Transference	Countertransference
The client's unconscious **emotional and bodily responses** to the therapist.	The therapist's **emotional and / or bodily responses** to the client.
Often reflects **early relational templates** (e.g., parent, caregiver).	Can arise from the therapist's own past, or as a **resonant response** to the client's unconscious material. (See Hate in the Countertransference, Winnicott, 1946)
May be expressed through **tone, posture, silences, tension, or somatic symptoms.**	**May be experienced as bodily sensations like fatigue, tension, breath changes, or affect shifts.**
Example: A client becomes physically tense around a calm therapist, unconsciously expecting criticism.	Simple example: The therapist feels tight in the chest when the client talks about their mother, before any emotion is named.
Key idea: **Projection** of inner world onto the therapist, including bodily states.	Key idea: Therapist's body may become a **sensitive register or an instrument of attunment** to what the client cannot yet symbolise.

TRANSFERENCE & COUNTERTRANSFERENCE IN GENERAL TERMS

LISTENING TO THE UNSPOKEN:

An embodied response to the therapeutic field.

DISTINGUISHING BETWEEN EMPATHY AND EMBODIED COUNTERTRANSFERENCE

Empathic Resonance	Embodied Countertransference
Feeling *with*	Feeling *through*
Emotional mirroring	Unconscious projection into the body
Often conscious and symbolised	Often preverbal, unconscious, dissociated
May be accurate and compassionate	May be confusing, dysregulating, but may also provide new insight

SESSION OBJECTIVES

1.Differentiate between embodied countertransference and empathic resonance, with attention to unconscious communications within the therapeutic field.

2.Recognise how embodied countertransference responses can serve as valuable clinical data in the therapeutic encounter, particularly when working with complex trauma in recovery.

3.Develop embodied awareness to enhance attunement, co-regulation and ethical responsiveness in clinical work with individuals in recovery.

The Analyst's Body as Tuning Fork (Stone, 2006)

Key Concepts:

When the therapist experiences a somatic reaction—**not just feelings, fantasies, or thoughts. (According to Stone. A quick note on this).**

The **"tuning fork" metaphor**: the analyst's body responds in unconscious synchrony with the patient's psychic material.

WHAT'S EMBODIED COUNTERTRANSFERENCE?

When Embodiment Isn't About the Client

"The analyst must be so thoroughly aware of the countertransference that he can sort out and study his objective reactions to the patient."
Winnicott (1947)

Not all bodily or emotional reactions in the therapist are meaningful countertransference.

Some may be **unprocessed or repressed content** from the therapist's own psychic structure.

Winnicott warns that without deep personal analysis, the therapist may act out rather than metabolise these reactions.

Especially when working with **dissociative, or primitive states**, the **emotional and bodily burden** can revive **early unsymbolised material** in the therapist.

A WORD OF CAUTION

Clients with '**borderline', 'psychotic', or 'narcissistic' traits**. ***(* a note on these labels)***

Those with **early preverbal trauma**.

When a **fear of strong affect** being consciously expressed.

When the **therapist's own typology** (e.g. introverted intuition) allows for somatic receptivity. Note that therapist boundaries, both psychic and embodied, are crucial.

Clinical Conditions Likely to Evoke E.C.T:

Clinical integrity in embodied work requires discernment. Always ask of yourself, am I resonating with the client's material—or reactivating my own?

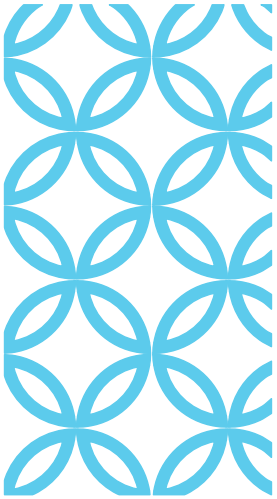
Ask in your own therapy.

Ask in supervision.

Ask again yourself again.

Bion (1962) described the process by which raw, unprocessed emotional experiences, *'beta elements'*, are transformed into '*alpha elements'* through regulated containment and contemplation.

...these now become narratable, thinkable experiences. When a therapist listens with their whole body, they can help metabolise what the client cannot yet put into words, offering a space for transformation and emotional digestion.



Embodied countertransference occurs in a **"subtle field"** between client and therapist akin to Winnicott's transitional space (1953).

This resonance is **not metaphorical**, but viscerally **experienced and potentially transformative**, if recognised and held.

Stone calls for a wider acceptance that **certain analysts, especially Jungian 'introverted intuitives'**, are more attuned to somatic resonance.

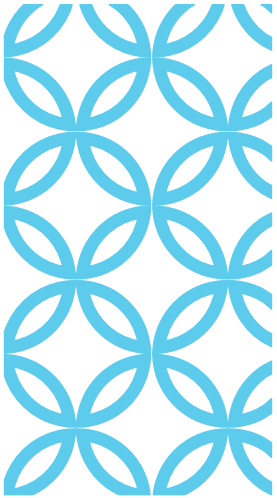
"The analyst's body... may be said to belong not to him at all but to a virtual midpoint between him and his patient." (Ogden, 1994)

Theoretical Contributions

KEY ASSOCIATED IDEAS, INTERPERSONAL NEUROBIOLOGY AND SOMATIC THERAPIES

Neuroception (Stephen Porges, Polyvagal Theory)

- The **subconscious detection of safety or threat** in the environment, especially through facial expression, body posture, and eye gaze.
- You don't "think" it, you **feel** it.
- Neuroception includes the subtle bodily responses to being observed or scrutinised. (See 'energetic resonance')



Transitional Space (Winicott, 1953) :

A **third area of experience**, between subjective omnipotence and objective reality.

Emerges first in infancy (e.g., through a transitional object like a teddy or blanket).

In adult life, this space becomes the basis for **symbolic thinking**, **play**, **creativity**, and crucially, **the analytic relationship**.

In the therapy room, **transitional space** is the emotional and symbolic territory where:
Client and therapist **co-create meaning**.
Unconscious material can be **safely explored**.
Countertransference and transference play out **without collapsing into enactment or denial**.

THE CONTRIBUTION OF DANCE AND MOVEMENT THERAPIES

Kinosphere :

Your personal space in motion

Coined by movement theorist **Rudolf Laban (1966),** the **kinosphere** refers to the **three-dimensional space your body can move in without stepping**, your full natural range of motion.

In somatic therapy, it's used as a **tool for reclaiming spatial awareness,** boundaries, and agency.

Interoception / Proprioception (general somatic terms)

Interoception: the internal sensing of your body's states (e.g. "I feel watched" = nervous stomach, tight chest)

Proprioception: awareness of your body's position in space (may heighten when you sense eyes on you)

"Laban's movement analysis gives therapists a framework for perceiving and articulating the nonverbal dimension of countertransference—how the therapist's body may absorb, mirror, or respond to the client's emotional state before words are found."
Levy, F. J. (1995). Dance and Other Expressive Art Therapies: When Words Are Not Enough

Energetic resonance / felt sense (Peter Levine, Somatic Experiencing)

The **felt sense** of "something landing" on you.

E.g a gaze may register as heat, tingling, tightness, or an urge to move, duck, or check.

Intersubjectivity Through Movement

Movement observation and mirroring are ways to understand others. We sense the unspoken through physical attunement.

The therapist might mirror or contrast the client's movement unknowingly, later realising it held emotional data from the therapeutic field.

The Body Communicates Inner States

The body **expresses the psyche:** emotions, intentions, and unconscious drives are made visible through bodily dynamics (Effort, Shape, Space). This means we can become attuned to subtle shifts in clients' and our own embodiment and movement qualities.

In therapy: A therapist might *feel themselves suddenly adopting a heavy, bound posture* in response to a client. Recognising this change could provide insight into the client's unspoken emotional state (e.g., grief, control, fear).

Cultivating Somatic Awareness and The Ethics of Presence

Laban's system teaches precise movement observation and self-awareness. This helps therapists develop the **somatic literacy** needed to track and make sense of embodied countertransference, instead of dismissing it as personal discomfort or distraction.

John P. Conger (1994) *The Body in Recovery* outlines the **therapist's embodied presence** as a **core ethical stance**, being with the client without **pretense, projection, or intrusion.**

Thomas Ogden (2004) discusses **"reverie" and presence in the analytic third**

A call to move towards an ethics of care and presence, emphasising the healing power of **authentic attunement.**

The Body as a Resonant Space

Our bodies are **responsive and relational**. In embodied countertransference, the therapist's body becomes a kind of **instrument or mirror,** unconsciously reflecting the client's affect through movement or felt sensation.

Therapists may notice shifts in our own bodies and explore what's being communicated relationally.

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A responsibility to notice **when we are "out of presence"** and to **use body awareness to re-center.**
A therapist/facilitator's nervous system tone is **felt by the client or by the group,** whether consciously or not.

ETHICS OF PRESENCE

"The analytic third is a jointly created, unconscious, co-constructed field that is not owned by either the analyst or the patient, but arises between them."
— Ogden, T. H. (1994). Subjects of Analysis.

RELATIONALITY AND SHARED POWER

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The **limits of language**:

"Language is an imperfect tool to measure a very complex phenomenon."