

Channeling healing energy: Awareness of Transference and Countertransference in the Chiropractic Clinical Encounter, Part four

Charles L Blum and Jeffrey D Blum

Narrative abstract: Transference and countertransference are psychodynamic terms for how a person's past experiences and relationships colour their perception and engagement in current relationships. Transference is the act of a patient unknowingly transferring feelings from their past onto the doctor and the doctor patient relationship. Countertransference is the act of a doctor unknowingly transferring feelings from their past onto the patient and the patient doctor relationship. Transference and countertransference are always present and cultivating an awareness of these unconscious behaviours are important for optimal doctor and patient relationships. Especially since the chiropractic encounter usually involves touch it is the physician's responsibility to carry the consciousness or therapeutic awareness in any healthcare relationship.

Indexing terms: Chiropractic; chiropractor; transference; countertransference

Introduction

Transference and countertransference are psychodynamic terms for how a person's past experiences and relationships colour their perception and engagement in current relationships. (1, 2) While transference and countertransference are not often discussed in the chiropractic field they are important considerations for all clinical settings. (3, 4)

Individuals' unique histories impact how we interact with one another, and are influenced by factors such as gender, culture, age, ethnicity, lived experience, and more. Since chiropractic care is a touch based method of healthcare additional awareness around this topic is needed to help protect the doctor and patient. This is particularly an important issue due to the inherent asymmetrical power dynamic in the doctor patient relationship.

Transference

Transference is the act of a patient unknowingly transferring feelings from their past onto the doctor and the doctor patient relationship. Doctors need to cultivate an awareness that these psychodynamic behaviours often occur in clinical encounters. Sometimes transference may lead to a patient feeling frustrated, apprehensive, or upset with a doctor. A doctor should be curious when a patient isn't listening to them, is resistant to care, or on the other hand might be overly accommodating. When working with a very accommodating patient a chiropractor should be

... in the doctor patient relationship it is always the duty of the doctor to be looking out for the patient's best interests'



inquisitive whether this accommodation may be part of the patient's unconscious historical pattern and how this might influence consent. The ideas of consent in the chiropractic workplace will be discussed in greater detail in part 5 of the channeling healing energy series.

Another presentation of transference that may occur in a chiropractic setting is when a patient develops an attraction or deep emotional relationship with their doctor. A patient's unconscious or previously not met need for care may be transferred onto their chiropractor which can mistakenly be conflated as attraction. This is something that can naturally occur when a person is receiving care and they are in a vulnerable position. Due to this vulnerability most healthcare practitioners are not supposed to seek relationships with their patients outside the clinical encounter. Since most chiropractic care involves touch it is likely that chiropractors need to be especially cautious to protect their patients from various aspects of transference. The doctor needs to understand that when they do not reciprocate or engage in the patient's fantasy, it is possible that the patient's affection may turn to hostility.

As a chiropractor we have a particular duty to be protective of our patients and what they might be experiencing unconsciously. Due to their vulnerability it is crucial not to take advantage of them financially by encouraging them to receive unnecessary chiropractic care, having them refer patients to the office, or seeking any sexual or emotional relationships. Even if a patient initiates an enhanced relationship it is important that the doctor trusts their intuition and if anything be overly cautious to protect their patient and keep the doctor patient relationship safe and therapeutic.

A key for doctors when noticing transference appearing during an office visit is to focus on being present and not reactive to the patient's behaviour. Since we cannot control what experiences and relationships a patient may have had in their past, what we can control is how we deal with our patients in the present. Often when a doctor becomes aware of transference, having the skill to '*name what may be taking place*' and through open communication and inquiry bring explicit awareness to the behaviour at hand. Essentially it is all about '*if you see something say something*.'

Countertransference

Countertransference is the act of a doctor unknowingly transferring feelings from their past onto the patient and the patient doctor relationship. In this situation it is vital that the doctor works to cultivate a baseline awareness of their self and relational dynamics to support noticing shifts when working with clients. This awareness can help to minimise the risk of unconsciously playing out their old relational patterns with patients.

While we are all human and have feelings, physicians must be aware of the unconscious internal machinations that take place within their own psyche as well as in their patient's. It is important for physicians to be cautious not to seek personal relationships with patients when the doctor might feel lonely, is seeking a partner, or going through a tumultuous relationship with a significant other. Sometimes instead of an attraction a doctor might be annoyed with a patient and/or their behaviour. Essentially when a doctor has an '*emotionally charged*' feeling regarding their patient it is important for them to pause and look within. If these relational patterns or other behaviours are showing up in a doctor patient dynamic a chiropractor might want to seek consultation from other doctors and consider psychotherapeutic care. Ultimately it is the physician's responsibility to carry the consciousness or therapeutic awareness in any healthcare relationship.

The positive side of Transference and Countertransference

While transference and countertransference have often been demonised they also may positively influence the healthcare encounter. Therefore when becoming aware of transference and countertransference instead of pathologising this behaviour the doctor may use these observations as information to facilitate assessment and treatment. (5) One positive way of working with transference when having an accommodating client, is that the doctor can use this behaviour to encourage and support their autonomy.

Additionally transference can be used to enhance the placebo effect. (6) A placebo effect can occur when a patient sees a doctor as 'expert' or 'healer' and this can increase the potency of the care and how a doctor's suggestion can take on additional import. Awareness is essential so that the doctor is not using transference to take advantage of the patient financially or personally but instead seeking to support a patient's independence and overall care. One positive way of using countertransference is a doctor leveraging their awareness of their own personal somatic and emotional cues, since this can also sometimes represent important clinical information. For example in response to a patient's disclosure of a personal life struggle a doctor may express a feeling of wanting to reach out and comfort the patient. In this dynamic, rather than reaching out the doctor can explore what it might be like for the patient to hear how their struggle is impacting the doctor personally.

Transference and countertransference are always present and cultivating an awareness of these unconscious behaviours are important for optimal doctor and patient relationships. Doctors bringing awareness to their own psychodynamics can notice shifts in their own body and mind so they can strive to respond instead of react in clinical encounters.

Years ago when I was studying a martial art called *Shotokan Karate* my Sensei, James Field (lead instructor), discussed with the class how in a traditional Japanese dojo, there is a special relationship of respect known as the Senpai (Senior) and Kohai (Junior) system. (7, 8) He had a very whimsical way of teaching that makes me smile when I remember him saying, *'It is the duty of the Kohai when sparring or training to try to completely destroy their Senpai or it would be showing them profound disrespect. Yet it is the duty of the Senpai to teach and protect their Kohai at all times when sparring and training and never hurt them in any way.'*

Therefore the above example can be used as a metaphor to emphasise how in the doctor patient relationship it is always the duty of the doctor to be looking out for the patient's best interests. Being aware of transference and countertransference helps bring consciousness to unconscious thoughts and behaviours ultimately protecting the patient and improving clinical encounter outcomes.

Jeffrey D. Blum

BAnthropol, MA (Clinical Mental Health)
Licensed Professional Clinical Counsellor
Boulder, CO

Charles L Blum

DC
Director of Research
Sacro Occipital Technique Organization - USA
Private practice of Chiropractic
Santa Monica, CA
drcblum@aol.com

Cite: Blum CL, Blum JD. Channelling healing energy: Awareness of Transference and Countertransference in the Chiropractic Clinical Encounter, Part four. URL Asia-Pac Chiropr J. 2023;4.1 URL apcj.net/Papers-Issue-4-1/#BlumHealingEnergy4

References:

1. Zilcha-Mano S, McCarthy KS, Dinger U, Barber JP. To what extent is alliance affected by transference? An empirical exploration. *Psychotherapy (Chic)*. 2014 Sep;51(3):424-33.
2. Gedo PM. Transference-countertransference repetitions of traumatic affects. *Bull Menninger Clin*. 2013 Spring;77(2):161-77.
3. Parth K, Datz F, Seidman C, Löffler-Stastka H. Transference and countertransference: A review. *Bull Menninger Clin*. 2017 Spring;81(2):167-211.
4. West M. Trauma and the transference-countertransference: working with the bad object and the wounded self. *J Anal Psychol*. 2013 Feb;58(1):73-98.

5. Brockman R. Aspects of psychodynamic neuropsychiatry III: magic spells, the placebo effect, and neurobiology. *J Am Acad Psychoanal Dyn Psychiatry*. 2011 Fall;39(3):563-72.
6. Senger HL. The "placebo" effect of psychotherapy: a moose in the rabbit stew. *Am J Psychother*. 1987 Jan;41(1):68-81.
7. Swanson JD. The Five Principles of Shotokan Karate and Their Linkage to the Jitsu vs. Do of Karate Training. [American Philosophical Association's National Meeting in San Diego, 16-20 April, 2014] *Journal of the National Collegiate Karate Association*. 2016:24. [http://iskf.com/wp-content/uploads/2017/01/2016_NCKA_Journal.pdf] Last accessed April 15, 2023.
8. Aloia A. The Value of Mentorship, or An Experience in the Senpai-Kohai Relationship. 20 Mar 2023. [<https://maytt.home.blog/2023/03/20/the-value-of-mentorship-or-an-experience-in-the-senpai-kohai-relationship/>] Last accessed April 15, 2023.

About

Charles L. Blum, DC is in private practice Santa Monica, California and past president of SOTO – USA, now their research chair. Adjunct research faculty at *Cleveland Chiropractic College*, associate faculty at *Southern California University of Health Sciences* and *Palmer College of Chiropractic West* teaching the SOT Elective. Dr. Blum is a Certified SOT Cranial Practitioner, and on the peer review board of the *Journal of Craniomandibular and Sleep Practice* (CRANIO), *Association of Chiropractic College Conference Peer Review Committee*, and *Journal of Chiropractic Medicine*. He has lectured nationally and internationally, has written various SOT related texts, compiled SOT and cranial related research, and has extensively published in multiple peer reviewed indexed journals and at research conferences from 1984 to the present.



Jeffrey D. Blum is a Licensed Professional Clinical Counsellor with a Master of Arts (MA) in Clinical Mental Health Counselling. He works on *Somatic Counselling: Body Psychotherapy* from *Naropa University* in Boulder, Colorado. His clinical internship was taken at the *University of Colorado Boulder* as an *Alcohol and Other Drug Early Intervention Facilitator*. Additionally, he has coached rock climbing for the last 10 years, working with children and adults to help support present moment experience and arousal regulation.



Editor's note

This is the fourth paper in the series with the theme of Healing Energy. Next, Part Five will address ideas of consent in the chiropractic workplace. The three previous papers are:

Blum C. Channeling healing energy: The power of touch in the chiropractic clinical encounter, Part three. URL Asia-Pac Chiropr J. 2023;3.3 URL apcj.net/Papers-Issue-3-4/ #BlumHealingEnergy3

Blum C. Channeling healing energy: The power of words in the chiropractic clinical encounter, Part two. URL Asia-Pac Chiropr J. 2023;3.3 URL apcj.net/Papers-Issue-3-3/ #BlumHealingEnergy2

Blum C. Channeling healing energy: The value of compassion in the chiropractic clinical setting. Part one. URL Asia-Pac Chiropr J. 2022;3.2. URL apcj.net/Papers-Issue-3-2/ #CompassionCharlesBlum