

Countertransference and the Creative Arts Therapies: A Review of the Literature and a
Practical Guide to Creatively Managing Countertransference

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Abstract

Countertransference and the Creative Arts Therapies: A Review of the Literature and a Practical Guide to Creatively Managing Countertransference

Catherine-Emmanuelle Drapeau

For this research, an integrative literature review of works published between 1993 and 2013 was conducted to explore the meaning of countertransference (CT) in the creative arts therapies and suggested means of CT management that incorporate at least one art form. Though results are limited, they suggest CT is generally understood as conscious and/or unconscious reactions to client material, can be manifested through emotional, cognitive, behavioural and somatic reactions during and after sessions, is perceived as useful if processed, and triggered by many factors such as similarities between client material and therapist's past and present experiences. Discussion of results yielded a practical guide to creative methods for CT management as well as several recommendations for future research.

Keywords: countertransference, definition of countertransference, manifestations of countertransference, triggers of countertransference, countertransference management, art response, creative response, creative arts therapies

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I believe people and art, in some form or another; enable change, growth, and healing. With this conviction in mind and heart, I entered the MA in art therapy program in fall of 2012. For the past two years, great change, growth and healing have invigorated my becoming a *good-enough* art therapist. I believe both people and art made the process possible. These are but a few words of gratitude towards those individuals who have been and are so incredibly supportive of my journey.

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Countertransference and the Creative Arts Therapies: A Review of the Literature and a
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Introduction

Bewilderment, inspiration, excitement, shock, empathy, boredom, uncertainty, anger, fear, and confusion: All but a few feelings met during the two years of professional graduate level training required to become an art therapist and the duration of the therapist's career. As an art therapy (AT) intern in a psychodynamically oriented program, I feel honored and privileged to have been working with many survivors of trauma. Through this work I realized that along with holding clients' life stories and feelings comes the experience of all of the emotions stated above. I also became aware they can not only arise during a session, but can linger and infiltrate daily life and create a strain on the therapeutic alliance. Fearing the interference of these emotional experiences in my work with clients, making sense of and managing them became imperative to me. I uncovered through introspection and supervision that I had been experiencing countertransference (CT), a concept deeply rooted in classical psychoanalysis.

Wishing to gain a clearer sense of the phenomenon, I conducted a preliminary review of the literature and found it is Freud who introduced the term CT "(...) which arises in the physician as a *result of the patient's influence* on his *unconscious feelings* (...)" (Freud, 1910 as cited in Baum, 1969, p. 622). This view of CT, now known as *classical* (Fauth, 2006; Hayes et al., 1998; Rosenberger & Hayes, 2002) or *narrow* (Gabbard, 2001), deems CT a hindrance to treatment if not resolved through personal analysis (Freud, 1910/1959 as cited in Hayes et al., 1998; Fauth, 2006; Rosenberger & Hayes, 2002). It has evolved in the past decades and been widely discussed, and argued

in psychodynamic/ psychoanalysis (PA) and counselling/ psychology (CP) literature.

Many varying definitions of CT are found in recent literature. It is posited differences in theoretical and clinical orientation may be impeding on a definitional consensus and the conceptualization of the definitional evolution of CT may be better achieved by focusing on three dominant definitions of CT that have emerged in recent PA and CP literature: classical, *totalistic*, and *moderate* (Fauth, 2006). Visually, the evolution of the definition of CT can be seen as tracing a pendulum's trajectory, swinging from one end – the classical perspective, to the other – the totalistic perspective. Here, CT is viewed more broadly as any therapist's conscious or unconscious reaction to transference material from a client or to other phenomena and as a potentially useful source of insight (Gabbard, 2001; Rosenberger & Hayes, 2002; Schaeffer, 1998).

Recent debate about CT suggests its definition is now viewed by some to be explorative of the area between both extremities of the pendulum's trace where CT is defined as moderate or *integrative* (Langs, 1974; Gelso & Carter, 1985, 1994; Gelso & Hayes, 1998 as cited in Fauth, 2006, p. 17). This view sees CT as the therapist's distinct sensorial, affective, intellectual, and/or behavioural reactions to clients that are founded primarily in the therapist's personal issues, dispositions, or conflicts (Bichi, 2012; Pearlman & Saakvitne, 1995; Waska, 2013). The moderate definition of CT suggests CT reactions, whether conscious or unconscious, can only be triggered by in-session factors such as traits of the client, transference material, or other facets of the therapeutic relationship or progress (Fauth, 2006). Some authors argue the moderate conceptualization of CT is less restrictive than the classical definition yet more precise and useful than the totalistic definition (Hayes et al., 1998).

To summarize the concept of CT as portrayed in the recent PA and CP literature, CT can be understood as an umbrella concept encompassing various views. These views vary from classical—CT results from therapist’s unresolved conflicts being triggered by client transference and is a hindrance to therapy—, to moderate—CT is triggered in-session not only by transference but also by client character traits and other phenomena inherent to the therapeutic working relationship and if appropriately processed can be useful to therapy—, to totalistic—CT is any and all unconscious or conscious reaction to client transference material or any other phenomena in- or out of session and is also considered a potentially useful tool to therapy. Left uncontested and perhaps to be considered as the element of consistency, CT is a concept inherent to the therapeutic relationship traditionally composed of two actors: the therapist and the client or the pendulum itself. In the context of the creative arts therapies (CATs), this simple yet key notion adds an intricate layer of complexity to the understanding of the meaning of CT.

Whereas traditional psychotherapy sees the therapeutic alliance develop in a more linear fashion between therapist and client, CATs provides a subtly yet notably different setting within which the therapeutic process evolves. As rightly put by teacher and art therapist Dalia Avrahami (2006), “At the heart of art therapy lies the healing power of the creative process and the special communication that takes place between the client, the artwork, and the therapist” (p. 6). Schaverien (2000) refers to this space between client, therapist and artwork as the *triangular relationship*. As previously stated and as a few thorough reviews of the literature on the topic suggest (see Rosenberger & Hayes, 2002; Zachrisson, 2009), many have contributed to the evolution of its meaning by discussing and arguing the definition and implications of CT within the traditional therapeutic

relationship. Can the same be said about recent AT and CATs literature? Also, many authors maintain the crucial role of transference and CT in psychodynamic approaches to therapy (Franklin, 2010; Mann, 2007; Schaverian, 2007), and stress the importance for the therapist to manage CT reactions. While some have included in their writing accounts of their own or other's use of art-response to understand and process CT (Fish, 2012, 2008; Wadson, 2003), are other artistic modalities also used to manage CT? If so, how are they used?

This research project aims to expand the preliminary work described above and review the CATs literature of the past two decades in hopes of finding answers to these aforementioned questions. More precisely, this work presents the integrative thematic review, a process founded in bibliography research, which sought to satisfy a twofold objective guided by the following inquiries: How is CT defined in the CATS literature from the past two decades (1993-2013 inclusively)? What is its perceived usefulness to the creative arts therapeutic alliance and progress? The secondary focus to this review was to highlight CT management methods and techniques that incorporate at least one art modality, ultimately answering the following question: How can CATs students become more aware of and capable of appropriately managing CT in and out of sessions with clients? A significant component of this second objective was assembling these methods and techniques into a comprehensive, yet concise and practical guide to the creative management of CT.

This research paper is primarily addressed to CATs graduate students and therapists, as well as practitioners in other helping fields who wish to deepen their understanding of CT and broaden their knowledge of creative means to manage CT.

Secondarily, this work intends to reach the broader audience of academia by offering a synthesized overview of recent contributions in CT research in the field of CATs as well as recommendations for future improvements in this area.

The content of this thesis is structured into three chapters. Chapter I discusses the suitability of the chosen method to the research goal and concerns about ethics, validity and reliability. Methodological steps undertaken for data collection, analysis, and conclusion formulations are also considered in this chapter. The results of the literature review are discussed in chapter II. Here, results are presented, synthesized and organized under various CT related themes (described in more detail in chapter one) such as definition, manifestations, perceived usefulness/application, management of CT, and/or other. Chapter III addresses the relevance and implications of the literature review for the research questions stated previously. Amalgamating creative methods suggested in the literature as well as personal reflections, chapter III also presents a practical guide specifically designed to the creative management of CT. Limitations to the research as well as recommendations for future research are also discussed.

Chapter I: A Focus on Methodology

As introduced previously, this research was guided by two main questions: (1) How is CT defined in the CATs? (2) What methods for managing CT, with a focus on those incorporating at least one art modality/creative expression, are presented in recent CATs literature (1993-2013 inclusively)? Seeking an answer to these inquiries, an integrative thematic review of relevant CATs literature from 1993 to 2013 inclusively was conducted. This chapter explores the rationale for the chosen methodology and discusses its application to the research goal. Firstly, the suitability of the chosen method

is discussed. Next, pertaining matters of ethics, validity and reliability are examined. Finally, the methodological steps that were undertaken for data collection, analysis, and potential conclusions are presented.

Methodological Rational

An integrative review allows the consideration of the vastest type of data. More specifically, it endorses the inclusion of experimental and non-experimental research, theoretical and empirical findings, in order to fulfill a wide range of goals familiar to literature reviews in general such as to define notions, review theories, and gain new insight (Gall, Bord, & Gall, 1996; Harl, 1998; Whittemore & Knafl, 2005). It is argued a good literature review forms the basis for advancement and innovation of ensuing research (Boote & Beile, 2005; Whittemore & Knafl, 2005). To alleviate the strain imposed by the potential scarceness of research in the CATS (Fish, 1989), it was agreed the use of an integrative approach for this research would allow for pertinent data to be considered in a broader search context.

Henceforth, an integrative and representative thematic review of the literature published in the last twenty years (1993-2013) pertaining to the definition of CT, its manifestations and perceived implications for therapy (perceived usefulness/application), as well as methods for managing CT was conducted. While focusing on research in the CATs—AT, music therapy (MT), dance/movement therapy (DMT), drama therapy (DT)—other helping fields incorporating elements of creative expression were also considered such as play therapy. Relevant literature from other psychodynamically oriented helping fields, namely psychoanalysis (PA), as well as from the field of counselling psychology (CP) were also briefly reviewed: It was projected this approach

would yield a clearer sense of what has been done in the field of CATs in comparison with that which has been done in the fields of PA and CP, and in turn help to determine significant recommendations for future research endeavours.

Matters of ethics, validity and reliability

Ethical concerns. All art therapists undertaking research must vigilantly scrutinize issues of integrity and ethical care in research (AATA, 2009; AATQ, 2005; Bond, 2004; CATA, n. d.; Clark, Prosser, & Wiles, 2010; Clark & Sharf, 2007; Corey, Corey, & Callanan, 2011; Costley & Gibbs, 2006; Deaver, 2011; Gibbs & Costley, 2006; Hinz, 2011; Temple & VcVittie, 2005; West & Byrne, 2009; Younggren & Gottlieb, 2004). It is argued the integral researcher must be fair and honest in collecting and analysing data, disseminating findings competently, and honoring and attributing publication credit (AATA, 2011; Bond, 2004; CATA, n.d.). In respect for principles of integrity and ethics in research, in conducting the research considered here, a systematic approach, later discussed, was used to record findings and ensure the rightful accreditation of contributions. Attribution of credit entailed abiding by the APA (6th ed.) citation standards for the dissemination of findings, analysis and conclusions. In short, ethical concerns for this bibliographic research may be encapsulated within one main idea: the full, fair and honest attribution of credit to respectful authors and sources of information.

Validity and reliability. In addition to ethical concerns, attention must be given to threats to validity and reliability, such as researcher bias. It is argued the selective study and selection of data may skew findings (Johnson, 1997). Since the underlying drive for this research stemmed from personal experience as an AT intern and belief in

the value of understanding and managing CT, it was important to remain aware of the possibility of a subconscious agenda swaying the data selection and analysis.

Adding to bias, proceeding in a muddled manner may veer the researcher from valuable sources, towards an incomplete literature search, and impinge on data analysis and interpretation (Whittemore & Knafl, 2005, p. 548). In other words, disorganized data collection, recording, and analysis may harm validity and reliability. To ensure the validity and reliability of the review, the use of strong organization are encouraged. The researcher should develop explicit and orderly methods for data collection and analysis (Bond, 2004; Borg & Gall, 1989; Johnson, 1997; Whittemore & Knafl, 2005). Borg and Gall (1989) underline the import of using primary sources as much as possible. Relying on the direct description of the process and observations by the individual who undertook the research helps to avoid information skewed by a secondary source author (Borg & Gall, 1989, p. 115). For this reason, primary sources were prioritized during data selection. However, secondary sources that interpret and/or critique primary sources were also considered so not to impose too restricting limits.

Authors also argue to strengthen validity and reliability, researchers should be reflexive. In line with being reflexive, data was analyzed as it was collected to help ensure it concurred with the research objective (Bond, 2004). To further enhance the trustworthiness of findings and interpretations, it is advised to use data triangulation, the use of various data sources as well as multiple views to help construe findings (Johnson, 1997), and to be willing to reject deceiving sources regardless of their initial appeal (Bond, 2004). Thus, searching from multiple databases and libraries, and engaging in reflective exchanges with my research director, using data triangulation and verification,

as well as a well a documented systematic methodology all served to enhance the validity and reliability of my research.

Organization and Procedure

General organization. The key to a good literature review is planning and organization (Boote & Beile, 2005; Cooper, 1988; Hart, 1999; Whitemore & Knafl, 2005). Many tools have been developed and reviewed to help researchers systematize their research approach (See Boote & Beile, 2005; Cooper, 1988; Hart, 1999). Before collecting data, I firstly applied the research organization to Cooper's (1988) *Taxonomy of Literature Reviews*, which considers the focus, goals, perspective, coverage, organization and audience relative to the research. Focusing on the definition and management of CT, the present research was both theory- and practices/applications-based and aimed to integrate and synthesize past literature to obtain an understanding of how CT is defined in the CATs, highlight methods for managing CT applicable to CATs students and needs for future research in the CATs. I approached my research from the perspective of the dynamic editorial role of the reviewer, advocating for the relevance and importance of awareness and management of CT in AT, all the while being reflective about the potential impact of such a perspective. From the representative review conducted, data was organized thematically under CT definitions, manifestations, perceived usefulness/application, management, and other (to allow openness to other themes that would perhaps emerge from the literature). Finally, as stated previously, this thesis is addressed to graduate students and therapists of the CATs and other helping fields, as well as academia.

Organizing the literature search. A well-defined search design, ideally including all pertinent literature on the research topic, is crucial to a good literature review (Whittemore and Knafl, 2005, p. 548). Since this research did not involve an exhaustive search of the literature, it was ever more important to have a structured system to guide my search and record findings. For this, I created a chart (see Figure 1) which was used for all found sources. It presents the framework that guided the literature search and was inspired by the advice of Cooper (1988) and Borg and Gall (1989) on how to structure a sound literature review. The checklist such as the one presented in Figure 1 was a useful tool for not only organizing the research but also for recording its evolution. As stated in the *data selection criteria* section of the table, only sources satisfying all four selection criteria were kept from the collected data. In other words, included in the data analysis were (a) published primary or secondary sources (books or articles) that used (b) a qualitative, quantitative, or mixed methodology with results related to CATs, other therapies incorporating creative expression, and psycho-dynamic/psychoanalysis therapies and containing one or more key terms in the title, abstract, and/or key terms. To be included, the work also had to be free of access with a graduate library account and published between 1993 and 2013 inclusively. These dates were subjectively selected so to research the data from the past two decades. Also, it is important to note that because the present research is not exhaustive, only the first 150 sources of each key-term-search from each database were considered. This equates to approximately the first five pages with 20-30 results per page.

Title of Article/book: doi, URL, or rental location:		✓
Data selection criteria	(A) Published primary and secondary sources (articles, and books)	
	(B) Qualitative and/or quantitative results related to CATS, other therapies incorporating creative expression, and psycho-dynamic/psychoanalysis therapies and containing one or more bellow stated key terms in the title, abstract, and/or key terms	
	(C) Published between 1993 and 2013 inclusively.	
	(D) Free access from graduate student library account	
Key words	CT and art therapy	CT and expressive arts therapies
	CT and art psychotherapy	CT and dance/movement therapy
	CT and drama therapy	CT and music therapy
	CT and CATS	manifestations of CT
	definition of CT	usefulness of CT
	management of CT	Other (specify):
Source/ database	Taylor & Francis	ERIC
	EBSCO	APAonline
	PsycInfo	Wiley online library
	PsycARTICLES	Concordia University Libraries
	Other (Specify):	
Type of data	Qualitative	
	Quantitative	
Themes (Can be applicable to more than one theme)	Definition of CT	
	Manifestations of CT	
	Perceived usefulness/application of CT	
	Management of CT	
	Other (Specify)	

Figure 1. Data collection organization tool

Data classification and analysis. In this integrative review, both empirical and theoretical primary and secondary sources were considered for inclusion. To analyse

data, each piece of collected data was ordered, labeled, classified, and summarized into a unified and integrated conclusion about the research dilemma (Cooper, 1988; Hart, 1998). To ease the process, a particular sequence of some of the steps suggested by Miles and Huberman (1994 as cited in Whittemore & Knafl, 2005, p. 550) were followed: (a) data reduction, (c) conclusion drawing, and (d) verification.

Data reduction. Sources were first sorted into a rational arrangement of subgroups (originating field): AT, MT, DMT, DT, OCE (other helping fields incorporating an element of creative expression), PA, and CP. To avoid blurred structural boundaries, as well as in reason for the abundance of research available in the field of CP and PA, sources from the fields of social work and nursing were excluded. The search and reduction process resulted with thirty (30) articles and books corresponding to the criteria from the field of AT, six (6) from the field of DMT, five (5) from the field of DT, five (5) from the field of MT, nine (9) from other fields incorporating an element of creative expression (OCE), sixty one (61) from the field of PA and seventy six (76) from CP fields. These results show a great contrast between the amount of accessible literature pertaining to CT in the fields of CATs as opposed to those of PA and CP.

Data was then matched according to the relevance of its content to one of the previously stated themes, receiving one of the following codes: *definition* (D), *manifestations* (M), *perceived usefulness/application* (A), *management* (Mt), or *other* (O). In order to remain open to all thematic possibilities, an additional category, *other*, was added. Keeping in mind a source may address more than one theme; each source could be allotted more than one code. Next, each source was reduced to a single page

summary containing similar essential data from each individual source (Whittemore & Knalf, 2005). Although each source that was found as corresponding to the search criteria was thoroughly read, it is important to clarify that not all sources are covered in the literature review. As mentioned previously, the aim of this research is to integrate past literature to gain a better understanding of how CT is defined in the CATs, and highlight ways for managing CT that incorporate the use of art and needs for future research in the field of CATs. Given the limited space allotted to this writing and the high number of sources found in the field of PA and CP, the decision to cover a selected and meaningful few articles from these fields was taken. Chosen articles generally include a review the literature on CT in their respective field and are cited at least once by other authors.

Chapter II: Literature Review

In the present chapter, the results of the literature review are synthesized and organized under the CT related themes that guided the search such as definition, manifestations, perceived usefulness/application, management of CT, and/or other. In the category O, the theme *triggers* surfaced consistently in the reviewed literature. Thus, the final five categories of this review are D, M, A, Mt, and triggers. The results for each theme from PA and CP are firstly summarized, then results found in AT, MT, DT, DMT, and OCE are briefly presented. An important limit to this review consists of the restricted amount of literature found to correspond to the research themes. This is discussed in greater detail in Chapter III.

Definition

As mentioned previously, recent PA and CP literature suggests three general understandings of CT: the classical view (Fauth, 2006; Hayes et al., 1998; Rosenberger &

Hayes, 2002), the totalistic view (Hayes et al., 1998; Rosenberger & Hayes, 2002), and the moderate view (Bichi, 2012; Fauth, 2006; Gedo, 2013; Pearlman & Saakvitne, 1995; Rosenberger & Hayes, 2002; Waska, 2013).

Art therapy. In the field of AT, Deaver and McAuliffe (2009) lead a qualitative multiple case study from a constructivist perspective to explore: (a) how is the used of visual journaling during internship experienced by graduate AT and counselling students; (b) and how do (if they do) AT participants' perceptions of the purpose and benefits of visual journaling differ from those of counselling participants. Four AT interns and four counselling interns took part in a three-hour workshop to introduce visual journaling, fifteen weeks of visual journaling, and four interviews lead by the authors. Data (transcribed interviews and photographs of journal imagery) was analysed for overarching patterns and themes. Results suggest visual journaling can help make sense of the complexities that arise in the internship context (Deaver & McAuliffe, 2009, p. 626). It is proposed combining responsive writing with visual journaling may exalt the potential of art making (Deaver & McAuliffe, 2009, p. 627). In the study, CT was defined as "the counsellor or therapist's conscious or unconscious responses to clients" (Kielo, 1991 as cited in Deaver & McAuliffe, 2009, p. 620).

In her article of 2012, Fish supplemented her theoretical writing with response art vignettes from personal experience to defend "how dedication to creating art can effectively support art therapists' practices in a profession that recognizes the versatility and power of images" (p. 138) and to promote a better understanding of response art. In her paper, she firstly reviews the literature, highlighting response art (creating art, whether visual, musical, or other, in response to a reaction, a sensation, feeling, physical

state, etc.) is used by many in sessions with clients or out of sessions to make sense of CT. She then supports her arguments with examples of her personal use of response art which leads her to conclude art making can be used to contain feelings out of sessions, to express empathy in session, and to promote the processing of CT in supervision (Fish, 2012). Also, used in the clinical training setting, for example in response to a peer's case presentation, art response can help share and discuss impressions and ideas within the group (Fish, 2012). In the article, CT refers to affective or physiological responses to client material, or to supervisee's client material when in the role of the supervisor (Fish, 2012, p. 140).

In one of her many contributions to the psychoanalytical AT literature, Schaverien (2000) discusses an important component of CT in AT: the *aesthetic CT*. As mentioned previously, working in the field of the CATs entails inviting a third element into the therapeutic relationship: art. Schaverien suggests there are three AT approaches, different in their focus on the image's level of priority as a significant element within the transference/CT, deserving of distinct titles: AT, art psychotherapy, and psychoanalytical AT. She proposes the title AT for the therapeutic approach that considers the artistic process of central importance (art as healing) (Schaverien, 2000, p. 61). This suggests in AT, aesthetic CT, or the emotions, thoughts and physiological reactions one has to the artistic process, the visual composition, and/or the image's message, finds meaning within the interaction between image and client while the therapist acts more as witness. In art psychotherapy, CT is considered to exist as part of the transference/CT exchange that exists primarily between the client and therapist (Schaverien, 2000, p. 61). Finally, in analytical AT the entire space within the triangular therapeutic relationship (client-

therapist-image) becomes a kind of three-dimensional field of transference/CT exchange. Here, active within the therapeutic space are the client transference to the therapist as well as to the art (Schaverien, 1987, 1991), the therapist's unconscious reactions to the client (CT), and the phenomenon of aesthetic CT both from the client and the therapist toward the art, creating a full therapeutic triangular dynamic (Schaverien, 2000).

Music therapy. In MT literature, Wildman (1995) refers to CT as projections of the therapist's unresolved issues onto the client (p. 4), while other authors focus their attention more on the concept of *musical CT*. More recently, Dillard (2006) conducted a qualitative-phenomenological study with eight psychodynamically oriented music therapists to explore the extent to which musical CT is experienced, brought into conscious awareness, and utilized by the therapists. Cues, occurrence, and clinical aspects of the phenomenon were examined from a phenomenological point of view. Data was collected through telephone interviews (45–60 min), and a phenomenological data analysis (extracting themes) was conducted. The analysis found within the collected data approximately 900 meaning units, out of which four (4) main themes were highlighted: (a) musical CT as a form of non-verbal communication within the therapeutic relationship; (b) signals to the experience; (c) differentiation between own reactions and reactions triggered within the therapeutic relationship; and (d) utilization and/or response to awareness of musical CT (Dillard, 2006, p. 212). All music therapists described the phenomenon as an unconscious musical dialogue between therapist and client that becomes conscious overtime (Dillard, 2006, p. 208). The authors concluded with a revised definition of musical CT containing four experiential elements: (1) the therapist's unconscious musical response to the client related to the therapist's past relationship

dynamics which can eventually reach consciousness; (2) the therapist's unconscious musical response to the client that is related to the client's own previous relationship dynamics; (3) a joining of both (1) and (2) happening simultaneously; (4) an empathic musical reply to a client's unconscious status, coupled with a sturdy identification to the client (Dillard, 2006, p. 215).

In a theoretical article, Scheiby (2005), supporting her writing with clinical vignettes, addresses four dimensions of processing and identification of CT in MT: 1) musical CT; 2) how to work efficiently with musical CT; 3) how music may aid the processing of CT; 4) how to teach music therapists to work successfully with musical CT. While a new definition of musical CT was not proposed, references to pre-existing definitions such as that of music therapists Mary Priestley's (1975) and Kenneth Bruscia (1998) were used. Priestley's (1975) understanding of musical CT is founded in the analytical definition of CT, describing it as "the therapist's identification with unconscious feelings, self-parts (instinctive self, rational self or conscience) or internal objects of the client, which, being conscious in the therapist, can serve him as a guide to the client's hidden life" (p. 240 as cited in Scheiby, 2005, p. 9). Bruscia (1998) includes in the definition of CT "everything a therapist brings as a human being to the clinical setting, or specifically as replications of the past that the therapist and the client reenact together" (p. 71 as cited in Scheiby, 2005, p. 9). Scheiby also discusses intrasubjective and intersubjective CT, concepts firstly introduced by Bruscia (1998). Intrasubjective CT refers to conflicts formed within the therapist's identify prior to an initial meeting of the client and is viewed as issues arising in the therapist's professional identity, beliefs about

health and illness, social relationships, and more (Scheiby, 2005, p. 9). Intersubjective CT refers to issues emerging from the work with the client (Scheiby, 2005, p. 9).

Drama therapy. In the field of DT, Blatner and Collins (2009) argue while some consider CT to be any transference from the therapist to the client that may or may not be dependent on the client's initial transferences, CT is in reality a transferential reaction to the client's transferences (p. 139). Varying the terminology, others refer to CT as an unconscious phenomenon of projected feelings from the therapist onto the client (Carr & Ramsden, 2009, p. 170).

Dance/Movement Therapy. In DMT literature the significance of *somatic CT* is discussed. An article by Dosamantes-Beaudry (2007) presents several theoretical and clinical assumptions made by the psychoanalytic intersubjective approach to DMT followed by the author. The author traces the evolution of psychoanalytic views of transference and CT relationships over time in relation to developments in relational theory research, and introduces psychoanalytic intersubjective. In the article, the author refers to somatic CT as the therapist's bodily reactions toward a client at a singular moment in the course of treatment (Dosamantes-Beaudry, 2000, p. 76 as cited in Dosamantes-Beaudry, 1997, p. 522). Somatic CT can also be understood as the impact on the therapist's body of the client and the client material (Forester, 2007, p. 129).

Other therapies incorporating a creative element. In the literature of OCE, Metcalf (2003) examined the relationship between various variables (gender, education and training, type of supervision, work setting, client population, years of experience) and CT management in play therapists. In this descriptive and correlational study 154 (out of 465) registered play therapists supervisors completed the Countertransference Factors

Inventory-Revised (CFI-R: Hayes et al., 1991; revised by Latts, 1997) and a demographic survey. The results from statistical analysis (ANOVA) did not suggest any significant relationship between CT management and play therapists' gender, theoretical orientation, type of supervision, or type of population served. Low and modest correlations suggest play therapy training as well as years of experience may be related to CT management (Metcalf, 2003, p. 39). While the focus of the study was on the management of CT, the definition of CT used for the study is in line with Hayes and Gedo's (1991) view of CT as conscious and unconscious reactions to clients founded in the therapist's unresolved conflicts (Metcalf, 2003, p. 31).

Manifestation

PA and CP literature address on many accounts possible manifestations of CT in the client-therapist relationship. It can be manifested in many ways, ranging from attraction to withdrawal from clients (Hayes & Gelso, 1991; Weiner & Bornstein, 2009). Manifestations of CT may also include feeling haunted by client material outside of sessions and in dreams, while during sessions CT may surface through the urge to interpret quickly, anxiety, identification with the persecutor or even feeling victimized, and/or sustained efforts to convince a client to commit to the therapeutic relationship (Waska, 1999). Furthermore, CT can manifest itself through incomprehensible feelings and bodily sensations that can lead to frustration, confusion and feelings of helplessness (Wolf, 2010). Schaeffer (1998) proposes hints of CT echo those of transference: "Presence of associations, affect, desires, images, fantasies, sensations, and cognitive schema that recreate or re-enact the past in order to organize and give meaning to denied or repressed experience" (p. 2).

Art therapy. Manifestations of CT in AT are similar to those reported in PA and CP literature. Some suggest CT can be manifested during sessions through feelings of discouragement, anger, exhaustion, frustration (Deaver & McAuliffe, 2009), as well as trouble focusing one's attention (Fish, 2012). Outside the therapy context, Schaverien (2007) discusses from a more totalistic point of view of the concept of CT within the analytical art supervision relationship which involves the supervisee's CT toward the patient, the supervisor's CT toward this patient as well as toward the supervisee, and the CT from both the supervisor and supervisee toward the picture. Supervisee CT to the client can be manifested by fear of working with a particular client, being peculiarly attracted to or repulsed by one client's art, etc. (Schaverien, 2007, p. 53). Supervisor CT to the client can be manifested by the supervisor's unforeseen feelings of irritability or annoyance toward the client upon the supervisee's report, etc. (Schaverien, 2007, p. 54). Supervisor CT to the supervisee can manifest itself through the supervisor's envy of intriguing clients, thoughts of superiority towards the supervisee's performance, or improperly high expectations (Schaverien, 2007, p. 54). CT to the client's image may present itself when the viewer is triggered in one way or another by the art itself or a trace of it (e.g. glitter left on the floor of the supervision room) (Schaverien, 2007, p. 54).

Music therapy. In MT, it is suggested CT is manifested in the therapist's emotional and attitudinal reactions, somatic or bodily sensations, as well as in the therapist's musical response. For instance, common signals of CT in the therapist include a strong urge to respond, tension or anxiety, feeling stuck, confused or unsure of how to proceed with the client, and physical sensations such as chills, uncomfortable sensations in the limbs, or even sudden fatigue (Dillard, 2006, p. 213). Awareness of how one feels

in their own body can thus provide cues of CT. For example, CT can be manifested through a feeling of bodily heaviness in session or after (Scheiby, 2005, p. 9). Musically, CT in the therapist can be manifested through shifts in tonality, rhythm, tempo, and volume (Dillard, 2006; Scheiby, 2005). It is also possible for CT to manifest itself through the therapist's taking more control over musical improvisation with clients (Scheiby, 2005; Wildman, 1995) or even experiencing anxiety about a perceived insufficient actual musical content in sessions (Wildman, 1995). CT can also manifest itself outside of sessions when the therapist begins to worry about clients and takes on overwhelming workloads (Scheiby, 2005).

Drama therapy. In the field of DT, direct references to the manifestation of CT were found to be quite rare. However, in a chapter titled *Transference and countertransference in relation to the dramatic form*, Jenkins (2009) suggests CT, in reaction to the client's transference, may manifest itself through feelings of inadequacy (p. 109).

Dance/Movement Therapy. In DMT, Forester (2007) argues CT can manifest itself through the affective, behavioural and cognitive realms of our being, as well as through impromptu images, desires, or sounds that appear to us (p. 129). Dosamantes-Beaudry's article (2007) suggests CT in the context of DMT may more easily be perceived kinaesthetically. For instance, the therapist might experience strong physiological tensions in particular body parts (e.g. stomach or chest tightens) to a client's emotional state and/or movement (Dosamantes-Beaudry, 2007, p. 80).

Other therapies incorporating a creative element. From the OCE articles considered in this research, none directly addressed the manifestations of CT.

Perceived usefulness/application

As stated above, views on the role of CT have evolved since its debut in the literature. Whereas more classical views of CT deem it a hindrance to be avoided in psychotherapy (Freud 1910/1957 as cited in Weiner & Bornstein, 2009, p. 258), more moderate or totalistic views judge it a useful ally to the therapeutic alliance (Cartwright, 2011; Fatter & Hayes, 2013; Gedo, 2013; Weiner & Bornstein, 2009 Wolf, 2010). In favor for the conscious and deliberate use of CT in therapy, it is said CT can expose vital clues about the client's therapeutic progress (Gedo, 2013; Weiner & Bornstein, 2009 ; Wolf, 2010). It is suggested that articulating feelings of CT can help clients recognize and articulate their own inner reactions and emotions (Gedo, 2013). It is also forewarned failing to consider CT reactions may lead to the internalization of clients' transference (e.g. love or anger), which can threaten the safe and trusting therapeutic alliance (Mann, 2007). According to Rosenberger and Hayes (2002), research on CT suggests upon gaining consciousness of CT reactions, a reflective process can help mend therapeutic deadlocks and significantly prevent future predicaments (p. 269). In other words, views of CT as a hindrance or as a possible ally to therapy are both defended in PA and CP literature.

Art therapy. As suggested in the AT literature, many art therapists perceive CT as a possibly useful source of insight into the therapeutic relationship. Results of Deaver and McAuliffe's study of 2009 suggest processing CT can help interns better attune their therapeutic approaches to the needs of clients and avoid CT negative interference in the clinical work. In her writing of 2012, Fish underlines many professionals report how reflecting on artworks created in response to client material or sessions in general can

yield a greater sense of awareness of intense reactions to treatment, and in turn provide a way to investigate more profoundly the meaning of such responses. Ultimately, this leads to better-informed treatment and personal insight (Fish, 2012, p. 138). However, alongside being advised to attend to CT, therapists are warned not to become consumed by it (Fish, 2012, p. 143). If the therapist, with self-reflection and care, can gain awareness of and welcome CT within the therapeutic alliance, she can then better create a contained and safe space where the client can live and resolve core issues (Jiyoung & Gabsook, 2013). In addition to serving the therapeutic progress of clients, attention to CT may contribute to the nurturance of the therapist's own well-being. As stated by Jiyoung and Gabsook (2013): "(...) the therapist should both stay sensitive to the swing of her own emotions and perform continuous self-analysis to keep her inner self healthy" (p. 304). Finally, attention to the therapist's CT to images created by the client may also shed significant light on underlying dynamics at play in the therapy process (Schaverien, 2000, p. 80).

Music therapy. In recent MT literature, there seems to be a consensus: Once processed, CT can be a beneficial tool to the music therapeutic work. Scheiby (2005) proposes being mindful of CT and to how it may relate to client's transference can help avoid becoming stuck and/or helpless when clients experience strong emotions in session. Scheiby further suggests when musical CT reactions are processed and used in relation to client material, they can yield important insight about the client and therapist's past and present issues. Similarly, Dillard's (2006) study suggests some music therapists perceive musical CT as a useful tool for understanding their clients, but only once the experience is made conscious.

Drama therapy. In the field of DT, it is suggested introspection, attention to and/or processing CT can lead to a better understanding of the client and of the dynamics at play within the therapeutic alliance (Blatner & Collins, 2009; Dimino, 2009; Jenkins, 2009).

Dance/Movement therapy. Focal attention in recent DMT literature is mainly put on the purpose and use of somatic CT instead of CT in general. Through a personal account of her use of somatic awareness during sessions with clients, Dosamantes-Beaudry's (2007) suggests attention to the body's reactions to client material or somatic CT can help the therapist make sense of the transference and CT exchanges inherent to the therapeutic dynamic. Similarly, Forester (2007) proposes the physiological experience, when with clients, may attract the therapist's attention and in turn shed light on a significant feature of the client or the therapeutic process of which the therapist would perhaps otherwise remain unaware (p. 129). Siegel (1995) argues it is particularly crucial for dance therapists to process their CT reactions, because engaging with a client in movement creates an emotional and sensorial resonance in the therapist's body in a way that is much stronger than in more verbal therapies (p. 125).

Other therapies incorporating a creative element. From the OCE articles considered in this research, none directly addressed the perceived usefulness of CT.

Triggers

The fifth category encompasses some elements found in the literature alluding to factors that seem to elicit CT reactions in therapists. According to Hayes (1995), triggers of CT are the therapeutic events that happen during sessions with clients that appertain to or evoke the therapist's unresolved conflicts. Suggested triggers of CT include strong

transference projections from clients (Fauth, 2006; Wolf, 2010), and client traits (Fauth, 2006).

Art therapy. Recent AT literature suggests CT can be triggered by client material consciously or unconsciously reminding past traumatic experiences (Fish, 2012; Deaver & McAuliffe, 2009), or client characteristics such as age similarity or reminding of a significant person in the therapist's life (Deaver & McAuliffe, 2009).

Music therapy. While it was found in MT literature CT reactions may be triggered by therapists' past issues (Dillard, 2006; Scheiby, 2005), unconscious identifications with client's strong emotions, or unforeseen strong emotional reactions from clients (Scheiby, 2005, p. 8), none of the sources from DT literature found in this research directly addressed the triggers of CT. Similarly to what is proposed in AT and MT literature, it is suggested in DMT similarities between the client's material and the therapist's own traumatic experience or relationships may trigger strong CT reactions (Forester, 2007, p. 130).

Drama therapy; Dance/Movement therapy; Other therapies incorporating a creative element. No article in the fields of DT, DMT or OCE considered in this literature review explicitly discussed the triggers of CT.

Management

Jiroung and Gabsook (2013) refer to CT management as the therapist's capacity to be in charge of his or her emotional reactions that surface subconsciously while working with clients (p. 300). For the purpose of this research, CT management was defined as the methods and approaches one can use to increase this ability. The following discusses

only data that was found directly addressing CT management and/or addressing practical ways to manage CT that encourage the use of at least one art form.

In the first major review of empirical literature on CT since 1977, Rosenberger and Hayes (2002) found strategies to cope with anxiety, introspection and general self-awareness to be useful in the management of CT (p. 269). Other suggested means of managing CT include the use of meditation, mindfulness, healthy eating, regular exercise, spending time outdoors, and ensuring quality time with friends and family (Barrington & Shakespeare-Finch, 2013; Father & Hayes, 2013; Franklin et al., 2011; Lanyado, 2009; Sexton, 1999). Some defend the personal study and resolution of internal issues is crucial for therapists wishing to not only survive but also make sense of and use the client's transference to aid the therapeutic progress (Cartwright, 2011; Franklin et al., 2011; Jiyoun & Gabsook, 2013). The use of regular personal therapy and supervision to pay attention to the subjective shifts in the therapist as well as in the dynamic of the therapist-client relationship are most often reported as pertinent to manage CT (Arnd-Caddigan, 2006; Cartwright, 2011; Cartwright & Read, 2011; Deaver & McAuliffe, 2009; Fatter & Hayes, 2013; Ling, Hunter, & Maple, 2013; Fish, 2008; Jones, 2004; Lanyado, 2009; Murphy, 1998; Rasmussen, 2005; Winstone & Gervis, 2006).

There are only a few mentions in the PA and CP literature of the use of an art form to help manage CT. For instance, Wolf (2010) describes her use of stone carving to process CT material outside sessions with a particular client. The author suggests trusting and reflecting on the art process in parallel to the therapeutic relationship can yield insight about the alliance and the client (Wolf, 2010, p. 284). Also, attention to the choice of material can reveal information about the relationship. In the context of

supervision, Shepard and Brew (2013) propose an experiential exercise designed to promote the personal and professional growth of counseling students. Their discussion of the success of their assignment is based on data from structured interviews with three students who completed the assignment as well as from their own 10 years of experience teaching a practicum course and using the assignment. Suggested advantages of the assignment are: (a) it proposes counselors can learn from their clients, depathologizes clients, and suggests a more equalitarian than power differentiated therapeutic relationship; (b) it promotes the possibility of a transformative experience; (c) sharing the creative experience with classmates and instructors along with feedback exchanges evokes emotional responses (Shepard & Brew, 2013, p. 449).

Art therapy. To manage CT, in AT many advocate the use of a form of art in- or after-sessions to manage CT. Deaver and McAuliffe's (2009) writing supports the use of ungraded visual journaling to promote reflection, insight and CT awareness in counseling and AT interns. More specifically, the results suggest visual journaling can help identify personal struggles with particular clients, and process moments of identification with clients. The study also reveals to mitigate clinical work related anxiety and fears, AT interns rely more on supervision and peer support than do counseling interns (Deaver & McAuliffe, 2009, p. 626). While the authors add combining more than one expressive modality enhances the potential for art making, they also warn those with less visual thinking experience might benefit from more initial training than a three-hour workshop (Deaver & McAuliffe, 2009, p. 627).

Jiyoung and Gabsook (2013) conducted a study with 181 art therapists of the Korea Art Therapy Association, Korea Expressive Psychotherapy Association, and Korea

Arts Therapy (already performed paid AT service for at least ten times nationwide) to explore how the narcissistic personality traits and interpersonal relationship tendencies of art therapists influences their CT management ability (Jiroung & Gabsook, 2013, p. 299). The participants completed a demographic and job-related information survey, revised *Narcissistic Personality Inventory* (NPI) (Raskin & Hall, 1981; Revised by Raskin & Terry, 1988), revised *interpersonal relationship scale* (Ahn, 1985; Revised by Kim, 2000) and revised *Countertransference Factor Inventory* (CFI) (Van Wagoner, Gelso, Hayes, & Diermer; Revised by Lee, 2009 as cited in Jiyoun & Gabsook, 2013, p. 298). Findings suggest art therapists with a healthy and positive character structure and interpersonal style, as opposed to oppositional, exhibitionist and dominant, can form a successful treatment relationship with the client and can better manage CT by monitoring the processes of their own emotions, needs and desires, feelings, and intent (Jiroung & Gabsook, 2013). The authors further state therapists should stay attentive to shifts in their own emotions and engage in ongoing self-analysis to ensure the health of their inner self (Jiroung & Gabsook, 2013, p. 304).

Within the AT literature, it seems response art is the most advised approach to managing CT. Miller (2007) defines response art as “the therapist’s manipulation and use of art materials in response to the client in-session or as a means of processing feelings and reactions post-session” (p. 186). Moon (1999) holds a slightly different view of art response. He considers art response as a therapeutic intervention made through artmaking (by the art therapist) in response to the client’s images (Moon, 1999, p. 78). In his approach, the author advocates for more applied and developed art as opposed to quick sketches. Also, inviting clients to creatively respond to the art

therapist's art response can cultivate the creation of a meaningful dialogue (Moon, 1999). Moon advocates the use of in-session response art when working with emotionally disturbed adolescents. More precisely, he argues in-session art response helps create an empathic relationship with clients, provides an in-the-moment outlet for strong emotions aroused in the art therapist during sessions, initiates a creative and interpretative exchange with clients, helps identify and clarify feelings, helps prevent vicarious traumatization, and encourages the consideration of various interpretations of the client's art by engaging in an authentic exchange that is not based on labels or verbally preset readings (Moon, 1999).

Responding to client material through art making can help the therapist reach, understand, and use unconscious, internalized, and embodied affect (Fish, 2012; Franklin, 2010; Wadeson, 2003). It is advised a swift and spontaneous sketch can "tap into unconscious processes that surface in the art (...), and dream analysis can help the therapist make sense of the complex particularities of the relationship with the client" (Wadeson, 2000 as cited in Wadeson, 2003, p. 210). Art response can also be undertaken in a more methodical way: seeking inspiration from spontaneous reactions to clients as well as client's themes, symbols and style (Wadeson, 2003, p. 212). Fish (2012) also supports the use of artmaking for self-care, to enhance empathic rapport with clients, and illuminate CT (p. 138).

In a case study, Miller (2007) describes her use of art response both during and after sessions with a traumatized adolescent client and discusses its benefits. After reviewing a selective sample of the literature on adolescents acting out in therapy, Complex Childhood Trauma, and the role of responsive art in the context of CT and AT,

the author details her personal use of response art with the presentation of the case of a 13-year-old girl, Shantelle. The twelve sessions considered in this case study were of 45 minutes in length, and took place in a day program (large metropolitan area) for adolescent girls ages 12–14 suffering from emotional disturbances (Miller, 2007, p. 186). Based on Miller's account of her use of art response, in-session art response can provide a non-verbal method of communication with clients and contribute to strengthening the therapeutic alliance. Art responses created after sessions can significantly aid in the processing of CT reactions, allow for the release of strong emotions, frustrations and/or identifications that occur during sessions, and help the therapist to better contain the client's emotions and projections (Miller, 2007). Also in favour of post-session art responses, Wadeson (2003) presents multiple examples of art responses made outside sessions by art therapists. Although detailed procedure for each approach is not provided, the article offers a variety of suggestions on how to incorporate artmaking in the therapist's reflective practice.

Franklin (2010) advocates a form of empathically attuned art created during a session with mindfulness strategies, which helps clients develop their emotion regulation and interpersonal relating abilities (p. 190). While not the focus of the writing, the method presented also prompts the exploration of CT. Empathic art response, in session, is suggested to help build attunement within the therapeutic alliance as well as identify countertransferential reactions. Mindfulness, an integral component of the method, cultivates an in-the-moment awareness of the relational dynamics, free from irrelevant cognitive debris (Franklin, 2010, p. 160).

Finally, Schaverien (2007) shifts the focus away from art response and emphasizes the importance of supervision, including client art, as essential to create the distancing necessary for the therapist to keep a clear sense of the therapeutic relationship and one's identity and role as a therapist.

Music therapy. In MT literature, the use of supervision and/or personal therapy to identify the complexity inherent to the experience of CT is supported by many authors (Dillard, 2006; Scheiby, 2005). Scheiby (2005) advocates the use music itself during supervision to explore CT. She also states the therapist's consciousness of her own intentions and needs when entering the therapeutic setting directly influences her ability to verbally or musically use CT (Scheiby, 2005, p. 10).

Drama therapy. In the field of DT, Dimino (2009) introduces a group process, *Mimemis*, as a technique to deepen introspection and exploration of CT. Founded by Samuel and Evelyn Laeuchli (1994), *Mimemis* is an "approach for engaging groups in the use of great stories to initiate a process of self-discovery and healing" (Dimino, 2009, p. 187). Firstly discussed in the article are certain challenges to the supervisor-supervisee relationship in a psychodynamic framework such as the trainee's resistance to sharing CT feelings with the supervisor (Dimino, 2009, p. 185). Then, it is argued supervisors should model openness to the vulnerability inherent to the process of exploring their own CT (Dimino, 2009). The evolution of the general understanding and use of CT within the therapeutic setting, from an overall hindrance to a valuable tool (Dimino, 2009), are briefly discussed before presenting the origin of the *Mimetic Approach* to CT.

Jenkins (2009) explores the usefulness of projective techniques and metaphor, generally in the dramatic art form, to bring forth experiences of transference and CT to

consciousness in supervision and more specifically in the training of supervisors. Blatner and Collins (2009) also promote the use of the dramatic art form to make sense of issues that arise within the therapeutic setting. They present enacting projective techniques, role playing, role reversal, and social network exploration techniques, all grounded in DT yet reasonably accessible to therapists in other CATs fields. Finally, Carr and Ramsden (2009) argue making sense of the unmediated emotional reactions elicited by and within the supervisory relationship should be measured as a significant part of developing one's awareness and ability to process CT in general. Moreover, to support the supervisee in this crucial learning, it is advised "for the supervisor to have a good level of awareness of their own process, and to engage in therapy and supervision themselves (...)" (Carr & Ramsden, 2009, p. 170).

Dance/Movement therapy. It is suggested that in *psychoanalytic intersubjective* DMT, ongoing efforts toward a heightened awareness of CT is valued. In this approach, somatic and enacted aspects of the therapeutic relationship are systematically tracked by the therapist in order to make sense of the patient's shifting self states and relationships being enacted by the therapeutic dyad (Dosamantes-Beaudry, 2007, p. 73). Siegel (1995) encourages the exploration and identification of one's full spectrum of somatic expressions and engagement in personal psychoanalytic dance therapy, yet offers no concrete and practical advice on how CATs therapists from various modalities can achieve this. Forester (2007) while supporting the practice and improvement of body consciousness may help refine the therapist's sense of her personal and other's boundaries, states while other authors stress the importance for therapists to pay close

attention to their own body's somatic communications, there has been no writing on how this can be achieved for the therapist yet (Forester, 2007, p. 127).

Countering the lack of advice provided to CATs therapists wishing to integrate movement in their CT exploration process, Panhofer and colleagues (2011) report a study they conducted with six (6) dance/movement psychotherapist co-researchers (method of selection unspecified), proposing a model for self-supervision to aid therapists in not only the DMT field but other psychotherapeutic fields within and beyond the CATs. Their study demonstrates body memory can be retrieved through movement and movement without verbalization can be sufficient to deepen one's understanding of CT experiences. A product of their study, the authors present a model for self-supervision (post-session).

Other therapies incorporating a creative element. In OCE literature, a study by Metcalf (2003) suggests professional experience and training may influence CT management abilities. The author also supports supervision is significantly helpful to manage CT. Others, offering more practical advice, argue it may be more conducive for those working in less traditional and verbal therapies, as in play therapy, to explore less verbal-focused approaches to manage CT (Gil and Rubin, 2005, p. 98). It is defended there are many benefits to post-session processing such as better understanding and use of emotional reactions contributing to the therapeutic alliance (Gil & Rubin, 2005, p. 94). Gil and Rubin (2005) describe how art, sand play, and play, or *CT art*, *CT sand art*, and *CT play* as they rightfully name them, can be used for such post-session processing. It is however insinuated CT play may be more appropriate for therapists experienced with play. They state "CT play is a logical outward extension of play therapy, whereby any therapist experienced with play, can explore their responses to a client, as well as to

members of the client's system, or even to agencies involved in the client's care" (Gil & Rubin, 2005, p. 98). They also encourage including the use of other art forms such as collage, drama, and storytelling (Gil & Rubin, 2005).

Chapter III: Discussion

This research sought to explore the definition of CT in CATs literature from the past two decades, its role within the creative arts therapeutic alliance and progress, and to identify ways to manage CT that incorporate at least one art modality. Results suggest there are similarities between the fields and concepts unique to the CATs in terms of definition, manifestation, perceived usefulness, triggers, and management of CT.

The review of literature executed for this research suggests many creative arts therapists hold a more totalistic or moderate view of CT, referring to it as conscious or unconscious reactions to client material or transference (Deaver & McAullife, 2009; Metcalf, 2003; Schaverien, 2000). While many studies reviewed here did not aim to explore CATs therapists' understanding of CT, suggesting their definition of CT in general is based on those present in PA and CP literature, some of the findings highlight an important difference in the conceptualization of CT in CATs. Despite commonalities in the general understanding of CT, defining CT within the CATs encompasses additional concepts such as aesthetic CT, musical CT, and somatic CT. Aesthetic CT and musical CT refer to the affective, cognitive and kinesthetic reactions one has toward a work of art or a musical creation (Dillard, 2006; Schaverien, 2000; Scheiby, 2005), while somatic CT refers more specifically to the bodily sensations experienced in reaction to client material (Dosamantes-Beaudry, 1997; Forester, 2007).

The analysis of the results of the review suggests aesthetic CT to be specific to the AT, musical CT to the MT, and somatic CT to DT, DMT, and OCE. While it is possible that defining CT in the context of each particular field of the CATs may simplify the process of clarifying its meaning, I advocate for a more inclusive understanding of CT in the CATs. The body is present in all therapeutic contexts, regardless of the field: Thus, it is always possible for client's material to resonate within the therapist's body or for somatic CT to arise. Is it not possible for a client or a DT or DMT therapist to bring art making, and in turn aesthetic CT, into the therapeutic setting to process or externalize issues? In AT, a client may create to the rhythm of a song or create a musical instrument. For instance, some of my clients have sung songs from their childhood during sessions and I have experienced what I now recognize as musical CT. Thus, I argue it is important, when defining CT in CATs, to consider the concept in relation to all elements of the therapeutic alliance: therapist, client, art—whether it be visual, musical, dramatic, moved, or danced.

Results suggest in regards to the manifestation of CT, that similar views are held in the fields considered. Manifestations of CT may include attraction or withdrawal (Hayes & Gelso, 1991; Schaverien, 2007; Weiner and Bornstein, 2009), anxiety (Deaver & McAuliffe, 2009; Dillard, 2006; Waska, 1999; Wildman, 1995), anger (Deaver & McAuliffe, 2009), feeling stuck (Dillard, 2006;) and inadequate (Jenkins, 2009), rushed interpretations or interventions (Dillard, 2006; Waska, 1999), confusion (Dillard, 2006; Wolf, 2010), frustration (Deaver & McAuliffe, 2009; Wolf, 2010), fatigue (Deaver & McAuliffe, 2009; Dillard, 2006), troubled attention (Fish, 2012), physical tension (Dillard, 2006; Wolf, 2010), dreams (Waska, 1999), and excessive worrying (Scheiby,

2005). As for the definition of CT, I argue knowledge about manifestations of CT shared in one particular helping field should be considered as applicable to others.

In agreement with authors from PA and CP literature, there seem to be a consensus about the perceived usefulness of CT in CATs and OCE. Left unaddressed, CT can have detrimental effects on the therapist and client (Fish, 2012; Mann, 2007). On the other hand, as mentioned previously, conscious efforts to process CT can unveil a wealth of valuable insight about the client and the dynamics of the therapeutic alliance (Blatner & Collins, 2009; Cartwright, 2011; Deaver & McAuliffe, 2009; Dimino, 2009; Dosamantes-Beaudry, 2007; Fatter & Hayes, 2013; Forester, 2007; Gedo, 2013; Jenkins, 2009; Jiyoung & Gabsook, 2013; Rosenberger & Hayes, 2002; Scheiby, 2005; Weiner & Bornstein, 2009; Wolf, 2010). It is also suggested attention to CT toward art created by clients in sessions or post-session by therapists can also benefit the therapeutic work (Dillard, 2006; Fish, 2012; Schaverien, 2000; Scheiby, 2005). Furthermore, it was found many authors encourage raising one's awareness of the source of CT reactions or their triggers.

Although no sources from DT literature were found to directly address triggers of CT, authors in other CATs fields do speak of the matter. Client traits or material relating to the therapist's present and past experiences and relationships was most mentioned as a trigger of CT (Deaver & McAuliffe, 2009; Dillard, 2006; Fauth, 2006; Fish, 2012; Forester, 2007; Scheiby, 2005). While these results cannot be generalized to portray its existence in all CATs fields due to the limited amount of sources found, I argue they may serve in helping one gain a clearer sense of the CT phenomenon as well as inform one's therapeutic approach. For instance, knowing that one's past experiences and unresolved

conflicts may well be at the source of strong CT reactions, I argue one might consider, if not already implemented, introducing CT management and processing into their professional practice.

While the nature of the setting and of the approach, and other factors may influence an intern or therapist to turn to the art form related to their CATs orientation to manage CT, I agree with Blatner and Collins (2009) who defend the point “is not merely acquiring knowledge of technique, but more, understanding of the deeper principles of therapy and supervision in general which guide their use” (p. 131). If we, CATs interns, have faith in the symbols and metaphors of art’s capacity to create a pathway to the expression of seemingly unspeakable feelings, thoughts and memories, why should we not instill this same trust in our own creative expressions? If CT is considered a fundamentally or even partially unconscious phenomenon, how can we affirm with certainty one creative means of expression is better suited to bring the material to be processed forth to consciousness?

On the dramatic form, it is argued using metaphor, projective techniques, and role playing can yield insight about CT (Blatner & Collins, 2009; Dimino, 2009; Jenkins, 2009). In the visual art form, response art is encouraged (Fish, 2012; Moon, 1999). It is however warned creating CT art necessitates time management skills and readiness to enhance personal and professional self-development (Gil & Rubin, 2005, p. 94). In the musical form, musical response is advised. Finally, some authors propose integrating many modalities of creative expression can be most conducive to manage CT (Blatner & Collins, 2009; Panhofer et al., 2011; Shepard & Brew, 2013). My own experience leads me to suggest openness to multiple art forms as well as to sharing in personal therapy

and/or supervision can lead to a wealth of insight. For instance, finding my sleep and daily attention troubled by a dream visited by a client who had suffered abuse, I wrote its narrative in the form of a short story, illustrated and danced its imagery. Still struggling to make sense of it, I felt it held important information about the therapeutic dynamic with my client. A deeper reflection on its narrative in the context of personal therapy and supervision allowed me to realize I had been withholding intense anger against my client's perpetrator, a feeling my client resisted, and one I fought for many years to get in touch with myself as a survivor of trauma. As a result of the creative and reflective process, the equilibrium of my rest and concentration returned, and more importantly I was better able to empathize with my client and be better attuned to her therapeutic needs. In light of this, I defend fostering an awareness of and developing means to manage CT reactions is essential to the art therapist's training.

It is argued that introspection and the resolution of emotional issues is fundamental to those in helping professions wishing not only to grow professionally and survive the client's projections but also to understand and use the client transference to enrich the therapeutic process (Cartwright, 2011; Jiyoung & Gabsook, 2013; Fish, 2012; Franklin, 2010). Rummaging through the literature, one can find some creative approaches to manage CT. Unfortunately not all discussions offer detailed and technical advice on how to successfully manage CT. In agreement with Dimino (2009), I believe whether or not one believes CT feelings should be explored and shared, there is a pressing need for more pedagogic tools to aid in the understanding and management of CT. This is one of the main goals of the present research endeavour.

A guide to the creative management of countertransference

In full admittance of my own bias as a passionate multi-disciplinary artist, I strongly advise CATs interns as well as practitioners to explore the various possibilities to manage CT with willingness and openness to discover what different art forms may unveil. Initiating such efforts, I have gathered approaches incorporating at least one form of art to manage CT found in the literature considered in this writing into a practical guide to the creative management of CT (see Table 1). Various approaches that can be used separately, in parallel, and/or simultaneously, are proposed to manage and process CT with the use of the visual arts (Franklin, 2010; Gil & Rubin, 2005; Miller, 2007; Schaverien, 2007; Wadeson, 2003), creative writing (Blatner & Collins, 2009; Panhofer et al., 2011; Wadeson, 2003), music (Scheiby, 2005), drama/role play (Blatner & Collins, 2009; Dimino, 2009; Jenkins, 2009), movement and dance (Panhofer et al., 2011), play (Gil & Rubin, 2005; Metcalf, 2003), a mixture of art forms (Shepard & Brew, 2013), and supervision (Dimino, 2009; Metcalf, 2003; Schaverien, 2007; Scheiby, 2005). My intention in creating this guide is to provide a resource for training as well as working creative arts therapists seeking creative means to process and manage the various countertransference reactions they may encounter while working with various populations. Ultimately, it is hoped this guide will nurture the therapist's own creativity in developing and establishing the method of CT management that is best suited to their own character, needs, as well as particular therapeutic situations.

The means to managing and processing CT gathered in this guide are presented under two main categories: 1) Creative response; and 2) Supervision. Each main category has been divided into two sub-categories: 1.a) Creative response in-session; 1.b)

Creative response post-session; 2.a) Supervision-individual; 2.b) Supervision-group. The originating author or authors and the type of art form(s) of the suggested approach or activity are firstly presented; if applicable, then stated is the population the approach or activity was originally used with or for which it is suggested; if applicable, the title of the approach or activity is then named; if applicable, materials needed or suggested also enumerated; and finally, practical information provided by the authors is shared and discussed.

Table 1

Using creativity and art to manage CT: A practical guide

1. Creative response	
1.a) In-session	<p>Franklin, 2010 – (Art, mindfulness)</p> <p>Population: Unspecified</p> <p>Empathic art response</p> <p>Material: Unspecified</p> <p>Purpose –Mindfully witness and welcome the client’s imagery and behavior, identify bias or impulsive interpretations or CT (Franklin, 2010, p. 163).</p> <p>Procedure –</p> <ol style="list-style-type: none"> 1. Be disposed to note and somatically welcome the various and ongoing communications of the client (verbal, non-verbal, embodied, etc.); 2. Shift focus toward how the central elements of these cues are manifested: Notice your own somatic cues to check transference and CT, and identify relevant and irrelevant identifications with artistic and other expressions; 3. Filter apart irrelevant material and be mindful of the core emotional content to be communicated; 4. To further make sense of it, align the central content with material from one’s own history, allowing a resonance rather than an over identification with the client material; 5. Create an empathic artistic response – offered to the client to clarify, and share communicated exchanges in session (p. 164) <p>Considerations for the therapist –</p>

- It is important to pay close attention to one's own unconscious workings and bias, which left unattended may interfere with attunement (164);
- Consideration of timing and client's self-structure is of utmost importance when using this type of empathic exchange in session since the exchange may be too invasive to quickly to the client with a chaotic self-structure (p. 164).

Miller, 2007 (p. 186) (Art)

Population: Adolescent girls (12-14 years old), emotional disturbances

Material: Unspecified

Suggested use of art response and art making –

- Mirror the client's process and share empathic attunement;
- Model techniques and methods;
- Model a general attitude and approach to connect with and use art;
- As a non-verbal means of communication with the client

1.b) Post-session

Miller, 2007 (Art, supervision)

Population: Adolescent girls (12-14 years old), emotional disturbances

Material: Unspecified

Suggested use –

- Create response art following every session with the client, limit response time to mirror the time frame of client meetings, spontaneously approach material, theme and image choice;
- Set the finished image aside for several days without interpretive efforts;
- Several days later (unspecified), bring the image out for individual and joint (supervision) reflection

Panhofer, Payne, Meekums, & Parke, 2011 (Model for self-supervision – movement, writing, poetry)

Population: Unspecified

Material: Paper, pen, highlighter (comfortable clothes, props such as chair and mat, music player, video recorder are suggested but not mandatory)

Procedure –

Stage 1 – Identifying the problem (Material: Paper, pen, highlighter; Time frame: none)

- Capture your concern (significant clinical moment/experience) on paper (long or short, any style written narrative). Freely write down any and all thoughts that arise when thinking about the concern.
- Once the writing is done, highlight words or sentences that intuitively catch the attention.

Stage 2 – Warm-up (Material: None [Suggestion: Comfortable clothing]; Time frame: None [Suggestion: 10-20 minutes])

- Begin to shift and focus the attention to the inner and outer layers of the body. In this phase, center the attention to the body by stretching different parts, focusing on breathing, using self-massage, or any others means of ‘warming-up’ the body. The purpose of this ‘body check-in’ phase is to focus the bodily attention and warm-up the body.

Stage 3 – Allowing movement to emerge (Material: Music and props [chair, mat, etc] optional, video recorder (optional); Time frame: None [Timer optional])

- Allow for something from the text to inspire or initiate a movement, a kind of free association through movement. Although optional, a video-recording or repetition (with improvisation and exploration of different emphasis or contrast of certain movements related to the content of the narrative) of this phase is suggested to enhance the experience.

Stage 4 – Final narrative (Material: Paper, pen; Time frame: None)

- Immediately after Stage 3, write down thoughts and feelings (any writing style although the use of a more poetic style is encouraged).

Stage 5 – Evaluation and contemplation (Material: None; Time frame: None)

- Allow distancing, both temporal and physical, from the final narrative as well as from the creative experience as a whole. Use this period to contemplate about the process and outcome and pay attention to any insight that may arise.
- Assess usefulness and possible application to clinical work.

Wadson, 2003 (Art, creative writing/poetry, journaling)

Population: Varied

Material: Journal, drawing and writing material (paper, pencil, pen, pastels), collage material (magazines, photographs, scissors, glue, etc.)

Purpose – Foster the uncovering of unconscious processes and CT (p. 210); bring more clarity to the therapist-client relationship; outlet for reactions of grief (working with ill or dying children) and painful negative emotions.

Suggested use –

Spontaneous approach

- Responding to strong reactions to client, make quick and spontaneous drawn responses (e.g. portrait of the client) (p. 210);
- In response to dreaming about clients, create a drawing of the dream (p. 211);
- Create a collage in response to the physical sensations and emotions experienced with clients (p. 211);
- Use journaling and art making (p. 211).

Systematic approach

- To examine prejudice toward clients, keep a visual sketchbook to record feelings and attitudes toward clients (fast sketch after each session) and review occasionally to scope out recurring themes, symbols or images that seem puzzling (this can inspire larger multi-media work);
- To deepen the reflection, it is encouraged to search the literature for information pertaining to the issues explored in (a) (p. 212);
- To makes sense of CT, quickly scribble down words and/or sentences after sessions about what may have felt confusing or overwhelming during a session. Later, upon looking and thinking about the words, write a short poem (can be used as an inspiration for a larger visual art piece) (p. 213);
- Create a fast post-session sketch. Then, using the non-dominant hand, create a second sketch, develop it with pastels using the dominant hand. Colored pencils can be used for a more time consuming and reflection inducing process, adding layers of details (p. 215).

2. Supervision

- 2.a) Metcalf, 2003 (Play)
- Individual Population: Unspecified
Material: Unspecified
Suggested approach –
- a. Review client material, reflect on recurring themes, labels, and diagnoses;
 - b. Establish trust between supervisor and supervisee (p. 41).
- Important traits and suggested responsibilities of the supervisor –
- Recognizes and normalizes CT reactions in supervisees, reframing them as useful for uncovering insight into the therapeutic alliance;
 - Educates of warning signals of CT that may hinder the therapy;
 - Teaches and models the use of empathy for better attunement (p. 41);
 - Offers a theoretical framework to supervisees to make sense of reality-based reactions to clients and use them to positively nurture the alliance, and reins in unresolved conflicts that risk an undesirable impact on the therapeutic relationship (Watkins, 1983 as cited in Metcalf, 2003, p. 42);
 - Encourages supervisees to record (audio-video) sessions with clients and to review them in supervision (p. 42).

Schaverien, 2007 (Art)

Population: Unspecified

Material: Unspecified

Considerations for supervisors – The supervisor should aid the supervisee confront the unconscious realm in which therapist, client and art risk being engulfed by transference/CT which can spoil the therapeutic alliance and process (p. 60).

Scheiby, 2005 (Music)

Population: Unspecified

Material: Unspecified

Suggested approach – The supervisor can invite the supervisee to spontaneously musically interpret the feelings that are holding him/her back, thus using music as a tool for clarifying and processing CT supervision (p. 14).

Role of supervisor – Help define the verbal cue that will initiate the musical

improvisation, make meaningful interferences in the music, and aid the supervisee verbally process the experience if necessary (p. 15).

2.b) Group Blatner & Collins, 2009 (Dramatherapy techniques, art)

Population: Therapists in training

Enacting projective techniques

Material: pastels, watercolors, markers and/or crayons, paper (p. 133).

Purpose: Use various tools and objects of imaginative projection to help concretise feelings and thoughts on a chosen theme and explore the meaning of the instinctual reactions to the particular theme in supervision (p. 135).

Procedure –

1. Students choose a theme related to practicum;
2. They are then invited to draw their representation of the theme;
3. Role reversing with the image: They embody their image or element within the image;
4. Doubling the image: They then ‘double’ the chosen image/element as if the image, whether of an individual, creature, or inanimate object, had emotions and thoughts the students voice aloud;
5. Mirroring the image: They then choose another student to mirror the image;
6. Art making (drawing, diagrams, etc.) can be used to concretize associations and insight gained from mirroring (p. 134)

The Empty Chair (role reversal)

Material: A chair

Procedure:

1. The supervisor places a chair in front of the student, inviting him/her to name a role which will be held by the Empty Chair;
2. The student then speaks to the image (Empty Chair) with the support and help of a double, chosen from among peers;
3. The student then role reverses with the supervisor by sitting in the Empty Chair and playing the role of the supervisor (p. 138)
4. Follow with a discussion.

The Social Atom (p. 140)

Material: Paper, drawing material (markers, crayons, etc.), glue, scissors, figurines, toys, images, postcards, etc.

Goal: Help students process CT reactions toward clients

Procedure –

1. Students are asked to draw a tradition social atom (a portrait of their most significant social network);
 - a. Choose a small figurine or object to represent yourself and place it on a page to illustrate where you position yourself within your most significant social network
 - b. Chose shapes, symbols or figures to represent the key people in your network (for example circles for women and squares for men) and draw or place them on the page to complete the network
 - i. This step can also be done through ‘action sociometry’ where a student uses people (others students) to create a live sculpture of the network (p. 140)
2. Students then use the same technique described in step 1 to create a ‘work’ atom – a representation of the social network at their practicum site (e.g. clients and staff)
3. Both atoms are then compared to discuss parallels, dissimilarities, and any insight into CT (p. 140)

Mirroring

Purpose: Foster professional growth and constructive self-criticism

Procedure –

1. The student chooses a client to enact and embodies the client ;
Note: This is to be as close of a depiction of the person as possible, without exaggerations or editorial elaboration (p. 141)
2. The student then steps out of the enactment role and space and stands next to the supervisor;
3. Another student steps into the role of the client to ‘mirror’ the problematic non-behavior just enacted while the initial actor and supervisor observe.

Dimino, 2009 (Drama – role playing)

Population: Therapists in training (interns)

Mimemis approach

Material: Stories with universal themes

Philosophy of the approach – In the psychodynamic therapeutic relationship, projective identification and CT can have a great impact on the therapist's view of the client. The quality of her work can be affected as she may begin to victimize the client. In the Mimetic process, emotions and intellect are engaged: emotions are enacted, observed, reflected upon, and the phenomenon of victimization at play is addressed by “helping the individual see the self in the “other” and by emphasizing universality and connection between people (p. 188).”

Considerations for the leader (supervisor) –

- The group leader needs to study and learn from a trained Mimemisis leader;
- great storytelling abilities add to the aesthetic of the experience but are not mandatory to initiate the process;
- It is important for the leader to be competent in leading the group through a guided meditation and reflection about a main theme in the story;
- The guidance of the leader is crucial in supporting the participants in and fostering the creation of an experiential learning setting (p. 189);
- The leader chooses scenes to be enacted, choosing them with a mindful awareness of the universal themes addressed and why they may be significant to the participants (p. 193);
- Flexibility in allowing the enactments to unfold spontaneously is most important;
- The psychodynamic frame of the technique and goals should be clearly stated to all participants wishing to undergo supervision with the leader;
- The leader should be acceptant and open to his/her own limitations to encourage trainees to be more self-acceptant themselves (p. 194).

Procedure –

1. The leader chooses a story with one or more universal theme, which increases the likelihood that all participants will find something or a character to identify with (e.g. The Good Samaritan [Bible], Inanna and the God of Wisdom) (p. 188);
2. The leader tells the story and guides participants into a meditation with a focus on one of the central themes (p. 190);
3. Participants choose roles they are attracted to and enact them (p. 189);

4. Reflection and group discussion follows the role-play (e.g. why one was drawn to a particular character, emotions felt during the experience, etc.) (p. 190).

Gil & Rubin, 2005 (Art, sand, play)

Population: Unspecified

Note: The directives for the techniques can be given by the supervisor or used for self-supervision - if in self-supervision, it is advised exploring powerful reactions to the work with colleagues can be beneficial (p. 97)

Countertransference art

Material: pastels, paper, slightly wet paper towels, felt-tip black ink pens.

Procedure:

1. With a particular client in mind:

Directive A: "Use these chalks to make lines, shapes, images, words, symbols, filling as much or as little of the page with whatever comes to mind."

Directive B: "Use the art materials to depict a particular troubling or challenging therapy session...one that left you with a lingering, and perhaps bothersome feeling."

Directive C: "Depict a troubling session, placing yourself, or your feelings, or even the clients pathology, in the artwork." (p. 94-95)

2. Allow time to reflect on the art process, the content and associations between what is evoked by the art and the client. It is suggested to view the page from all directions, hold it close or near, leave it and return to it, and document initial as well as subsequent responses

Countertransference sand art

Material: Sand box (Tupperware box, cat litter box, shoe box will do), fine white sand, a collection of miniatures, water.

Procedure –

1. Preparation entails ensuring there will be no interruptions and making the environment as quiet and comforting as possible;
2. Directive A: "Allow yourself to check in and see what thoughts, feelings, and responses you have about the work you've just completed with... - a specific client or over a specific period of time - . Then review the miniatures in front of you and use as few or as many as you like and place

them in the sand box.”

Directive B: “(...) create a sand box scene that depicts a particularly troubling session you had with a client or the relationship between you and a client who evokes strong feelings in you.”

3. Once the task feels complete, take a step back to observe the sand scenario and explore reactions.

Jenkins, 2009 (Dramatherapy metaphor, role playing)

Population: Supervisors in training, dramatherapy trainees

The Three Stacked Chairs

Material: Three (3) chairs

Purpose – Explore the dynamics of the triadic supervision relationship (client/therapist/supervisor), highlight CT reactions

Procedure (Role of supervisor) –

Preparation – stack three chairs atop one another and set a aside

1. Ask the group to form a circle (creating a space free of objects such as notebooks and cups) – the enactment space;
2. Invite supervisees to focus and meditate for a moment on the space collectively created;
3. Exit the circle (supervisees remain in meditation) and return to place the piled chairs in the middle of the circle;
4. Simply invite supervisees to allow for any reaction or thoughts evoked by the presence of the three chairs (without alluding to the metaphor of the triadic relationship);
5. Invite each supervisee to sculpt the chairs however they wish in response to their reaction to the dramatic metaphor of the chairs;

Enactment (Role playing)

Considerations for the supervisor (group leader):

- Sets up a safe enactment space and atmosphere to make the most of unconscious processes of both supervisees and supervisor (p. 106)

Procedure –

1. The supervisee chooses a client to enact and embodies the client while the supervisor and group witness;
2. The supervisor asks the supervisee “What do you feel X is feeling now, as you embody her?” (p. 107)

3. Then, the supervisor plays the therapist while the supervisee plays the client. The supervisor asks the client (supervisee) “X, I wonder what you might be wanting me to know about, I can feel your sadness and it’s really hard for you to speak to me at the moment”. (p. 107)
4. Both supervisor and supervisee observe, reflect upon, and discuss their own reactions or CT (p. 107).

Scheiby, 2005 (Music)

Population: Therapists in training (interns)

Material: Unspecified (musical instruments)

Purpose – Help students develop an awareness of CT dynamics

Suggested approach (Role of the supervisor) –

- a. Invite a student to express and define their feelings in a particular clinical situation;
- b. Welcome the group to musically support what they hear or propose a group improvisation on a particular clinical concern (p. 15);
- c. There should also be an opportunity for verbal processing after improvisations (p. 15).

Shepard & Brew, 2013 (Creative experiential assignment – various art modalities)

Level of training: Beginning students (Setting – beginning graduate studies)

Procedure –

1. Instructors provide a full description of the assignment in the course syllabus and discuss the task during the first class as well as toward the end of the course;
2. Students are asked to answer (about the client chosen for the case presentation): “Imagine that the universe sent you a particular client because there was something you needed to learn from that person. What did you learn?”
 - a. The answer cannot be about clinical skills nor about the client
 - b. The answer must be expressed by some creative means (production of a painting, sculpture, dance, music, etc)
 - c. The option of writing a traditional self-reflection essay can be offered to those too intimidated by the creative project
3. Students must complete and present a formal case study to the group;

4. They then present the creative work in class:
 - a. Everyone receives 15 points out of 100 for doing the assignment (to avoid stomping creativity the creative work is not graded)
 - b. Students present the expressive creation;
 - c. and explain the personal significance of it
5. Fellow students and instructors applaud and comment on the impact of the project regardless of aesthetic quality

Considerations for instructors –

- Create and ensure a trusting class environment in which students will feel safe in being vulnerable;
- Focus attentively on the project, allow students to truly experience it, and help them articulate the experience (p. 447)

Limitations and recommendations

Before concluding, it is important to consider various limitations to this research as well as recommendations for future research endeavours. Results are limited by the small number of sources found in CATs and OCE literature in comparison to PA and CP literature. For instance, only one article in the category OCE, more precisely in play therapy, contained a clear definition of CT, and no articles from DT contained direct information about triggers. Also, a considerably greater amount of sources was found in AT than in other CATs fields, and articles addressing explicit CT manifestations in DMT proved to be quite difficult to locate. In fact, only two articles in this field fulfilled the search criteria under this theme. Also, as Rosenberger and Hayes (2002) forewarns, many studies on CT have been conducted with trainees (p. 269). Hence one should consider it is possible for CT to be manifested differently in the well-experienced therapists who may have had more time to develop adequate CT management skills. The

limited amount of data found corresponding to the search criteria pose a threat to the validity of this research and prevent the generalization of results to all the fields of CATs.

Limited results could be due to a number of factors. For instance, time constraints imposed a restriction to the amount of literature that could be reviewed. Also, a lack of budget did not allow for articles only accessible through purchase to be included in the review. Hence, the search criteria themselves may have skewed and limited the results. Furthermore, the primary mode of data collection for this research was the search of certain databases. Perhaps results in the field of CATs would have been greater in number and significance if the search would also have been based on significant journals in the CATs. Independent of these limitations, the search yielded nearly 60% more sources in the PA and CP literature than in the CATs literature. This suggests there is a great need for more research on CT in the CATs.

As mentioned in the review, definitions of CT found in the CATs literature are most often theoretically based on those from PA and CP literature. I argue a future phenomenological research exploring CATs interns and therapists' perception of the meaning, use and manifestation of CT could lead to a better understanding of the phenomenon's clinical implications in CATs settings. Also, future research should include a consideration for the implication of multiculturalism, gender and sexual orientation for the conceptualization of CT, concepts addressed in the literature but not in this present writing. Many, if not all, studies have mostly been conducted with Caucasian participants (Dillard, 2006), and many have a much higher percentage of female participants than male. Finally, concepts of projective identification and erotic CT, also

addressed in the literature, were not discussed here. Their exploration in future research could contribute to a better understanding of CT as well as its clinical implications.

Closing remarks

In conclusion, it is trusted the results, though limited, of the integrative thematic review of CATs literature of the past two decades discussed in the present paper will contribute to a clearer sense of the meaning of CT, its perceived usefulness, and its potential triggers. Regardless of if one believes CT is a significant element of the therapeutic dynamic, perhaps this research, in highlighting the concepts of aesthetic, musical and somatic CT, will encourage students and therapists to consider the potential impact of the presence of art, in whatever form, on the therapeutic relationship and process. It is further hoped the identification and assembling of creative methods for CT management into a practical guide will inspire students as well as practicing therapists of all fields to expand their repertoire of ways to process strong emotional, cognitive, behavioural, and somatic reactions experienced in and out of sessions with clients. In final thoughts, I believe the road to healing is paved with the client's astonishing bravery in seeking help, his/her willingness to engage and trust in a relationship with a therapist and art, and both his/her and the therapist's faith in all the processes involved in the journey, processes that include an understanding and processing of the unconscious and conscious reactions to all those involved – therapist, client, and art.

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