

Creative Supervision:  
Exploring Countertransferential Responses Through Drama Therapy

Lindsay Morningstar

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By: Lindsay Morningstar

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Signed by the Research Advisor:

\_\_\_\_\_  
Jessica Bleuer, M.Ed, M.A., CCC, RDT

Research Advisor

Approved by:

\_\_\_\_\_  
Dr. Stephen Snow, PhD, RDT-BCT

Chair

August 25<sup>th</sup>, 2013

## **ABSTRACT**

### **Creative Supervision: Exploring Countertransferential Responses Through Drama Therapy**

Lindsay Morningstar

The following exploratory study examines how drama therapists may benefit from using their own creative tools to explore the phenomena of countertransference in clinical supervision. This paper argues for the value of using creative and experiential methods to achieve a deeper understanding of countertransferential responses. An examination of how the creative arts therapies have been utilizing their own unique tools in supervision will provide insight into how employed dramatic processes may be beneficial in the necessary exploration of countertransference. The disciplines of dance and art therapy will be highlighted as they comprise the majority of current research emphasizing the advantages of using their own methods to process countertransference. Additionally, connections will be forged between the benefits of using drama for clients in therapy to the potential benefits for therapists in examining their countertransferences. This paper will specifically look at three core dramatic processes, role play, dramatic projection and witnessing, as they contribute towards insight for clients and how they may be applied within a model of drama therapy supervision. Lastly, this paper will provide rationale for future intervention research to examine further how drama therapy techniques could be used most effectively to process and manage countertransference.

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## Introduction

Renowned drama therapist and researcher Phil Jones (2008) maintains the therapeutic importance of *dramatic play* for instilling insight and growth in clients. Jones explains how drama therapy relies on dramatic processes, such as play, to enable clients the opportunity to reflect and convey their experiences, work through their issues, and forge new relationships to their presenting problems in therapy. Furthermore, dramatic play allows clients to try new experiences without consequences, a significant benefit of drama therapy, which facilitates an in-depth exploration of the material.

With dramatic play facilitating insight and change for clients, the following research paper questions whether this same active involvement of dramatic processes can foster benefits and professional growth for drama therapists. Specifically, this paper aims to examine the potential benefits of using drama therapy techniques to process and gain insight into the therapist's *countertransference*.

As a whole, creative arts therapists are highly aware of art's potential to encourage alternative understandings and improve the overall well-being of clients (Wadeson, 2003). Wadeson (2003) affirms that these professionals are also conscious of the value of the arts for the lives of creative arts therapists. However, to date there is little literature which examines the advantages of using the arts for the personal and professional lives of creative arts therapists. The few authors who suggest using creative approaches in drama therapy supervision do not go into depth regarding the potential advantages to these methods. Consequently, there is currently no explicit research examining the professional benefits for exploring and managing countertransferential reactions through dramatic media.

A review of literature demonstrated that many drama therapists are not using their own modality to enhance reflective practice. This coincided with Wadeson's (2003) findings which indicated that the majority of creative arts therapists neglect their own modality to improve their understanding of clients and countertransferences. Wadeson further maintains that the majority of reflective practice in the creative arts therapies and other psychotherapies is currently structured through verbalization, whether through writing, case presentations, or discussions within supervisory contexts. This fact in itself is problematic as Johnson (1994) further asserts that by resorting to other models of working, creative arts therapists undermine their own power, professional development and unique contributions.

On a broader level, there appears to be insufficient research exploring a therapist's overall experience in working through countertransferences within any therapeutic or theoretical paradigm (Goodyear, 1981; Robbins, 1988a). What Robbins (1988a) stated more than three decades ago remains relevant; most literature examining the theory of countertransference disregards the actual manifestation and experience of working through the countertransferential responses. Ultimately, there is a large void in literature in regards to the lived experience of countertransference in the mental health profession and what is being done to manage these countertransferential responses.

This absence of countertransference literature becomes problematic for not only the professional development of future mental health practitioners, but additionally for client treatment outcomes. Across all psychotherapies it is widely known that the therapeutic alliance is an instrumental component in the effectiveness of treatment (Horvath & Bedi, 2002; Lambert & Okiishi, 1997; Norcoss, 2002). Mental health

professionals can significantly influence the therapeutic work through their clinical capacity to connect with their client in a therapeutic relationship. Remaining unaware of the potential countertransferences that surface from session to session may negatively influence the therapeutic alliance (Fish, 1989; Hayes, Gelso, & Hummel, 2011; Metcalf, 2003). Ultimately, if countertransference is not explored, the therapist may continue to unknowingly be hindering the therapy for the client (Fish, 1989, 2012; Robbins, 1988a). Evidently, this indicates the importance for countertransference management where mental health practitioners must learn to utilize their reactions to the benefit of the client and not to their detriment.

The researcher of this paper is interested in examining how dramatic processes employed in drama therapy methods may be beneficial in exploring and processing countertransferential responses. The concept of countertransference will be explored from a *psychoanalytic* perspective through an extensive literature review. The review will explore the manifestation and presence of countertransference, stressing the importance of countertransference management and clinical supervision. Next, an examination of the creative art therapies current methods of supervision will be conducted, including how these disciplines are considering and managing countertransference. Current literature within dance and art therapy regarding the usage of the arts for processing countertransference will be emphasized in order to forge potential connections between disciplines. As summarized by Knill (1994), “each discipline that uses the arts in psychotherapy can inform the others in the understanding and mastery of modalities” (p. 323). Following this examination of the literature, this paper will re-address the found benefits of using drama with clients and connect these findings to the potential benefits



for therapists to explore countertransference. Additionally, the paper will include the researcher's personal experience utilizing dramatic techniques within the framework of self-supervision, further exploring the advantages of drama for enhancing professional development. The final section of this paper will include suggestions for future research.

### **Methodology**

As Deaver (2002) explains, a *qualitative* researcher examines an existing phenomenon where reflections and conclusions may be drawn. The following research paper is designed as an exploratory theoretical study regarding the phenomenon of countertransference. The primary purpose for using this framework for research is to generate an in-depth look at current literature examining the usage of the creative arts therapies in relation to the phenomena of countertransference. The exploratory factor is necessary to determine whether the benefits of using drama therapy for clients could potentially correspond with the benefits for therapists processing countertransference.

Evidently, there are limitations to this study. The researcher is relying on other literature and research to forge connections and conclusions. For the purposes of this paper, the researcher synthesized the literature that she believed to be most significant to discuss, therefore signifying the researcher's bias. The main assumption the researcher makes is in accordance with a considerable amount of research which cites the importance for therapists to explore and work through their countertransferences in order to be effective and ethical professionals (Robbins, 1998a; Van Wagoner, Gelso, Hayes, & Diemer, 1991). Additionally, the researcher, who is a drama therapy student, personally believes that drama therapy specifically may afford therapists greater comfort in exploring their responses and therapeutic work.

Overall, this paper is not concerned with discovering what types of dramatic processes might be best used to process countertransference but is focused instead on how various dramatic media could be advantageous. Ultimately, the suggestions or findings discussed within this study will need to be further examined through additional research to confirm the validity of these hypothesized findings.

## **Literature Review**

### **What is countertransference?**

The definition of countertransference has been widely discussed and debated within psychotherapeutic and psychoanalytical literature. *Transference* is commonly defined as the client's previous relationships and the associated feelings displaced onto the therapist; accordingly, countertransference is the therapist's response to this projected relationship, often based on therapists' unconscious and *unresolved conflicts* or issues (Blatner & Collins, 2008; Fish, 1989; Lewis, 1992). In this classical psychoanalytic perspective of countertransference, the therapist's feelings are influenced by the client's transference and these feelings are viewed as impractical obstacles in the therapeutic process (Gelso & Hayes, 2007; Hayes et al., 2011).

Beginning in the 1950's, a new notion of countertransference was conceived, extending to describe any and all of the therapist's feelings, thoughts or behaviours that may affect treatment (Gil & Rubin, 2005; Hayes et al., 2011). This view of countertransference is described as '*totalistic*' and suggests that the therapist's unconscious or conscious reactions can occur without the influence of the client's transference (Blatner & Collins, 2008; Gil & Rubin, 2005; Metcalf, 2003; O'Connor, 1991).

The totalistic definition was created as it was felt that the classical perspective was too limiting. In considering that individuals bring their whole system, such as family and environment, into therapy, the totalistic view recognizes that these factors may provoke countertransference reactions irrespective of client transference (Gil & Rubin, 2005; Hayes et al., 2011). Additionally, in contrast to the classical definition, Hayes et al. (2011) express how the totalistic perspective views countertransference as a valuable tool which could benefit client treatment. This indicates that if therapists can understand their countertransference responses, their understanding may be used to additionally help identify some of their clients' underlying issues (Hayes et al., 2011).

While it has been widely agreed upon that the classical psychoanalytic perspective is too restrictive, the totalistic description has been criticized for being too inclusive, rendering the need for the term countertransference impractical (Hayes et al., 2011). To alleviate this problem, Hayes et al. (2011) offer an *integrative* definition, utilizing components of both classical and totalistic viewpoints. These authors believe that the definition of countertransference should be narrower than the totalistic view, restricting the phenomenon to the unresolved conflicts that arise in the therapist through the course of therapy with the client. Similar to the totalistic perspective, the authors of the integrative approach view countertransference as a beneficial tool of knowledge, and therefore differing from the classical perspective.

This paper will be utilizing the integrative definition of countertransference as outlined by Hayes et al. (2011). They consider countertransference to manifest as the unresolved conflicts of the therapist as they work with the client. These conflicts are essentially personal vulnerabilities which are often triggered by some aspect of the client.

For example, Hayes et al. (2011) express how a therapist may have unresolved anxieties regarding their competency as a caregiver, believing to not be a good enough practitioner and feeling incapable in helping others. This anxiety may then manifest as irritation towards a client who is not receptive to the given therapy. When the dynamics of this anxiety is explored and understood, Hayes et al. indicate that the therapist's irritation towards the client will ultimately lessen, allowing the therapeutic work to proceed without the interference of that anxiety. In this integrative definition unresolved conflicts are believed to hold therapeutic value, therefore maintaining that examining and understanding one's countertransference is essential. Despite this chosen definition, what is most significant to mention is that the common feature present within all definitions of countertransference, including totalistic, classical, integrative and other, is that the responses must be recognized and managed (Van Wagoner et al., 1991).

### **The manifestation of countertransference**

Although this paper is examining countertransference within the context of the creative arts therapies, the manifested responses that will be discussed can occur within any theoretical orientation of the therapist. Essentially, the expression of countertransference will vary dramatically for each unique therapy-client relationship, ranging from blatant uncontrollable behaviours to indirect, passive remarks in session (Hayes et al., 2011). Largely, countertransference will appear in either a *concordant* or *complementary* fashion (Hayes et al., 2011; Lewis, 1992; Vulcan, 2009). Concordant countertransference describes the therapist's shared experience with the client, such as feeling anger or frustration that mimics what the client is feeling. Complementary countertransference is defined as the therapist's polarized reaction to the client. Lewis

(1992) provides an example of complementary countertransference, indicating that if a client is continually criticized negatively by a parental figure, the therapist may correspondingly begin to feel judgmental and critical of the client.

A common factor found in both positive and negative countertransferences is that they are often incongruous in relation to the given situation, such as under or over-involvement with the client (Fish, 1989; Gil & Rubin, 2005; Rosenberger & Hayes, 2002). Intensified affect such as anger, frustration, confusion, fear and sadness, are all potential manifestations of countertransference (Fish, 1989; Hayes et al., 2011; Lewis, 1992). Other examples of potential countertransference behaviours include becoming over-immersed or too distant in the therapeutic work, a need to be liked by the client, an intensified desire to change the client, or a general degree of intolerance and dislike for the client (Fish, 1989; Gil & Rubin, 2005).

Within the creative arts therapies, Lewis (1992), a dance movement therapist, also discusses the presence of somatic symptoms as a result of countertransference, including sensations such as faintness or fatigue. Art therapist Fish (1989) discusses much about her personal experiences in examining her own reactions to clients. She assumed that there was some presence of countertransference when a lack of clarity appeared within the therapeutic encounter. Within drama therapy, there is no found literature which directly discusses how countertransference manifests in the therapist.

Ultimately, each therapist will have their own unique countertransferential responses which may be influenced by a variety of factors, including the therapist's specific personality attributes and multiple client variables (Hayes et al., 2011). With a wide range of potential manifestations, it appears logical that a wide range of approaches,

such as dramatic processes amongst others, may be beneficial in the exploration and management of countertransference.

### **The necessity of countertransference explorations**

The concept of countertransference is ultimately seen as a human condition, extending beyond a therapeutic context and transpiring within all relationships (Miller, 2007; Vulcan, 2009). Hayes et al. (2011) maintain that “all therapists, by virtue of their humanity, have unresolved conflicts, personal vulnerabilities and unconscious soft spots that are touched upon in one’s work.” (p. 89). Therefore, countertransference is believed to be an inevitable feature of the therapeutic alliance with both students and expert practitioners experiencing reactions as frequently as clients (Blatner & Collins, 2008; Fish, 1989; Vulcan, 2009). Robbins (1988a) expresses how years of professional training and personal therapy cannot prevent the experience of overwhelming countertransferential reactions. Ultimately, the phenomena itself is never-ending with Robbins further suggesting that it is a therapist’s inherent ethical responsibility to continually process and work through these prevalent reactions as they arise.

Effective countertransference management allows therapists to stay effectively engaged in the therapeutic encounter (Van Wagoner et al., 1991), and leads to positive treatment outcomes for clients (Hayes et al., 2011). In Metcalf’s (2003) article, the author summarizes that a therapist’s behaviour and feelings toward a client, or countertransferential responses, are often viewed as the most crucial element in creating therapeutic change; especially early on in the process (Fish, 1989). Examining countertransferential responses toward clients may also give valuable information about the clients themselves, such as personal defense mechanisms (Jenkyns, 2008). For

example, if a therapist is able to determine whether the experienced countertransference is concordant or complementary, they may be given more details about the client's own inner experience or external family system.

Processing countertransference is not only significant for therapeutic work, but additionally for therapist development (Metcalf, 2003). Robbins (1988b) had recognized a need for '*countertransference education*' early on, indicating that this type of exploration would not only foster professionalism but also encourage the therapist to find a unique aesthetic style.

Ultimately, it appears as though it is not the phenomenon of countertransference itself which is problematic as traditionally believed by classical psychoanalysts. The issue lies in how mental health disciplines and practitioners decide to work and understand these responses (Krimendahl, 1994). Currently, many therapists explore and discuss their countertransference in clinical supervision.

### **Supervision**

How supervision is used depends entirely on what is needed by the therapist (Jones, 2008). Supervision will also differ depending on the supervisor and their theoretical orientation. Regardless of orientation, becoming proficient at recognizing countertransference is considered to be a common supervision goal (Panhofer, Payne, Meekums, & Parke, 2011; Payne, 2008).

The aim of supervision is to provide a container or a safe, supportive place for therapists to be open to expressing their thoughts and feelings regarding the therapeutic work (Blatner & Collins, 2008; Deaver & Shiflett, 2011). Jones (2008) discovered that drama therapists often viewed supervision as a time to discuss and develop techniques,

and gain insight into therapeutic skills. Emunah (1989), another prominent drama therapist, believes there are four primary objectives in drama therapy supervision, including: recognizing clinical problems, assistance in expressing anxieties and concerns, interpreting client's material, and lastly the clarification and processing of transference and countertransference within the therapeutic alliance. Emunah states that dramatic enactment fosters these objectives, therefore supporting the idea that using drama therapy to process countertransference is advantageous.

### **Lack of Literature**

There is a veritable absence of literature illustrating how psychotherapists explore their countertransference. Of the literature that exists in the creative arts therapies, Orkibi (2012) noticed that the modality of art therapy produces the majority of literature which examines the art therapist's usage of art to process countertransference (Kielo, 1988; McNiff, 2009; Miller, 2007; Moon, 1999). Within dance therapy, Shaw (2004) notes that research explores the client's somatic transference experiences in therapy, yet there remains no record of the therapists' bodily countertransference.

Vulcan (2009) suggests a combination of factors which may contribute to this absence of literature regarding the lived experience of countertransference, including difficulties in describing and measuring the phenomena due to the generally complex and unconscious nature of countertransference. Fish (1989) further suggests that this absence may be due to the intimacy within self-examination. Krimendahl (1994) builds on this idea, stating that although mental health professionals are aware of its importance, there is still a general discomfort for therapists in discussing their countertransferences with others. Krimendahl continues by arguing that fearing this discomfort is often the reason



for avoiding the topic within supervision, “perpetuating the classical legacy of analysts’ emotional responses as an obstacle to treatment” (p. 421). The ability to select from a wider toolbox which best suits the therapist’s personal style, comfort level, and theoretical orientation may assist in this problem and be of value for the field of psychotherapy. The following section indicates this need for alternative, experiential methods within the creative arts therapies discipline.

### **Verbal vs. Creative Supervision Methods**

Gil and Rubin (2005) argue that using traditional, verbal processing of countertransference is not ideal for therapists who use play therapy techniques. They maintain that play therapy “is not exclusively dependent on the verbal elements of traditional therapy [which includes] discussion, inquiry and interpretation” (p. 88). Similarly, drama therapy, the modality with the greatest similarities to play therapy, transcends the verbal elements of traditional therapy. While the creative arts therapies may not be strictly considered non-verbal therapy, Moon (1994) uses the definition ‘*meta-verbal*’ to describe these disciplines which use the arts to achieve a deeper meaning of experience through the process of creation.

There are often many elements of an experience which become discounted or unjustly communicated through the limits of language and therefore cannot be expressed through words alone. Harter (2007) asserts that “although language is a useful tool for constructing and sharing meanings, it also distances one from the immediacy of experience, converting simultaneous perceptions and behaviours into a logical, temporal order that necessarily simplifies complexities and contradictions” (p. 174). Harter

continues to express how it is the absence of visual expression which restricts the potential magnitude of therapist's understanding.

The creative arts therapies introduce clients to an alternative creative lens to seek and discover meaning on a holistic level, providing opportunities for more detailed insight and taking into account the entire experience of the therapist (Panhofer et al., 2011). It is with this in mind that drama therapists can utilize the capacity of the active approaches inherent in the arts to go beyond words, leading to potentially greater understandings of implicit aspects of physiological, emotional and cognitive countertransferences. Ultimately, if clients are experiencing their transference within an experiential drama therapy framework, it appears logical that their drama therapists may benefit from processing their countertransference through a similar active approach. Wadeson (2003) summarizes this thought by expressing how the creative arts therapies not only offer a 'gift of expression' for clients in therapy, but may also be beneficial for therapists to express their feelings and obtain clarity about 'mysterious processes', such as the phenomena of countertransference.

Although Pendzik (2008) states that it is often acknowledged that there are benefits in using experiential and active approaches in supervision, it is curious as to why this is not heavily emphasized within the drama therapy literature. Largely, within the creative arts therapies, the field of art therapy holds the majority of research advocating for using their own methods in supervision. In moving forward, dance, art and drama therapy will be reviewed in regards to their current supervision practices, including any literature which directly references the usage of the arts respectively for processing or

exploring countertransference.

### **Dance Therapy Literature**

Shaw (2004) describes the field of psychotherapy itself as an intrinsically *embodied* process, whereby meaning is created through an encounter between two physical beings, a client and a therapist. In dance and movement therapy, it is understood that the body is a primary source of language and an important tool in how therapists make sense of their therapeutic encounters and countertransferences (Shaw, 2004; Vulcan, 2009). In this modality, the notion of *somatic countertransference* is used to describe the physical reactions in response to the client (Panhofer et al., 2011; Ross, 2000; Vulcan, 2009). In dance movement supervision, it has been suggested that improvisation and movement techniques are beneficial in assisting reflective practice, suggesting its role in gaining awareness over countertransferences (Vulcan, 2009).

Dance movement researchers Panhofer et al. (2011) examined the potential for embodied strategies, such as bringing clients to life through movement, in clinical supervision. The researchers found that the embodied methods they applied allowed for previous bodily responses to re-emerge, enhancing their ability to connect with somatic countertransferences in addition to promoting a deeper understanding of themselves and the therapeutic alliance. With their findings, the researchers created a specific model for self-supervision integrating movement and writing. The proposed method consists of creating and engaging in a movement spontaneously; this is often based on a significant occurrence in therapy which may entail the therapist re-enacting a moment in session or embodying the client. The movement is then followed by the creation of a *narrative*, a personal story, in response to the movement, and is evaluated and reflected upon at a later

time. The authors suggest recording the movement sequence to watch at the end of the process to further deepen the exploration and insight.

The researchers discovered that this model allowed for new ways to remain present in the therapeutic alliance while simultaneously enhancing awareness of countertransferential material. Their findings support the potential of a multi-layered approach utilizing both movement and writing. Based on their findings, the researchers also concluded that the integration of movement and writing is beneficial for not only clinical supervision in dance movement psychotherapy, but also in the creative arts therapies and any other psychotherapy approaches which desire to include and examine the embodied experience. In drama therapy, embodiment is highly emphasized through various dramatic techniques, including role play, a process which will later be discussed in an examination of current drama therapy supervision research.

### **Art Therapy Literature**

There have been a number of art therapists who have researched or discussed the ways in which art can be used as a tool for processing the complex response of countertransference (Fish, 1989, 2011; Kielo, 1988; Lavery, 1994; Malchiodi & Riley, 1996; Miller, 2007; Robbins, 1988a; Wadeson, 2003). Art therapists have utilized one term, *response art*, to encompass a range of these techniques. Response art is defined as the therapist's intentional usage of art media to explore, contain reactions, or express some form of clinical work (Fish, 2011, 2012; Miller, 2007). Response art is frequently created and explored privately outside of session.

In the 1980's, Fish (1989) discovered that there were two primary ways in which image-making could be used to explore countertransference; the first being that images

may be created to identify the concerning reactions and feelings present in a session, or secondly, the art-making could follow the recognition of countertransference to help further elucidate the unresolved issues and assist the therapist to work more effectively with those feelings. Largely, how response art is created or used depends on the individual needs of the therapist (Fish, 2012). For example, quick and free associative art-making may allow for unconscious conflicts to surface, instilling immediate reflection of the art, whereas developed work can potentially become meditative and deepen the exploration of countertransference through a prolonged period of reflection (Wadeson, 2003). Wadeson (2003) indicates that the most common form of art in response to therapeutic work is created through spontaneous expression.

With regards to the varying approaches of response art, an article by Deaver and Shiflett (2011) summarizes the numerous techniques which art therapists have used to explore countertransference. This includes: the therapist reproducing client's artwork to empathize with the client's experience, creating art that depicts the client, drawing portraits of the clients or the therapist and client together, drawing in response to a session, making images of the actual session, or creating an image of the therapist taking on the problems of the client (Fish, 1989; Gil & Rubin, 2005; Malchiodi & Riley, 1996; Moon, 2000, 2003; Wadeson, 1995, 2003). Some art therapists will utilize the same art material or embody similar behaviours the client made while creating the art to become further attuned to their client (Wadeson, 2003).

Apparently there are few limits in regards to the possibilities of not only what response art might look like, but when response art can and should be created. Response art can be used throughout the course of treatment, prior to a session with a difficult

client or following a session which stirs up uncomfortable or confusing countertransferences (Gil & Rubin, 2005; Wadeson, 1995). It has also been found to be beneficial following termination to identify countertransferential issues that may not have been resolved over the course of treatment (Fish, 1989).

It is often the case that response art is created when there is a need to explore a potential countertransferential issue. Other art therapists appear to follow a more structured routine, participating in art-making after every session when possible (Fish, 1989; Miller, 2007). Consistently engaging in art-making following each session, whether or not there is an immediate need, maximizes the potential of response art, potentially leading to greater insight and consciousness over additional countertransferences (Fish, 1989; Miller, 2007). Generally, Fish (1989) expresses this importance of not focusing solely on problematic sessions since countertransference goes beyond displaced negative reactions, but positive ones as well.

There are a few art therapists worth nothing who participate in a combination of art-making and additional creative methods. For example, Wadeson (2003) crafted poems prior to creating her art work. She observed how a poem “does not know what it is going to say until it says it” (p. 213), suggesting that the spontaneous nature of poetry lends itself to the art-making process. Similarly, researchers Deaver and McAuliffe (2009) engaged in visual journaling followed by a reflection through written responses. Here writing becomes a way to further reflect on a piece of art, whereas Wadeson (2003) utilized writing to instigate the image-making.

Overall, the literature agrees that art-making in supervision enhances therapeutic awareness; furthermore, it is through this increased sense of awareness that therapists

may come to an enhanced understanding of transference and countertransference behaviour (Deaver & McAuliffe, 2009; Deaver & Shiflett, 2011; Harter, 2007).

### **Drama Therapy Literature**

Renee Emunah (1989) has been a forerunner in encouraging drama therapists to use active processes similar to those implemented with clients in their own supervision. Emunah's conviction is perhaps best summarized with the following comment:

Dramatic enactment can precede or follow verbal discussion, but at times it is best used in place of verbalizing. There are things I want to teach or convey that I cannot say in words, but I know that the language of drama, with its potential for complexity and sublet, profundity and power, can help me and my students reach deeper into the essence of our practice. (p. 36)

Emunah (1989) is hinting at the holistic experience which drama offers, where the mind and body connect to reach deeper understandings of the therapists themselves, their countertransferences, and their clients' lives. Although Emunah supports the notion of using dramatic processes in supervision, there is still no empirical research confirming the benefits or explicit studies demonstrating how this may occur.

Jones (2007) has dedicated a significant amount of research to the ways in which drama therapy is effective for clients, identifying several elements which are present within all drama therapy approaches. He defines these elements as '*core processes*' which delineate the therapeutic possibilities of drama and theatre. Although there are a multitude of techniques and processes present within drama therapy, there are three core processes the author of this paper found to be most significantly mentioned throughout

the examined literature which appear to support the goals of drama therapy supervision. These include: *dramatic projection*, *witnessing*, and *role play*.

The preceding three processes will be discussed primarily in regards to their value for clients since this has been the primary focus of current drama therapy literature. In the discussion portion of this paper it will be further examined how these dramatic processes may play a beneficial role in exploring and processing countertransference in supervision, connecting the discovered benefits for clients to potential benefits for therapists.

Although these therapeutic factors will be examined separately, it should be noted that these core processes are inherently intertwined, often occurring simultaneously, working together towards effective therapy and change (Jones, 2007).

### **Role Playing and Role Reversal**

Similar to the other arts, drama provides mental health professionals with a creative outlet to communicate and understand their experiences. Role playing is one technique utilized most often in drama therapy supervision to achieve these goals (Emunah, 1989; Jones, 2008; Jenkyns, 2008; Robbins, 1988a, 1988b). Role playing, defined by Jones (2007), refers to the experience of embodying someone else, whether it is an imaginary figure, an individual inspired from real circumstances, or even an aspect of themselves within a dramatic representation. In therapy, role playing facilitates empathy, assisting the client in developing new ways to relate to themselves and others (Jones, 2007).

Generally, role play and the technique of *role reversal*, where the client switches between two different roles, are known to deepen client engagement with their own material within a therapeutic context (Blatner & Collins, 2008; Jones, 2008; Jenkyns,



2008; Robbins, 1988a). With this in mind, Jenkyns (2008) indicates how dramatic enactment, which encompasses role play, can be beneficial for therapists as well since countertransferences can be experienced through embodying a client. Specifically, Emunah (1989) states how spontaneously enacting the role of a client may arouse the therapist's unresolved feelings. Landy (1993) expresses how "the more competently one plays out one's roles, the more one will develop an ease in navigating the sometimes difficult boundaries between internal and external experience" (p. 40). Engaging in role play and embodying the role of another may therefore strengthen the therapist's ability to identify and differentiate what is and is not a countertransferential response. In Jenkyn's (2008) experience, embodying clients brought her into a deeper level of identification with the client, discovering how they might be affecting her and the therapeutic work.

### **Dramatic projection**

Jones (2008) argues that the two most active approaches used in current drama therapy supervision are object play and the creation of images. Both of these techniques utilize the phenomena of dramatic projection. Dramatic projection occurs when an individual projects an aspect or characteristic of themselves onto the given, selected or created media (Jones, 2007).

Therapists, like clients, can project their feelings onto dramatic media (Lewis, 1992). Through the process of projection a relationship is formed between the individual's inner state and the external dramatic form, making internal conflicts visible (Jones, 2007). Jones (2007) asserts that "projection enables a dramatic dialogue to take place between the client's internally held situation or material and the external expression of that situation or material" (p. 87). This provides the client with the opportunity to forge

a new connection to the material which enables a change in their relationship to those feelings, such as greater acceptance or understanding over the internal conflict (Jones, 2007). By externalizing feelings through dramatic media, dramatic projection may be well suited to facilitate awareness of therapists' unresolved conflicts which are evoked by the therapeutic interaction with the client.

### **Witnessing**

Within drama therapy, the concept of witnessing is described as the act of being an audience to oneself or to others (Jones, 2007). Generally, theatre is no stranger to an audience; some authors even assert that an audience is the crucial component for the performing arts and theatre (Courtney, 1989; Oríkibi, 2012). As Jones (2007) explains, it is commonplace in therapy for shifts to occur between the roles of witness and witnessed, or in theatrical terms, performer and audience member; clients may play both roles within a single session of therapy depending on their needs. Although it is unusual for there to be a formal audience within drama therapy sessions, in a group therapy context members serve as witnesses to each other's work, similar to how a therapist is often a witness to their client in individual therapy.

The concept of *self-witnessing* becomes important in considering its connection to countertransference. Generally, self-witnessing facilitates a type of open exploration or reflection which leads to emotional insight (Jones, 2007). Jones (2007) maintains that self-witnessing, often enabled through the core processes of role play and dramatic projection, offers the client the opportunity to view themselves or an aspect of themselves from a greater distance and a different perspective. Encouraging therapists, like clients, to act as self-witnesses may lead to new understandings of their countertransferences.

Pendzik (2008) uses the dramatic process of witnessing in an active model for drama therapy group supervision. Her technique is called *dramatic resonances* which involve a problem, question or personal experience shared by a therapist to be further explored through the assistance of a group of therapists. These group members creatively respond to the shared situation in a dramatic reality, actively performing their responses for the therapist who serves as a witness to their own story. Pendzik explains how this might entail the therapist's colleagues engaging in a monologue, singing a song that they were reminded of, or enacting a missing scene from the situation shared by the therapist.

Pendzik (2008) states that dramatic resonances often allow the therapist to determine what material is theirs and what belongs to their clients. She noticed that the role of witness fostered insight, acted as a container, and provided safety to the individual exploring their issue. Feeling supported by group members is ultimately of importance as the group atmosphere can determine how comfortable some therapists may be in sharing and exploring their personal material with others (Fish, 2011; Robbins, 1988a).

### **Integration of the Three Core Processes**

Blatner and Collins (2008) suggest that drama therapy can be integrated with other creative arts modalities, recognizing that each art form offers unique techniques to bring countertransference to life. The authors' proposed multi-modal approach of supervision for student therapists incorporates the previously discussed processes of role play, dramatic projection and witnessing.

First, dramatic projection is employed as students are asked to draw an image of an issue or problem in their therapeutic work which they desire to explore further. Following the creation of the image, the student therapists engage in a role play by

embodying the art and talking as if that image had feelings or thoughts. Lastly, the individual is asked to reverse roles with another student therapist, having the individual mirror the initial artwork for the therapist to observe and reflect upon. This final step facilitates the process of witnessing where the therapist is able to gain perspective through seeing a mirror image of their work and ultimately their own projections.

Ultimately, Blatner and Collins (2008) found that participating in this approach was beneficial for the student therapists who felt uncomfortable in exploring their personal countertransferences with others. This appears to suggest that drama's fictional and playful nature is helpful in providing distance for defensive clients and therapists alike who have difficulty discussing their real issues directly. Specifically, Blatner and Collins discuss how enacting instead of just discussing these feelings soften the intellectualization defense mechanism.

### **Self-Supervision**

It is widely known that safety and facilitating an atmosphere free of judgement to explore countertransferential responses is of utmost importance (Blatner & Collins, 2008; Fish, 2011; Robbins, 1988a). Robbins (1988a) summarizes this need for safety by emphasizing that no technique, such as role playing or response art, is more useful in prompting countertransferential explorations than a supportive atmosphere which encourages these difficult expressions. If this type of atmosphere is not achieved in individual or group supervision, Blatner and Collins (2008) suggest self-supervision as a way to prevent anxiety about sharing private experiences while still ethically examining responses to ensure effective client treatment.

The process of supervision is not meant to solely occur in a session between supervisor and supervisee (Jones, 2008). As Jones (2008) explains, therapists need to develop their own ‘internalized supervisor’, increasing their capacity for spontaneous reflection and gradually begin to internalize gained knowledge. However, authors who support this supervision framework do not explicitly promote that self-supervision replace other forms of supervision altogether. Instead, Panhofer et al. (2011) advise that self-supervision be used to enrich other supervision experiences, suggesting that a multi-modal approach may be best.

Art therapist Fish (1989) describes a firsthand experience of exploring countertransference within a combined self-supervision and individual supervision framework. Fish found that the context provided by self-supervision allowed her the time to consider her response art on her own without the influence of others or a guided exploration. Simultaneously, introducing her artwork into individual supervision became important when it was difficult to uphold an objective exploration of her work, recognizing that images were significant yet the reasons were not entirely clear. Fish maintains that insight into her personal countertransferences appeared through the support of individual supervision, personal therapy, and self-supervision.

In drama therapy literature there are few references to suggested approaches where self-supervision is used in conjunction with other supportive contexts (Lahad, 2000; Orkibi, 2012). Similarly, Gil and Rubin (2005) suggest using play therapy techniques, specifically creating an approach called *countertransference play*, in individual or group supervision, but do not mention the possibility of self-supervision. Ultimately, this conjures a significant question; is it possible to use drama therapy

techniques within a self-supervision framework? On a related note, Orkibi (2012) examined how often creative arts therapists engaged in their own modality for self-care. She discovered that there were no indications of drama therapy students using drama whereas the majority of art therapists continued to use art personally. Orkibi (2012) attributed these findings to the difference between art forms, believing that visual art may be more readily available and applicable for self-care than drama. It is possible that Orkibi's interpretation of her findings may also contribute towards drama's lack of professional use in a self-supervision framework; drama may not be as convenient or practical to utilize on its own.

Contrarily, to Orkibi's (2012) suggestion, the author of this paper has previously used dramatic methods within a self-supervision framework to process countertransference. She intended to add to her individual and group supervision experiences which did not use drama to process countertransference. Before discussing the findings within the literature review, the author will discuss her self-employed exploration of countertransference which partly inspired the initiative for this study.

### **An Exploration of Countertransference Using Drama**

The author of this paper attempted to facilitate an exploration of countertransference by utilizing both art and drama therapy techniques in a self-supervision framework. The method employed was inspired by the idea that art-making in itself may not be solely sufficient, and that critical reflection after the creation of art is a crucial step in providing opportunities for meaning (Deaver & Shiflett, 2011). It was the author's belief that drama could be this extra step to instigate critical reflection and allow for an in-depth self-investigation of countertransference. Utilizing her modality of drama

therapy in the hopes of acquiring insight into recent countertransferences, the author allowed new and old responses to surface, further elucidating on previously identified feelings through this creative process. The author aimed to note what would spontaneously arise through employing the core processes of dramatic projection, role play, and witnessing through both art and drama.

This self-exploration was employed at the author's home following the therapeutic termination of five individual clients. The model began with the creation of response art, drawing separate portraits of each client. This was followed by transforming the images into a dramatic format in the hopes of attaining a deeper level of understanding of the initial images. The practical exploration of drama was achieved through the technique of role play to allow for a spontaneous and more active-oriented dialogue with the images, engaging in one role play for each image. The role plays 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. The role plays were filmed in order to be reviewed by the therapist at a later time. The video feedback was used to promote the process of self-witnessing as there was no one to physically mirror the image or role play for the therapist. The recording of the role play enabled the author to witness herself as both the therapist and the image, gaining new information through its review.

Admittedly, the process of being recorded and talking to an image was initially awkward and unfamiliar. Perhaps this feeling of unfamiliarity was due to the absence of one or more physical witnesses which is commonplace in drama therapy. However, as the role plays continued, the author was able to relax and engage with the format more

comfortably as predicted by Lahad (2000) who forewarns of the initial difficulties of self-supervision in drama therapy, although acknowledges its potential value as well. In this experience, combining both the artistic component and the dramatic dialogue through role play brought awareness to the author's countertransferences. The author was able to experience the technique of using the creative arts and noted that drama did instigate the critical reflection necessary for exploring countertransference and attain the benefits of dramatic processes within a self-supervision framework.

### **Discussion**

The current study examined how the creative arts therapies, specifically dance, art and drama, are using methods from their respective disciplines within supervision. Where available, it was discussed how these methods were or could be used to process countertransference and the potential benefits. Overall, it was found that the most commonly suggested way to discuss and explore countertransference is by developing self-awareness in supervision through verbalization (Gil & Rubin, 2005). Play therapists Gil and Rubin (2005) promoted their technique of countertransference play as a way of achieving awareness by using active, creative methods. Due to the similar nature of play and drama therapy, Gil and Rubin's rationale supports the suggestion that drama therapists use their own modality to similarly develop self-awareness, increasing their understanding of countertransference.

In dance therapy literature, Panhofer et al. (2011) created an integrated self-supervision model using improvisational movement to embody the experience of the client. These authors ultimately discovered that this allowed for an increase in awareness of countertransferences. The concept of enacting the experience of a client parallels the



role play process of drama therapy. Panhofer et al.'s model also uses the drama therapeutic core process of embodiment which has been known to initiate insight for clients. As Jones (2007) points out, embodiment can connect clients to their unconscious minds, indicating that countertransference may become conscious through involving and communicating with the body. Therefore, the author of this paper believes that adapting Panhofer et al.'s (2011) model for drama therapy clinical supervision would yield similar results and enhance the recognition of countertransference.

In art therapy literature, Miller (2007) summarizes the benefits of response art as enabling an immediate, expressive outlet which allows for the processing of countertransferences as they surface. Orkibi (2012) further expressed how art often produces a tangible product, allowing therapists to return to the image. Essentially, this could be seen as advantageous as countertransferences can continue to be processed through re-examinations of the concrete art product. In the author's personal experience, reviewing her images and role plays at a later time through video allowed for drama to become a tangible product as well, effectively bringing about new discoveries and responses towards the clients that inspired them.

Overall, the consensus within the examined art therapy literature is that art-making in supervision enhances therapeutic awareness which leads to an enhanced understanding of countertransference (Deaver & McAuliffe, 2009; Deaver & Shiftlett, 2011; Harter, 2007). Therefore, for drama therapy, a sister modality, it appears possible that participating in dramatic activities in supervision may similarly enhance awareness and, consequently, understandings of countertransferential related issues. Further empirical research must be conducted to prove this hypothesis.

For all the previously mentioned possibilities of how response art may appear (Deaver & McAuliffe, 2009; Fish, 1989; Malchiodi & Riley, 1996; Moon, 2000; Wadson, 2003), the author of this paper wonders about the potential of corresponding dramatic enactments. This creates the opportunity for further research regarding the possibilities of how drama may be used for examining countertransference. Specifically, how can countertransference be elucidated through dramatic processes? Further research could explore how the following dramatic enactments may be beneficial towards the exploration and management of countertransference: the dramatic depiction of a scene, an event or situation that surfaced in session, behaving as the client in session, embodying the feeling of the session, playing with a client's usual toy or object, or even reproducing the session. Additionally, could the creation of a monologue or script be used similarly, the free-associative nature of a dramatic dialogue promoting the surfacing of countertransferences?

Drama therapy approaches allow for a great deal of flexibility, an element that could be highly beneficial for supervision. As Jones (2007) indicates, a drama therapist is able to consider a wide range of dramatic processes to help clients explore and process their current issues. Jones further expresses how it is often the case where a client may explore the same theme through different dramatic forms over a period of weeks, each dramatic medium offering different ways of engagement and insight for the client. Ultimately, this could be said for drama therapists utilizing these techniques in supervision as well. A drama therapist can explore the same countertransference response over time through multiple dramatic forms in various contexts and come to different conclusions each time, enriching the experience and their overall understanding. Since

countertransference has been described as a complex process, it may require multiple explorations to fully identify or understand the phenomenon.

In drama therapy literature, the dramatic processes of role play, witnessing and dramatic projection were discussed with respect to the benefits for clients and their roles in supervision. It was discussed how these three processes can deepen a client's engagement with their own material in a therapeutic context (Jones, 2008). In supervision, Jenkyn's (2008) discussed her experience of embodying a client, indicating that it allowed her to discover how the client was affecting her and the therapeutic work. The author of this paper can affirm that her experience of understanding her own countertransference was greatly facilitated through her brief exploration of role play, dramatic projection and witnessing. Playing the role of the client tapped into some of the author's underlying countertransferences. In a therapeutic context, the therapist may consciously play the role of the client's transference within the dramatic reality to work through and bring awareness to that projection for the client. Similarly, from a supervision standpoint, the supervisor may be able to engage in the role of the therapist's countertransference in order to focus the therapist on what may be occurring. The overall objective is not to deny or purge these reactions but to play with them and better understand and manage them through dramatic media.

Dramatic projection was found to be well suited to facilitate awareness of countertransference through an externalization of these internal conflicts or feelings through a wide range of dramatic media. The notion of self-witnessing was seen as a valuable tool for therapists to gain awareness and monitor their reactions to their clients and the therapeutic work. Many drama therapy techniques enable this concept of

witnessing, including dramatic projection and role play. However, an additional way to facilitate witnessing includes mirroring. In the author's own experience, a video-tape was used to act as a witness for the therapist in a self-supervision framework.

As the clients are experiencing their transference within an experiential drama therapy framework, the corresponding drama therapist may benefit from processing their countertransference through a similar active approach. A relevant fact to consider is that a therapist can only bring their clients as far as they are willing to bring themselves (Corey, 1996). Therefore, perhaps if drama therapists begin to utilize the medium of drama to its greatest potential for their own professional growth, in processing countertransferences and otherwise, then it will enable clients to dive further into the dramatic processes in their own therapy as well.

Overall, the major advantage which appears to be present throughout the review of literature is that creative arts therapies methods in supervision, including drama therapy, can increase self-awareness. This type of self-awareness enables greater understanding and insight into the therapist's countertransference. Once the therapist has begun to process these understandings, they are then able to manage their countertransferential feelings. Awareness enables insight, followed by insight facilitating the necessary management of these responses.

### **Limitations and Recommendations for Future Research**

The majority of the conclusions drawn in the discussion section of this paper are based on the author's personal biases and knowledge of drama therapy. There is no empirical research which currently provides clear proof that these connections and comparisons forged between the creative arts therapies are valid. This highlights the need

for further research studies to be conducted to examine the potential for drama therapy methods in supervision and its benefits to explore countertransference.

There are many dramatic techniques available to therapists that can be used to help facilitate awareness of countertransference, many of which have not been discussed in this paper. There is a need for intervention research to be conducted in order to determine how drama could best be utilized. This research could examine the differences between utilizing specific dramatic techniques and what is gained through each format. Additionally, examining the advantages and disadvantages between using a single or multi-modal creative approach for supervision may also be of value.

The practicality of engaging in drama in a self-supervision framework could also be of worth to be researched. Due to the limits of this paper, the researcher was unable to thoroughly discuss the advantages and disadvantages between various types of supervision, such as individual, peer, group and self-supervision. Research could be conducted to examine these differences and the impact they may have on the exploration and management of countertransference.

Lastly, as stated earlier on in the paper, while mental health professionals are aware of the importance of countertransference, there is still often a general discomfort for therapists in discussing their countertransferences with others (Krimendahl, 1994). Although this paper has examined the ways in which drama therapy could be used to process countertransference, perhaps more importantly what needs to be researched is how to foster supportive environments to facilitate countertransference explorations. Additionally, it could be examined how drama therapeutic processes could contribute towards this safe space.

## Summary and Conclusions

It was the author's hope that this paper would serve as a first step in addressing the necessity of finding alternative, creative ways for drama therapists to best explore the phenomena of countertransference, specifically prompting further intervention research to examine the employment of experiential techniques in drama therapy supervision. Furthermore, this paper's exploration of using drama therapy in supervision was not only intended to assist the field of creative arts therapies, but also for other mental professionals who may be able to use and adapt dramatic processes to their own benefit.

Although this paper aimed to elucidate the usage of drama therapy to explore countertransference, much of the literature spoke about the integration of multiple creative arts therapies approaches in the exploration of countertransference. If the creative arts therapies were able to rely on one another, using their knowledge to collaborate their findings within research, this might lead to valid conclusions with respects to using creative approaches, whether artistic or dramatic, to process countertransference. On a greater scale, Johnson (1994) suggests that joining forces would likely contribute towards greater progress in our respective fields, consequently enhancing the status of the creative arts therapies within the mental health community. Instead of embarking on these experiences alone, Johnson proclaims, "let us not be ashamed to turn to each other ... it is the way we will get home. It will be the foundation of our success" (p. 178). These thoughts should be considered not only for future inquiries regarding the necessary exploration of countertransference, but for future research in the creative arts therapies as a whole.

## References

- Blatner, A., & Collins, J. G. (2008). Using psychodrama and drama therapy methods in supervising drama therapy practicum students. In P. Jones & D. Dokter (Eds.), *Supervision of drama therapy* (pp. 130-146). New York, NY: Routledge.
- Corey, G. (1996). The counselor: Person and professional. In G. Corey (Ed.), *Theory and practice of counseling and psychotherapy* (pp. 15-49). Pacific Grove, CA: Brooks/Cole.
- Courtney, R. (1989). *Play, drama and thought: The intellectual background to dramatic education*. Toronto, ON: Simon & Pierre.
- Deaver, S. P. (2002). What constitutes art therapy research? *Art Therapy: Journal of the American Art Therapy Association*, *19*(1), 23-27. doi:10.1080/07421656.2002.10129721
- Deaver, S. P., & Shiflett, C. (2011). Art-based supervision techniques. *The Clinical Supervisor*, *30*(2), 257-276. doi:10.1080/07325223.2011.619456
- Deaver, S. P., & McAuliffe, G. (2009). Reflective visual journaling during art therapy and counseling internships: A qualitative study. *Reflective Practice*, *10*(5), 615–632. doi:10.1080/14623940903290687
- Emunah, R. (1989). The use of dramatic enactment in the training of drama therapists. *The Arts in Psychotherapy*, *16*(1), 29-36. doi:10.1016/0197-4556(89)90035-X
- Fish, B. J. (1989). Addressing countertransference through image making. In H. Wadeson, J. Durkin, & D. Perach (Eds.), *Advances in art therapy* (pp. 376-389). New York, NY: John Wiley & Sons.

- Fish, B. J. (2011). Formative evaluation research of art-based supervision in art therapy training. *Art Therapy: Journal of the American Art Therapy Association*, 25(2), 70-77. doi:10.1080/07421656.2008.10129410
- Fish, B. J. (2012). Response art: The art of the art therapist. *Art Therapy: Journal of the American Art Therapy Association*, 29(3), 138-143. doi:10.1080/07421656.2012.701594
- Gelso, C. J., & Hayes, J. A. (2007). *Countertransference and the therapist's inner experience: Perils and possibilities*. Mahwah, NJ: Lawrence Erlbaum Associates Publishers.
- Gil, E., & Rubin, L. (2005). Countertransference play: Informing and enhancing therapist self-awareness through play. *International Journal of Play Therapy*, 14(2), 87-102. doi:10.1037/h0088904
- Goodyear, R. K. (1981). Termination as a loss experience for the counselor. *The Personnel and Guidance Journal*, 59(6), 347-350. doi:10.1002/j.2164-4918.1981.tb00565.x
- Harter, S. (2007). Visual Art Making for Therapist Growth and Self-Care. *Journal of Constructivist Psychology*, 20(2), 167-182. doi:10.1080/10720530601074721
- Hayes, J. A., Gelso, C. J., & Hummel, A. M. (2011). Managing countertransference. In J. C. Norcross (Ed.), *Psychotherapy relationships that work: Evidence-based responsiveness* (2nd ed.) (pp. 239-258). New York, NY: Oxford University Press.
- Horvath, A. O., & Bedi, R. P. (2002). The Alliance. In J. C. Norcross (Ed.), *Psychotherapy relationships that work: Evidence-based responsiveness* (2nd ed.) (pp. 37-71). New York, NY: Oxford University Press.



- Jenkyns, M. (2008). Transference and countertransference in relation to the dramatic form in supervision training. In P. Jones & D. Dokter (Eds.). *Supervision of drama therapy* (pp. 99-111). New York, NY: Routledge.
- Johnson, D. R. (1994). Shame dynamics among creative arts therapists. *The Arts in Psychotherapy, 21*(3), 173-178. doi:10.1016/0197-4556(94)90046-9
- Jones, P. (2007). *Drama as therapy: Theory, practice and research* (2nd ed.). New York, NY: Routledge.
- Jones, P. (2008). From role to play: research into action techniques in supervision. In P. Jones & D. Dokter (Eds.). *Supervision of drama therapy* (pp. 49-68). New York, NY: Routledge.
- Kielo, J. B. (1988). A study of art therapists' countertransference and post session imagery. (Master's thesis, Concordia University). Retrieved from <http://spectrum.library.concordia.ca/4668/1/ML44827.pdf>
- Knill, P. J. (1994). Multiplicity as a tradition: Theories for interdisciplinary arts therapies – An Overview. *The Arts in Psychotherapy, 21*(5), 319-328. doi:10.1016/0197-4556(94)90059-0
- Krimendahl, E. K. (1994). Review of 'Countertransference in Psychotherapy with Children and Adolescents'. *Psychoanalytic Psychology, 11*(3), 419-422. doi:10.1037/h0085191
- Lahad, M. (2000). *Creative supervision: The use of expressive arts methods in supervision and self-supervision*. Philadelphia, PA: Jessica Kingsley.

- Lambert, M. K., & Okiishi, J. C. (1997). The effects of the individual psychotherapist and implications for future research. *Clinical Psychology: Science and Practice*, 4(1), 66-75. doi:10.1111/j.1468-2850.1997.tb00100.x
- Landy, R. J. (1993). *Persona and performance: The meaning of role in drama therapy and everyday life*. New York, NY: Guilford Press.
- Lavery, T. P. (1994). Culture shock: Adventuring into the inner city through post-session imagery. *American Journal of Art Therapy*, 33, 14-20. Retrieved from <http://0-web.ebscohost.com/mercury.concordia.ca/ehost/detail?sid=2b578d89-74f9-4eee-82e7-1d0fd5654d34%40sessionmgr15&vid=7&hid=14&bdata=JnNpdGU9ZWWhv c3QtbG12ZQ%3d%3d#db=a9h&AN=9409130630>
- Lewis, P. P. (1992). The creative arts in transference/countertransference relationships. *The Arts in Psychotherapy*, 19(5), 317-323. doi:10.1016/0197-4556(92)90027-L
- Malchiodi, C., & Riley, S. (1996). *Supervision and related issues: A handbook for professionals*. Chicago, IL: Magnolia Street Publishers.
- McNiff, S. (2009). *Integrating the arts in therapy: History, theory, and practice*. Springfield, IL: Charles C. Thomas.
- Metcalf, L. (2003). Countertransference among play therapists: Implications for therapist development and supervision. *International Journal of Play Therapy*, 12(2), 31-48. doi:10.1037/h0088877
- Miller, R. B. (2007). The role of response art in the case of an adolescent survivor of developmental trauma. *Art Therapy: Journal of the American Art Therapy Association*, 24(4), 184-190. doi:10.1080/07421656.2007.10129470
- Moon, B. L. (1994). *Introduction to art therapy*. Springfield, IL: Charles C. Thomas.

- Moon, B. L. (1999). The tears make me paint: The role of responsive artmaking in adolescent art therapy. *Art Therapy: Journal of the American Art Therapy Association, 16*(2), 78–82. doi:10.1080/07421656.1999.10129671
- Moon, B. L. (2000). *Ethical issues in art therapy*. Springfield, IL: Charles C. Thomas.
- Moon, B. L. (2003). The image. In B. Moon (Ed.), *Essentials of art therapy education and practice* (pp 3-10). Springfield, IL: Charles C. Thomas.
- Norcross, J. C. (2002). Empirically supported therapy relationships. In J. C. Norcross (Ed.), *Psychotherapy relationships that work: Evidence-based responsiveness* (2nd ed.) (pp. 3-17). New York, NY: Oxford University Press.
- O'Connor, K. (1991). *The play therapy primer*. New York, NY: John Wiley.
- Orkibi, H. (2012). Students' artistic experience before and during graduate training. *The Arts in Psychotherapy, 39*(5), 428-435. doi:10.1016/j.aip.2012.06.007
- Panhofer, H., Payne, H., Meekums, B., & Parke, T. (2011). Dancing, moving and writing in clinical supervision? Employing embodied practices in psychotherapy supervision. *The Arts in Psychotherapy, 38*(1), 9-16. doi:10.1016/j.aip.2010.10.001
- Payne, H. (2008). Introduction to dance movement psychotherapy supervision: An overview. In H. Payne (Ed.), *Supervision in dance movement psychotherapy: A practitioners handbook*. New York, NY: Routledge.
- Pendzik, S. (2008). Dramatic resonances: A technique of intervention in drama therapy, supervision, and training. *The Arts in Psychotherapy, 35*(3), 217-223. doi:10.1016/j.aip.2008.02.004

- Robbins, A. (1988a). *Between therapists: The processing of transference/countertransference material*. New York, NY: Human Sciences Press.
- Robbins, A. (1988b). A psychoaesthetic perspective on creative arts therapy and training. *The Arts in Psychotherapy*, 15(2), 95-100. doi:10.1016/0197-4556(88)90016-0
- Rosenberger, E. W., & Hayes, J. A. (2002). Therapist as subject: A review of the empirical countertransference literature. *Journal of Counseling & Development*, 80(3), 264-270. doi:10.1002/j.1556-6678.2002.tb00190.x
- Ross, M. (2000). Body talk: Somatic countertransference. *Psychodynamic Counselling*, 6(4), 451-467. doi:10.1080/13533330050197089
- Shaw, R. (2004). The embodied psychotherapist: An exploration of the therapists' somatic phenomena within the therapeutic encounter. *Psychotherapy Research*, 14(3), 271-288. doi:10.1093/ptr/kph0252004-16752-001
- Van Wagoner, S. L., Gelso, C. J., Hayes, J. A., & Diemer, R. A. (1991). Countertransference and the reputedly excellent therapist. *Psychotherapy: Theory, Research, Practice, Training*, 28(3), 411-421. doi:10.1037/0033-3204.28.3.411
- Vulcan, M. (2009). Is there any body out there?: A survey of literature on somatic countertransference and its significance for DMT. *The Arts in Psychotherapy*, 36(5), 275-281. doi:10.1016/j.aip.2009.06.002
- Wadeson, H. (1995). *The dynamics of art psychotherapy*. New York, NY: John Wiley.
- Wadeson, H. (2003). Making art for professional processing. *Art Therapy: Journal of the American Art Therapy Association*, 20(4), 208-218. doi:10.1080/07421656.2003.10129606

Wilkins, P. (1995). A creative therapies model for the group supervision of counsellors.

*British Journal of Guidance & Counselling*, 23(2), 245-257. doi:10.1080/

03069889500760251