HOW SPEECH THERAPISTS AND CREATIVE EXPRESSIVE THERAPISTS MANAGE THEIR REACTIONS TO COUNTERTRANSFERENCE: SIMILARITIES AND DIFFERENCES

Michal Gelb

Ph.D student

Department of Psychology

Varna Free University “Chernorizets Hrabar“

Abstract: Much has been written about countertransference and how to cope with it among speech therapists. But among creative expressive therapists, the research on the subject has remained limited. In order to deepen therapists’ understanding of the phenomenon of countertransference and the ways to manage it, the researcher has conducted interviews with 20 therapists. Some of them were speech therapists; others were creative expressive therapists. Interviewed therapists have emphasized the importance of becoming aware of and responding to countertransference. They have also stressed the importance of self-analysis and therapeutic help. The awareness of countertransference is essential for focusing on patients and their needs, while benefiting from countertransference responses. Also, all the therapists have stated that it is important to reveal their feelings in the therapeutic 'here and now' to their patients. But there was no agreement between them regarding the exposure of personal experiences. Creative expressive therapists have revealed personal experiences to a greater extent than did speech therapists, but they have also experienced more negative effects of this exposure.

Key words: *speech therapy, creative expression, reaction of the therapist*

Introduction

A psychotherapist is required to be available, understanding, and compassionate towards his or her patients. During the treatment, the therapist is required to ignore his or her needs and feelings in order to leave more room for the patient and the therapeutic process. And yet, emotional issues and unique interactions in therapy often evoke in the therapist powerful emotions, memories, thoughts, and patterns of behavior, related to his or her private world and the processes he or she is going through personally. These reactions are called countertransference. Countertransference may have both positive and negative effects on the therapist-patient relationship and on the effectiveness of treatment. Every therapist deals with countertransference. Most of the literature on the subject is, however, focused on countertransference experienced by speech-based therapists.

In the research on creative expressive therapists, there is less reference to this phenomenon and its impact on the therapist. Because of the more primitive content involved in the creative expressive therapy, therapists are likely to be impacted to a greater degree. The present study compares the ways in which the countertransference is experienced and managed by the two types of therapists:

- speech-based psychotherapists (psychologists or clinical social workers)
- creative expressive therapies practicing art therapy, psychodrama.

This study emphasizes how two types of therapists choose to deal with countertransference and what helps them manage it. This unique comparison will help understand what effects therapists' countertransference responses to different

types of treatment have on them and their patients. This study also offers tools that will facilitate therapists' processes of countertransference and that can largely improve their work with clients.

The Phenomenon of Countertransference

Countertransference results from unresolved conflicts, charged personal experiences, or situations such as burnout and overload faced by the therapist (Goldstein, 2007; Hayes & Gelso, 2001). Countertransference reactions may also arise as a result of therapeutic content that touches on issues that concern the therapist, similarities between him or her and the patient, or what touches on the treatment process and the interaction between the therapist and the patient (Baehr, 2004; Hayes et al, 1998). Countertransference can be conscious or unconscious, and can be manifested internally, through pent-up emotions experienced by the therapist, or externally through a wide range of verbal and non-verbal behaviors.

How Countertransference Affects the Therapeutic Process?

The emotional responses of countertransference are divided into

- positive emotions that encourage the therapist to reduce the distance between him or her and the patient (such as affection or compassion for the patient, empathy, understanding) and
- negative emotions (such as anxiety, frustration, depression, boredom, helplessness) that may motivate the therapist to maintain emotional distance from the patient, causing alienation (Goldstein, 2007; Carroll, Gilroy & Murra, 1999; Coster & Schwebel, 1997; Hayes & Gelso, 2001; Rosenberger & Hayes, 2002). On the other hand, negative emotions may lead to the therapist's over-involvement

in the treatment process (e.g., prolonging appointment times or behaving consistently according to a fixed policy), because the therapists focus on their personal experience rather than on the patient's (Prasko, et al., 2010). Countertransference may also cause distortions in the way the therapist perceives the patient and his or her behavior, and, therefore. Negatively affect the therapist's decisions about treatment (Rosenberger & Hayes, 2002).

Countertransference reactions have a positive aspect. Connecting with the therapist's personal experiences can help the therapist better understand the patient, be empathetic and sensitive to him or her and guide his or her therapeutic interventions well, in line with Jung's wounded therapist approach (Elliott & Guy, 1993; Hayes, 2002; Kirmayer, 2003). However, these responses can place an emotional burden on the therapist and make it difficult for him or her to separate his or her internal psychological processes from those of the patient, which, again, may lessen the effectiveness of the treatment (Cain, 2000) and ruin the significant emotional connection between the therapist and the patient (Baehr, 2004; Hayes & Gelso, 2001).

It is worth noting that the conclusions drawn above relate mainly to the treatment provided by speech-based therapists. Yet in the creative expressive treatment, where the issue of countertransference is hardly examined, therapists are often exposed to even stronger countertransference responses, because of the more primitive and symbolic content they include (Link-Scope, 2013) and because this type of the treatment has many layers (literal, non-verbal, symbolic) and various sensory stimuli, such as color, sound, or movement. The scarce literature on countertransference expressed by creative expressive therapists focuses primarily on case studies in which therapists address the onset of countertransference responses - such as empathy or distress the patient experienced - and how these emotions affected therapists' professional ability. For

instance, some therapists have noted that when they experience subsequent countertransference reactions manifested in excessive identification with the patient, they have difficulty contributing to their creative process (Nissan, 2005; Philliopose, 2003).

Management of Countertransference

An important issue concerning countertransference, which I have chosen to discuss in the present study, concerns the way therapists choose to manage their countertransference responses. The prevailing approach today to managing countertransference in speech-based therapy refers to the therapist's ability to maintain a balance between the two extremes described by Racker (Racker, 1957). On the one hand, they remain emotionally connected to themselves during their work. But on the other hand, they do not allow their countertransference reactions to negatively affect the patient and the treatment process (Latts & Gelso, 1995). According to studies in the field, the most significant element in the proper management of countertransference is the therapist's self-awareness. In order to perform their work well, it is important for therapists to observe and evaluate their feelings, memories, and behaviors during therapy sessions and examine how much they stem from their personal feelings (Hayes, 2002; Jackson, 2001).

It is noteworthy that guidance can be especially helpful in this process, as it provides therapists with support in their work, helps identify and understand mistakes they make, and also helps them deal with specific ethical or clinical difficulties (Richards, et al., 2010). Guidance also helps creative expressive therapists, especially when it includes artistic tools (artwork or metaphorical play), in order to enable the instructor to better understand the process the therapist is going through and thus help him or her significantly improve his or her work. (Gil & Rubin, 2005; Homeyer & Morrison, 2008). Many elements of

the therapist's experiences in therapy cannot be conveyed and expressed in instruction without the use of the same artistic tools used in the therapeutic session, due to language limitations. Therefore, the use of artistic tools in instruction can contribute to a more meaningful understanding of the hidden aspects of countertransference experienced, be it physiological, emotional, or cognitive (Mornigstar, 2013).

It is important to emphasize that the therapist's awareness of emotionally charged issues is not sufficient in itself to reduce the prevalence and intensity of countertransference in the speech process in speech-based therapy. The therapist should also resolve the conflicts that arise during treatment, at least in part, so as not to become engrossed in them during treatment. Otherwise, the therapist will not be empathetic towards the patient (Hayes, 2002; Hayes & Gelso, 2001; Hayes, Yeh & Eisenberg, 2007). Personal therapy can help the therapist be aware of his or her emotionally charged personal experiences or issues while receiving emotional support, which may reduce the risk of experiencing strong countertransference responses during his or her work (Richards, et al., 2010).

Expression and creation therapists often engage in art in order to release strong emotions, or to understand and process in retrospect emotions that arose in them during the therapeutic session. They also try to investigate what provoked the countertransference response. Several studies have found that the use of artistic tools has improved the professional effectiveness of therapists in creative and expressive therapy (Brown, 2008; Fish, 2012; Gil & Rubin, 2005).

Managing **Countertransference** through Self-Exposure

One of the specific tools for dealing with countertransference responses examined in the present study is the issue of self-disclosure (Maroda, 1999). Such exposure can include the therapist's feelings, thoughts, and positive or negative

attitudes towards the patient and his or her treatment process. That is, self-exposure can reveal the therapist's countertransference responses. Some psychologists argue that the patient's countertransference reactions should not be revealed to the patient, because such exposure would burden the patient and would negatively affect his or her treatment.

By contrast, other therapists see self-exposure as beneficial, especially for the therapist's feelings and thoughts during the therapy session. Such exposure can improve the patient's perception of reality, provide an example of how to take ownership of negative emotions and how to deal with them better. Equally important is that self-exposure can strengthen the relationship between the therapist and the patient (Baehr, 2004; Goldfried, Burckell, Eubanks-Carter, 2003; Ziv - Beiman, 2013).

Another type of self-exposure concerns the therapist's experiences outside the treatment room, an issue about which there is no broad consensus among therapists. The revelation of the therapist's personal details, especially when this is done on his or her own initiative and not following a direct request of the patient or in the context of a particular therapeutic content, is perceived as harmful (Maroda, 1999).

According to clinical studies, the decision whether to perform self-exposure should take into account the appropriate time, the type of exposure, and the characteristics of the patient and the specific problems from which he or she suffers (Tsai, et al., 2010). Scholars emphasize that the exposure should be genuine, constructive, relatively brief, not negative and not overly emotional (Henretty & Levitt, 2010; Maroda, 1999).

In creative expressive therapy, therapists have at their disposal another channel of self-exposure through participation in the patient's artistic process. In such a process, there is a greater opening to therapists' countertransference

responses, which may be reflected in his or her non-verbal behavior and artistic actions. Therefore, the awareness of emotional and personal processes, and an informed choice of content and mode of self-exposure are especially important (Dillard, 2006; Fish, 2012; Landy, 1992; Lewis, 1992). However, no previous studies have been conducted that have examined how self-exposure is manifested in creative expressive therapy.

In conclusion, one of the significant phenomena that every mental health therapist faces is countertransference, which includes all of the therapist's emotional interpretations and responses to the patient's therapeutic process, originating in his or her personal experience. In speech-based therapy, countertransference responses will arise primarily as a result of the patient's behaviors, therapeutic content, or interaction between the therapist and the patient. Creative expressive therapists are exposed to more significant countertransference responses due to the more primitive and symbolic content involved in such therapy. In both types of treatment, countertransference reactions can positively and negatively affect the therapist, the patient, and the treatment process. One of the important elements in the proper management of countertransference is the therapist's awareness of his or her inner experiences, his or her feelings and thoughts that emerge during the therapy session.

Guidance can help improve this awareness. In creative expressive therapy, there is a special meaning to the guidance that uses artistic tools especially significant for this purpose. In addition to awareness, it has been found that it is important for the therapist to work on charged personal issues so that they arise less during his or her work - in personal therapy or, in the case of creative expressive therapists, during difficult sessions. Another way therapists deal with countertransference responses, at least in speech-based therapy, is self-exposure.

Exposing the countertransference responses to the patient and using them to advance the patient's process can make a significant contribution when done appropriately. However, not all psychologists perceive this behavior as acceptable and positive, since they maintain that it may have a negative impact on the patient's trust in the therapist and on the relationship between them. In creative expressive therapy, the issue of self-exposure has not been explored, although here the openness to exposure is greater through therapists' participation in the patient's artistic work.

Aims the Current Research Set to Achieve

The aim of the study is to examine the phenomenon of countertransference among speech-based therapists and creative expressive therapists in order to offer tools that can help therapists deal better with this phenomenon. The study includes semi-structured interviews with 20 therapists (mostly women) - 10 speech therapists (psychologists or clinical social workers) and 10 creative expressive and art therapists (most of them art therapists). The therapists had at least five years of experience in the profession and worked in different settings with different clients, adults and children. Except for one interviewee, the researcher had no prior acquaintance with them. At the beginning of the interview, a number of professional details were documented - education, seniority as a therapist, the framework in which he or she works, treated clients, and the main treatment methods used.

Next, each therapist was asked about a number of questions. Creative expressive therapists were asked specifically about the impact the artistic work has on the topic under discussion. First, each therapist was asked about how aware he or she was of his or her personal experiences while at work:

- How much he or she was aware of his or her inner experiences while at work?
- How important this awareness was to him or her?
- How it affected his or her work, patients, and relationship with them?

- What does the therapist do to maintain this level of awareness and what makes it especially difficult for him or her to maintain it?

Second, each therapist was asked about situations that aroused particularly strong emotions in him or her. They were asked about how they thought their personal emotional experiences were reflected in the treatment itself. Therapists were also asked the following question:

- To what extent this has an effect on the patients and the relationship with them and what techniques in particular help them in these cases?

The last topic each therapist was asked about was self-disclosure:

- To what extent patients tend to reveal their personal feelings and thoughts?
- What should be revealed?
- What should not be revealed?
- In what situations patients were more likely to expose themselves?
- How each therapist personally experienced this process?

The present article will cover only some of the data collected - mainly those findings that focus on the management of countertransference (for further findings, please contact the researcher). Each interview was conducted in a quiet place chosen by the interviewee, lasted about an hour, and was recorded and transcribed. All the names of the therapists mentioned in the article are fictitious.

The Findings

The transcripts of the interviews were analyzed to define different themes and focus on specific elements in each theme. Possible connections between various themes were identified. The outline below presents themes that emerged from the interviews, accompanied by quotations that support them. In addition, the analysis of the differences in the way the different themes are treated in different interviewees is presented. Differences between the interviewees and the two groups of therapists are presented in the way the different categories are treated (Zabar Ben Yehoshua, 1995). It is important to emphasize that the study is qualitative rather than quantitative and does not purport to unequivocally determine the degree of similarity or difference between the groups, but only to initially illuminate the similarity and difference in the issues addressed by the interviewees.

How Important Are the Awareness of Countertransference Responses?

A key issue discussed in the interviews is the degree to which the therapists are aware of their countertransference responses - their personal feelings and experiences - during their work. Most of the interviewees, from both groups of therapists, said that this awareness is a key tool for them and is crucial to their professional success.

Inbal (speech therapist): "It is impossible to conduct a process that is truly profound and meaningful without being aware of my inner feelings. This is the basis of therapy ..."

Nili (speech therapist): "I am part of the matter itself. According to my therapeutic view, you cannot act without being aware of what motivates you, where you are in this story."

Hadas (creative expressive therapist): I think that in therapy, I am the tool, I have to be in constant contact with the self, with what is happening to me, with what that patient evokes in me. "

Nimrod (creative expressive therapist): "I think it's necessary. I mean it's essential that a therapist constantly listens to the countertransference that happens in therapy, disconnections, fatigue, nervousness, pleasure, or extending a therapy session suddenly a quarter of an hour beyond its limits. I need to check with myself why this happens to me. "

For speech therapists this awareness required conscious cognitive effort and attention. They noted that their ability to pay attention to their inner experiences during their work, without compromising their attention to the patient, improved with time and experience.

Rina (speech therapist): "I cannot say that it does not require effort and can always be improved, but it is actually a very central part of the therapeutic work, within some kind of dialogue between myself and the patient."

Inbal (speech therapist): "I learned that it's a matter of awareness and experience; I learned to pay attention to what is happening to me - in the breath, in body sensations and in some awareness of the emotion that arises ... during the treatment."

Guy (speech therapist): "I invest a lot in seeing what the echo of the other person inside me is, in order to understand what's going on with them."

Creative expressive therapists did not address the effort involved in this awareness and mainly emphasized listening to what they were feeling - physically or mentally - during their therapy sessions in order to separate what was related to their personal experience from that of the patient.

Aya (creative expressive therapist): "I am very connected to what I feel and what the patient feels. I work very hard with what I feel."

Rinat (creative expressive therapist): "Sometimes there are certain moments in therapy when I feel that I am suddenly overwhelmed with anxiety. I have to calm myself down to be focused on the patient and understand what is happening to me."

Analyzing Causes of Countertransference Responses

Most of the therapists interviewed, from both groups, said that although they were usually aware of the inner experiences they went through during therapy sessions, they usually could not pinpoint sources or reasons for these feelings. They could never understand whether their feelings stemmed from their personal source or the patient's process.

Romi (speech therapist): "Certainly there is awareness, therapy connects you to your inner world ... definitely makes a connection all the time to where you are ... but I think after the session, let's say maybe not within a session, but in retrospect, I could have done more.

Sometimes analyzing things. Sometimes inside the experience itself it's hard, sometimes you're standing inside an experience and then you cannot look outside for a moment ... leaving the room, you have some moments like that you're actually trying to figure out what happened in the room, why the reaction was a certain reaction, Why did I feel the way I did?"

Ricky (creative expressive therapist): "While working, I do not always recognize countertransference. But many times, I do the processing after a therapy session."

Most therapists from both groups engage outside of therapy sessions in analyzing and understanding the emotions evoked in them during their work,

asking themselves how much they are triggered by internal mental processes and how their behavior was affected in therapy. The therapists indicated that they do this process alone or with guidance. What is interesting about the findings on this subject is that both groups of therapists emphasize how important it is for them to perform this test in order to improve their professional skills and to separate their inner world from the patient's process and needs. Some therapists stress that a significant part of their work is the personal process they go through after a therapy session in an attempt to understand what they have felt or what they have thought during the sessions and what the meaning of the process was. Here are the examples:

Nili (speech therapist): What does the work is one after the other when I sit and think and try to understand the things that were there. "

Ricky (creative expressive therapist): The day of treatments is over, so when I go home, I start working. I mean working with myself. So I analyze why it bothers me, why I thought about it, what it aroused in me. It is as though I do my own professional training, all the time.

The training was mentioned as a significant process that helps understand countertransference reactions and how they were manifested during the treatment.

Romi (Speech Therapist): "The training allowed me to find the contexts to process and connect it to my inner and family world ... I learned a lot through training, especially about the subject you say of connecting to the inner world, the implications I sometimes have for my patients. I could not see them for myself. "

Aya (creative expressive therapist): "Guidance helps me a lot to understand, to understand what is happening in therapy, what is happening to me in therapy, what is happening to the patient in therapy, what is happening between us ..."

The Importance of Processing Personal Issues

Beyond the awareness and understanding of specific emotions that arise in them during their work, the therapists noted that they think it is important to process personal issues and experiences in order to reduce their emotional intensity and thereby moderate the countertransference responses during their work. The therapists from both groups addressed the fact that processing charged issues reduces barriers and emotional disconnect in certain areas that limit their ability to be there for the patient, understand what he or she is going through, and provide help to him or her.

Alona (speech therapist): "I strongly believe that the more we are cultivated we become better therapists, and in places we are not cultivated, we cannot see - these are actually dead areas ... a lot of work, as if it is for life."

Etty (creative expressive therapist): "I guess there were times when it was either too close or terribly similar to what I felt, and I didn't see. Suddenly, I had some disconnect. I actually had a hard time with this patient and I didn't understand."

Some of the creative expressive therapists stated that they also use artwork themselves to process their inner experiences and feelings brought up in them during their sessions with patients. Ricky, for example, says that she does this process in another room, different from the one in which she performs her work to emphasize that it is a personal process that is completely separate from the process of her patients.

Ricky (creative expressive therapist): "I allow myself a place to create - outside the treatment room. And today, already in the new house, I devoted a place to my artwork, next to the treatment room, but not inside the treatment room. I have this space for myself, so I feel that my interventions come from very connected places. "

A specific technique for dealing with countertransference that the interviewees referred to is self-disclosure. Some therapists from both groups believe that it is important to reveal to patients their feelings in the therapeutic 'here and now' (literally or through art.

Guy (speech therapist): "With a lot of people I can feel like I'm already crying inside and they are not responding ... either I'm upset and collapsing or I'm confused. There are times when I can reflect and say: “I'm really confused, is that what's going on with you, too?"

Aya (creative expressive therapist): "I think it's very significant what I feel, and sometimes it's things the patients put in, sometimes things they close their eyes to and don't want to see, and I think they can already see it."

Another type of self-exposure used by creative expressive therapists more than by speech therapists is the exposure of similar emotional experiences to emphasize their ability to empathize with the patient.

Lilach (verbal therapist): "My son has learning disabilities. So, when talking, I have no problem saying I know it, my son is like that ... knowing full well that he is something else and what we went through with him, it is not necessarily what someone else will pass and his accomplishments will not necessarily be my accomplishments ... but I know what it takes from the family, I know what energy and investment, and material investment, how much should be invested in such children. So it's something I can say knowing it is something helpful ... So if I can use it to give hope or something, I do it. "

Hadas (creative expressive therapist): "From a place of more discourse, so yes I can sometimes bring examples from my personal life as well. If I suddenly for a moment connect to something, I do not know, to some connection between mother and child then I can suddenly tell about situations, telling what happens to me with my children."

According to the interviewees, the therapist's self-exposure can have negative and positive effects. Creative expressive therapists focused mainly on the negative effects of self-exposure and gave examples where the exposure was done at an inappropriate time and negatively affected them, the patient, and the treatment process. Here are some examples:

Hadas (creative expressive therapist): "I think one of the things I really learned is when to open up to a patient. At what stage of the relationship can I bring myself more, at this level and that's why I think, I do not currently remember a situation that caused a complete disconnect to a really impossible problem. I work on it, but sometimes it can really cause a sudden disconnect inside the room. "

Jordan (creative expressive therapist): "I remember one girl, I'm still working with her, for the second year in a row. She started shooting at me like that, a million questions she asked me. "And it was, I came out of this meeting with a very complex feeling, a little bit attacked but also a little bit ... and she touched there at some point that was painful for me ... I was there helpless, I do not know why."

Hadas noted that she sometimes gets into trouble following the exposure of personal experiences, not just because of their emotional content, but out of a sense that she is doing something wrong, that she is not supposed to do this as a therapist.

Hadas (creative expressive therapist): "Sometimes it can really challenge me, (wondering if I should be exposed) it's true. What's right and what's not right and how much the therapist is supposed to be open... I'm very upset and I no longer know what's right and what's not right.

Both groups of the therapists addressed the positive effects of self-exposure, although in speech therapists the positive attitude was more

emphasized. They noted that self-disclosure can help the patient deal directly with that experience, provide him or her with an additional perspective on it, normalize it, and provide him or her with hope that he or she can deal with it successfully as well.

Nili (speech therapist): "I think it can really help people hear that even someone who is on the professional side can deal with the same problems and not succeed with this."

Edith (speech therapist): I told him that I have feelings of guilt and then he talked about that he also has feelings of guilt and then what he does and what I do. I really exposed myself with him, but this helped. "

Inbal (speech therapist): Throughout the years, I have used a lot of examples from what I have been through in life - in the context of what patients bring. I believe that many times this actually lowers resistance, lowers partitions, creates much greater intimacy, much greater trust, as we are both human beings, it creates very great intimacy. Ah .. not in the friendly sense, but it creates a human closeness between therapist and patient, really a much greater trust. "

Jordan (creative expressive therapist): "There was an individual treatment I did for a girl with divorced parents that the main issue was really some kind of loss of the grandfather who was very, very close to her heart, and she experienced it in a very difficult way. I shared my feelings with her and told her about myself.

Conclusions Drawn in the Study

The goal of the present study has been to compare how speech therapists and creative expressive therapists deal with countertransference responses. The comparison revealed many similarities between the two groups of therapists, but it also unveiled unique dissimilarities. The two groups of the interviewed therapists emphasized how much the awareness of the physical or emotional responses of

countertransference they experience during their work is essential for the good therapy, focused on the patient rather than their personal processes. However, for speech therapists the balance between this awareness and the focus on the patient and the process he or she is going through felt like a cognitive effort, requiring learning appropriate skills and professional experience. In contrast, for creative expressive therapists listening to themselves - to physical sensations and emotions - while working was perceived as a more natural process.

Most therapists, from both groups, generally had difficulty analyzing the source of their countertransference responses during their work and performed this process retrospectively, alone, or with the help of guidance. The two groups emphasize the importance of the process of internal inquiry for their professional functioning. This shows that, although creative expressive therapy receives less emphasis in the literature on countertransference, therapists in this field understand that in order to perform their work well, they must understand their inner experiences. The therapists from both groups stress how important it is for them to address charged personal issues so that they do not become professionally ineffective or create barriers between themselves and their patients.

A specific technique for dealing with countertransference that the interviewees referred to is self-disclosure. There was agreement among most of the interviewees, from both groups, that it is important to reveal their feelings in the therapeutic 'here and now' to patients in order to advance their treatment process. The therapists noted that when self-exposure is done appropriately it can contribute to the closeness between the therapist and the patient, encourage his or her self-exposure, and enhance his or her treatment process.

However, there was no agreement about the desired level of exposure of the therapists' personal experiences. Creative expressive therapists are more likely

to support self-disclosure of personal experiences, considering the great emphasis they place on the negative effects of this exposure.

This should be done with caution, they say, by taking into account specific circumstances of the treatment. Creative expressive therapists may feel more comfortable sharing their personal experiences, and find it more difficult to understand how appropriate such exposure is to the patient and circumstances, as their training places a lesser emphasis on therapeutic boundaries. In addition, it is possible that because the issue of self-exposure has not fully been explored and described in the context of creative expressive therapy, these therapists have less knowledge and tools on how to perform it correctly, in a way that does not burden them and the patient mentally.

The main conclusion the present study has made is that all therapists, using different methods, experience and are affected by countertransference reactions. Therefore, it is important to be aware of these reactions and analyze their origin and find the way to dealt with them in their work. Although the literature on countertransference focuses mainly on speech therapy, and there is only little literature on this issue among creative expressive therapists, it is very much relevant to them as well. Creative expressive therapists may be exposed to countertransference to a larger extent because of the primitive and symbolic content in their work. So, it is especially important to give them knowledge and tools that will help them understand this phenomenon and how it affects them.

One suggested way to do this is through group training where therapists can share issues and dilemmas that arise during their work with other professionals. In conversations with other therapists, they can get feedback on how others have dealt with countertransference and what has helped them to do so successfully. Such a group will be able to give participants legitimacy for strong emotional responses that arise in them during their work and give them tools that

can help them deal with them. In particular, considering the negative effects that self-exposure has had on creative expressive therapists, it is important to give them tools to identify situations which are appropriate for such exposure, and which would help them perform the exposure in an appropriate way when required.

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