

Transference and Countertransference in working with consumers with **Eating Disorders**

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Common attitude of health professionals towards
Eating Disorders



Short recap of Eating Disorders



Transference in Eating Disorders



Countertransference in Eating Disorders



Facilitators in Nursing Practice



Key messages

WHY THIS TOPIC?

COMMON ATTITUDE OF HEALTH PROFESSIONALS TOWARDS EATING DISORDERS

“I will help people who only want to be helped...”

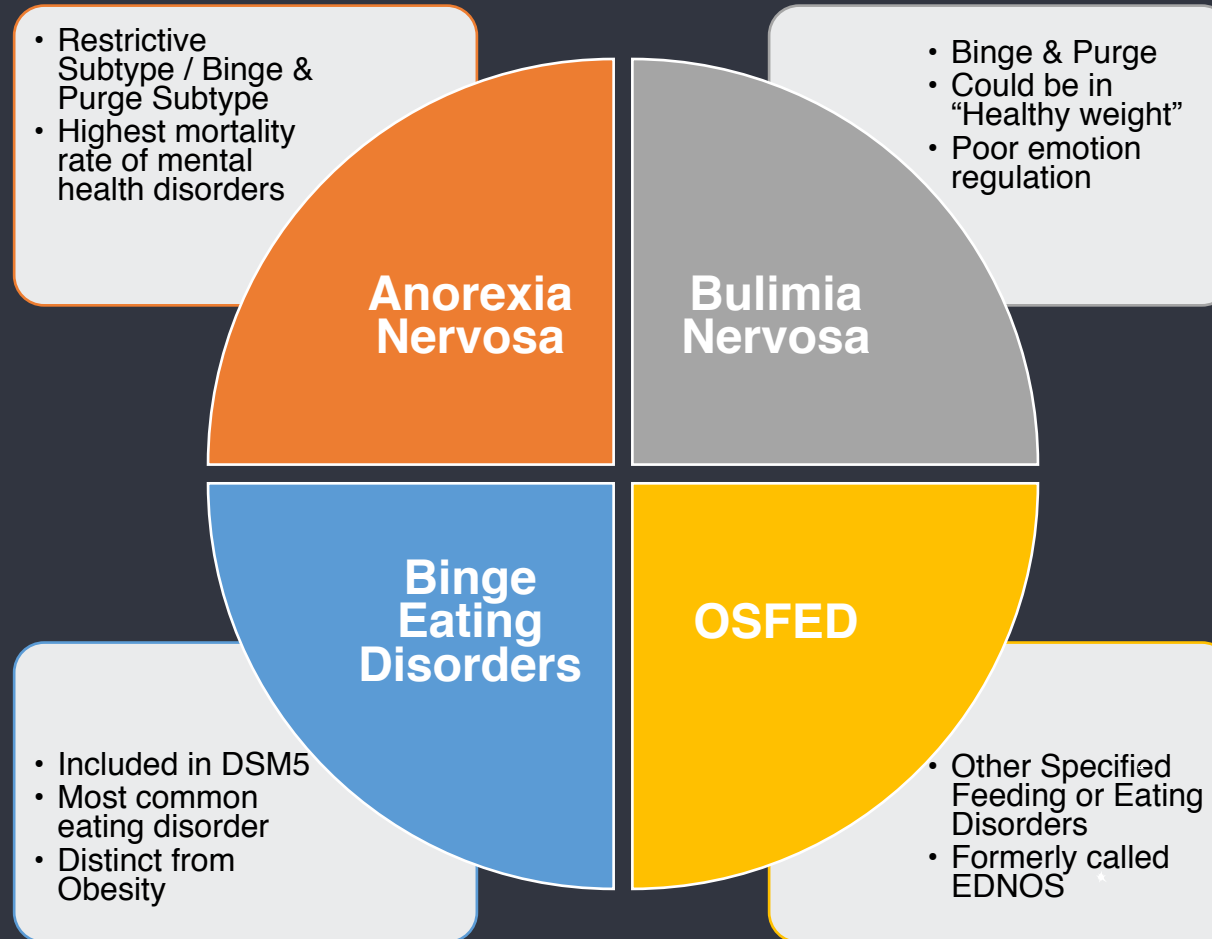
“You feel like your work is counterproductive... I’m scared of saying the wrong thing”

“Why it’s so difficult to eat: I don’t know why they hold onto it? I think they’re just vain to start with”

”why not eat, I love food”

(Walker & Lloyd, 2011, p385)

BRIEF RECAP OF EATING DISORDERS

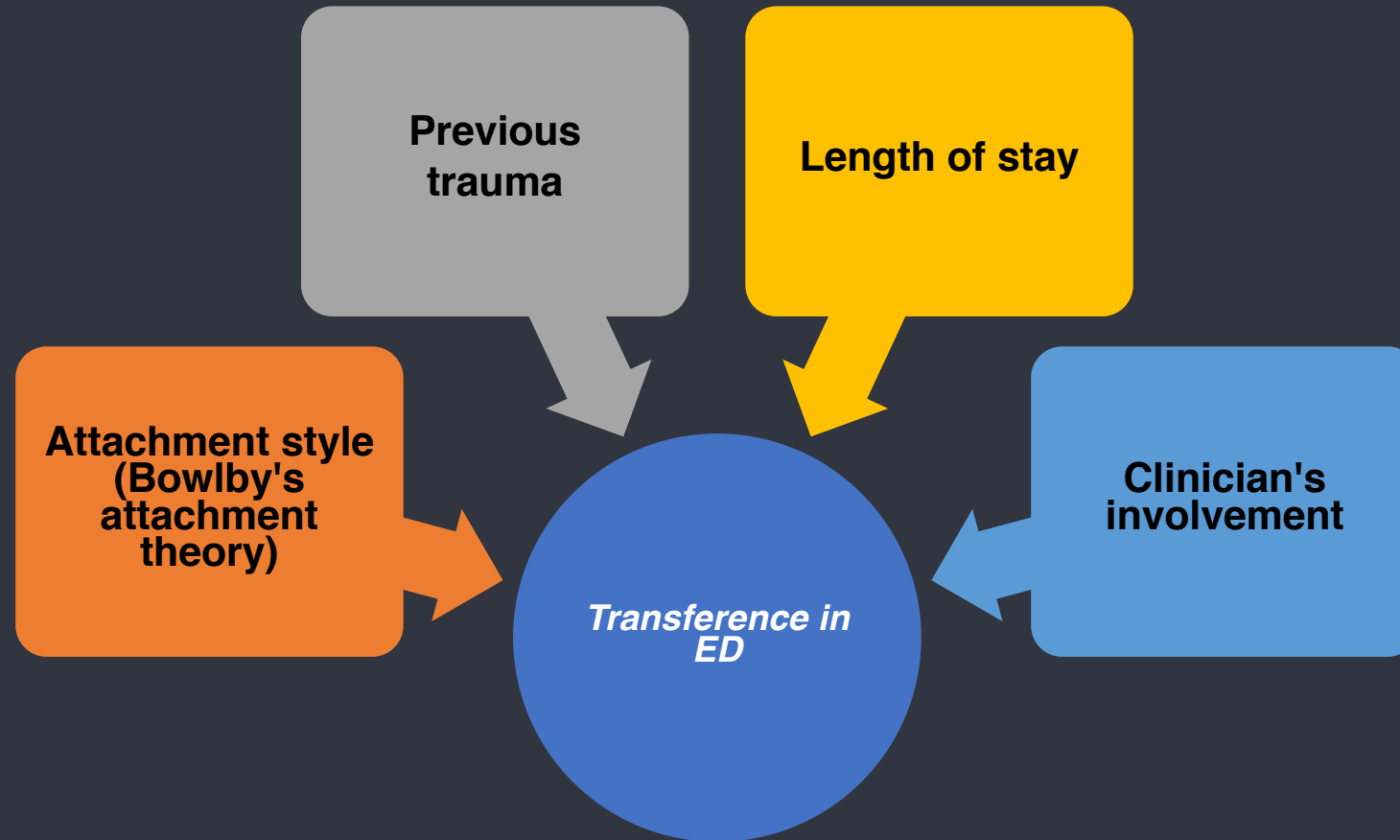


WHAT IS TRANSFERENCE?

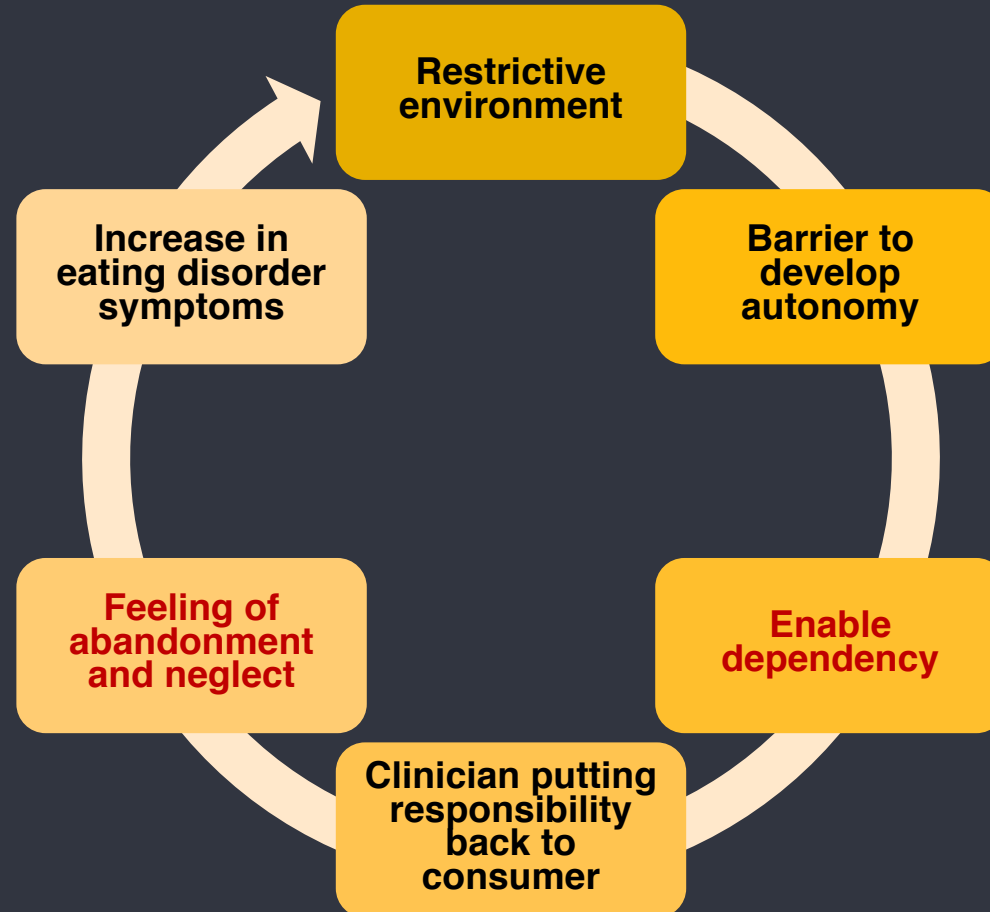
“Transference is a process by which the patient transfers onto his/her therapist/nurse, past experiences and strong feelings or dependency, which they have previously experienced with significant persons in his/her lives.”

(Swatton, 2011, p.38)

FACTORS INFLUENCING TRANSFERENCE IN EATING DISORDER TREATMENT



COMMON CHALLENGES



WHAT IS **COUNTERTRANSFERENCE**?

“Countertransference applies to those thoughts and feelings experienced by the therapist/ nurse in response to the patient and how the patient makes them feel. This can have a positive or negative affect on the therapist/nurse– patient relationship. “

(Swatton, 2011, p.38)

COMMON COUNTERTRANSFERENCE

When you to see positive results, you feel excited and good that things are moving forward but most of the time you feel you are going round and round in circles so it makes you feel a useless therapist ... it just takes too long to get the rewards for your work'

Anxiety

'Frustrating ... it can be really frustrating to get people to engage when there is clearly a problem, when they are not willing ... it can be very frustrating for the clinician to stay motivated'

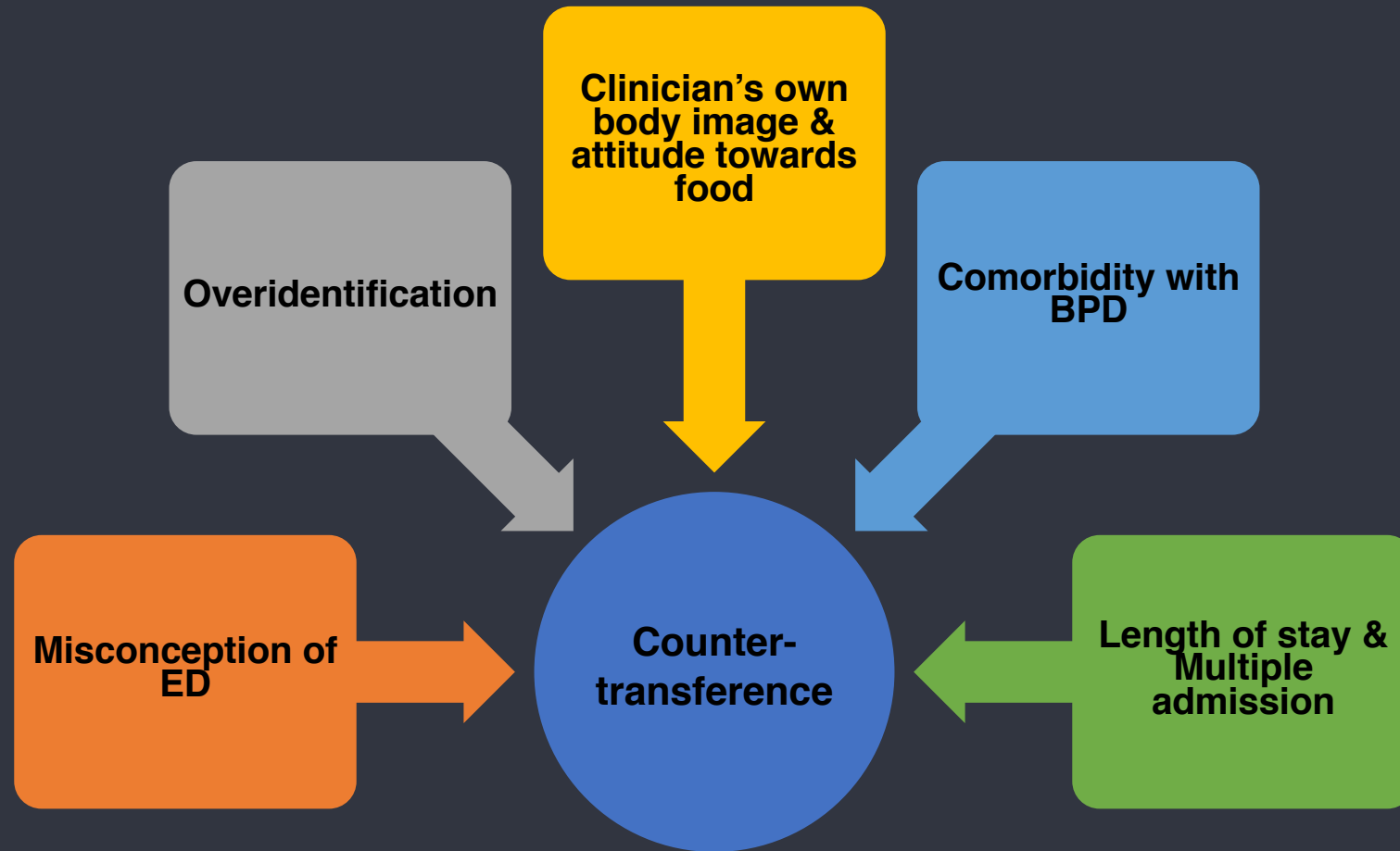
Hopelessness

Anger

Feelings of incompetency

'You can get quite angry with them ... frustrated with them when it goes on and on. I looked after a girl who used to rip out the naso tube ... after some time, you would get feelings of immense anger and frustration'

FACTORS INFLUENCING COUNTERTRANSFERENCE IN ED

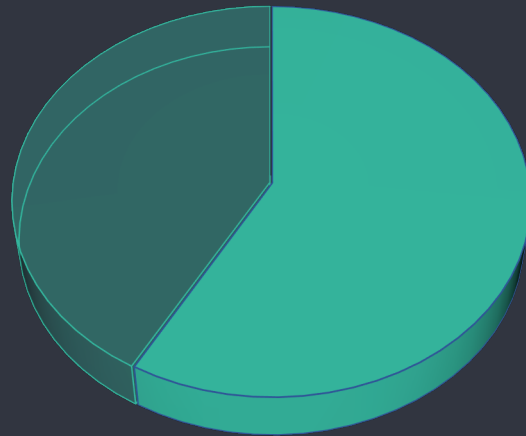


MISCONCEPTION ABOUT CONSUMERS WITH EATING DISORDERS

They are vain

...only occurs in young girls

They don't recover. They always come back.



58.2% Nurses and doctors believed that individuals were responsible for Eating Disorders

(Raveneau et al., 2013)

It's self-inflicted

They are not skinny, so must not be serious (or opposite)

They don't want to get helped

OVERIDENTIFICATION

Grad nurse "Sarah"



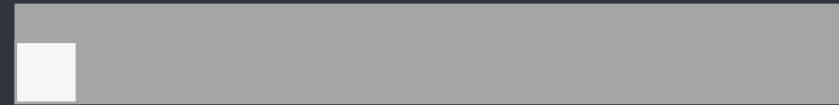
23 years old Australian

Recently finished university

Vegetarian

Plays volleyball every week

Consumer "Veronica"



22 years old Australian

Currently studying pharmacy

Vegetarian

Former gymnast

Above names & identity are fictitious

CLINICIAN'S OWN BODY IMAGE ISSUES OR ATTITUDES TOWARDS FOOD

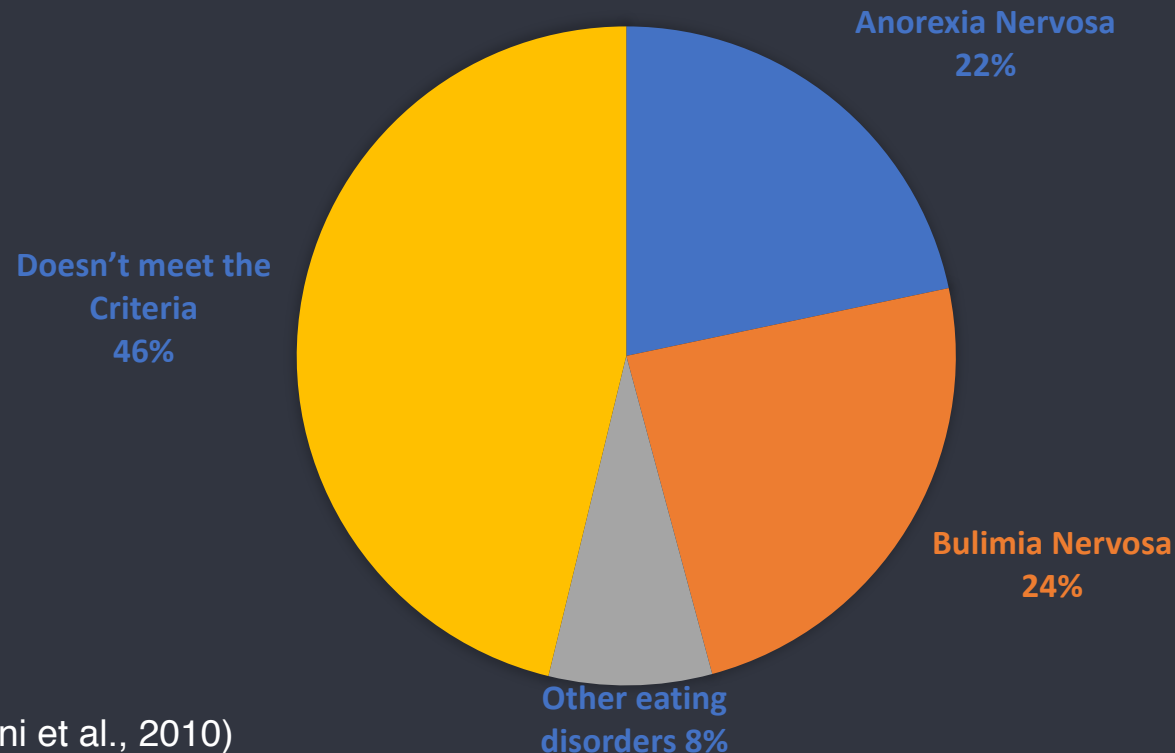
*The longitudinal study on **general public**, found that 74% woman desired weight loss, including 68% of health weight and 25% of underweight individuals.*

'Working with eating disorders does make you look at your own body image and your of own self image ... you need to be fairly intact and confident to work with them ... you can see them evaluating you ... it can be quite distressing on a bad day...'

'I think body image is more an issue with females due to social pressures ... it doesn't bother me so much being a male ... but I do think I become more aware of healthy eating...'

COMORBIDITY WITH BORDERLINE PERSONALITY DISORDER

AMONG THE INPATIENTS WITH BPD DIAGNOSIS



- *Poor emotion regulation*
- *Unclear self image*
- *Non-suicidal self injury*
- *Impulsivity*
- *Feeling of abandonment*
- *Idealisation or devaluation*

(Zanarini et al., 2010)

FACILITATORS FOR NURSING PRACTICE



FROM THE NURSES WORKING IN EATING DISORDERS

I feel like we (nurses) are really involved in their recovery.. We have crucial role and I find that empowering to nurses. There's so much we can do.

Of course it's challenging, but it is rewarding as much as it is challenging. You really get to know them, and it makes you feel so happy when they are doing well.

It was scary at the start... However I learned so much.. You think it's just eating disorders at the start but there are so much more underneath.. Great specialty to learn.

I like seeing the changes in people.. It can be very slow and by a little but it's there.

It really developed my skills... I learned how to provide structure while still giving empathetic support. I also feel like I have more self-awareness as a clinician.

TAKE HOME MESSAGES

As a clinician, it is very common to feel various negative emotions when working with consumers with Eating Disorders.

However, learning about eating disorders and common misconceptions, having genuine curiosity about the individuals, being aware of countertransference, practicing self-reflection and participating in clinical supervision can make working with consumers with eating disorders a....

HIGHLY REWARDING EXPERIENCE!

**Questions &
Discussion &
Feedback**

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