

Mindfulness meditation and countertransference in the therapeutic relationship: A small-scale exploration of therapists' experiences using grounded theory methods

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Abstract

Background. Difficulties with containing or processing emotions brought up in the countertransference response have long been understood as having the potential to cause a rupture in the therapeutic relationship, often with damaging results for the client. As increasing numbers of psychotherapists are becoming interested in mindfulness meditation, and as evidence is building to suggest that mindfulness meditation is an effective way of relating to one's thoughts and emotions in a non-judgemental and non-reactive fashion, the effect this may be having on the processing of countertransference material seems a worthy area of investigation. *Method.* This study explores the countertransference experiences of five psychotherapists who practised mindfulness meditation, using semi-structured interviews. Data was analysed using a grounded theory methodology. *Results.* A tentative conceptual understanding of the data was developed, indicating that therapists that practised mindfulness meditation were relating to countertransference responses with an observing stance, a compassionately curious

attitude and a holding of emotion, which brings them into the present moment, resulting in the experience of a deeper therapeutic relationship. *Discussion.* The implications for training and practice are discussed, through the potential of practising mindfulness to cultivate a therapeutic attitude towards countertransference responses.

Keywords: mindfulness, countertransference, therapeutic relationship, grounded theory, meditation

Introduction

Countertransference, the term associated with a therapist's emotional response to their client, was originally conceived of by Freud as a dangerous manifestation of the therapist's unresolved conflicts in reaction to the transference (Freud, 1910); subsequent views have posited that awareness and management of the countertransference can help therapists to gain a better empathic understanding of their clients (e.g. Heimann, 1950; Racker, 1957). If the countertransference is understood to be an unconscious communication from the client, the therapist can bring it to consciousness and process it, so that the client too might become aware of a previously unconscious element to themselves in relationship with others. In contemporary relational psychotherapy countertransference is now generally understood to be a universal phenomenon that is co-constructed in the therapeutic relationship by both therapist and client (Mitchell, 1993).

Research suggests that all therapists experience countertransference responses (Hayes et al., 1998); at any given time a therapist might feel hate, envy, fear, boredom or any other emotion in relation to their interaction with their client (Najavits, 2000). While this may not be inherently problematic, the way in which the therapist might manage these responses can have the potential to result in ruptures to the therapeutic

relationship and can therefore be damaging for the client (Hayes, Riker & Ingram, 1997). This can occur through the therapist acting out in order to relieve the discomfort that might accompany these emotional responses. For example, the therapist might feel fearful in response to their client and then behave in an overly avoidant way (Gelso & Hayes, 2007), which if not recognised and processed might lead to a harmful experience for the client. Countertransference may also hinder empathy when the therapist over-identifies with the client so that the true differences and nuances of the client are missed. This has been qualitatively reported in studies that have investigated over-identification by therapists with client groups including refugees (Eleftheriadou, 1999) and HIV clients (Cadwell, 1994) and has been explored with regards to racial difference between client and therapist (Tan, 2006).

In these ways the therapist moves away from empathising with the client due to their own emotional response dominating the therapeutic relationship (Maroda, 1991). As therapist empathy is a common factor of psychotherapy and counselling (Lambert & Barley, 2001) and predicts client outcome (Elliott et al., 2011), managing countertransference must be an important process in psychotherapy (Greenberg, 1991). In a meta-analysis, Hayes et al. (2011) found that acting out on countertransference reactions (as measured on a supervisor-rated inventory of countertransference) was associated with poorer therapeutic outcomes, and that successfully managing countertransference responses was associated with better outcomes. It has also been found that making interventions based on countertransference reactions resulted in lower ratings of the working alliance (Ligiéro & Gelso, 2002). Safran and Muran (2006) propose that perhaps all ruptures in the therapeutic relationship are largely associated with acting out of the transference and countertransference dynamics. The literature thus suggests that awareness and management of the countertransference must be a crucial part of therapeutic practice.

Mindfulness practice is understood to cultivate attention to experiences in the present moment with non-judgement, acceptance and non-reactivity to experience (Kabat-Zinn, 1990). Originating from Buddhist teachings, Western secular conceptualisations of mindfulness (e.g. Batchelor, 1997) retain an emphasis on embodied awareness and insight into the true nature of reality as dynamic and impermanent (Gunaratana, 2002). Interest in mindfulness as a therapy is increasing rapidly, with new approaches emerging that are either directly based on its practices (e.g. mindfulness-based stress reduction, Kabat-Zinn, 1990); or informed by its philosophy and precepts (e.g. acceptance and commitment therapy, Hayes & Smith, 2005). As research evidence is building to support the efficacy of mindfulness based and informed therapies (e.g. Baer, 2003), it seems timely to examine what impact this practice might be having on the capacity of therapists' to process their countertransference responses.

Shapiro et al. (2006) suggest that practising mindfulness develops a shift in perspective from identifying to observing experience, and relating to the contents of the mind with less judgement and reactivity. Other evidence suggests that mindfulness fundamentally changes the way emotion is processed (Williams, 2010) perhaps through improving executive control, which in turn develops the capacity for emotional regulation (Teper, Segal & Inslight, 2013).

There is also compelling evidence to suggest that mindfulness practice can result in changes to interpersonal relating, including increased empathy, an increased tendency to 'be with' rather than 'fix' other people in distress (Bihari & Mullan, 2012), and a felt sense of interpersonal connectedness (Brown & Kasser, 2005). Increasingly neuropsychological evidence is accruing to suggest that mindfulness meditation may neurologically cultivate people's ability to emotionally attune to others and develop sensitivity to bodily sensations (Siegel, 2007).

Only one study has currently been published in the psychotherapy literature that directly investigates the relationship between mindfulness meditation and countertransference awareness and management. In a sample of 100 trainee therapists, Fatter and Hayes (2013) found that mindfulness meditation experience was a predictor of countertransference management ability, as measured on a quantitative, supervisor-reported inventory. The authors go on to suggest that mindfulness practice is well suited as an ongoing process to develop countertransference management capacities. Taking this initial finding into account, further research is needed as increasing numbers of psychotherapists are practising mindfulness meditation and little is known about the effect that this practice may be having on how therapists experience the processing of countertransference responses.

The current study aims to provide an understanding of the countertransference experiences of five psychotherapists who regularly practice mindfulness meditation. A grounded theory methodology (Charmaz, 2006) was chosen to explore the experiences of individual participants and to produce a conceptual understanding of the data.

Methodology

Sampling and participants

Purposive sampling was employed to identify psychological therapists who regularly practised mindfulness meditation. The inclusion criteria were that therapists had been regularly practising mindfulness meditation and counselling clients for at least two years. Three of the five participants had been practising both mindfulness and psychotherapy for over ten years. Participants also had to be aware of the theoretical concept of countertransference and be able to discuss their experiences of it.

Information about the research project was emailed to individual therapists who had been identified using directories on the UKCP website.

Participants were five female therapists who were currently engaged in both client work and mindfulness meditation practice. Theoretical approaches used by participants in their therapeutic practice included psychodynamic, psychodrama psychotherapy, acceptance and commitment therapy, transactional analysis and integrative ways of working. Some but not all participants had undergone additional training in mindfulness-based approaches such as mindfulness-based stress reduction (Kabat-Zinn, 1990). Participants worked in a variety of settings including private practice and university counselling services.

Procedure and analysis

Full ethical approval was granted by the University of the West of England ethics committee. All participants were familiar with the concept of countertransference; some actively worked with it and some were aware of it without using it as a therapeutic tool. Individual hour-long semi-structured interviews were conducted, with the main question being, 'How do you relate to your countertransference experiences?' with participants encouraged to explore specific examples of their emotional responses to clients. Prompts were sometimes used to bring participants back to their own experiences instead of focusing on the experience of the client. Participants were also asked to discuss whether and how they believed that mindfulness meditation practice impacted on their countertransference experiences.

Interviews were audio-recorded and transcribed in full. A grounded theory methodology (Charmaz, 2006) was used to analyse the interview transcripts; this involved multiple stages of analysis, starting with line-by-line open coding which described the data, progressing to a more interpretive form of focused coding, resulting

in the emergence of categories. The use of a constant comparison method (Charmaz, 2006) meant that throughout the research process, early interviews were used to develop tentative findings, with subsequent interviews being coded with these findings in mind, ensuring a close fit with the data and forcing an in-depth examination of how meanings might subtly differ and relate to one another. As suggested by Charmaz (2006), data analysis took place concurrently with interviewing, whereby each process informed the other. Participants were recruited in response to the emerging data. For example, as 'developing embodied awareness' was identified as an early tentative category, a psychodrama psychotherapist was subsequently interviewed due to the potential rich and pertinent data that could be collected from a practitioner trained in an approach that invites clients to physically act out inner conflict. Due to the time constraints of this small-scale project, data collection ceased before all avenues had been explored (Pidgeon, & Henwood, 1997). Therefore the theory created in this study is more a conceptual interpretation of the data and would need additional data collection in order for categories to reach saturation.

Throughout the research process, memos were kept as a record of the first author's personal responses. Sometimes this took the form of emotional responses to interviews with different participants, or intellectual responses to ideas expressed by participants. In addition to enhancing the depth of the research project (Etherington, 2004), it was important to reflect on countertransference in the research process, and the first author's response to participants and how the author related to those responses. This encouraged close interaction with the data and an increased awareness of personal processing of countertransference material.

Reflexivity

The first author is a Trainee Counselling Psychologist with an ever-increasing personal and professional interest in mindfulness meditation. It was taken into consideration that the researcher's pre-existing beliefs about the therapeutic potential of mindfulness practice might influence how the data was collected and analysed. In order to reduce this possibility, there was an ongoing dialogue with the second author who had no previous experience of practising mindfulness meditation. This process of informal validity checking took place to ensure that the analysis remained grounded in the data and not pre-conceived theories (Henwood & Pidgeon, 1993).

Results

Five categories emerged from participants' narratives of relating to their countertransference responses, and the core category was identified as 'Relating to clients at a deeper level through a mindful relationship with the countertransference response' (see Figure 1). 'Observing and not identifying', 'Developing a compassionately curious attitude', and 'Holding difficult emotions' led to 'Being aware in the present moment' of all aspects of the response, which had the effect of 'Deepening the therapeutic relationship'. This was an ongoing and circular process of development, in which 'Deepening the therapeutic relationship' opened up new understandings of the client which could then be processed in an observing, compassionately curious and holding manner.

Figure 1. A conceptual understanding of data relating to the processing of countertransference experiences

Observing and not identifying

Following on from the practice of mindfulness meditation, participants described a process of letting go of their identification with experience and instead an observing of the experience.

It's just thoughts, and I can stand back, so I'm relating *to* it, rather than be swamped by this 'oh my God this is awful, I want to throw up and this is horrible', when I'm very strongly identified with the thought. (P2)

Being 'constantly very aware of the stuff that's going on that's our minds that are separate from our selves' (P4) involved observing the experience and not identifying with the experience. This meant that therapists experienced being able to acknowledge their responses without getting 'hooked' (P2) or 'drawn' (P3) by them.

Many participants reported judgments that took the form of self-critical thoughts about their abilities as a therapist. By non-identifying with these judgments participants perceived themselves as not being distracted from the therapeutic relationship. One individual said that:

It's just part of my mind going off on my little 'Oh my god can I do this? Am I good enough? What sort of therapist am I? What if I damage this person or he hurts me?' I'm aware of my mind stuff going on, and aware of my reactions to it and then I can just sort of hold it there and it doesn't hook me. (P4)

Developing a compassionately curious attitude

One of the qualities participants described as developing from practising mindfulness meditation was a compassionately curious attitude extended towards their own response. This attitude comprised an interested curiosity in what was transpiring in their own experiencing of the client, and a kind and gentle relationship with whatever emerged.

All participants described an attitude of curiosity and interest towards their own responses, including their countertransference responses. ‘Suppose I feel really angry in a session, the knee-jerk reaction is, “Oh that’s interesting. What’s this about?”’ (P2). This attitude was linked to mindfulness practice. ‘Part of the grounding in meditation is the curiosity, the “what is this?”’ (P3).

In addition to the curiosity, the noticing of the response was also described as being accompanied by compassion towards the response, which developed through mindfulness practice. ‘I’m gentler with myself now than I used to be, and that’s practice’ (P5). This kindness towards the self was also described as being a core feature of mindfulness practice. ‘I think that the philosophy of the whole mindfulness approach isn’t about not feeling things, it’s about noticing what one is feeling, noticing the change and having compassion, for self and others’ (P3).

As well as applying this attitude of compassionate curiosity to the physical, emotional and cognitive response, some participants described approaching their response to the response in the same way, with compassion and interest. ‘What’s the overall feeling tone of my mind, in general what are the patterns? And of course it’s mildly aversive most of the time, which was interesting news for me!’ (P5). Becoming aware of the wish at some level to avoid difficult aspects of experience was met with curiosity and a sense of insight or discovery.

Holding difficult emotions

Participants also linked practising mindfulness with an increased capacity to tolerate their countertransference responses with acceptance. This tolerating of difficult emotions was described by one participant:

What the client needs is to have the anguish contained, and to learn that it's containable. And if I can't contain it, then how on earth can she expect to? So it is absolutely vital to be able to maintain that sort of warm, accepting, really, really stable position. (P2)

This increased capacity to sit with difficult emotions was described by one participant as 'A strength... a sense of me being big and spacious in the middle' (P2).

Participants expressed beliefs that acceptance of difficult countertransference responses without acting on them was crucial in maintaining a therapeutic stance towards the client that did not involve acting out on their countertransference responses. This was conceptualised as processing the countertransference rather than immediately reacting to it. In other cases it meant that therapists felt able to hold their own painful responses without being compelled to terminate the therapy or close themselves off to the client. One therapist said that it was about:

Accepting that's how I'm feeling, that's where I'm at. But I can hold that and carry on and do this session with him, because the

alternate would be to say, 'I can't cope with him' and that would probably be destructive to him. (P4)

Being aware in the present moment

A sense of being grounded in one's own moment-by-moment experience was described by participants as both something that was important to the processing of their countertransference responses and something they believed was cultivated through mindfulness meditation practice.

What's happening with mindfulness all the time, is that you're going back to your felt sense, whatever it is, whether it's what you see, or what you smell, or what you taste, or what you feel. I'm going back to that, to the experience. (P2)

Some participants equated therapeutic practice to being a form of meditative practice in which the client, as opposed to the breath or the body, was the focus of attention. 'When I'm working with a client and I'm really focused, it's a kind of mindfulness practice in itself, you're very much in the present moment' (P5).

Being in the present moment emerged through observing and not identifying ('to notice the things that distract me and just let them go and be very present in my body and be aware of what's going on for me', P1) developing an attitude of compassionate curiosity ('to be a good therapist you've got to be moment-by-moment with the person you're with', P2) and holding difficult emotions ('Accepting that's how I'm feeling, that's where I'm at', P4).

Participants described being able to attend to their response at multiple levels, which gave them an increased awareness of what was transpiring in the present moment of the therapeutic relationship. This was believed to open up new understandings of the client through an embodied experiencing of the countertransference in the moment of the therapeutic encounter, which could then be shared with the client if the therapist deemed it appropriate. ‘Emotions are physical, they’re visceral... and I might be experiencing a feeling they’re experiencing but not expressing. So I might say, “I’m beginning to feel quite angry, is there anger there for you?”’ (P5)

Participants believed that a mindful attitude helped them to attend to their client as a whole. ‘It means being very attuned to them; really listening to everything that’s going on, verbally and all the other levels underneath.’ (P2) This helped them to experience a ‘visceral felt’ (P1) sense of the person.

I do bring a lot of my mindfulness to bear in how I am with somebody in the room. Because I am as far as I can be very focused on the client as a whole and I’m not paying more attention to the story, I’m not paying more attention to how they’re being, I’m not paying more attention to the emotion they’re expressing, I’m kind of trying to see them as a whole and be aware of everything without analysing it or pulling it apart. (P1)

Deepening the therapeutic relationship

Participants believed that relating to their experience in a mindful way and being in the present moment helped them to connect with clients on a deeper level. ‘It almost feels

like immersion. Not in the client's story so much as in the client's way of being' (P1).

Participants described responding from a wiser and more genuine part of themselves.

I think there is a wiser element of everybody, if one can let go of the smokescreen of thinking. And actually that's the bit where one relates... I think that clients pick that up, that you're more genuine, real, rather than having lots of chatter. (P2)

Conversely, some participants described instances in which they did not respond mindfully and that they felt may have damaged the openness of the therapeutic relationship. 'Unconsciously I reinforced that "behaviour warrants reaction in others and they're not the reactions that I want". And it's hard to tell whether he would be holding back now or not.' (P4). Relating to countertransference experiences with judgment, a lack of awareness and an intolerance of difficult emotions was believed by most participants to adversely impact the therapy.

The process described here is one of the participants becoming increasingly comfortable with their own responses, and particularly the vulnerabilities which are brought up in the countertransference.

What you're inviting in is an embodied experience of vulnerability and impermanence... A person can't consciously let go, it's something that you can over time create the circumstances to allow to happen. (P5)

Through this process of relating mindfully to their countertransference experiences, therapists were continually engaged in developing their own capacity to hold and be

open to their own vulnerabilities in order to form deeper and more meaningful relationships with their clients. 'I think that it enables me to access something that's deeper - it probably sounds awfully pretentious - but, wiser' (P2). The deeper elements of the therapeutic relationship that emerged could then be related to in an observing, compassionately curious and holding way, making this a circular process.

Discussion

The conceptual understanding of the data generated in this study describes the process through which participants who practice mindfulness meditation relate to their countertransference responses. This ongoing process of relating involves observing, rather than identifying with experience, developing a compassionately curious attitude, and holding difficult emotions. These actions lead to being aware in the present moment, and consequently to deepening the therapeutic relationship.

Although this is the first qualitative study to explore the countertransference experiences of psychotherapists that practice mindfulness meditation, the categories and the relationships between those categories constructed in this analysis have similarities to how the practice of mindfulness more generally has been theoretically construed (Kabat-Zinn, 1990; Gunaratana, 2002). For example, 'Being aware in the present moment' which emerged as an important category in this analysis is a central part of one of the most well known definitions of mindfulness: 'Paying attention in a particular way: on purpose, in the present moment, and non-judgmentally' (Kabat-Zinn, 1990). The category of 'Observing and not identifying' has elsewhere been constructed as an important perceptual shift that occurs through mindfulness practice (Kerr, Josyula & Littenberg, 2011) and conceptualised as 'the non-judgmental observation of the ongoing stream of internal and external stimuli as they arise' (Baer, 2003). The category of

‘Deepening the therapeutic relationship’ is represented in research suggesting that mindfulness practice can improve empathy and the capacity to be with the distress of another individual (Bihari & Mullan, 2012).

Participants did not state that the practising of mindfulness meditation reduced the frequency or intensity of their countertransference experiences, but that it cultivated a different relationship with those experiences, one that was characterised by openness and acceptance. This may go some way to explaining the process underlying the finding of Fatter and Hayes (2013) that mindfulness meditation experience predicts countertransference management capacity. Mindfulness should perhaps not be seen as a replacement for the traditional way in which therapists have been encouraged to process their unresolved conflicts which can manifest in countertransference responses, in the undertaking of their own personal therapy and ongoing professional supervision. These practices may still have an invaluable role in bringing unresolved conflicts into consciousness, deepening self-awareness and developing fresh perspectives on client work. Rather mindfulness may be seen as way of being that aids therapists in experiencing ‘the full catastrophe’ (Kabat-Zin, 1990) of countertransference responses without analysis, whatever they are and whatever their origin.

This suggestion that mindfulness meditation cultivates a therapeutic attitude towards the countertransference has implications for practice. If the ongoing process of relating mindfully to the moment-by-moment countertransferential experience of being with a client can deepen the therapeutic relationship, it might become a point of consideration to include teaching in mindfulness meditation on counselling training courses and for therapists to cultivate ongoing mindfulness practice as part of their continuing professional development. Participants reported being able to let go of self-critical thoughts about their therapeutic abilities through taking a mindful attitude towards those thoughts. This process could be particularly relevant to trainee therapists,

who often experience intense self-criticism and self-doubt (Hill, Sullivan, Knox, & Schlosser, 2007) as they begin to work with clients. Including mindfulness teaching as part of psychotherapy training courses could help trainees to cope better with these experiences, as well as aiding them to become increasingly aware of, and manage, their countertransference responses more generally.

This study has several limitations. Perhaps most significantly, the small number of participants meant that categories did not reach the point of saturation; what is presented here is more a conceptual interpretation of the data. Further data collection would strengthen the processes identified through this study. It would also perhaps be pertinent to recruit participants with the aim of challenging the understanding developed in this study. This could be achieved through interviewing therapists that do not practice mindfulness meditation in order to compare the similarities and differences in the processing of countertransference responses. It is also important to bear in mind that the causal and developmental effects of mindfulness meditation practice on countertransference experiences were not explored, since all participants had been practising mindfulness meditation for a long time, some of them since before they started their training and practice of psychotherapy. The actions identified in this analysis could potentially have come about through groups attended or have been related to pre-existing personality traits of the participants, rather than coming from the mindfulness practice itself. Therefore the implications over the impact of practising mindfulness meditation are necessarily restricted, as this study can make no causal claims. What this study has done has been to document how these participants relate to the countertransference experiences that emerge in therapy, at their current point in their personal and professional development.

Future research could take the form of longitudinal studies to explore relationships with countertransference responses before starting mindfulness meditation

practice as well as after, in order to more clearly understand the developmental process of relating to countertransference experiences in a different way. It would also be interesting to interview the clients of therapists that practice mindfulness meditation, to see whether they too perceive deeper relationships with their therapists. All participants described countertransference responses that they found particularly difficult to process mindfully; carrying out further research into those moments where therapists lose a mindful relationship with their experience would be useful in further developing the findings presented here.

As public and professional interest in mindfulness continues to increase, so too does the colourful discourse and research into how and why it is of benefit to those that practice. It is hoped that this study adds to that discussion and in particular explores how mindfulness can help us to better understand and process our own countertransference responses. Through practising mindfulness we may deepen our relationship with the individual experiencing of the countertransference response at a given moment. Through being present with our own response we may allow ourselves to ‘invite in an embodied experience of vulnerability’ (P5) and open up the possibility of richer relationships with our clients.

Biographical Note

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