

P-1164 - TRANSFERENCE AND COUNTERTRANSFERENCE IN COGNITIVE BEHAVIORAL THERAPY

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Both patients and psychotherapists can experience strong emotional reactions towards each other in what are termed transference and countertransference within therapy. In the first part of this review, we discuss transference issues. Although not usually part of the obvious language of cognitive behavioral therapy (CBT), examination of the cognitions related to the therapist, is an integral part of CBT, especially in working with difficult patients.

Methods: PUBMED data base was searched for articles using the key words “therapeutic relations”, “transference”, “countertransference”, “cognitive behavioral therapy”, “cognitive therapy”, “schema therapy”, “dialectical behavioral therapy”.

Results: Transference. The therapist should pay attention to negative or positive reactions towards him/ her but should not deliberately provoke or ignore them. He/she should be vigilant for signs of strong negative emotions, such as a disappointment, anger, and frustration experienced in the therapeutic relationship by the patient. Similarly he/ she should be alert to exaggerated positive emotions such as love, excessive idealization, praise or attempts to divert the attention of therapy onto the therapist. These reactions open space for understanding the patient's past and actual relations outside the therapy. Countertransference. The therapist should be aware of countertransference schemas as they apply to him/her. He/she should monitor his/her own feelings that indicate countertransference. Further, the assistance of and discussion with supervisors and colleagues is useful in regard to countertransference even in experienced therapists.

Conclusions: Both the literature and our experience underscore the importance of careful examination of transference and counter-transference in CBT.

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