What to Do When You Feel Bad after a Session

If you work with borderline or severely disturbed patients, you may feel bad, depressed, hopeless, or guilty after some sessions. Why? Many patients communicate to us not only through words but through feelings. By enacting past relationships, they induce feelings in us---what we call countertransference. And those feelings, which may make us feel angry, sad, depressed, or hopeless, can potentially be the royal road to understanding the patient.

Often, we just feel bad or irritable after the session and during the day without realizing that these feelings were triggered during a particular session. So the first step is this: whenever you feel bad after a session or after your work day, take a moment to figure out when this mood started. Now that you know the patient with whom this mood was triggered, we can go to the next step.

Write down whatever feelings you are having. Allow yourself the freedom to write down whatever feelings you have, no matter how ugly, "untherapeutic", or embarrassing. You can destroy these notes after you finish this exercise.

Next analyze the relationship you have with the patient. What role are you you are in? What role does the patient seem to be in? For instance, here are some common roles that we feel in the countertransference: rejecter-rejected; withdrawer-chaser; judger-judged; controller-controlled; invader-invaded; attacker-attacked; devaluer-devalued; dismisser-dismissed; abandoner-abandoned. In other words, you may be feeling angry and helpless, as if nothing you say is ever accepted. Then you can see that the relationship is between a rejecting parent and a rejected child.

Next see how this enacted relationship fits with other relationships in the patient's life. Did he feel rejected by his father? His mother? A sibling? Or did he reject one of them? Now you have a better understanding of how he felt with one of those people. Now you have a hypothesis of what relationship in his life the patient is enacting with you.

Now let's analyze the role you are in. Are you in the role of the rejecter or the rejected: the parent role or the child role? You could be in either one. Being clear about that will be very important for your understanding. Now you know what to talk about and you know what feelings and experiences are being warded off.

Now let's view the videotape of your session. Notice the moment you started to have those feelings. This interactional pattern, for instance of rejecter-rejected began at a particular moment in the session. Go back in the session to find out what was the feeling, issue, or conflict in the session that triggered this new interaction and set of feelings. For instance, had the patient felt rejected by you for something you said or didn't say? If so, this interaction may be a reaction to that. Now you know what to discuss with the patient.

With this degree of analysis and understanding of the feeling induced by the patient, the intensity of the feeling should have died down, and now you can reflect about your

patient and the process. But sometimes these feelings don't die down because our feelings are not induced by patients. Our feelings reflect our own personal issues. This is your stuff, not the patient's.

How can you deal with this? Now that you have written down the feelings and the roles, with whom did *you* feel this way in *your* past? What are *your* feelings toward that person? Here's the hard part: what are three ways in which you behave like that person? What are three ways you behave like that person *with your patient*? We have to address those two questions because, if we are stuck due to our own countertransference, we are enacting something from our own past with the patient. Obviously, therapy and supervision can be a great help with this kind of problem. But this preliminary work will help you prepare the field for the work with a good supervisor or therapist.

At the very least, you will have learned to pay attention to your feelings, analyze the roles that are enacted, see the links to the patient's past, and see how you are enacting those roles. Just this bit of progress will help the therapy progress. The key skill you are developing here is learning to tolerate your feelings as a source of information so that you can reflect on these feelings and understand the patient's emotional communication. When you can do this, you will no longer react to the patient; instead, you will respond to the patient's emotional communications. And this is how healing unfolds.

For more on countertransference analysis, the best book is Thomas Ogden's, *Projective Identification and Therapeutic Technique*. For more on the roles that are induced, Rinsley's books on borderline patients are good. And for more on how these roles can oscillate, see Kernberg et al, *Psychodynamic Psychotherapy with the Borderline Patient*.