

COUNTERTRANSFERENCE ENACTMENTS IN COUPLES THERAPY

by Sid Aaronson, 2007

This qualitative study explored how therapists experienced, think about, and deal with countertransference enactments in couples therapy. The study examined situations when therapists get caught up in and/or act out their countertransference while working with couples; these types of reactions are referred to as countertransference enactments.

Open—ended, semi-structured interviews were conducted with ten experienced psychodynamically-oriented therapists who specialize in couples therapy and who come from varying professional fields and theoretical orientations. Data from the interviews were analyzed using the constant comparative method as developed by Glaser and Strauss (1967).

A primary finding of the study showed that, while the concept of enactment was not well understood by most participants, all were able to identify and reflect upon times when they were caught up in an enactment and reported several examples of such occurrences. Common countertransference affect themes were present during enactments, such as frustration, anger, ineffectiveness, helplessness, dread, and anxiety. However, what best captured the essence of couples therapists' countertransference experience during an enactment was the experience of pressures. Therapists experienced the build up of pressure with couples in a variety of ways including: the couples' high expectations, triangulation pressures the sheer amount of clinical material to track, and the pressure to stop hurtful and destructive dynamics between partners.

After becoming aware of an enactment, therapists attempted to work it through while managing their countertransference reactions. Therapists attempted to understand why the why the enactment occurred by analyzing their countertransference triggers as well as exploring the case dynamics. Some therapists interpreted the transference-countertransference dynamics of the enactment and how it played out among the threesome in an effort to facilitate a deeper understanding of its meaning in the treatment. Therapists also often had to deal with clinical issues related to repairing the rupture or break in the therapeutic relationship. They also used a variety of coping strategies to help them manage and contain their countertransference reactions, such as self restraint, self supervision and consultation.