

The International Journal for Direct Support Professionals

Understanding Transference and Countertransference in the Direct Support Profession

By: Scott Robins

I started from the position of “Quacks like a duck, walks like a duck, and swims like a duck? Might be a duck” school of life. I still naively jump to the same conclusion today and assume it is a duck. I’m still trying to get my ducks in a row.

Mothers, brothers, sisters, friends...a few of my favorite things. They all stir feelings within quickly, and without me having to think too much about the relationship or the many memories that formed over time. Some of the memories and associated feelings are good, some bad, some complicated, others blurry and unrecognizable. There are others too, father, caregiver, ruler, outlaw, or lover. What are they, and why do others share the same picture with different experiences, memories, and feelings, and yet there is something very familiar about each of these characters? Carl Jung called these archetypes (Jung 1968). Symbols of our psyche and understanding of ourselves. We all have a picture and associated feeling of “mother;” these are our expectations of all motherhood. Brotherhood and sisterhood are concepts that we all can relate to as well; even if we do not have brothers or sisters, our social structures include them as frequent symbols with defined meaning. I have always found these archetypes and symbols of meaning fascinating. Their influence over my relationships, expectations, and social interactions are remarkable.

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Frontline workers are told that support is not and should not be “therapy.” That is what their supervisors, and their instructors may say. That might be, but the relationship between the client and the direct support professional (DSP) is by its nature therapeutic, and the enduring relationships that are established are alliances that seep into interpersonal relationships. According to the American Psychological Association (APA, 2022), therapy adopts a collaborative relationship that focuses on the psychological treatment of a client to help develop habits that are more effective. The therapist “provides a supportive environment that allows you to talk openly with someone who is objective, neutral and nonjudgmental.” The DSP is also instructed to be open, non-judgmental, objective, and neutral. Different tools but similar goals and outcomes. So how do we as DSPs understand how to be objective or neutral when we are also human?

The basis of the transference theory implies that the supported person would unknowingly transfer feelings about someone from their past onto the DSP. The history of those who receive

supported services is complex and frequently filled with trauma. This transference would come complete with expectations and emotional predispositions that could seriously complicate the support plan and the relationship between the client and the DSP. If this is true, then transference is not solely a “therapeutic” experience. The experience of transference and countertransference is much more common than we think.

Relationships between the DSP and those they support are always complex because of the intimate nature of much of the support provided by a DSP. The DSP soon learns of the most intimate details of the supported person’s history, unmet needs and goals; this leaves the supported person disadvantaged and vulnerable to the actions of a stranger. It makes sense then that the supported person relies on transference to soothe the inherent discomfort of the stranger’s role in their life. It is the actions of the DSP that evoke reactions from the person they support; these reactions can be beneficial or harmful to the support plan. Whereas the therapeutic environment is time-limited and often measured in weeks, the supported environment is often over a life span. The supported person will live and relive their history with the DSPs for a lifetime. The therapist has a preferred environment where the therapy is delivered, separate from the client’s environment, and out of their comfort zone. The DSP provides support to the client in their home. That is intimate.

The basis of the transference theory implies that the supported person would unknowingly transfer feelings about someone from their past onto the supporter. Individuals with intellectual and developmental disabilities have commonly experienced a history of complex traumas. This transference would come complete with expectations and emotional predispositions that could seriously complicate the support plan and the working relationship between the client and the direct support staff. On the other hand, countertransference may also occur from the DSP projecting their feelings onto the client.

We can begin to use this understanding to inform support planning and client-direct support staff interactions. When understood, the transference-countertransference experience can be effective for supporting a person, but only if the feelings are noticeably and appropriately identified.

There are three main categories of transference identified by Madson (2021):

- Positive transference is when enjoyable aspects of past relationships are transferred onto the support professional. This may allow the client to see the support professional as caring, wise, and empathetic, which is beneficial for the support process. These experiences can be confusing if we are not aware that it is happening. They make us feel good and, suddenly, we counter the transference with a warm response, and we might take on roles that we should not – mother, father, lover, or friend.
- Negative transference occurs when negative or hostile feelings are transferred onto the support professional. While it sounds detrimental, if the support professional recognizes and acknowledges this, it can become an important topic of discussion and allow the client to examine emotional responses. Or we might describe them as manipulative, creepy, non-cooperative or use other pejorative terms as we assume a negative countertransference.
- Sexualized transference is when a client feels attracted to their therapist. This can include feelings of intimacy, sexual attraction, reverence, or romantic or sensual emotions.

Can you guess which ones to avoid?

This may not end the friend or support provider discussion. I have been doing this for more than 20 years, and I still do not have a simple answer. I do have some guidelines and

understandings that make it easier as a person who cares. The experience of receiving support is complex for the individual receiving it, as well as for the person providing it.

I started this article from a position of “Quacks like a duck, walks like a duck, and swims like a duck? Might be a duck” school of life. Now what am I talking about? Friendship and connection.

Friendship – the most sought-after social status. I have 24 Facebook friends; I have no idea if that is a lot, my daughter smiled, giggled then told me she has 214 fiends; my grandson says he has a BFF, I don’t know what that means. I have my gaming friends – never met them in real life, but we play every Thursday evening. My coffee friends are not around right now; they are all doing something else, not sure what they are doing or if I will every really know; we just talked about the weather and politics. I visited some friends at their home before they moved away. I still think of my friends from high school and my friends around the world whom I have not seen for years. My colleague said she thought we were friends; another co-worker accused me of not wanting to be friends when I declined a coffee date.

So, what are my guidelines? First, “friends” might be a red herring. I guess friends are important, or we would not have them. For me, it is about trust and companionship, being with people I want to be with, and they want to be with me. We share time, space, and resources because we want to, not because one or the other has to, although my Dad told my brother to share his candy bar with me when he didn’t want to, maybe that is different – he is my brother, and we had no choice in that matter.

As a DSP, I think about boundaries. I have worked with Bob for a very long time. Years ago, at a meeting, someone asked him if he had any friends. He thought for a while and said, “Scott.” I was not going to correct him or argue the fine points of “friendship;” I saw that as a future conversation. I simply said, “Might be time to add more people to that list. Would you like more friends?” He nodded.

Sometimes, I thought of myself as being a surrogate. A placeholder, a fiduciary relationship until he finds a real friend. Like Pinocchio who wanted to be a real boy, Bob wanted to be a real friend. I was the nearest thing to that from his perspective for a long time. Two years ago, another young man passed away during the Covid outbreak. Bob heard about his passing; he said it was not fair that he could not go to the funeral. A year later, on the anniversary of his death, we were talking about that young man, and Bob said he missed him; he was his best friend. “Want more friends? I asked; he nodded.

As a support professional in a small community, my personal and professional life sometimes overlap with the people I currently work with and those I worked with in the past when I run into them at the local clubhouse, out in the community, or at local recreation centers. With some, I share interests – music, videography, or volunteering at local events. Some are friends of my friends. Some have become colleagues, and we collaborate on projects. I always take time to greet them and talk with them. I am friendly and familiar. That is being genuine and authentic, so I do not struggle too long with thoughts of impersonation or imitation. They all have friends now.

I am now not introduced as a ‘worker,’ or as ‘staff,’ or a ‘friend.’ They say, “He’s Scott,” and I can stand up for myself; they do not have to defend or explain their relationship with me. When I’m with Bob, I tell people I have known him for years. I might continue the conversation with “How do you know Bob?” or “Where did you meet him?” It is not always about me.

Living in a small town means that there are small circles and limited opportunities for friendships for Bob and the people he knows. This may mean we have to work harder as DSPs to look for

opportunities for those we support to meet others with whom they have common interests who may eventually become friends.

However, I understand boundary violations and countertransference. There is a higher duty and standard of care for a DSP. My role is not to be a friend to the people I support but to help them learn the skills to develop and maintain friendships and look for opportunities to put those skills into practice with others in their community. There are aspects of boundaries that cannot be violated. Whether it is sexual relationships with co-workers, or romantic relationships with clients, financial, or other exploitation of another person. We must understand some things are unethical, misguided, and even illegal.

As a support professional, I must be held accountable for my actions, and I cannot violate these exposed boundaries. There are some things I cannot do.

A friend told me: “There are good quacks and bad quacks. A good quack is the sound a duck makes. A bad quack is someone pretending to be someone they are not.”

What is the lesson here? Don't be a bad quack.

About the author

Scott Robins - From a very early age, I found myself supporting others as they pursue projects, dreams, and goals. It is always thought-provoking and rewarding, a wonderful place to learn. I am a direct support professional with a keen interest in evidence-based practices and the science of support. I have been doing it for more than 20 years. During my time, I noticed not everyone is, or wants to be, a leader, some struggle with following. I find myself supporting leaders, learners, followers, and those who are undecided, uninformed, or in between.

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