can evoke intense emotions from clients, sometimes leading them to experience feelings such as dependency or attraction toward the therapist. The ethical framework calls for **respecting clients' dignity**, which means that therapists must approach transference in a way that acknowledges and honors the client's emotional experiences without exploiting them. This includes maintaining boundaries that protect the client's well-being.

Autonomy and Self-Governance

Autonomy is a core principle in the ethical framework, emphasizing the client's right to make decisions about their life and therapy. When **transference** arises, clients may unknowingly give up some of their autonomy by projecting authority or parental roles onto the therapist. The therapist's role is to help the client recognize these dynamics while maintaining the client's **self-governance**, ensuring they can think and act independently within the therapeutic relationship.

Beneficence and Non-maleficence

Beneficence requires the therapist to promote the client's well-being, while **non-maleficence** demands that the therapist avoid causing harm.

Transference can potentially lead to emotional harm if it is not properly managed. For example, if a client experiences negative transference (such as anger or fear), the therapist must carefully guide the client through these feelings without dismissing them or causing additional distress. This aligns with the ethical obligation to do good and avoid harm.

Trustworthiness and Integrity

The principle of being trustworthy requires that therapists handle the vulnerabilities exposed through transference with care. Therapists must maintain professional boundaries and act with integrity, ensuring that they do not take advantage of the client's projections for personal gain or validation. Managing transference ethically means being transparent about the therapeutic process and maintaining a professional relationship that fosters trust.

Justice and Fair Treatment

Justice in the ethical framework refers to the fair and impartial treatment of all clients. Transference can sometimes cause therapists to feel differently about certain clients, whether through positive (idealizing) or negative (hostile) transference. The ethical principle of justice requires therapists to remain fair and unbiased, ensuring that all clients receive equal attention and care, regardless of the emotions being projected onto the therapist.

Personal Moral Qualities

Personal moral qualities, such as empathy, humility, integrity, and resilience, are critical when dealing with transference. For example, therapists need empathy to understand and communicate the client's emotional projections without judgment, and humility to recognize their own limitations in managing difficult transference dynamics. Resilience helps the therapist navigate intense emotions that transference can evoke, while integrity ensures they maintain ethical boundaries.

Boundaries and Ethical Conduct

One of the key ethical responsibilities of the therapist is to maintain clear and consistent boundaries. Transference can blur these boundaries if, for example, a client projects romantic feelings onto the therapist. The ethical framework insists on maintaining these boundaries to prevent harm and ensure the therapeutic relationship remains professional and focused on the client's growth, rather than allowing transference dynamics to derail the therapy.

"A Take-Home Message

Mental health professionals practice in a very lonely world bound by confidentiality and ethical concerns. We must be simultaneously aware of the emotions and feedback clients project and the emotions and thoughts that are personally experienced.

Transference and countertransference can be a double-edged sword. They can destroy the therapeutic process or provide an avenue to healing. They can break down the therapeutic alliance or become its most effective tool.

Identifying examples of transference and countertransference is a wonderful starting point to prevent negative interference in therapy.

Self-reflection, mindfulness, empathy, and ethical boundaries are excellent tools to ensure that when transference arises in session, it is directed in a helpful and therapeutic way."

Dr Peter Levine talks

<https://www.youtube.com/watch?v=LAEB5DIPPX8>

<https://www.youtube.com/watch?v=4Ew8bX03Wko>

<https://www.youtube.com/watch?v=i2CN5nhmfxk>

<https://www.youtube.com/watch?v=sr06-4D4Tv4>



Transference love and harm

Therapy Today, September 2016: Volume 27, Issue 7

Dawn Devereux explores the powerful phenomenon of idealising transference and the harm it can do to clients.

Subscribe to

Therapy Today

<https://www.bacp.co.uk/bacp-journals/therapy-today/2016/september-2016/transference-love-and-harm/>

Adverse Idealising Transference (AIT) in psychotherapy, a phenomenon where a client develops an intense emotional attachment to their therapist, often based on unmet emotional needs from their past.

While transference is a natural part of therapy and can be useful for exploring a client's past relationships, AIT occurs when the client idealizes the therapist excessively. This idealization often reflects a longing for maternal care, and in extreme cases, it can lead to confusion, dependency, and emotional distress.

To reduce the risk of AIT, the article suggests several strategies:

Informed consent: Clients should be informed about the potential for transference at the start of therapy.

Regular monitoring: Therapists should regularly review the therapeutic relationship for signs of AIT.

Professional boundaries: Maintaining clear, consistent boundaries and avoiding excessive personal disclosures are crucial.

Supervision: Therapists should seek external supervision if AIT persists and ensure they are not contributing to the idealization.

References

- Dore P. The strange family of Derek Gale. [Blog] Unsafe Spaces 2016; 2 March. <http://unsafespaces.com/2016/02/03/the-strange-family-of-derek-gale>).
- Fuertes, J. N., Gelso, C., Owen, J., & Cheng, D. (2013). Real relationship, working alliance, transference/countertransference and outcome in time-limited counseling and psychotherapy. *Counseling Psychology Quarterly*, 26(3), 294-312. <https://doi.org/10.1080/09515070.2013.845548>
- Horacio, E. (2005). *The fundamentals of psychoanalytic technique*. Karnac Books. <https://www.amazon.com/dp/185575455X/>
- Jung, C. (1946). *The psychology of transference*. Princeton University Press. <https://www.amazon.com/dp/0691017522/>
- Lambert, M. J., Hansen, N. B., & Finch, A. E. (2001). Patient-focused research: Using patient outcome data to enhance treatment effects. *Journal of Consulting and Clinical Psychology*, 69, 159-172. <https://psycnet.apa.org/doi/10.1037/0022-006X.69.2.159>
- Lichtenberg, J., Bornstein, M., & Silver, D. (1984). *Empathy I*. Analytic Press.
- Makari, G. J. (1994). Toward an intellectual history of transference. *The Psychiatric Clinics of North America*, 17(3), 559-570. [https://doi.org/10.1016/S0193-953X\(18\)30100-X](https://doi.org/10.1016/S0193-953X(18)30100-X)
- Newfoundland and Labrador Association of Social Workers. (2018). *Standards of practice for social workers in Newfoundland and Labrador*. Retrieved June 15, 2021, from https://nlcsw.ca/sites/default/files/inline-files/Standards_of_Practice.pdf
- Notaras, S. (2013). Attending to countertransference. *Counseling Today*, 9, 29-31. <https://www.counseling.org/publications/counseling-today-magazine/article-archive/article/legacy/attending-to-countertransference>
- Racker, H. (1988). The meaning and uses of countertransference. In B. Wolstein (Ed.), *Essential papers on countertransference*. New York University Press.
- Wachtel, P. L. (2008). *Relational theory and the practice of psychotherapy*. Guilford Press. <https://www.amazon.com/dp/1609180453/>