Psychological Aspects of Genetic Counseling.  
VIII. Suffering and Countertransference

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Two common forms of countertransference problems seen in genetic counseling, associative and projective, are described and illustrated. Both forms have the potential of reducing the quality of empathy counselors provide counselees. When counselors experience the same problems as the counselees they counsel it is virtually impossible to avoid facing countertransference reactions which may not always promote the counselees’ interests and/or redound to their benefit. Genetic counselors, like other personal counselors and psychotherapists, have a professional responsibility to be aware of, monitor, contain, and learn from their countertransference experiences.

KEY WORDS: genetic counseling; psychological issues; countertransference.

As part of a recent conference dealing with the general topic of difficult situations for genetic counselors I had an opportunity to pull together some thoughts about the issue of countertransference which I would like to expand on here. At the conference, three genetic counselors shared their personal experiences dealing with problems that counselees often have, but in this case the shoe was on the other foot. Not only did the counselors have to deal with difficulties in their own lives but they all continued to work and deal with counselees who had similar and, at times, the same problem they had to face. When the discussion was opened to the audience, other poignant stories emerged and all in all, the participants and many in the audience left deeply touched by the struggles of our colleagues as well as by those of our counselees.

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As professionals, we need to integrate our external professional lives with our inner experiences (and *vice versa*). Thus we need to acknowledge that no one is immune to pain and suffering. The laws of chance operate for genetic counselors just as they do for everyone else. “Bad” things do happen to genetic counselors. But even if they do not, we are as vulnerable as the next person to experience loss and pain. Disappointment, loss, feelings of being rejected and misunderstood, of failure, embarrassment, hurt, and so on are ubiquitous human phenomena. No one is exempt.

When counselors experience the same kind of problems their clients are dealing with or problems sufficiently similar to their own, it inevitably affects them as individuals and it changes the character of their work. It does so in many ways. Some counselors report that they became more patient with clients, but others found themselves being more impatient. Almost all had to struggle with the problem of containment of feelings and of at least two kinds of countertransferential reactions, associative and projective.

Clients' experiences provoke our own associations, thoughts, and images. For example, the former may be sharing with you some benign thoughts about gardening and the pretty flowers she picked yesterday. As the counselor listens, images of flowers may flash across the inner mental screen and unbidden feelings of sadness and loss may arise as the counselor remembers the child she might have had (or the one that was stillborn) whom she was planning to name Daisy. Such associations may lead to others and before the counselor knows it she may no longer be attending to what the counselee is saying and feeling but to her own internal voice and suffering. Even if the counselor is (partially) attending, these associations may impede or interfere with the total understanding of the counselee.

Not all of our associations will be to things happening in our contemporary lives or in the recent past. Many of our associations may be (perhaps subliminal) memories of things that we experienced as children or young adults which become active in our minds as we listen to and try to understand our counselees' experiences. Thus, on one level, these associations assist us to provide empathy and understanding. On the other hand, these associations remind us of our own losses and traumas.

Over and over again in counseling and psychotherapy, professionals are continually exposed to material which tends to re-open their own past and current wounds reminding them of their personal inadequacies, failures, losses, and the like. As professionals, our ability to resolve past hurt is constantly being challenged. When loss is fresh in memory, the “wounds” are still open and reminders from our clients tend to keep them open. This becomes particularly problematic when the counselor's personal pain, whether to current or past losses and traumas, leads him/her to begin to identify with the client through projection. Also, if the counselor's own ha-