

# PERSONAL GROWTH EXPERIENCES OF COUNTERTRANSFERENCE AMONG MALAYSIAN COUNSELLORS: A PHENOMENOLOGICAL STUDY

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## Abstract

Countertransference has become a multifaceted, multidimensional, and all-encompassing clinical phenomenon. Using a transcendental phenomenological research design, the study aimed to explore and understand the personal growth experiences of countertransference in six Malaysian counsellors. Data were collected through in-depth semi-structured interviews, audio recordings, interview transcripts, and field notes. Participants were selected using the criterion sampling method. Moustakas's eight data analysis steps were applied in data analysis. The findings of the study revealed seven major themes: (1) improved self-confidence, (2) skill enhancement, (3) acceptance, (4) openness, (5) self-kindness, (6) a deeper self-understanding, and (7) redefining the meaning. The findings also revealed the participants' personal growth experiences and transformation after the exploration process. The findings of this study have direct implications for the counselling practice. It is recommended that future research should focus on the qualitative study of the countertransference phenomenon so it can help contribute to a deeper understanding of the literature in a Malaysian context.

**Keywords:** Counsellor, Countertransference, Personal Growth Experiences, Phenomenological Study, Malaysia

## Introduction

As accentuated by Sigmund Freud, countertransference is a central concept within psychoanalytical theory and techniques, although definitions of countertransference have varied in their specificity (1). Freud's classical view defined countertransference as an analyst's unconscious responses to the client's transference (2, 3). Countertransference has become a multifaceted, multidimensional, all-encompassing clinical phenomenon (4). The integrated definition of countertransference includes experiences embedded in the counsellor's inner conflicts and activated by external stimuli, behaviours, and clinical material. Countertransference also encompasses the counsellor's bodily sensations, thoughts, emotions, and verbal and nonverbal behaviours (5).

Since the process of working therapeutically with clients may trigger the personal struggles of counsellors, there is no doubt that all counsellors are inevitably vulnerable to countertransference (6). Countertransference is the focus of this study as this concept is universally applicable to diverse counselling approaches and relationships in general (6-8). Malaysia is a multiracial and multi-religious

country, well-known as a country with diversity. Therefore, it is common for a Malaysian counsellor to provide counselling for clients from different cultural backgrounds. Consequently, cultural countertransference that stresses the socio-cultural dimension of countertransference is likely to occur when dealing with clients from different backgrounds (9). Linguistic countertransference may also occur due to misapprehension of certain words because of language barriers and poor language proficiency. The counsellor must be more competent in dealing with cultural and linguistic countertransference when dealing with diverse clients. In that case, lacking knowledge of linguistic countertransference may lead to profound ethical implications and, subsequently, jeopardise the welfare of clients (10).

The countertransference experiences among Malaysian counsellors are commonly found in previous research (11-13). The impact of countertransference is frequently identified through a counsellor's bias, blind spot, intolerance, frustration, inappropriate emotional and behavioural responses, need to be liked or admired by clients, or premature attempts to terminate the session (14). Unmanaged countertransference may

elicit counsellors' negative feelings, such as therapeutic nihilism, hopelessness, devaluation, condemnation, and loss of professional identity (15). Improperly handling countertransference in the counselling relationship will undermine the standard ethical practice of counselling (6), the client's welfare (4), the therapeutic relationship (16), and the therapeutic outcomes (15, 17). Thus, countertransference insight is essential for therapeutic effectiveness and risk management (18).

### ***Growth experiences in adversities***

Adverse experiences sometimes may result in growth is a phenomenon that has been widely recognised (19). According to Tedeschi et al. (20), growth indicates positive changes in individuals' emotional and cognitive aspects, leading to profound and transformative behavioural changes. The growth indicators encompass improved emotional regulation skills, greater spiritual awareness and self-compassion, better social relationships, and increased prosocial behaviour (21).

To date, most studies emphasise the negative impacts of countertransference in counselling instead of the growth experiences (4, 14, 15). As countertransference affects professional counsellors negatively and positively, it is crucial to have more research that emphasises personal growth experiences in dealing with countertransference to ensure their well-being.

Therefore, this study highlighted the personal growth experience of counsellors in dealing with countertransference through counsellors' first-hand perspectives. This study also revealed its academic research value by seeking a greater understanding of counsellors' growth experiences from countertransference. A greater understanding of this topic can raise the awareness of countertransference among counsellors and promote counsellors' growth from these experiences. Furthermore, it can help minimise the underlying negative impacts of countertransference on counsellors. This study aimed to explore and understand the subjective personal growth experiences in dealing with countertransference among Malaysian counsellors. This study addressed one central research question: "What are the counsellors' personal growth experiences from countertransference?". Specifically, this study explored the participants' perception of personal growth experiences through managing countertransference.

### ***Methods***

The current study utilised a transcendental phenomenological research design to explore and understand the subjective personal growth experiences of managing countertransference among Malaysian counsellors. This research obtained ethical approval from the Malaysian Board of Counsellors [LK/KPWKM.100/3/Jld 2(7)] and the University of Malaya Research Ethics Committee (UM.TNC2/UMREC\_1099).

This study explored counsellors' personal growth experiences from managing countertransference experiences. The researcher was interested in capturing the essence of personal growth experiences of countertransference experiences; thus, criterion sampling was employed to recruit targeted participants with relevant experiences. In the process of recruiting participants, an email blast was conducted in which the information sheet and invitation were sent to the counsellors whose contact details were posted on the official website of the Malaysian Board of Counsellors. If a potential participant expressed an interest, a brief introduction of the research was given, and a date for the preliminary meeting was also scheduled. The preliminary meeting was necessary for the researcher to screen the participants based on the inclusion criteria. Several inclusion criteria were used for the recruitment of participants. The participants were (a) registered counsellors with the Malaysian Board of Counsellors, (b) had been providing counselling services for at least five years, and (c) were willing to share and disclose their countertransference experiences. Once the participants who met the inclusion criteria decided to participate, the participants were given a chance to decide on their preferred venue and time for the interview. The rationale for allowing the participants to decide on the location was to ensure that participants were comfortable with the setting. Changes of interview dates were made a few times for several participants due to a packed schedule. A flexible approach was employed to accommodate the availability and time of the participants.

The process of recruiting the participants remained ongoing throughout the data collection phase until the achievement of data saturation, leading to the final sample size in this study (22). Saturation was achieved after a total of 18 interviews with six participants. Each interview was about one to two hours. All interviews were audio-recorded with the participant's permission and were conducted in English. A total of two Chinese, two Malay, and two Indian counsellors participated in the research study. Four of them were females, and two of them were males. The ages of participants ranged from 31 to 49 years old. Table 1 summarises the participants' demographic information.

Moustakas's eight data analysis steps were applied in the data analysis (23). In the first step, the researcher read through all the transcripts and highlighted every expression relevant to the growth experiences from countertransference. Secondly, the researcher eliminated the irrelevant statements to the phenomenon under investigation. After eliminating the irrelevant statements, the meaning units were termed invariant constituents or horizons. In the third step, the researcher grouped the meaning units into clusters by providing a thematic label for each cluster. The clusters represented the core themes of the growth experiences. Fourth, the researcher checked and compared the core themes against field notes, transcription, and literature to ensure their accuracy.

**Table 1:** Participants’ demographic information

No.	Gender	Age	Race	Education level	Total years of counselling experience	Work setting
1	Female	37	Malay	Master's degree	12	Hospital
2	Female	40	Malay	Master's degree	6	Hospital
3	Male	33	Chinese	Bachelor's degree	9	Private centre
4	Male	31	Chinese	Master's degree	5	School
5	Female	49	Indian	Master's degree	5	University
6	Female	32	Indian	Master's degree	8	University

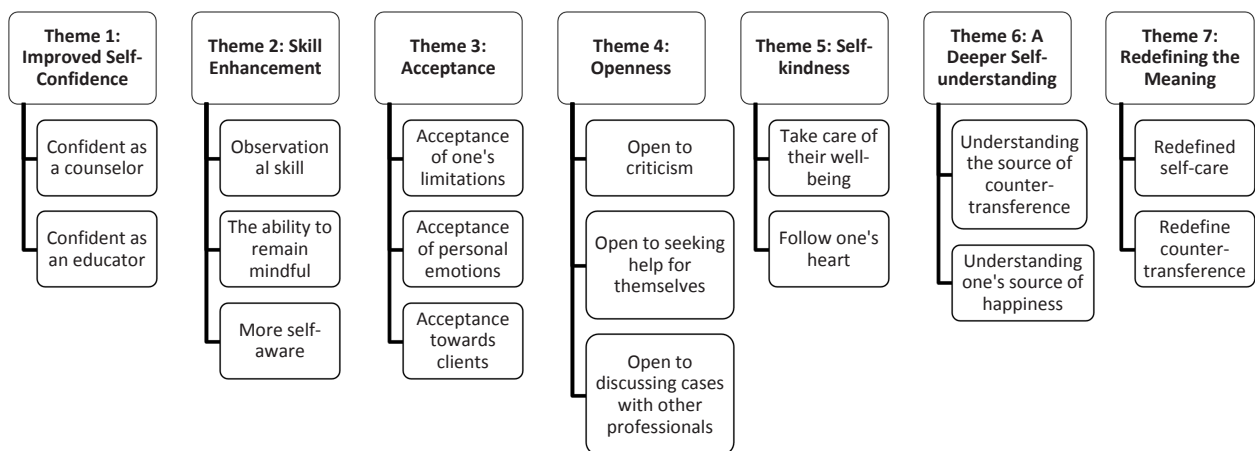
In the fifth step, the researcher described the individual textural descriptions generated by “what” questions. These textural descriptions were provided as narratives that explained the participants’ perceptions of their growth experiences. In the sixth step, the researcher aimed to create individual structural descriptions by imagining how the growth experiences occurred. In the seventh step, a composite textural description and a composite structural description were generated to understand the six participants’ personal growth experiences as a whole. In the last step, the composite structural description was combined with the composite textural description to generate the essence of growth experiences from managing countertransference among the counsellors.

Triangulation, peer examination, member checking, and prolonged engagement were carried out to ensure the study’s trustworthiness. Triangulation of different sources was conducted by involving participants with varying backgrounds in the study. The researcher discussed research procedures, common themes, and subthemes in peer examination. As for member checking, the participants were given a chance to review the analysed data and interview transcripts to ensure the accuracy and

originality of the data. The researcher spent six months in the field collecting data from participants. The prolonged engagement allowed the researcher to have extended contact with the participants and the research setting to eliminate the biases that may contribute to premature conclusions (24). Also, extending the time spent with participants allowed the researcher to establish trust with them so that they were comfortable disclosing their countertransference experiences.

**Results**

Seven themes were discovered from the present study on Malaysian counsellors’ personal growth experiences from countertransference experiences. Several subthemes emerged following each major theme. It was found that the countertransference experiences brought important meanings to participants’ lives. The insights gained through the countertransference experiences added positive values to the participants’ professional and personal lives. All participants expressed a growing ability to manage countertransference. They were all transformed by experiences.



**Figure 1:** Malaysian counsellors’ personal growth experiences of countertransference themes and subthemes

### **Theme 1: Improved self-confidence**

Several participants reported learning important lessons from managing their countertransference experiences. They gained more confidence in dealing with countertransference by developing a better coping mechanism to deal with the negative impacts of countertransference. Their successful experiences dealing with countertransference gave them the confidence to be effective counsellors and counselling educators.

*Confident as a counsellor:* The participants explained that their first countertransference experience had built up their confidence in dealing with clients who were likely to trigger their emotions. Dealing with countertransference provided them with the opportunity for experiential learning.

“I would be a better counsellor now. If I face a woman who has lost her child, I will explore my feelings and figure out how to let them go. I will also think about how to be a constructive and neutral counsellor if I am going to face such adversity again. So, it’s making me a better counsellor.” (RP5) [Research participant (RP)]

*Confident as an educator:* Participants perceived their countertransference experiences as bonuses to their role as counselling educators. The participants became more confident because the countertransference experiences equipped them with the necessary “tools” and “resources” to guide their trainee counsellors. They used their countertransference experiences as ‘teaching materials’ to enlighten the trainee counsellors. The participants perceived those ‘teaching materials’ were precious and valuable because they could not be found in just any reference book or textbook.

“I can always share my countertransference experiences with my intern students. I think that is an excellent experience and a bonus for me. Because the experience cannot be found in the book.” (RP1)

### **Theme 2: Skill enhancement**

Countertransference also contributed to the professional growth of participants through skill enhancement. The participants learned different skills from managing countertransference experiences. For example, observational skills, being mindful in the counselling session, and self-awareness.

*Observational skill:* Participants elaborated that countertransference transformed them into good observant. They developed the ability to monitor clients’ and their own verbal and non-verbal cues which indicated countertransference.

“It makes me better explore my non-verbal behaviour, such as how to improvise the tone and so on. Observing the clients and their movements would help bring my focus back to the counselling

session. If you ask me what countertransference experiences have taught me, I will say all positive things.” (RP6)

*The ability to remain mindful:* The participants reported having developed the ability to stay mindful in counselling sessions. They developed helpful methods such as keeping case notes and jotting down thoughts and emotions that emerged from counselling sessions. This method was reported effective in bringing their focus back to the counselling session.

“I listened to the traumatic event shared by the client. When they talked about their experience, I jotted down my own feelings. I wrote down the important points if that was phone counselling. I told myself I would only return to these thoughts and feelings after the counselling session. Therefore, I could bring my attention back to my client’s story.” (RP3)

*More self-aware:* The participants perceived self-awareness as a skill they learned through dealing with countertransference. The participants recognised that the awareness of countertransference was the first step to handling and overcoming it. Without self-awareness, the counsellor would likely become trapped in the cycle of countertransference.

“It makes me aware, when you are aware, you can overcome it. If we don’t become aware, it will be perilous.” (RP2)

### **Theme 3: Acceptance**

Through managing their countertransference experiences, the participants reported that they learned to accept their own limitations, vulnerabilities, and emotions, as well as the uniqueness of their clients.

*Acceptance of one’s limitations:* From managing their countertransference experiences, the participants learned to accept that they couldn’t control the outcome of the counselling session due to their limitations in dealing with different kinds of clients who had diverse issues and concerns. They learned to recognise and admit their weaknesses without feeling ashamed. They stopped acting strong and pretending to be able to handle all their cases.

“I learned that I cannot control people. I’ve my expectation on my own. I expect my clients can heal in the session. Counselling is my passion; I hope they can be healed and relieved after the session. Sometimes the origin of countertransference could be due to my expectation. I expect all my patients can be healed after the counselling sessions. But I have my limitations to dealing with psychiatric patients.” (RP2)

*Acceptance of personal emotions:* Several participants gained a greater acceptance of their emotions by

courageously admitting and validating them. They perceived refusing to recognise one's own feelings as a form of dehumanisation. They became more humane by being able to embrace their own feelings. They realised that emotions were an essential part of being human. The most important thing was acknowledging them and finding ways to resolve them.

“Because we are human beings, we need to share and get our feelings validated as well. I believe that if we are not okay, we can just admit and validate it.” (RP1)

*Acceptance towards clients:* The participants reported that the more they accepted their own emotions and experiences, the more it contributed to an acceptance of their client as someone unique. A greater acceptance of their clients also lowered the counsellors' expectations of them and increased their tolerance towards them. It was perceived as of utmost importance to establish a healthy therapeutic relationship with clients.

“The client's behaviour is partly because of their illness. Thinking this way helps me to accept the way they are. Therefore, I won't expect them to understand and take responsibility for their issues. Sometimes I need to tolerate them because of their illness. It helps me to be patient as well.” (RP1)

#### **Theme 4: Openness**

The countertransference experiences fostered greater openness among the participants to different experiences, such as being open to criticism, being open to seeking help for themselves, and being open to having case discussions with other professionals.

*Open to criticism:* One participant revealed that she learned to be open to criticism from others. She became aware of her source of countertransference from her superior's critical feedback. She perceived being open to criticism without putting up defences as essential for her to discover and accept her true self.

“We have to be open to criticism, like what my superior did to me. If I were not open when my superior was criticising me, I wouldn't be aware of my issue.” (RP2)

*Open to seeking help for themselves:* As human beings, participants described that they inevitably faced personal and ethical conflicts in their profession. From managing their countertransference experiences, they developed an open attitude towards seeking help from other professionals in this field. They reported that learning to be open to the idea of attending counselling sessions to address their personal issues was something they would not have done in the past.

“I attend counselling sessions sometimes, and I have my counsellor. Previously I did not think

I would have the courage to do so. But now I have a counsellor, and I meet her once a month. We completed everything in three sessions. The session was about self-exploration. We need help at times. Previously, I didn't think I would attend the counselling session.” (RP3)

*Open to discussing cases with other professionals:* Participants also learned to be open to the experience of consulting other professionals when they lacked the capacity to handle a case. They learned to take off their 'professional mask' and seek help. It allowed the participants to obtain more professional support in their counselling journey.

“It's okay to tell other counsellors that I get confused with my case and ask them to provide me with the input to help the client. It's okay to tell people I'm confused with my case instead of telling myself I can handle all cases.” (RP1)

#### **Theme 5: Self-kindness**

All the participants revealed that the countertransference experiences allowed them to show more kindness towards themselves by practising self-care activities and following their heart in making decisions.

*Take care of their well-being:* The participants learned to be kind to themselves by taking care of their welfare through engaging in self-care activities such as spending quality time with their significant others and family. They learned not to push or force themselves excessively. They also learned to focus on their own needs.

“I don't push myself too much. Previously, I took whatever cases assigning to me. But now, I tend to focus more on self-care. To understand more about my own needs and the things that might trigger me. It helps me a lot.” (RP3)

*Follow one's heart:* Participants also showed kindness to themselves by following their hearts in making important decisions. One participant decided to follow his aspiration and switch his career pathway. He had experienced countertransference and excessive stress in his previous full-time position, so he decided to switch to working on a freelance basis and pursue the lifestyle he wanted without worrying about society's expectations.

“After the countertransference that happened to me, I always follow my heart. I will do it if my heart says it is okay to get a freelance job and survive. Now I attend training and can even provide training for trainee counsellors. I'm training a group of para-counsellors. I can do some workshops and give talks. I enjoy it. I enjoy my current lifestyle. That is my self-care. Don't be too harsh to yourself.” (RP3)

### **Theme 6: A deeper self-understanding**

The participants also reported gaining a deeper understanding of themselves and the source of their countertransference by reflecting on and managing their countertransference experiences.

*Understanding the source of countertransference:* Several participants realised the origins of their countertransference by exploring their countertransference experiences. After processing the countertransference, they realised that their countertransference was mainly related to their childhood experiences, unmet personal needs, unfinished business, and upbringing.

“In my personal life, I am clearer about what I want. I understand why I feel so well when I know people need me. Why do I have this kind of feeling? Then I realised that it must go back to my early childhood experiences. I understand myself further.” (RP3)

*Understanding one’s source of happiness:* Some participants reported being very distressed due to the negative impacts of countertransference. Therefore, they started looking inwardly and began their journey of self-exploration. They eventually realised that the source of happiness was within themselves and not on external factors such as helping people. It helped them to develop a new philosophy of life.

“After the incident and discussion, I realised that we need to learn to help ourselves first before we help other people. Happiness must come from internal resources, not only by helping other people. That is more of personal growth. To understand me further” (RP3)

### **Theme 7: Redefining the meaning**

Managing countertransference experiences allowed participants to attribute a new meaning to the concepts of self-care and countertransference. After processing their countertransference experience, the participants perceived self-care and countertransference positively as opposed to what they had previously believed in or understood.

*Redefine self-care:* Participants reported that they gained new perspectives on self-care. They realised that self-care was not a selfish act but an ability to take care of oneself. It was an act of self-love. They realised that if they did not take care of themselves, they had nothing to offer to their client.

“I realised that self-care does not imply selfishness, it’s about self-respect.” (RP1)

*Redefine countertransference:* Participants also recognised the positive value of countertransference through managing it. They learned to reframe the meaning of their countertransference experience in order to yield further insight and understanding of their lives. They had changed their way of perceiving countertransference from something negative to something positive and beneficial.

The new meanings they attributed to countertransference gave them the strength to deal with the phenomenon constructively. They believed it could bring about transformational growth for them.

“From my experience, I can see that countertransference is not always negative. It could be positive if we try to learn from this experience. I don’t think we should avoid countertransference; it could be the facilitator for us to grow.” (RP4)

### **Discussion**

In this study, all participants reported positive transformations from processing countertransference. They reported successfully transforming and salvaging several positive and growth-enhancing experiences by managing countertransference (25). In contrast with previous research that emphasised the detrimental effects of countertransference (4, 14, 15), this study expanded the range to incorporate numerous growth-enhancing elements of the unique experience.

The study found that the stressful events from participants’ countertransference experiences caused them to move towards positive changes and personal growth. Several views suggest that positive life changes are comparable to the normative development and maturation processes (21). However, this study found that countertransference experiences made participants go beyond the normative developmental process and significantly enhanced it (20). The growth experiences reported in this research, such as increased openness, self-kindness, and the ability to redefine the meaning, were not normative to any particular age group but resulted from participants’ unique experiences.

The study also found that the participants’ countertransference responses to clients’ traumatic experiences could also become traumatic for themselves, namely, vicarious traumatisation. Vicarious traumatisation refers to the adverse emotional impact on counsellors due to the exposure to the client’s traumatic experiences and the intense emotions expressed due to the devastating event in counselling (26). In this study, several participants were found to have experienced vicarious traumatisation as a form of countertransference. For instance, one participant was distraught and overwhelmed when dealing with her client, who had experienced a stillbirth. However, after a difficult period of working through her countertransference reactions, and her own pain and loss, the participant was transformed by the experience and moved towards positive changes.

Countertransference was also found to contribute to the professional growth of participants through skill enhancement. The participants perceived self-awareness as a skill they learned through dealing with countertransference. According to Corey et al., self-awareness in the counsellor is important to prevent

countertransference from negatively affecting the counselling process. Self-awareness of their own countertransference experiences enables counsellors to work through their feelings. Once the countertransference experiences are identified and properly worked through, those feelings can be used constructively in counselling sessions (6).

Even though countertransference awareness is essential for the welfare of clients and counsellors, the knowledge and ability to be self-aware may differ according to a counsellor's theoretical background and orientation (18). The psychodynamic approach was found to be the most helpful in using countertransference as an instrument to aid in subjective insight. In contrast, the cognitive-behavioural/behavioural approach was the least insightful, and the humanistic and family systems approaches were found to be in the middle (18).

Participants' positive transformation was also associated with the three dimensions of growth proposed by past research (25). Growth experiences have three components: being more relationship-focused and compassionate, gaining greater acceptance, and having a more positive outlook on life. Participants reported being willing to spend more time with their significant others and family as they realised it was part of their self-care practice (21). They also demonstrated more compassion towards their clients as they recognised that all clients' experiences were as unique as their countertransference experiences. All participants reported that they learned to accept their own emotions, limitations, vulnerabilities, and weaknesses as human beings. Participants also developed a new philosophy of life by discovering and pursuing what mattered to them.

Participants exhibited greater acceptance, openness, self-kindness, and deeper self-understanding through managing countertransference, reflecting a greater self-compassion within themselves. Self-compassion refers to being kind and understanding towards oneself in moments of sorrow (27). There are three constructs in self-compassion: (a) self-kindness, (b) common humanity, and (c) mindfulness. This study found that countertransference experiences increased participants' acceptance of their countertransference without excessive self-judgment and being overly self-critical (self-kindness) (27). With self-kindness, self-compassion was expressed through internal dialogues which were compassionate and benevolent, without disparaging and berating oneself for being inadequate. Managing countertransference also increased their ability to recognise the experiences of being human, painful emotions, and that the countertransference was universal (shared humanity). The countertransference experience also facilitated participants' greater awareness of the thoughts, feelings, and behaviours that resulted from countertransference (mindfulness).

The participants in this study were also found to attribute new meanings to self-care and countertransference. As Bonanno proposed, creating new meaning is assumed to be a crucial element of how individuals adapt to adverse

experiences (28). The ability to reason and construct new meaning is widely perceived as the fundamental process that makes people human (29). By reframing and attributing the countertransference experiences, the participants could see hope from adverse experiences.

The positive adaptation of stressors resulting from countertransference among participants can be concluded as adversarial growth, stress-related growth (30), and a positive by-product as the participants experienced positive thriving and flourishing following adversities (31). Therefore, counsellors should adopt a more positive perspective in perceiving countertransference.

In conclusion, countertransference brought profound meaning to each participant's life. It transformed the participants by facilitating their professional and personal growth. They gained abundant insights from processing their countertransference through self-reflection, self-exploration, and self-care practices. All participants transformed from novice counsellors who lacked an understanding of countertransference to full-fledged counsellors who managed to deal with their countertransference confidently. They developed the necessary skills for effective counselling. The experience also made some participants better educators in providing training for counselling students. Participants also gained greater self-acceptance, openness, self-compassion, and deeper self-understanding through managing their countertransference experiences. They managed to reattribute the meaning of self-care and countertransference. They learned to perceive practising self-care as a way to love themselves instead of seeing it as a selfish act. They perceived countertransference could be positive for them as they believed it promoted adversarial and transformative growth. Figure 2 summarises the interconnection of central themes of personal growth experiences from countertransference.

### ***Implications for counseling practice***

The findings of this study have several implications for counselling practice. The findings indicate that personal growth from countertransference is prevalent among counsellors, they should deal with it openly and acceptingly. To deal with countertransference, it is recommended to employ a non-defensive and accepting attitude. Accepting countertransference is inevitable and universal may help counsellors to explore and better understand the source of their countertransference. The present findings also indicate that counsellors' openness to discussing countertransference and accepting their own limitations will eventually contribute to greater openness and acceptance towards themselves and their clients' experiences. To this end, counsellors are expected to be kind and genuine to themselves while willing to remove their professional false fronts and openly explore their vulnerabilities. This is an essential step for counsellors to transform themselves and improve their professional and personal lives.



**Figure 2:** Interconnected major themes of personal growth experiences of countertransference

### Conclusion

The journey through the counselling landscape was never tranquil for the participants, especially in dealing with countertransference. The participants faced challenges dealing with their unfinished business and the negative impacts of countertransference. They also struggled to manage intense emotional and physical reactions, and possible ethical consequences resulting from countertransference. Nevertheless, all participants experienced personal growth from their subjective experiences of managing countertransference. Regardless of how much growth and challenges the participants experienced from this phenomenon, countertransference continued to be an integral element of their experience in counselling practice, especially in developing their professional selves and self-growth.

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