

Body Countertransference and its Relevance for Yoga Therapists

By Karen Schwartz

M.'s first email had the subject line, "Need to hear from you." He was a leadership consultant who ran his own business. During our initial phone call he talked at length about his interest in trauma-sensitive yoga, his personal history and, in particular, the anger he held as a result of his childhood trauma. He repeated the word "anger" quite a few times. At a certain point I realized that I had let him speak for far too long and that he was someone with whom I would need to set boundaries. Throughout the rest of that day, I began experiencing back pain that became progressively more irritating (I chose this word consciously); during a transaction at a local business, I became angry myself over a perceived injustice and found myself voicing my feelings more assertively than I normally would. I thought my reactions could well be a response to M.'s own aggression.

What is Body Countertransference?

Body countertransference (also called somatic countertransference or embodied countertransference) can be seen as a process parallel to psychological countertransference. *Transference* is a term coined by Sigmund Freud to describe the process whereby a patient or client "transfers" his or her thoughts and feelings based on early relationships onto the psychoanalyst, and *countertransference* was defined as the analyst's transference of thoughts and feelings onto the patient.¹ Transference can play an important role in the therapeutic process by providing a window into the client's past and present experiences of relationship, thereby illuminating beliefs about self and others that no longer serve the client. Countertransference can reflect the therapist's feelings toward the client and provide insight into a client's interpersonal behavior; for example, feelings of aversion toward a client may be a response to behaviors that bother others and serve to keep the client lonely and isolated. Countertransference may also reflect the therapist's own repressed or triggered feelings.

It is considered essential that the therapist be aware of and responsive to these feelings, so that treatment serves the client's needs and not those of the therapist. *Body countertransference* refers to a process in which the therapist experiences his or her reactions as physical symptoms, which may include (but are not limited to) vague muscular tension, headache, stomach discomfort, sexual arousal, and numbness. These symptoms can be experienced within either analytical or somatic work. Yoga therapists might experience changes or irregularities in their own breathing patterns or physical pains. The prevalence of body countertransference does not appear to be well known (although therapists in one study reported experiencing psychological countertransference in 80 percent of sessions).²

Traumatic experiences bypass cognitive processes in the brain and are laid down directly into the emotional centers without necessarily generating a story explaining the event.³ This makes sense in terms of survival: we want to quickly recognize and react to a danger without having to think about it first. However, it becomes problematic when the danger response is later triggered by sensations and stimuli that seem related to the original source of trauma but we have no coherent narrative to connect the experience to any past event. The feelings are therefore experienced as if the traumatic event is happening in the present moment.

Psychotherapists who are privy to their clients' trauma histories can obvious-



My experience with M. occurred while I was completing my facilitator training in Trauma Center Trauma Sensitive Yoga (TCTSY), a methodology developed at the Trauma Center in Brookline, Massachusetts. TCTSY uses invitational language, emphasizes interoception (identifying sensation in the body), and empowers survivors to make choices and be in control of their own experience. I began to wonder whether body countertransference might be likely to occur in TCTSY facilitators and in yoga therapists working with traumatized people.

ly be emotionally affected by taking in details of horrific situations; however, mechanisms of nonverbal communication suggest that even yoga therapists and TCTSY facilitators who focus strictly on physical practice—without discussing the client's story—may notice strong internal responses because they are resonating with their clients' somatic experience.

The Impact of Nonverbal Communication

Psychoanalyst Martin Stone compared the analyst's body to a tuning fork that res-

onates with the client's experience: "I would suggest that resonance occurs when the analyst's tuning fork vibrates with the patient's psychic material through the unconscious. When this is experienced in the body, the feelings are not clear or thought through, and the analyst has to be able to sustain the state of not knowing and confusion even more than usual."⁴ This suggests that yoga therapists could potentially experience physical sensations and symptoms that may not appear to have any logical cause but that may be emanating from the client or may be countertransference. Analyst Susie Orbach says, "The therapist's body, like the therapist's mind and heart, is part of the relational field. How I feel in my body ... and the shifts in feeling between the bodies in the room are of enormous importance."⁵

These shifts in feeling may result from the process of attunement, which interpersonal neurobiologist Daniel J. Siegel describes as "the ways we take in the internal worlds of others and allow them to shape who are in the moment." He suggests that these processes take place in the brain and are not necessarily intentional: "At times we may automatically soak in the internal states of others as we pick up their signals and have internal shifts in our own state." He states that attunement activates "resonance circuits," which stem from mirror neuron activity.^{6,7} "This is how we come to resonate physiologically with others—how our respiration, blood pressure, and heart rate can rise and fall in sync with another's internal state."

Body psychotherapist Nick Totton states, "[All] human beings are impacted on a bodily level by the feeling state of others, whether we recognise it or not, whether we welcome it or not... Most scientists... agree that there are two identified forms of memory: explicit and implicit. Explicit memory... is the ability to consciously recall facts or events... Implicit memory... refers to behavioral knowledge of an experience without conscious recall."⁸ Totton suggests that a client's traumatic memories are embedded in their brain tissue as implicit memory, and when they are activated in therapy, they may unconsciously affect the therapist.⁸

Orbach states that body countertransference can arise from one of three mani-

festations of the therapeutic relationship: 1) as a patient's unconscious need for a physical provision from the therapist; 2) through the patient's direct engagement with the therapist's body (for example, a patient pushing her chair closer and closer to the therapist in order to be physically recognized but also needing the therapist to set a boundary); and 3) as a patient's distress or own bodily symptoms felt by the therapist.⁵ It is conceivable that a yoga therapist could have any of these experiences.

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The idea of pushing boundaries and simultaneously needing boundaries to be set reminded me of my experience with M., the impetus for this exploration. For example, a few days after my initial conversation with him, M. phoned to request an introductory meeting. During the call, I began experiencing pain in my hip that worsened the longer he talked and, again, I was unable to set a boundary between us to differentiate our experiences. It made sense to me that a person who was abused as a child and could not set a boundary for himself would induce a similar dynamic with me as therapist. When I met him in person and he complained of pain in his hip and even walked with a cane, it made even more sense.

Mirror Neurons

The functioning of mirror neurons appears to constitute an important nonverbal mechanism by which body resonance and countertransference can be induced. Discovered in the early 1990s by a team of Italian neuroscientists, mirror neurons are "neurons that fire both when an animal acts and when the animal observes the same action performed by another."⁹ In other words, at least part of an individual's brain is affected in the same way whether he is observing a particular action or executing it himself.

In their book about mirror neurons, authors Giacomo Rizzolatti and Corrado Sinigaglia noted, "We could use our higher

cognitive faculties to reflect on what we have perceived and infer the intentions, expectations, or motivations of others that would provide us with a reason for their acts, but our brain is able to understand these latter immediately... without the need for any kind of reasoning." Further, "Emotions, like actions, are immediately shared; the perception of pain or grief, or of disgust experienced by others, activates the same areas of the cerebral cortex that are involved when we experience these emotions ourselves."⁹ Thus, it

seems that we can understand each other's emotional experience without words, purely by observing each other's actions.

If, as suggested, the communication of mirror neurons extends beyond physical actions and into the emotional realm, then yoga therapists observing their clients' body language and movement might gain insight into clients' emotional states through resonance while also increasing the potential for body countertransference.

Trauma specialist and author Babette Rothschild supports this idea. "I believe that this kind of brain-to-brain communication occurs at an unconscious level between clients and therapists all the time. The next time you feel that you may be suffering from the impact of a projective identification, you may need to look no further than your own body to discover whether you have mimicked your client's posture, facial expression or breathing pattern. Routinely adding such a simple step could eliminate blaming clients for feelings that are, in fact, rooted in our own naturally responsive neural circuitry."¹⁰

Empathy also depends on other brain functions, such as the anterior insular cortex, sometimes considered the primary area in which empathy originates.¹¹ Siegel points out that mirror neurons activate subcortical areas of the brain, including the anterior insula, and play an important role in "knowing" another's internal state.

“All of our subcortical data—our heart rate, breathing and muscle tension, our limbic coloring of emotion—travels up the insula to inform the cortex of our state of mind. This is the brain reason why people who are more aware of their bodies have been found to be more empathic.”⁷

Body Countertransference and Trauma Therapy

In 2005, Irish researchers Jonathan Egan and Alan Carr noted that while burnout among trauma therapists was prevalent, the degree to which therapists' bodies react to their clients was less well documented. They developed a “Body-Centred Countertransference Scale” and used it to measure the frequency which thirty-five female trauma therapists in Ireland's National Counselling Service experienced bodily symptoms in reaction to their clients over a six-month period. Seventy percent of participants reported most frequently experiencing sleepiness, muscle tension, unexpected shift in body [position], yawning, and tearfulness. These symptoms were experienced in sessions with clients.

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Other in-session symptoms included, in descending order of frequency, headaches, stomach disturbance, aches in joints, throat constriction, loss of voice, raised voice, numbness, dizziness, sexual arousal, nausea, and genital pain.¹²

The researchers concluded that body countertransference can be reliably measured and that the results appear to “support Rothschild's (2006) resolve that therapists need to remain in their own chairs and that if therapists are to be of any help, they need, 'to maintain a sense of calm detachment'.”¹² For yoga therapists, this might mean empowering clients to integrate new practices in their own time; it might also mean maintaining healthy spatial boundaries within a session, avoiding touch, and attending to their own breath. It certainly implies that remaining in touch with one's own body and maintaining a personal practice is crucial.

Psychologist Judith Schaeffer posits that “therapists who are willing to experience their body subjectively will discover clues to phenomena occurring in clients' interpersonal past, especially at a time when no words were available and psychic trauma could not be distinguished from physical injury. A feeling of deadness in therapists, for example, might reveal how clients were neglected, or loved and then rebuffed, and hence never really experienced the vitality otherwise natural to infants. Being able to engage in only shallow breathing might reveal clients' unwillingness to experience their emotions fully.”¹³

A methodology such as TCTSY is designed so that both the client and the facilitator have their own distinct experiences of interoception within a shared authentic practice, without specifically treating the client's symptoms. For example, in practicing a form of backbend together, like a low cobra, a facilitator could suggest that the client might notice sensation in her back muscles but would never tell the client this could make her

feel more openhearted, energized, or, indeed, feel any way in particular. Yoga therapists working with other approaches might use their embodied experience to gauge whether they are being unconsciously affected by a client's emotional state and use breath, movement, and mindful awareness to adjust.

Implications for Yoga Therapists

Because of the ongoing streams of non-verbal and unconscious communication afforded by resonance processes, yoga therapists need to be constantly attuned to their own physical experience, both in and out of sessions. One's own physical pain, emotional charge, energy level, and breath may all be affected by the client's state. A keen awareness around postural mirroring might decrease the likelihood of developing stronger or chronic reactions. In *Trauma and the Body: A Sensorimotor*

Approach to Psychotherapy, the authors state, “Somatic countertransference is particularly complicated when therapists join with, or 'match' their clients... [I]f mirroring is done without mindful awareness, the therapist may 'take on' the client's tension, arousal, movement and posture without realizing it, which in turn affects the cognitive and emotional levels of processing.”¹⁴ In addition, therapists might use their personal practice to maintain their own sense of grounding when clients are triggered to a state of high arousal or dissociation.

Supervision is also a key factor in managing countertransference. Egan and Carr found that the amount of supervision a therapist received was “inversely related to the amount of body countertransference reported, suggesting a possible buffering effect from supervision.”¹² Ogden states, “It is the therapist's responsibility to address his or her countertransference through self-awareness and supervision, so that it can function as an asset rather than a liability in therapy.” This underlines the importance of seeking ongoing supervision or mentoring throughout professional practice, not just during yoga therapist training.

While the notion of compassion fatigue has become ubiquitous throughout the healing professions, it is useful to distinguish between empathy and compassion. Merriam-Webster's online dictionary defines empathy as the vicarious experience and understanding of the experience of another, whereas compassion is the “sympathetic consciousness of others' distress together with a desire to alleviate it.” Our empathy might make us vulnerable to “catching” our clients' depression, rage, and anxiety, as Rothschild suggests.¹⁰ For yoga therapists who are survivors themselves, staying attuned to their own process is particularly important because the therapist's own wounds are at risk of being re-opened and re-experienced.

In dealing with our own embodied reactions to our clients, our best strategy for maintaining effective compassion as therapists may be that of self-care: taking the time to do our own yoga, pranayama, and meditative practices that can cleanse, refresh, and reinvigorate us. In addition, getting supervision and engaging in personal therapy when necessary are all important ways that yoga therapists can remain clear, grounded, and maintain integrity of practice. **YTT**

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be found in Dean Ornish's integrative lifestyle program, which includes stress management and yoga for reversing heart disease.³

Visualizing Yoga Therapy in Schools

Yoga in schools has become a movement in the United States to support not only school-aged children but also teachers and other staff.¹¹ Yoga in schools benefits from the same push for scientific evidence to support its efficacy, since many education programs and policymakers rely on the research to support decisions. The yoga research field enjoys a similar increase in interest for the protective effects of yoga on mental and physical well-being but also in the improvement in academic achievement. For example, yoga therapy that focuses on developing skills for stress management and emotional regulation may be important for boosting a student's performance.¹² At-risk youth, such as those living in poverty or in neighborhoods with high incidences of violence, may also benefit. One notable evidence-based program includes Bent on Learning (bentonlearning.org/research), which teaches urban youth in New York City. Another growing program is the Holistic Life Foundation (hlflinc.org), which focuses on youth in Baltimore City. Nonprofit organizations and research have helped put yoga in schools on the radar.

How Can a Yoga Therapist Get Involved?

1) Yoga therapists can become research literate to understand the growing evidence base to support clinical conditions and educational outcomes. Understanding the relevance and quality of a research study empowers yoga therapists to make better decisions for their clients based on the available evidence and their personal experience.

2) Yoga therapists can participate in research. An easy way to contribute to the evidence base is to write a case study. A case study is a very detailed report on a patient or client who has been treated for a health condition that was helped by yoga therapy. Case studies are reports that help generate hypotheses for future clinical trials. Many yoga researchers welcome the participation of yoga therapists in their programs, so partnering with one to write a case study may be fruitful.

3) Volunteer in a clinic or start a program in a school near you!

4) Tell real-life stories about how your clients

are benefitting from yoga therapy to everyone you know. Organize a presentation for local healthcare providers or present during patient support group meetings. Pair up with other yoga therapists to host information sessions. Talk to local radio talk shows or local newspapers.

Outreach and education have always been a part of growing a professional field, and now is a crucial time for us all to find ways to increase the visibility and understanding of what yoga therapy is so that we can broaden our ability to bring this service to those who will benefit from it, in particular those who currently have limited access due to financial and other barriers. **YTT**

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