



## COUNTERTRANSFERENCE: EXPLORING ETHICAL ISSUES AND THEIR IMPACT ON COUNSELING PRACTICE

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**Abstract:** This research explores the ethical issues of countertransference in counseling, aiming to understand its impact on counseling services. Countertransference, the counselor's emotional response to the client, poses a nuanced set of ethical challenges in maintaining confidentiality, transparency, and cultural sensitivity. This study synthesizes existing literature to elucidate the conflicts emerging from countertransference management, addressing issues such as the counselor's emotional instability, issues of racism, or a decline in professionalism. Furthermore, the study suggests avenues for future research, emphasizing the need to investigate moderating factors like counselor experience, therapeutic approach, and client characteristics on countertransference impact. Incorporating diverse perspectives, including those of clients, is proposed to gain a more comprehensive understanding. Additionally, research interventions providing practical strategies for ethically managing countertransference could contribute to the development of contextually informed ethical guidelines for counseling practices. This research offers a foundation for refining ethical considerations in countertransference and enhancing the overall quality of psychoanalytic counseling services.

**Keywords:** counseling, countertransference, ethical issues

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## INTRODUCTION

In counseling practice, there is an aspect that is particularly interesting and often a source of challenge: countertransference. Countertransference refers to any projection that influences the way the counselor views and reacts to the client. This phenomenon occurs when the counselor is triggered to become emotionally reactive and loses objective ability because of the problem the counselor becomes involved with (Corey, 2017). At one time, countertransference is considered to have its role as a tool that can help counselors understand the unconscious dynamics of clients (Racker, 1952), but it is also an area that can raise various complex ethical issues. Countertransference often creates dilemmas for counselors.

Although countertransference can provide valuable insights into counseling practice, some limitations must be acknowledged. Unwise and unconscious application of counselor reactions in the form of countertransference can risk harming the quality of counseling, even having an impact on the counselee's well-being (Tishby & Wiseman, 2020). Therefore, this article will also identify the limitations that may arise in managing countertransference and how the emergence of unwise countertransference can violate existing ethical codes.

This article aims to increase the understanding of counseling practitioners, whether guidance and counseling teacher, counselors, or other practitioners; students and prospective counselor practitioners; as well as researchers in the context of counseling practice regarding ethical issues that may arise when counselors involve countertransference in their counseling practice. In this research, an exploration of countertransference aspects related to ethical dilemmas that arise in counseling practice is carried out. By identifying, understanding, and ethically addressing countertransference, it is

hoped that the quality of counseling services can be improved while maintaining integrity and respect for counseling.

## **METHOD**

In this research, a qualitative research method was used with a systematic literature review approach. According to Littell, Corcoran, & Pillai (2008), a systematic review is a way to search for and combine all relevant research on a topic to answer certain questions. Meanwhile, according to Jesson, et al. (2011), a literature review is a literature-based research approach that involves secondary analysis of various explicit knowledge, so that abstract concepts from explicit knowledge can be explored. Based on each of these definitions, a systematic literature review is a literature-based research approach that searches for and integrates several relevant studies on a topic to answer certain questions about that topic.

This research is based on secondary data sources in the form of journal articles that are relevant to the topic of countertransference in counseling practice which includes ethical issues in counseling practice. The articles that reviewed in this research are collected through the Google Scholar search engine. Each of the selected articles contained the exact same keywords regarding countertransference. The steps for writing this article start from determining the issue, creating a framework for writing the article, collecting data from various sources, and writing the article.

## **FINDINGS AND DISCUSSIONS**

### **Countertransference in Counseling Services**

Basically, the definition of countertransference is divided into several opinions. The classical opinion considers that countertransference is defined as an unconscious, inappropriate, and neurotic reaction of the counselor to the transference of the counselee. In this classical perspective, countertransference

should be avoided, dealt with quickly, and considered detrimental to the relationship between counselor and client (Rosenburger & Hayes, 2000). Meanwhile, according to Hayes, et al. (2018) Contratransference is defined as internal and external reactions involving unresolved conflicts of the counselor, but not necessarily at the subconscious level. This view of countertransference is similar to the classical view in that the unresolved conflicts of the therapist are the source of countertransference.

This phenomenon occurs when there is inappropriate influence and is triggered by the counselor's conflict to the point of losing objectivity in counseling. In another opinion, countertransference usually refers to the counselor's ability to note and understand the emotions they experience in the presence of their counselee (McCluskey & O'Toole, 2020). Classical approach sees countertransference as negative and harmful to the therapeutic process. However, this classic view of countertransference is no longer widely held in the mental health field today (Burwell-Pender & Halinski, 2018).

Based on the totalistic definition considers countertransference to include all the counselor's reactions, whether conscious or subconscious, positive or negative, and grounded in reality or not, in response to the client. In this view, countertransference is not necessarily detrimental to the relationship between counselor and client, but can instead be a source of insight. Hinshelwood (1999) also argues about countertransference, describing that this phenomenon is a very personal professional tool for a clinician. However, countertransference is also highly interpersonal, as it involves the relationship between clinician and patient. The phenomenon works at both unconscious and preconscious levels, which can initially only be perceived at the preconscious level. However, according to Rosenberg and Hayes (2002), this overly broad definition eliminates the usefulness of countertransference as a clinical construct. That is, since all counselor reactions are considered as

countertransference, then countertransference is not considered a problem in therapy if it is used as a source of insight in the therapeutic relationship.

In the moderate definition, countertransference is viewed as a potentially useful phenomenon if the counselor can understand his or her reactions and use that understanding to help understand the patient. This view differs from the classical view that sees countertransference only as a reaction to the patient's transference; countertransference can be a reaction to many factors, both internal and external. A moderate definition of countertransference considers countertransference to include the counselor's reactions to the client stemming from the counselor's own unresolved personal issues. These reactions can be emotional, behavioral, and cognitive experiences, both conscious and unconscious, as well as reactions to client transference (Hayes, 2004). Countertransference occurs when the counselor's past or current experiences are reflected in the client's current situation (Fauth, 2006). In this moderate definition, countertransference can appear in both positive and negative forms and can include over-involvement or under-involvement with the counselee.

Countertransference can be something that makes or breaks the therapeutic relationship in counseling. When talking about their problems, the counselee may trigger the counselor's feelings about their past. However, sometimes the feelings experienced by the counselor do not necessarily become a problem for the counselee. Through the countertransference that occurs, the counselor can have an idea of the dynamics of the client. The key to this is the way the counselor responds to the client's problems and recognizes patterns that can help the client (Corey, Corey, & Callanan, 2007).

### **The Impact of Countertransference**

Countertransference can have a significant impact on the quality of counseling services in various ways, namely (1) influencing the counselor-counselee relationship, (2) reflection of the counselor's feelings, (3) selection of

techniques and approaches, (4) emotional instability, openness and honesty, and (5) influence the counselee's understanding process. In terms of the relationship between the counselor and the counselee, countertransference is described as positive when it creates feelings of closeness, respect, and well-being towards the counselee so that it can increase the counselor's understanding of the experiences and feelings felt by the counselee and deepen the therapeutic relationship.

Countertransference can be negative when it causes unpleasant feelings and creates distance in the therapeutic relationship between the counselor and the client (Hadley & Strupp, 1976), such as anger and excessive burden. The countertransference that is most likely to cause problems is one that the counselor is not aware of, thereby reducing or even eliminating the counselor's objectivity towards various aspects of the client's transference (Sharp, 1947). Countertransference has the potential to disrupt the dynamics of the relationship between the counselee and counselor, because it influences the way the counselor understands and responds to the counselee (Machado, et al., 2014). This phenomenon shows that the counselor's feelings, attitudes, or personal experiences can interfere with the interpretation and response to the stories and problems brought up by the counselee. Therefore, understanding and managing countertransference becomes a critical aspect in ensuring that the counseling relationship remains healthy and focused on the client's interests.

Countertransference, as a reflection regarding the counselor's feelings, can provide insight into aspects of the counselor's self that may influence the understanding of the counselee. On the other hand, this reflection of the counselor's feelings also allows for greater risks related to lack of objectivity because the counselor identifies with his counselee. In research conducted by Hayes, et al. (2011), countertransference has been proven to have the potential to reduce counselor objectivity if not managed properly. The counselor's inability to fully control countertransference can influence the way they respond

to clients' stories related to unresolved personal problems. The impact is that there is a tendency for counselors to lower their professional level of view, perhaps even considering the counseling session they are dealing with as shallow. Thus, it becomes important for counselors to have a deep understanding and manage countertransference effectively. Through good understanding and management of countertransference, counselors can avoid potential disruptions in the counseling relationship, ensure the focus remains on the client's needs, and achieve more optimal results in the counseling process.

In the choice of counseling techniques and approaches, countertransference also has its impact. Counselors who have an awareness of positive countertransference are still able to choose intervention techniques and approaches wisely and ethically. However, countertransference can also cause the counselor's emotional instability to the point that it can affect the counselor's mental and physical well-being. In the end, if the counselor experiences emotional instability, it will potentially hinder the progress of an effective intervention process in counseling (Aulia, Hariko, & Karneli, 2022).

Openness and honesty can also be one of the effects of countertransference. Countertransference allows the counselor to communicate about their experiences so that it can influence the level of openness and honesty in the relationship with the client (Ordish, 2020). Counselees may feel more trust in the counselor because they have had the same problem, and vice versa. In effect, the counselor can understand the deeper emotional layers of the client's self.

As in research conducted by Ellis, Schwards, & Effino (2018), certain cases such as cases of suicidal thoughts (suicidal thoughts) often give rise to strong feelings in counselors. Many counselors generate negative, aggressive, and intrusive thoughts as a reaction from clients with cases of suicidal ideation (Yaseen, et al., 2013). These studies prove that, if it is not managed well, countertransference can make it difficult for counselors to objectively

understand the counselee's experiences. Therefore, the counselor must have good control over countertransference so that the counselee's transference does not have a bad impact on the counselor himself (Michaud, et al. 2021).

Issues of racism can also arise as a negative impact of countertransference. The negative impact of countertransference emerges in the issue of racism, as highlighted in Goedrt's (2020) research. Countertransference can cause differences of opinion that are rooted in differences in race and cultural background between the counselor and the counselee. This suggests that aspects of the counselor's personality can influence the dynamics of the counseling relationship, providing a new context for sensitive issues such as racism.

In the context of counseling practice, understanding and managing countertransference wisely is the key to minimizing its negative impacts and exploiting its positive impacts. Therefore, the quality of counseling services depends greatly on the counselor's ability to address countertransference ethically and integrate it into the therapeutic process wisely.

### **Ethical Issues in Managing Countertransference**

The ethical risk for the counselor in the presence of countertransference is to unknowingly abet the torture system that the counselee has internalized and influence the therapeutic situation. This torture system shapes or occupies the counselee's inner life through deception and perversion that forces the counselee to conform. The counselor must be careful not to get caught up in this dynamic, as it can undermine the counseling process (Sas, 1992). Many counseling practitioners struggle with ethical issues in countertransference because they do not understand and manage their emotional reactions to difficult counselee. This can lead to a lack of professional conduct or unethical actions, leading to problems with licensing boards, ethics committees, and malpractice suits (Gordon, et al., 2016).



In Indonesia, the code of ethics plays an important role as a guide for counselors and guidance and counseling teachers in carrying out counseling activities. One of the guidelines that is still actively used in counseling practice in Indonesia today is the code of ethics of the Indonesian Guidance and Counseling Association (ABKIN) which was published by ABKIN in 2018. This code of ethics exists to provide a moral foundation as well as a basis for professional behavior for guidance counseling teachers and counselor (ABKIN, 2022). As a guide, ABKIN's code of ethics reflects a commitment to providing effective and quality counseling services, while maintaining integrity in the practice of the profession.

Ethical conflicts in managing countertransference arise when counselors are faced with demands to maintain transference from clients while remaining objective, ethical, and professional in the counselor-counselee relationship. The relationship between counselor and counselee is regulated in Chapter II concerning Qualifications, Competencies, and Activities of the ABKIN Code of Ethics (2018). When ethical problems arise in the relationship between the counselor and the counselee, including those related to countertransference, the counselor is expected to continue to respect each counselee's dignity, integrity, and beliefs, in line with the principles of the code of ethics. The counselor also places as much as possible the interests of the counselee above personal interests, preventing conflicts of interest that could harm the counselee. In addition, counselors are required to explain the objectives of implementing counseling services, the nature of the relationship that is being fostered between counselors and counselees, as well as the responsibilities of the roles of counselors and counselees in the professional context of counseling. All of this creates a strong ethical basis for dealing with the challenges of countertransference in counseling.

According to the ABKIN code of ethics (2018), especially in Chapter III which regulates Service Implementation, there are various important principles

that counselors continue to uphold as much as possible. In dealing with counselees' problems, the counselor's integrity is reflected in objective and concrete actions. Objectivity is the main basis so that the handling of clients' problems is not influenced by the counselor's personal views or subjective preferences. Apart from that, firmness in concrete action is an essential aspect of providing clarity and direction in the counseling process. Counselors are also expected to avoid role confusion and avoid all forms of ambiguity. This includes enforcing professional boundaries, as well as transparent communication with clients. By adhering to these principles, counselors not only ensure optimal quality of guidance and counseling services but also create an environment where clients feel safe and supported in undergoing the counseling process.

## **CONCLUSION AND RECOMMENDATION**

Countertransference, which can provide valuable insights into counseling practice, is sometimes a source of ethical conflict that requires careful handling. There is a conflict between controlling emotions and maintaining professional objectivity as well as between respecting clients' privacy and the need to share information in supervision. Multicultural issues also add complexity, requiring extra sensitivity to cultural contexts and values that may influence countertransference. To resolve these ethical conflicts, solutions such as regular supervision, ethics training, and cognitive-behavioral approaches can play a key role. By strengthening ethical understanding and competency, counselors can manage countertransference wisely, maintain the quality of counseling services, and ensure that ethical principles remain the primary foundation of the therapeutic relationship.

Through these efforts, it is hoped that counselors can create a therapeutic environment that is safe, ethical, and responsive to clients' complex needs. For future research, it is recommended to further explore the impact of countertransference in a counseling context. For example, researchers could

explore factors such as counselor experience, approaches used, or counselee characteristics that may make countertransference influence the quality of counseling services. In addition, further research can explore the counselee's perspective on the influence of countertransference in the therapeutic relationship.

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