

The Creation and Execution of The Countertransference Inquiry Performance (CTIP):
A New Model for Exploring Countertransference in Drama Therapy

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Abstract

The Creation and Execution of The Countertransference Inquiry Performance (CTIP): A New Model for Exploring Countertransference in Drama Therapy

The following Arts-Based study focused on the exploration of a student drama therapist's experience of Countertransference (CT) at his practicum site. This process was facilitated using Moustakas' Heuristic Inquiry process. The exploration of his CT by creating post-session dramatic responses regarding his perceived CT with his clients led the researcher to create the Countertransference Inquiry Performance (CTIP). This new model based on Moustakas' Heuristic Inquiry process and Arts-Based research practices encourages the researcher to create dramatic representations and responses of drama therapy sessions over a period of time to explore clinical CT for the ultimate goal of improving clinical practice. Developing this process included creative self-reflection, script writing, and then performing for a selected audience of mental health professionals in order to explore, better understand and manage CT. A post-performance anonymous questionnaire surveyed the opinions of the audience members. The study contains a brief literature review of CT and CT in the creative arts therapies. It also contains the researcher's process and supplementary materials from the development of creating the CTIP.

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Introduction

The field of drama therapy has been growing rapidly for several decades and many assessments, methods, techniques and theories have been created. One topic that is gaining momentum in exploration is the concept of countertransference in drama therapy.

The goal of this project was to explore my own experience of Freud's theoretical concept of countertransference (CT) as a student drama therapist in training, and to facilitate this exploration using Moustakas' theoretical framework of Heuristic Inquiry and Arts-Based research practices. Further, this project investigated whether using this process of exploration would aid in the attempt of understanding my clinical experience of countertransference.

This Arts-Based research project utilized Moustakas' Heuristic Inquiry to investigate the phenomenon of countertransference. The exploration was then disseminated via performance to an audience of mental health professionals. The rationale for extending the project through performance to mental health professionals was to investigate whether this project being shared in a performance format would be beneficial to other clinicians who may be struggling with their own CT experiences with their clients. An anonymous questionnaire was provided after the performance for the audience to fill out, and the resulting coded data is included in this report. Moustakas' Heuristic Inquiry contains a Creative Synthesis phase, in which the data is created into something, however, his process does not explicitly state that the data needs to be performed. I challenged this with the integration of performance to see if this process would be beneficial if shared in a dramatic format.

Another reason this project was created was as a contribution to the growing interest of countertransference exploration in drama therapy. Art therapists have the Art Response, which utilizes art making to understand the clinician's CT immediately after their session. This art

therapy practice was part of the inspiration for this project. I wanted to explore how drama could be used in a similar way so that drama therapists could benefit from processing using their media – story making, script writing, and performance.

“What’s Mine and What’s Yours?” was a performance that amalgamated this entire process; it highlighted my CT exploration while working with children ages five to eight, from a variety of psychiatric diagnoses, socioeconomic statuses and family structures. Creating this performance was a six-month process, which encapsulated theoretical integration, practical artistic exploration, and performance dissemination. This report and the creation of the Countertransference Inquiry Performance (CTIP) model is the product of that process.

Literature Review

Countertransference

The concept of countertransference (CT) in psychotherapy was created by Freud (1910/1958) where he first described it as the physician’s experience of their own conflicts arising from experiencing the effect of the client’s conflicts after and in the midst of treatment. While this opinion was popular for a while, Racker (1968) collected multiple opinions and research about CT. He argued that CT: 1) can serve as a tool for the clinician, 2) is the expression of the analyst’s identification with the analyzed, and 3) has characteristics that can help gain insight about the analyzed (Racker, 1968). This differing opinion and presentation gave more opportunities for CT to be seen in other ways.

A study conducted by Ligiéro and Gelso (2002) analyzing the comparison between CT’s positive and negative effects on the working alliance between the therapist and the client found that a therapist engaging with the client while holding negative countertransference negatively effected the working alliance (p. 9). Within the study, a different article by Gelso was referenced in regards to defining positive and negative countertransference (Friedman and Gelso, 2000).

Friedman and Gelso (2000) defined negative countertransference as “therapist behavior that is punitive, avoidant, or aggressive in some way” (p. 1230). Friedman and Gelso (2000) define positive countertransference as “therapist behavior that seems supportive, but has a merging, enmeshed, or dependent quality to it...ways of approaching the client that are inappropriate” (p. 1230). In the same article, Ligiéro and Gelso (2002) touched upon an article by Kiesler (2001), which integrated another theoretical idea behind two types of countertransference existing. Kiesler (2001) addresses Spotnitz’s (1969) idea of subjective CT which “refers to the defensive and irrational reactions and feelings a therapist experiences with a particular client that represent residual effects of the therapist’s own unresolved conflicts and anxieties” (Kiesler, 2001, p. 1057). Conversely, Kiesler (2001) also addresses Winnicott’s (1949) idea of objective CT, which “refers to the constricted feelings, attitudes, and reactions of a therapist that are evoked primarily by the client’s maladaptive behavior” (Kiesler, 2001, p. 1057). When considering CT in psychotherapy of any kind, awareness of these forms of CT would help in the process of understanding action and reaction in regards to unidentified CT. This begs the question of “What’s Mine, and What’s Yours?”

It is the therapist’s responsibility to become aware of their CT, so their own conflicts and unresolved issues do not affect the client:

Rather than disentangling from client dynamics, getting some rest, consuming chicken soup, and so on, the therapist whose reactions are countertransference based is faced with the task of deciphering which of his or her personal issues is being stimulated and how. (Hayes, 2004, p. 23)

If the therapist does become aware that their behaviours may stem from unmanaged CT, then the question remains as to how can they determine and explore these feelings? This leads to the big

question: can CT be explored in ways that will not interfere, but actually aid the therapist in working with the client?

In most psychotherapies, the therapist essentially becomes a part of the client's story through listening and holding space for the client: "Therapists simply cannot *not* be 'hooked' into the client's rigid and extreme maladaptive game of interpersonal encounter" (Kiesler, 2001, p. 1055). This enables the therapist to understand where the client's maladaptive behaviours are – if the therapist is able to manage his or her own CT well enough to distinguish what is the client's and what is the therapist's, or, "What's Mine, and What's Yours?"

Gelso and Hayes (2001) reflect on their concept of CT management, which consists of the therapist having "self-insight" (p. 420) into their feelings and their reasoning, including CT, as well as the therapist's "self-integration" (p. 420) which is the therapist having a stable and reliable "character structure" (p. 420), in addition to "anxiety management" (p. 420) which considers the therapist's capacity to experience and handle their own anxiety in a healthy and non-destructive way. Gelso and Hayes (2001) also reflect on the therapist's "empathy" (p. 420), which considers the ability to see the situation from the client's perspective in order to place the importance on the client's experience and needs, and finally the therapist's "conceptualizing ability" (p. 421) which considers the therapist's theoretical knowledge to understand the client-therapist dynamic that is present in their working alliance (Gelso and Hayes, 2001, p. 420-421).

These factors can be used to define how a therapist can negotiate the murky waters of their own feelings entering into the session, and then attempt to understand the importance of these feelings so this awareness can aid the process instead of hinder it. As Jacobs (1993) eloquently states: "the inner experiences of the analyst often provide a valuable pathway to understanding the inner experiences of the patient" (p. 7). The true key is for the clinician to

become aware of these inner experiences – and some have discovered that this is possible through the medium of the creative arts.

Countertransference and Creative Arts Therapy

Many art therapy practitioners have written about the Art Response, a practice that utilizes art making for the therapist in order to investigate and understand their countertransference. CT can be explored using art, as explained by Kielo (1988) in facilitating post-session artworks to process CT. Miller (2007) conceptualizes the term response art (or Art Response) 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” (Miller, 2007, p. 186). Fish (2012) describes the uses of the Art Response process further:

This artwork may be used for self-care, may support empathic engagement with clients, or may illuminate countertransference. Beyond personal introspection, artwork created as an extension of professional practice can be shown to others to express and help clarify art therapists’ experiences. (p. 138)

The use of the art making process to better one’s ability to help and understand is linked to Jacobs’ (1993) idea of grasping the inner experiences of both the client and therapist so the clinician can become more astute in their treatment and care.

Fish (2012) explains that response art can act as a container, when it helped her manage feeling intimidated by one of the patients she met during her early career (p. 139-140). Fish (2012) also explains that response art can be used during clinical training to deepen the understanding of cases for the student clinician (p. 141). Fish (2012) states how the practice of response art is versatile and useful for art therapists:

Response art can help the therapist live and work in balance by containing difficult material from therapy...It also can help art therapists express personal experiences and connect to patients, students or colleagues. (p. 142)

This is the kernel of how creative expression can connect and aid in understanding, while also containing CT in order to be a responsible clinician by using art; however, art is not everyone's first choice in processing feelings creatively.

CT can be explored using other creative arts practices as well. Lewis (1992) takes the stance of using "somatic countertransference," which "provides access to inner imaginal art images, choreographed pas de deux or dramatic improvisations" (p. 322) in order to guide the client into their unconscious needs through the enactments (Lewis, 1992). Philipose (2003) took four different methods of examining CT and compared theoretically how different models of drama therapy can approach CT. Morningstar (2013) developed a process of engaging with her CT through dramatic elements using portraits she drew of her clients which "consisted of alternating between talking as the therapist to the image and as the image to the therapist, essentially applying the technique of role reversal through improvisation" (Morningstar, 2013, p. 26). Honce (2014) created the Embodied Response Art (ERA) model, a thorough process which gives the clinician specific tasks to utilize embodiment as a creative method to explore CT post-session. Briefly, Jones (2007) defines embodiment as the following: "embodiment in drama therapy involves the way the self is realized by and through the body" (Jones, 2007, p. 113). Honce's ERA was the creation of an embodied Art Response. A study conducted by Landy, Hodermarska, Mowers and Perrin (2012) integrated "performance ethnographic and autoethnographic processes, within clinical supervision of drama therapists" (Landy et al., 2012, p. 49). The study focused on analyzing concrete events to investigate the supervisees' experience:

“Process recordings in supervision begin with verbatim transcripts of an actual drama therapy session. These documents include supervisees’ feelings, thoughts and reflections upon emergent bodies, roles and themes” (Landy et al., 2012, p. 50). The findings are then explored further by reviewing and integrating the material through the performance and dialogue that occurs naturally within supervision (Landy et al., 2012, p. 50). This process in particular explores the therapist reflections by examining the client’s behavior through dramatization: “In playing clients, we come to know them not only as objects, but as subjects that brightly embody aspects of ourselves” (Landy et al., 2012, p. 55). The exploration of CT using dramatic methods is beginning to flourish and the creation of the CTIP is an addition to these methods.

Methodology

What the Countertransference Inquiry Performance (CTIP) is Not

During the process of preparing my Countertransference Inquiry Performance, many people referred to my project as a Self-Revelatory Performance (also known as a Self-Rev). It is crucial to understand that the Countertransference Inquiry Performance process is different from Emunah’s Self-Revelatory Performance process – here’s why.

In the first volume of the Drama Therapy Review, Renée Emunah wrote a comprehensive article explaining what the Self-Rev process is. Emunah (2015) explains that the “self-revelatory performance is a form of drama therapy and theatre in which a performer creates an original theatrical piece out of the raw material of current life issues” (Emunah, 2015, p. 71). While the CTIP does create an original script to be performed for a chosen audience, the content of the script is not comparable to the content within the Self-Rev process, because the CTIP is similar to the art therapy Art Response. The CTIP’s content focuses on the inquiry of CT from the session, which the Art Response does by allowing the art therapist to respond to their feelings from

session through art making. This is unlike the Self-Rev script, because Self-Rev focuses on a current psychological struggle in the researcher's life.

Another similarity between the processes is the willingness to explore the material creatively. Emunah (2015) writes: "What does *working through* mean? It means that there is a conscious effort to contend with the material, dive into it, untangle the issues and better comprehend their origins and implications" (Emunah, 2015, p. 74). In the Self-Rev, the concept of working through (Emunah, 2015) shows the willingness to explore the material in the therapeutic process. While the goal of the CTIP is not therapeutic, it demands a level of commitment to explore CT after a session with clients. The commitment to investigate the material in the CTIP is important to maintain a focused exploration of CT – which is quite similar to the level of commitment one makes when embarking on the Self-Rev journey.

Referencing Freud (1910/1958), CT has been seen as the expression of the clinician's own conflicts originating from interaction with their clients. Because the CTIP willingly engages with personal feelings stemming from the researcher's CT creatively, it sounds very similar to Emunah's process overall - however the content of the processes are different from one another. Regarding the content that the Self-Rev can draw on, Emunah states: "The Self-Rev process involves a kind of faith that by going deeper into what are usually painful and thorny matters, one will eventually arrive at a healthier and happier state of being" (Emunah, 2015, p. 75). The Self-Rev process is therapeutic, while the CTIP is not designed to be; the main goals of the CTIP are to explore the feelings that emerge in the post-session dramatic responses and then weave the exploration together with a script, instead of identifying what the feelings' origins may be and then transform them via performance.

While this process of exploration, understanding, and creation may have therapeutic side effects, the true goal of the CTIP is to illuminate connections of CT that could be present in sessions so the creative process can act as a container and the clinician can continue working with the client without bringing inappropriate reactions or content to the client's therapeutic space.

Fish (2012) explains this for the art therapy Art Response:

I drew Marie to find relief from my feelings so that I could rest and resume work the next day. The drawing acted as a container, helping me bear disturbing feelings that lingered after meeting her. Thus, I was able to become more open and accessible in a relationship with Marie that evolved and deepened over the coming months. I came to look forward to her greeting me each day as I came onto the unit. (p. 140)

This is the desired effect for the CTIP. Self-Rev and other forms of therapeutic theatre would delve deep into understanding why these feelings are affecting the research, whereas the CTIP is functioning as a container in order to be ready for anything that the client may stir within us.

Finally, the last major aspect that is similar between the Self-Rev and the CTIP is the integration of the third party who contributes in shaping the performance. In the Self-Rev, the actor is aided by the director: "Most drama therapy is process-oriented...Self-Rev, on the other hand, is an artistic endeavour and achievement on the part of the performer and director (who is typically a drama therapist)" (Emunah, 2015, p. 78). The role of the director in the Self-Rev is to help direct the process to have the performer create the work of art that facilitates a therapeutic experience. In the CTIP, the artistic consultant plays a similar, but different role; the artistic consultant (who could be a drama therapist, the researcher's clinical supervisor, therapist, or theatre artist) acts as a third eye during the CTIP. Their main goal is to observe the rehearsal process objectively, and to check in with the researcher to verify that they are on track. As

mentioned before, the CTIP may have therapeutic side effects, but the overall goal of the process is to investigate the researcher's CT. The artistic consultant can confirm whether the researcher is treading into solipsistic and or therapeutic material by asking questions about the script, suggesting ideas for how to work with the script, and giving feedback on how it will look to the audience. The Self-Rev director and CTIP artistic consultant have similar roles, but their goals are different from one another.

Heuristic Inquiry – The Theoretical Framework

Moustakas (1990) describes heuristic inquiry as a personal journey for the researcher:

The focus in a heuristic quest is on recreation of the lived experience; full and complete depictions of the experience from the frame of reference of the experiencing person...fulfilled through examples, narrative descriptions, dialogues, stories, poems, artwork, journals and diaries, autobiographical logs, and other personal documents.

(p. 39)

Exploring countertransference heuristically through performance can use deep consideration of spontaneous dramatic creation as the base, since heuristic inquiry is a method that is open ended: "The inquiry is open-ended with only the initial question as the guide. "What works" becomes the focus, and anything that makes sense can be tested. This trial-and-error process, this discovery of what works, is the heuristic" (Sela-Smith, 2002, p. 58). Even further, this study is Arts-Based, meaning the focus is on the culminating performance as an attempt to understand countertransference, heuristically. The purpose of the culminating performance is to understand the researcher's process; the goal is not to dissect the client's story using heuristic inquiry, but to illuminate the researcher's feelings about engaging with the client's story.

Considering that CT has been defined by many as a personal experience that occurs within the therapist's personal reaction to the client's experience, heuristic inquiry is appropriate. Heuristic inquiry takes the researcher's question and scrutinizes the connection to it on different levels in order to understand it – creatively, analytically, and subjectively. Gelso and Hayes (2001) explain the Freudian perspective of CT: “It was a product of the analyst's unconscious mind, was stimulated by the patient's transference, and only served to hinder the analyst's understanding and treatment of the patient” (p. 418). How this can correspond to the heuristic process is how the material that manifests into the conscious mind from the analyst's unconscious can be explored to understand the feeling and situation deeper: “The heuristic process is a way of being informed, a way of knowing. Whatever presents itself in the consciousness of the investigator as perception...represents an invitation for further elucidation” (Moustakas, 1990, p. 4). Knowing this, I believe that heuristic inquiry, along with Arts-Based research practices, can create a practical and intuitive way for the clinician to understand their feelings when working with the client, in order to best serve them. Gelso and Hayes (2001) reframe the importance of CT management for clinicians:

Despite the diverse conceptions, consensus has emerged over the years on one point: CT that is not understood or controlled by the therapist is likely to injure the therapeutic process. Conversely, CT that is understood, controlled, and in one way or another managed, tends to facilitate effective treatment. (p. 418)

As Freud (1910/1950) has stated that countertransference can get in the way of the client's therapeutic process, my inquiry plays with the idea that CT can be used in a way to actually help the researcher understand the client more deeply and thus provide them with better care.

Considering that I worked with my own CT creatively to produce a performance, heuristic inquiry provided the stage to explore the content using dramatic methods and the reflective process of the post-session dramatic responses, which would allow for effective synthesis and dissemination of my findings. The performance can act as a vehicle that I, the clinician and researcher, can use to deepen an understanding of what CT is present in the clinical sessions, and the performance then allows clinicians to witness this process and potentially connect the thoughts of their own CT to their lived experience: “The arts enhance human information, recalling and refining the cargoes of meaning our collected data carries in tow” (Rolling, 2008, p. 11).

Heuristic inquiry is a deeply personal process that requires the researcher to understand the consequences of sharing material created from their individual investigation. Because of this, there are different ethical considerations in this type of study in comparison to one that uses subjects. Heuristic Inquiry in this study is used to focus on the researcher’s experience of CT, and although CT is “stimulated by the patient’s transference,” CT is still “a product of the analyst’s unconscious mind” (Gelso and Hayes, 2001, p. 418), meaning the data that is collected through the heuristic process only incorporates the essence of the client’s experience, and therefore does not require detailed information about the client. Moustakas (1990) explains Bridgman’s (1950) idea of using heuristic data responsibly: “As long as the method is congruent with responsible ethical concerns, any course that a researcher’s ingenuity is capable of suggesting is an appropriate method for scientific investigation (Bridgman, 1950)” (Moustakas, 1990, p. 9). The heuristic inquiry process has a vast array of options, and it is important for the researcher to remember the goal of the research and to not be carried away by the deep exploration: “Every method or procedure, however, must relate back to the question and facilitate collection of data

that will disclose the nature, meaning, and essence of the phenomenon being investigated” (Moustakas, 1990, p. 9). As the methods of collecting data in heuristic inquiry are vast, it means that in order to effectively and ethically work with their CT to create a script to use for a performance to deepen their understanding, they must stay vigilant to incorporate “procedures that will yield accurate and vivid dimensions of the experience – situations, events, relationships, places, times, episodes, conversations, issues, feelings, thoughts, perceptions, sense qualities, understandings and judgments” (Moustakas, 1990, p. 9). Therefore, it is important that the researcher does not loosely connect their data to create a weak representation of their experience, because they must take all of these qualities into account; if they fail to do so then the validity of the experience could be compromised, especially if the data used to create the performance is not connected to the inquiry. This is also another reason why this process is not designed to be therapeutic; unlike the Self-Rev process, all of the material created for the script originates in feelings from the sessions that the researcher has with their client – and if the CTIP focuses on the researcher’s therapeutic process, then data has been corrupted. The other ethical consideration is how the essences of the experience of interacting with the clients are manifested in the performance, and the important task of keeping their identity anonymous.

Douglass and Moustakas (1985) explain that knowledge can be broken down into different categories: “Every person is in touch with numberless sources of knowledge. Subliminal, archetypal, and preconscious perceptions undergrid all that is in our immediate awareness, giving energy, distinctiveness, form, and direction to which we know” (p. 49). These forms of knowledge are explained by Douglass and Moustakas (1985) as tacit: “Once a certain facet of experience has been identified, it is no longer tacit...tacit knowing operates behind the scenes, giving birth to the hunches and vague, formless insights that characterize heuristic

discovery” (p. 49). This is the complexity of heuristic – it works with the unconscious information that is not available in our immediate awareness and consciousness. In my particular process, I explored this type of knowledge creatively using post-session dramatic responses to facilitate an understanding of my CT.

Over time Moustakas, has developed core processes to use and steps to follow in order to use Heuristic Inquiry as an effective research method.

(i) Heuristic Inquiry Core Processes

In order to begin the process one starts with Identifying with the Focus of Inquiry, which is as follows: “Through exploratory open-ended inquiry, self-directed search, and immersion in active experience, one is able to get inside the question, become one with it, and thus achieve an understanding of it” (Moustakas, 1990, p. 3). In this case, the researcher “becomes one” with their countertransference during the post-session dramatic responses.

From there, the researcher moves into the Self Dialogue, which Moustakas (1990) explains as developing a relationship with the inquiry:

In this way, one is able to encounter and examine it, to engage in a rhythmic flow with it-back and forth, again and again, until one has uncovered its multiple meanings...One’s own self-discoveries, awarenesses, and understandings are the initial steps of the process. (p. 4)

This is symbolized from the ritualized exploration of CT through the space that the clinician gives the post-session dramatic responses. It is a time of reflection and engagement, and it is a commitment that the researcher makes.

Moustakas describes Tacit Knowing: “In obtaining information that will contribute to resolution of an issue or illumination of a problem, the tacit dimension underlies and precedes

intuition and guides the research into untapped directions and sources of meaning” (Moustakas, 1990, p. 12), or connects the researcher to information that is not in their immediate consciousness. Through the reflective process of creating the post-session dramatic responses spontaneously, new information may be illuminated. This can also be connected to Moustakas definition of Intuition: “From the tacit dimension, a kind of bridge is formed between the implicit knowledge inherent in the tacit and the explicit knowledge which is observable and describable” (Moustakas, 1990, p. 12). This is when connections can be made from the creation process, especially when coding the responses to find themes.

There’s indwelling, which “refers to the heuristic process of turning inward to seek a deeper, more extended comprehension of the nature or meaning of a quality or theme of human experience” (Moustakas, 1990, p. 13) and this could be outlined during the rehearsal process for the performance.

Once the researcher is able to tap inward, they can engage with focusing which “facilitates a relaxed and receptive state, enables perceptions and sensings to achieve more definitive clarification, taps into the essence of what matters, and sets aside peripheral qualities or feelings” (Moustakas, 1990, p. 14). This core process becomes more apparent when reflecting with and receiving feedback from the audience, artistic consultant, or supervisors who witness the process. Finally, the last core process defined by Moustakas (1990) is the Internal Frame of Reference:

Whether the knowledge derived is attained through tacit, intuitive, or observed phenomena – whether the knowledge is deepened and extended through indwelling, focusing, self-searching, or dialogue with others – its medium or base is the internal frame of reference. (p. 15)

This encapsulates Moustakas full idea that the Heuristic Inquiry is an internal process of discovery and exploration.

(ii) Heuristic Inquiry Phases

There are six steps that have been developed in Heuristic inquiry. First, the researcher engages with the Initial Engagement, which “is to discover an intense interest, a passionate concern that calls out to the researcher, one that hold important social meanings and personal, compelling implications” (Moustakas, 1990, p. 17). In the case of this study, CT was the focus.

After this, the researcher moves into Immersion: “Everything in his or her life becomes crystalized around the question...the researcher is alert to all possibilities for meaning and enters fully into life with others wherever the theme is being expressed” (Moustakas, 1990, p. 17).

Adapting this phase to the CTIP, the integration of the post-session dramatic response making and amassing the collection of responses was the immersion of this method.

Then, the researcher moves into the Incubation process “in which the researcher retreats from the intense concentrated focus on the question” (Moustakas, 1990, p. 18) in order for the data, feelings and discoveries to percolate over time. This phase in the CTIP occurs after all of the responses have been collected. The researcher is encouraged to take a break from the intense creative exploration and examination, and slowly begin coding the responses at their own pace.

Then, naturally, the researcher may reach Illumination, which “is a breakthrough into conscious awareness of qualities and a clustering of qualities into themes inherent in the question” (Moustakas, 1990, p. 19). After these illuminations are obtained naturally, the researcher then takes the data and Explicates, in which “a more complete apprehension of the key ingredients is discovered. Additional angles, textures, and features are articulated; refinements and corrections are made” (Moustakas, 1990, p. 21). The Illumination and Explication phases

were adapted to be a part of the script writing process, weaving together the responses to create the artifact of the CTIP script.

Finally, the researcher then takes the organized material and expresses it in the Creative Synthesis, which “usually takes the form of a narrative depiction utilizing verbatim material and examples, but it may be expressed as a poem, story, drawing, painting, or by some other creative form” (Moustakas, 1990, p. 22). This phase was integrated by rehearsing, and finally performing the CTIP script, “What’s Mine and What’s Yours?”

In the past, the focus of Heuristic Inquiry was more on the researcher and the self, but this has shifted over time. Sela-Smith’s (2002) critique of the evolution of Heuristic Inquiry examines this further, explaining that Moustakas (1990) articulated that the research and data all came from within the researcher at the beginning and outside sources of knowledge came later. However, Sela-Smith additionally explains that there was a shift in thinking when explicating the structure: “He [Moustakas] now says that in the first stage for formulating the question, the researcher should focus on the topic at hand and enter into a thinking process about themes and subthemes that can be formulated into a question” (Sela-Smith, 2002, p. 78). If executed in a disorganized fashion, Heuristic Inquiry can fail and turn into a solipsistic focus of self-discovery. This new shift in thinking to focus on a topic before beginning the internal data analysis allows for stronger integrity in the data. Sela-Smith (2002) explains:

If there is no call or no immersion into the call, the research will not unfold; it will lack integrity. When the question does not have integrity, the research will be unable to remain focused on his or her own felt experience. (p. 66)

This is the same for the CTIP, as the researcher must commit to exploring their experience of CT consciously, to not corrupt the data with other intentions of self-exploration. Generally the

conclusions that can be drawn using Heuristic Inquiry are rather subjective, considering the content is subjective in nature (countertransference, the feelings that are evoked in the therapist when working with the client). The conclusions and findings that will be presented could be used to link with experiences of other therapists who have worked with the same or similar population, in order to understand common feelings and how we can process them. The subjective discoveries made for the researcher could also help with the researcher's current therapeutic process with the client.

As I followed Moustaka's processes and stages and connected it back to my core interest of CT, the data will be valid from the point of view of it being the subjective lived experience of the researcher. To honour the Arts-Based practice, this research could benefit the creative arts therapy community by witnessing the creation of the lived experience of the student drama therapist in understanding his CT utilizing dramatic methods to empower the drama therapy community in self-reflection and exploration.

Countertransference Inquiry Performance (CTIP) Process

(i) Post-session dramatic responses. The process of creating the post-session dramatic responses occurred immediately after each session with clients. It is important that the researcher identifies the prescribed amount of time required to create these responses. Setting a concrete timeline provides boundaries to contain the process for the researcher (example, one month intensely looking at the CT, or six months of investigating how the CT transforms over time). This is a different parameter from what Heuristic Inquiry expects of the researcher. Hiles (2008) explains:

HI is a research process that is difficult to set any clear boundaries to, particularly with respect to duration and scope. It is a method that can be best described as following one's

instinct, but at the same time requiring the highest degree of transparency and thoroughness. (p. 391)

The CTIP however has the implementation of a deadline to ensure the researcher is conscious about the exploration with the post-session dramatic responses, and so the researcher can predict how many post-session dramatic responses they will be coding and weaving into the script (a shorter exploration with a shorter deadline would have less responses, whereas a longer exploration with a longer deadline will grant the researcher many more responses).

“What’s Mine and What’s Yours?” was a process that was long term, lasting 4 months for the response collection. The post-session dramatic responses can vary in length and artistic medium, but the researcher must focus the response on exploring the CT that is felt from the session and how it organically expresses itself in the creative process. Much like Heuristic Inquiry, the researcher can use multiple mediums in order to explore the perceived CT. This is the process of creating the post-session dramatic response collection for the overarching experience of CT. Each post-session dramatic response should be dated, but all identifying information of the client should be left out of the process in order to maintain maximum ethical privacy. This is the opportunity for dramatic projection to become extremely important in the process, as it will serve as a way for the researcher to identify the clients during the CTIP.

Jones (2007) summarizes that dramatic projection utilizes projections of unconscious inner feelings and issues into outward dramatic representation, and it specifically emphasizes the important “relationship between inner emotional states and external dramatic form or presences” (Jones, 2007, p 138). The process of working with projections in this manner and identifying themes and feelings by creating characters, storylines and imagery over time is a part of the process. The researcher utilizes the projections in the post-session dramatic responses to create

characters in order to build scenes for the script writing process. An example of using dramatic projection in the process was the use of totems in my script; As “What’s Mine and What’s Yours?” was a one-man show, my artistic consultant suggested that I create totems which could be representations of my clients on stage, so as an actor, I could direct my energy to a character instead of nothing. Following projections within my post-session dramatic response collection, I crafted totems that represented the characters that I had created during the response making process. For instance, I created a large puppy out of foam, paint and yarn; a marionette of multiple jellyfish made of tissue paper and string; a witch’s wand that was painted silver and gold; and a small green egg that was speckled with different colours. These were my dramatic projections of my clients, and they served as effective stage partners to project onto during the rehearsal and performance process.

(ii) Coding the responses for themes, images, and qualities. When the determined deadline for creating the post-session dramatic responses is reached, the researcher takes all of the post-session dramatic responses and codes them according to the major themes that became present in the process. These themes are the base for the script that the researcher will begin to write. There are no major guidelines for the coding process, other than objectively observing what is present in the response. When I coded my responses I looked for specific emotions or feelings that I could identify in my CT, which then I could build themes for scenes from. Are there qualities of anger in the response? Sadness? Joy? Does the response use certain literary devices or forms, such as poetry, prose, rhyming, or dialogue? Coding all of the responses in this manner gives the research a springboard for the script creation, which comes after this analysis.

(iii) Writing the script, rehearsing the script, and performing the script. As the CTIP process adapts heuristic inquiry, the next step of the Heuristic Inquiry process is Creative

Synthesis, where the researcher will craft the script, which is the culmination of the entire process. From the response collection, the researcher will choose which responses naturally create a through-line plot and representation of the clinical experience of countertransference. There will be responses that do not become apart of the final script, but this does not compromise the reflective experience. It is also important to note that the researcher may creatively write and weave small additions into the script in order to link together insights about their CT or the overall process. After the script is completed, the researcher then explores the script dramatically by rehearsing; these rehearsals can be done alone or with the artistic consultant and crew. The researcher must treat this aspect of the process with respect and engage with the dramatic content fully. Finally, the researcher makes the choice of whether to perform the script for a selected audience of mental health professionals; although the choice to perform or not is at the discretion of the researcher, some kind of dramatization (even during individual or group drama therapy supervision) is highly recommended in order to experience the full effect of the Countertransference Inquiry Performance.

As a drama therapist, I openly state my bias in using performance as an effective dissemination tool: “Performance is a mode of storytelling involving an immediate transfer between the actors and audience...meaning is imparted, negotiated, and multiplied. In social research, performance can be used both as a tool of investigation and a form of representation” (Leavy, 2009, 261). For the purposes of disseminating this research while also emulating a dramatic version of the art therapy Art Response, performance is effective; it is up to the discretion of the researcher whether they decide if performing their self-reflective discoveries will help them to better understand their clinical CT experiences.

Findings

Based on my own exploration and process, I found that creating post-session dramatic responses immediately after session, coding the responses to objectively locate feelings and themes, and then creating the script which was the overall artifact of the journey to be helpful in the process of understanding my CT in relation to my clients. Fish's (2012) idea of Art Responses as a container was extremely applicable here, and I found that the CTIP process helped me appropriately explore my CT by creating a representation of my process and feelings. It should be noted that as a student clinician, I was also receiving supervision at my practicum site, and off my practicum site; this also gave me the space to share what I had been creating throughout the process, and it aided in exploring topics in supervision. Additionally, I was also engaged in my own personal therapy. My personal therapy gave me the space to express feelings outside of the CTIP process, which I believe helped keep the data on task, and not have the CTIP turn into a Self-Rev.

Because the overall process was focused on my personal development and I wanted to offer this exploration to others on a grander scale, the implementation of the performance with an anonymous post-performance questionnaire became a part of the process. The anonymous post-performance questionnaire contained questions that were relevant to the purpose of the CTIP, so the data could be compiled for future recommendations of implementing this practice. 31 participants who all identified as a mental health professionals completed questionnaires, which resulted in the following findings: Question 2 asked: Have you found that processing your countertransference experiences with your clients using art, journaling and creative means helped in understanding your feelings as a clinician? 20 participants said yes, 0 said no, and 11 said not sure. Question 3 asked: Do you feel that witnessing this performance of Matthew's process of

understanding countertransference through creative means helped you in understanding your own experiences of countertransference? 28 participants said yes, and 3 said no.

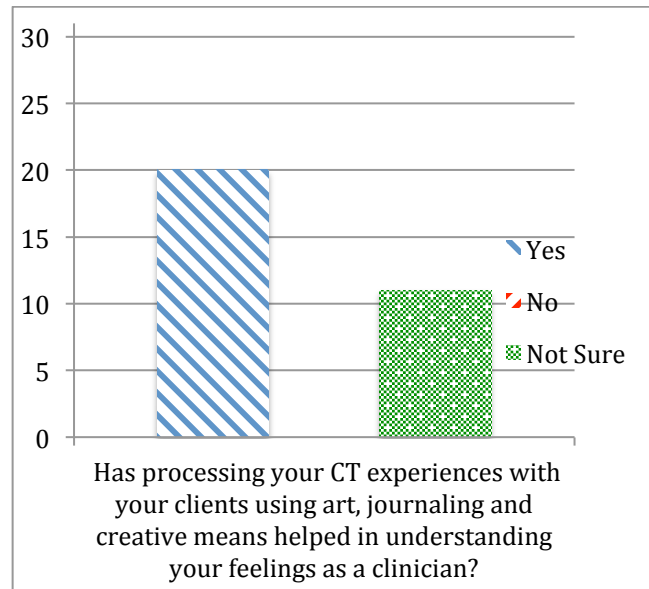


Figure 1: Question 2 of the Post Performance Anonymous Questionnaire

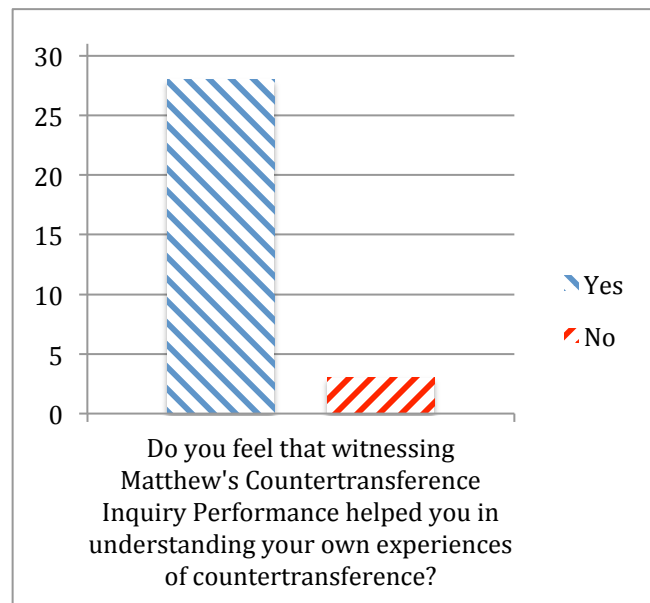


Figure 2: Question 3 of the Post Performance Anonymous Questionnaire

Questions 4 through 6 were open-ended questions where the participant could answer in their own words. Question 4 asked: If you answered yes to the previous question, how exactly has it helped you to understand your experiences of Countertransference. Question 5 asked: Do you feel that witnessing another person's process of understanding clinical material was beneficial to your clinical work? Please explain how. Question 6 asked: Any other comments? The following is a list of codes that were created from the themes that arose between the three open ended questions. The number indicates the amount of times this particular theme was present in any of the question's answers.

Positive Feedback for learning about CT Theory: 4
Positive feedback for using performance as a tool to share and explore CT with others, in or out of supervision: 4
Feeling like the content in the performance was relatable: 10
Witnessing the performance inspired thought about potential, or existing CT: 12
Witnessing the performance endowed a feeling of validation: 5
Performance was a reminder or inspiration for alternative self-reflection practices: 4
More audience reflection after the performance could have been beneficial: 2
Difficulty understanding whose voice was whose – what was the performer's and what was his clients'?: 3

Figure 3: Codes Created from Open Ended Questions from the Anonymous Post Performance Questionnaire

Other themes that were found in the open ended questions included highlighting the idea of clinical responsibility and care; how witnessing the performance could help those who are not in touch with their emotions; and how the process seemed necessary and not indulgent.

Discussion

I felt that I was able to apply and understand my CT during the process of making the script, during the process of rehearsal, and during the performance. There were aspects of my CT, however, that became clearer after the process had completed. Listening to the feedback after the performance in the form of an open discussion also helped me integrate insight because it gave me objective and alternate perspectives. If the post performance open discussion were applied in a supervision group, individual supervision or a classroom, it would allow for deeper investigation. Taking the Heuristic Inquiry model and applying it to script writing truly allows for a different way to write a process note, even without performing. Using metaphor, long-term dramatic projection and performance allows for a deeper investigation of understanding what CT is present on a visceral level. This technique could be applied to supervision and the researcher's internal process of understanding their feelings and their client's feelings, in order to be more present for them.

As the findings from the questionnaire state, there was positive feedback from witnessing the performance for the majority of the audience. 90% of the participants stated that witnessing the performance helped them understand their experience of countertransference, on some level.

Limitations

It is important to note several limitations of this study. Although the findings are promising to continue using this method for creative arts therapists and other mental health professionals to help manage their CT, this report summarized only one person's experience.

Different people process feelings different ways, and long-term script creation to perform CT investigations may not evoke the same level of insight and discovery as I found it has for me.

It is also important to note that the participants in the study all identified as “mental health professionals,” but a large portion of them were creative arts therapy students. The sample size was limited and not detailed.

Also, considering that this process is subjective, applying the same conclusions to all drama therapists is pointless.

Future Recommendations

As this process is new, validation of the method through replication of the process is strongly recommended. Although Heuristic Inquiry as a process has been validated as a method to explore personal inquiries, the CTIP process can only be validated if drama therapists, or other therapists, engage in the process willingly, and report about their experiences. There are many ways for a clinician to process CT that do not involve creative expression, but the goal with this method is to embrace the creative process in order to grasp the full potential for drama therapists to harness such exploration through their preferred medium: “If there are arts therapists and arts educators who do not fully appreciate Arts-Based research, it is natural that the general public will have some difficulty with acceptance” (McNiff, 2011, p. 393). My hope is that this contribution to the field can spark ways for drama therapists to dramatically manage and explore their CT, in order to best serve their clients.

Supplementary Material

“What’s Mine and What’s Yours” Script, Written by Matthew Viviano

Preshow

Projector shows quotes about Countertransference (CT) with quiet ambient music in the background.

Prologue

Final CT quote shows with Lebensraum music. Quote fades out and Frame Guy Video Fades in.

RECORDING (Frame Guy): Oh – I didn’t Good evening, and welcome to Matthew Viviano’s research performance, What’s Mine and What’s Yours. What you are about to see is a culmination of deep introspection, tedious research, and exhilarating art making. I am Matthew’s brain, and this is Matthew.

The process he took part in involved multiple steps, most of which you will not hear about or see in full length until the research is complete. However, the source of this drama that you are about to witness, grew from Matthew’s clinical experiences.

After sessions with his clients, Matthew would spontaneously create post session responses based on his countertransference to his clients. After several months of this process, Matthew collected all of the responses and created... well, this.

Matthew’s aim was to investigate whether this process could aid in the exploration and understanding of his countertransference, while also creating an opportunity for the create arts therapy community to have a dialogue about countertransference, and its potential benefit in being used as a performance to elicit thought provoking discussion. This is the result.

RECORDING: Once upon a time, there was a puppy. He had four other dog brothers. He was always playing rough and tumble. One day, a lion came and became his friend. He told the lion all sorts of neat things, and they played together. One day, the pup shared some of his secrets with the lion. The lion smiled kindly, and the pup continued playing. The lion had many stories and games to play with the pup. Sometimes the pup would break the rules, or try to make the lion mad...but despite all of the efforts of the pup, the lion always came back to visit to see how the pup was doing, and play with him.

You want to be good. *You want to be a good boy.* **You want to do the best you can.**

What’s stopping you?

Things out of my control...

You're a big boy, come on, stop doing that.

I...I can't. I want to keep going. I can't stop myself.

NUH UH, YOU HAVE TO STOP.

MATTHEW: Where do I put this...?

RECORDING: Can't we compromise here?

But I don't want to compromise either. This is what I want to do and I am inflexible about it.

Well then what are we going to do with it?

Enable!

PUNISH.

Make space?

Is there even enough space for all of this? Where can this be put. I want to know how to do it. Why can't I do it? What's mine and what's yours?

MATTHEW stops cleaning and downstage.

MATTHEW: Hi, how are we doing today?

Light change.

Scene 1: Growing Pains

In blackout, MATTHEW arranges the GROUP totem in the center of the stage.

MATTHEW: Once upon a time, there was a beautiful princess...

RECORDING: I DON'T WANT TO BE A PRINCESS! WAAHHH!!

Lights up.

MATTHEW: ...she and her friends were being attacked by the crazy ninjas who set their castle of ice on fire. There was a baby who needed protection, and they all spontaneously began transforming into different creatures until they all sat at the campfire.

RECORDING: They floated amongst one another so beautifully, all chaotically swirling and spiraling and exploding at once. Some had trouble. Some had a lot of trouble. Others shined. But they were all wonderful, in their states of being...

MATTHEW: Okay so you're over in the corner not participating, you're over there getting aggressive, and you want to be the star of the show and do everything first and – AAHHHHH WHAT AM I SUPPOSED TO DO WITH ALL OF YOU!?

SFX indicating time slowing down and stopping completely, followed by Frame Guy fading in.

RECORDING (Frame Guy): In order to preserve the anonymity of his clients and maintain a one man show without having to play 14 characters, Matthew opted for Dramatic Projection in order to explore his countertransference.

You see, Matthew isn't screaming at an art installation, but instead he is muddling through his countertransference by using dramatic projection. "The classic Freudian position sees processes such as projection and identification as primarily defensive. For drama therapy, though, the importance lies in the way in which this phenomenon of dramatic projection creates a vital relationship between inner emotional states and external forms and presences." Phil Jones, 1996.

These totems that Matthew has created will be used throughout the rest of the performance, and are not only his dramatic projections, but inspired by themes within his client's journeys.

Frame Guy begins to fade out, and Speeding up SFX. Light Change.

MATTHEW: ...who am I? An orchestra of follow the leader – CHAOS. Put everything bad in the magic box. I feel like I'm not doing a good job...what am I lacking? Gusto? I'm taking on more core behaviours that they will listen to, but I still don't have control...the image of a miserable father with a group of unruly children. But the father smiles because this is what he wanted. Am I good enough?

RECORDING: DON'T DOUBT YOURSELF NOW, YOU'LL ONLY SCREW UP MORE. DO YOU CARE ABOUT THEM? DO YOU?

MATTHEW: Yes...

RECORDING: THEN DON'T MOPE AND FIGURE IT OUT!

Lights shift to blue, and ambient song begins. Movement piece begins.

RECORDING: Blue blub. Watery flubs. Swimming in the ocean with a buncha chums. We don't know where we're going, but we're all in it together...here comes a current, and just float with it...shhhh...what about you? What about me? Let's all connect like a happy family. Drawing and colouring, imagining and projecting. I wonder what else we could be protecting – under this veil of calm, this bout of peace. So many nurturing moments that make us feel at ease. I'm comfortable here, and I think they are too – after all we're swimming, me and you and you and you and you and you and you and youuuuuuu. What would have happened if I continued babysitting – would it be something like this I'm wondering? Creative sparks and thoughtful sharing, why would I even think of comparing – these two experiences that are so

unique, all of us floating in this little clique, we're a bunch of blue fishes just floating along, I just hope that they feel like they all belong.

MATTHEW (AS CHILD): Lady bug lady bug why did you die, you make me so sad that I just have to cry. Lady bug lady bug you don't understand, you're so important to me that I must demand, that you WAAAAAAAAAAHHHH!!!!!!!

RECORDING: *Don't be sad, here's the magic of life...*

MATTHEW (AS CHILD): Thank you...(no one understands me)

RECORDING: *Be our friend.*

MATTHEW (AS CHILD): I can't, I need to be the star and share and feel and emote and WAAHHHHHHH!

RECORDING: *Be our friend!*

MATTHEW (AS CHILD): I TOLD YOU I CAN'T BE YOUR FRIEND. I NEED TO BE SAD RIGHT NOW. LET ME BE SAD RIGHT NOW. WHY DOESN'T ANYONE UNDERSTAND THAT THIS IS SO IMPORTANT TO ME. I NEED, TO BE SAD.

RECORDING: DON'T CALL OUT OF TURN.

MATTHEW (AS CHILD): WAAAAAAAAAH!

RECORDING: *Shhhh... shhhh....Calm...peace...*

MATTHEW: Growing pains.

MATTHEW quickly places the group totem on the table and places the SORCERESS totem on the white pedestal, and the PUPPY totem on the floor behind the pedestal. Thunder SFX.

Scene 2: The Frozen Witch

MATTHEW: This crazy witch with guns and powers and laughter and cruelty has me prisoner...I can't escape. I've been here for days...she comes in...freezes me solid...electrifies me...shoots me, and then brings me back to life! Kills my family, my teddy bears AND MY TOYS. Oh I CAN'T STAND IT! Please help me! Save me! WHY IS THIS happening to me...oh no...OH NO SHES BACK. WHY WON'T SHE LISTEN TO ME! NO! PLEASE NOOOOOO!!!!

Thunder, ice, and cackling SFX build up to the chorus of "Let it Go" from Frozen.

MATTHEW: Let it go...Let it go. I'M NOT THE BOSS ANYMORE. THIS IS FINE, THIS IS FINE, I'M GUESSING THAT THIS IS HELPING! SOMETIMES I THINK, WHAT I'M DOING IS POINTLESS. Will anyone take me seriously...

RECORDING: *But Matt, it's not about that.*

MATTHEW: Well it is kinda. I want to make sure what I'm doing is legitimate so I'm actually helping...

RECORDING: *And so you can feel good about yourself.*

MATTHEW: N-no! I didn't say that!

RECORDING: *You were thinking that. It was obvious. You need validation and self-esteem. You're a therapist so you can project your experience on the client...*

MATTHEW: NO I'M NOT. I CAN DIFFERENTIATE. I SWARE!

RECORDING: "You look like a girl with your hair...your bangs...I'm going to *trick* my mommy."

Witch cackle and thunder SFXs, and lights flash.

RECORDING: Wait. You didn't tell me the rules! How was I supposed to know? Why don't we just sit down and keep playing until the timer goes off. Let's keep playing. No! Okay, I have a rule to add to the contract: No being mean to me. That means no pushing, not hitting – yeah! You did those things! I didn't do anything like that to you!

Eerie SFX begins to play.

Lights change.

RECORDING: YOU DID IT. YOUR'E THE ONE WHO HURT ME. IT WAS YOU. I DON'T LIKE YOU ANYMORE. I CAN'T TRUST YOU ANYMORE. AS SOON AS YOU SPEAK UP AND EXPRESS YOURSELF I DON'T LIKE YOU ANYMROE. OH, WHAT, YOU HAVE A VOICE? THIS IS MY WORLD AND YOU ARE JUST A SPECK, FLOATING AROUND. YOU MEAN NOTHING TO ME. I WILL USE YOU AS I SEE FIT. YOU ARE NOTHING. NOTHING AT ALL! YOUR VOICE MEANS NOTHING TO ME BECAUSE I'M THE ONE WHO NEEDS HELP, I'M THE ONE WHO NEEDS THE SPOTLIGHT. I'M THE ONE WHO IS THE MOST IMPORTANT RIGHT NOW.

MATTHEW: Right away, I understand. I'll take care of you...

RECORDING: DID I SAY YOU COULD SPEAK?

MATTHEW: No-no, you didn't... I'm sorry...

RECORDING: STOP TALKING AND PLAY WITH ME. THIS TIME BELONGS TO ME. YOU ARE NOTHING.

Silence.

MATTHEW: What if they can't help it? What if this is the best they can do? What if they just simply can't understand what their doing and that's that? Am I good enough...? Can I even do – this- right...how much can I actually do...these kids are dealing with so much... I'm just standing here like an idiot trying to process what exactly happened but I have no words. Incompetent.

RECORDING: STOP. YOU'RE DOING IT AGAIN.

MATTHEW: I can't help it! This is bigger than me! These kids are taking on the things in their environment and I can't change that!!!

RECORDING: Just like things you took on in your environment...

MATTHEW: You have a point there Matthew...almost reminds me of the ti-

MATTHEW turns to see the screen projecting the title, "What's Mine and What's Your's" and pauses.

MATTHEW: Never mind.

RECORDING: Their pushing our limits. Do something.

MATTHEW: ...It's really hard when we want to express our feelings but we don't know how, eh?

RECORDING: YES. THAT'S IT. KEEP GOING!

MATTHEW: How did you feel when he hit you? Hm...I'd like to see how the whole group is feeling...let's go one by one, and show with your body how you're feeling. How about you? ... Hm... okay let's all show what he just did, let's do what he did, okay?

RECORDING: YES. SEE? YOU CAN DO IT!

MATTHEW: How about you?

RECORDING: ...it's a start...

Blackout. Frame Guy fades in with soft piano music. Matthew puts away the totems, and places the DRAGON EGG totem on the floor in front of him.

RECORDING (Frame Guy): An article by Ligiéro and Gelso touched upon Kiesler’s idea of two categories of countertransference.

Subjective countertransference is when the “therapist’s reactions to the client originate from the therapist’s own unresolved conflicts and anxieties.”

The other type, Objective countertransference, is when “the therapist’s reactions to the client are evoked primarily by the client’s maladaptive behavior.”

To function as a competent clinician, one must be aware of these categories of countertransference, so they stay within the conscious realm, and so the therapist does not fall victim to reacting without introspection. Ligiéro and Gelso, 2002.

Scene 3: Daddy

Image of daddy dragon and baby dragon flying up in the sky projected on the screen...tribal diagram of growing up – sad music. Then the daddy dragon being gone. Image of house breaking, being squashed by a bunch of new daddy dragons.

MATTHEW: Bad guys...bad guys...always with the bad guys. Why is it always with the bad guys. I’m smiling because of how obvious it is but...I want you to go deeper...tell me more...tell me you’re pain...

RECORDING: *Come on Matt he’s just a kid...*

MATTHEW: SO?...oh....your family? Hm...why? Oh...abandonment...loneliness...

MATTHEW (AS CHILD): DAD WHERE DID YOU GO?

RECORDING: *Dad why won’t you listen to me...?*

MATTHEW (AS CHILD): I LOVED YOU SO MUCH, WHY? WHY DID YOU GO? YOU HIT ME AND HURT ME AND LOVED ME...

RECORDING: *You pushed me away for so long that I moved on...*

MATTHEW (AS CHILD): BUT I HAVEN’T. PLEASE COME BACK....Come back...

Sound effect and dramatic light change. MATTHEW sits down on the spot as ambient household sounds play. A medley of sound effects and muffled conversations are heard, followed by the sound effect of artificial lighting.

Silence.

The sound effects shift to what sounds like a bar or diner suddenly. MATTHEW stands up and lights are shone on him. All sound stops.

Lights Change.

MATTHEW: (Slam poetry) My heart drips with empathy for this kid, fast and rough up bringing with so many unfortunate clicks and clacks. He's grooving to the vibe that he's not getting at home – he's searching for the beat to take that leap which is quite a feat and his imagination is of the elite he SOARS. This kid, he's processing so much, and is hurting so bad. His laughs and giggles are in prime supply, playing with death and hurt, sadness and comfort. He's finding his way, and I'm just the ferryman.

Snaps fingers and blackout.

Scene 4: Mommy

MATTHEW takes the DRAGON EGG totem and places it on the table, taking the SORCERESS totem and placing it on the white pedestal. Lights up.

RECORDING: No mommy listen to me! Please don't lock me in my room! I don't want to be in here! There are monsters in here!

MATTHEW (as woman): OH YOU'RE SCARED AREN'T YOU. YOU'RE SO SCARED. THAT'S IT, YOU GET ANOTHER X BECAUSE YOU WENT TO BED WITH A FUSS. *Standing in a sassy sexy pose* I'M GONNA TAKE AWAY SCHOOL, YOUR BED, AND YOU'RE GROUNDED FOR TEN WEEKS, AND YOU HAVE TO CUT YOUR HAIR BECAUSE YOU LOOK LIKE A GIRL.

RECORDING: No please! I want to good! PLEASE LISTEN TO ME.

MATTHEW (as woman): UH NO, I DON'T THINK SO.

Pause. MATTHEW walks up to the SORCERESS Totem.

MATTHEW: I feel...angry, guilty and bad... I feel...sad, hurt and alone...wait – is this mine or yours?

RECORDING: *dig a little deeper, Matthew.*

Blackout and the projector screen shows MATTHEW speaking, and they interact. During the monologue, MATTHEW shrinks and pulls out a telephone and sits in fear.

RECORDING: What do you think you're doing. Matthew? No Matthew, you can't do that! What do you have in your hand there, Matthew? Eugh this is disgusting. No we don't eat chips before dinner, no no no! That is completely inappropriate – you're grounded. What is it? NO! You've lost your chance! We do NOT slam doors in this house, MATTHEW! You better start

calling me you mom now because your mother has gone completely crazy! WHO ARE YOU TALKING TO ON THE PHONE?

MATTHEW: No one!

Pause. Lights up on Matthew.

MATTHEW (speaking into the telephone): ...Mom...are you there?

Dial tone sound effect. SFX slow fade out.

MATTHEW: Okay...this is definitely mine.

Music and MATTHEW sorts all of the totems around the pedestal.

Lights up.

Scene 5: Believe

MATTHEW: Yes, this is good.

RECORDING: What's good about this? I feel yucky and terrible and I'm angry.

MATTHEW: It's good that you're opening up.

RECORDING: IT FEELS TERRIBLE.

MATTHEW: I know it does. I understand. But you're doing so well and you're growing so beautifully.

RECORDING: I'M NOT GROWING. I HATE THIS. I HATE YOU. I HATE.

MATTHEW: I know.

RECORDING: WHY DOES IT HAVE TO END? I NEED TO KEEP EXPLORING.

MATTHEW: Because we all have to follow the rules.

RECORDING: FUCK THE RULES. FUCK THE SYSTEM. FUCK YOU.

MATTHEW: I believe in your process to heal.

RECORDING: THAT'S SOME NEW AGE GARBAGE. I AM DESTROYING AS MUCH AS I CAN IN ORDER TO SURVIVE AND YOU'RE SAYING I'M GOING TO HEAL BY PRETENDING TO PLAY MONSTER WITH YOU?

MATTHEW: You're doing so much more than just pretending to be a monster.

RECORDING: No, YOU'RE WRONG.

MATTHEW: I believe in you.

RECORDING: YOU CAN'T.

MATTHEW: I believe in you.

RECORDING: STOP.

MATTHEW: I believe in you.

RECORDING: RRRRRRRRRRAAAAAAGGGGGGGGHHHHHHHHH!

Eerie SFX, glass shattering sound.

RECORDING: NO ONE GETS IT. I'LL BE LIKE THIS FOREVER. THIS IS HOW I AM. BECAUSE IF I WASN'T THIS, THEN I WOULD CRUMBLE AND DIE. I NEED THIS IN ORDER TO SURVIVE. I NEED TO DESTROY IN ORDER TO SURVIVE.

MATTHEW: I will survive you.

RECORDING: NO YOU WON'T. NO ONE HAS. NO ONE WILL.

MATTHEW: I will.

RECORDING: NOOOOOO YOU CAAAAANNNNN'T!

Music crescendo more, chaos noises, embodiment of containing and holding. Silence.

Scene 6: Good-Bye

Frame Guy recording fades in the silence.

FRAME GUY (RECORDING): Singer and Luborsky (1977) concluded that “uncontrolled countertransference has an adverse effect on therapy outcome”...however, countertransference also may lead to positive effects, such as deepened insight. Could this be another way for us to explore countertransference feelings. Could this artistic medium of exploration and performance be a way to share and talk about how these feelings effect us in session. Matthew wonders this, and his research will continue.

The stage begins to go dark, MATTHEW drawing his attention to the light shining down on him. Music to play, and blue, shimmering lights begin to flicker.

MATTHEW: You are a child – the beginning of opportunity and growth. The start of something new. Breathe in all that you are, and breathe out all that you do not need. This world will give, and hurt. This world, full of monsters and caregivers, will shape you. Bring you into being. The honour of seeing you grow in such a minute period of time has forever changed me – a grown child who is still growing and changing. I wish you warmth, care, love and hope – for it is what I seek, and what I believe you should take with you. Good-bye... I will never forget you.

“What’s Mine and What’s Yours?” Post-Session Dramatic Response Codes

Each unit indicates the amount of times the particular quality or code was apparent in the post-session dramatic responses.

Rejection: 14

Distress: 13

Support: 11

Inner Voice: 10

Play: 10

Self-Doubt: 9

Demeaning: 8

Critic: 7

Reassurance: 7

Frustration: 6

Kindness: 6

Mediating: 3

Exhaustion: 3

Story-Telling: 3

Rhyming: 3

Compliance: 2

Acceptance: 1

Responsibility: 1

Sorrow: 1

Sarcasm: 1

Scolding: 1

“What’s Mine and What’s Yours?” Character Totems



Figure 4: “PUPPY” Totem



Figure 5: “GROUP” Totem



Figure 6: "WITCH" Totem



Figure 7: "DRAGON EGG" Totem

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