

TRANSFERENCE & COUNTERTRANSFERENCE

Seminar for Module 3, Terapia, 2023

MAGDA RACZYNSKA
hushstill@gmail.com

ACTIVITY 1

Human animals 1/5

– internal world –

Physical factors
(nature)

Primary relationships
with others
(nurture)

INTERNAL WORLD

Individual way of making sense of the experience we have in the world / a pattern of explanation:

- stories we tell ourselves right from the beginning of our life
- to explain it / to give sense of who we are
- not identical to the external world
- coloured by UCS feelings
- influences how we relate

Example: can't find my
keys in the bag

the world seen
as safe place
(friendly hide &
seek)

the world seen
as deliberately
destructive place

'I know you're there 😊'

'This is hopeless, I'm
going to be late again,
I'm hopeless;

Human animals 2/5

– communicating inner states –

COGNITIVE COMMUNICATION

LANGUAGE:

- expresses information about the speaker's thoughts
- conveyed to the listener via speech and other symbols.

EMOTIONAL COMMUNICATION

FEELINGS :

- express information about the speaker's affective state
- via non-verbal (and non symbolic) means, e.g. prosody, tone of voice, facial expression, posture, gestures.

Main focus of mainstream psychoanalytic theory until 1980s:

- TRANSFERENCE = RESISTANCE to the analytic work: 'on that field that the victory must be won [via interpretation] (Freud 1912: 35)
- COUNTERTRANSFERENCE = OBSTACLE 'the treatment must be carried out in abstinence' (Freud 1912b: 42)

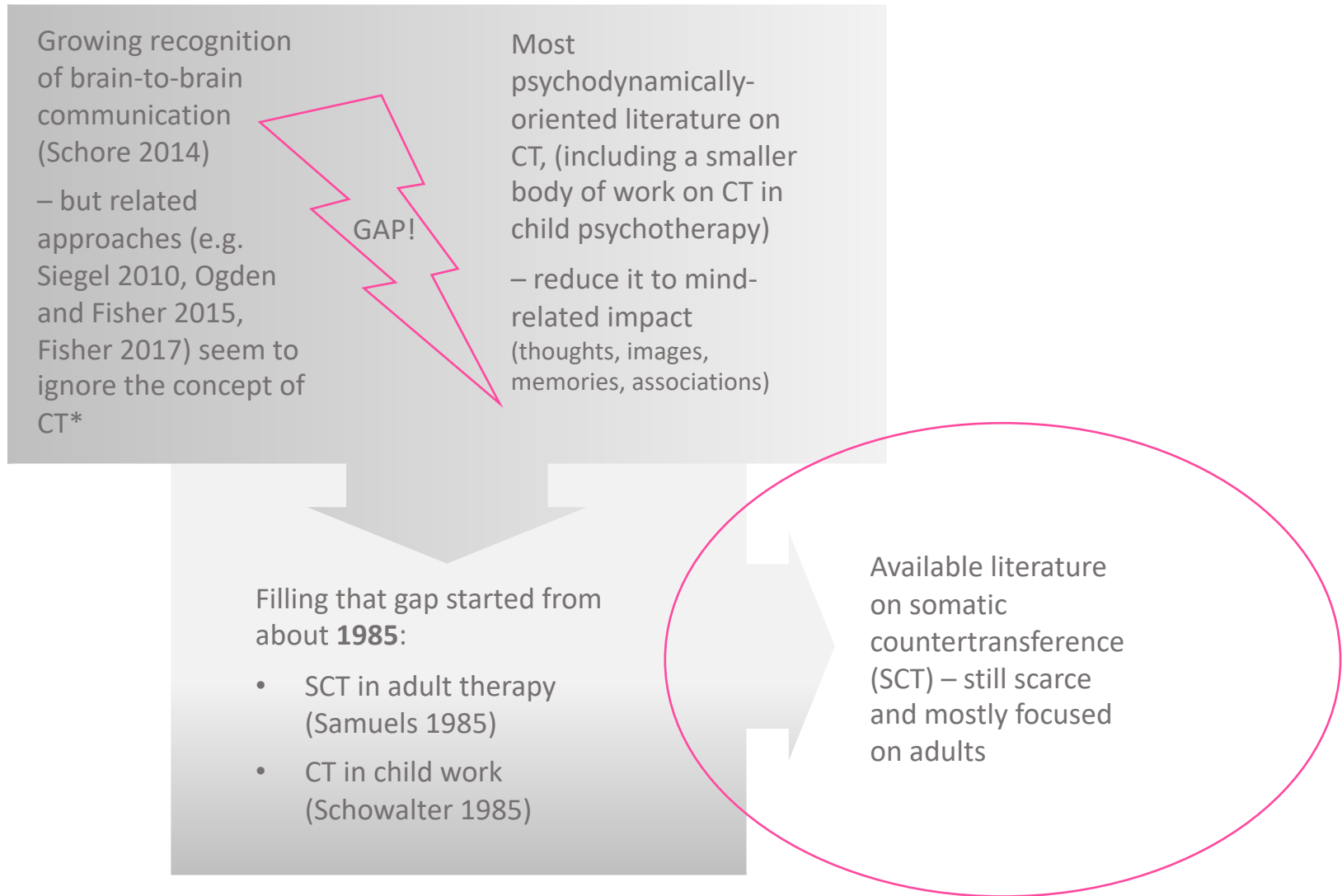
split between
language and
pre-linguistic
experience
(Stern 1985)

'MINORITY TRADITION' (Geltner 2013):

- Ferenczi: reparative work in transference instead of interpreting
- Balint: provide object relationship instead of describing it
- Kohut: the importance of empathy
- Winnicott: recognizing negative feelings as important for the relationship

Human animals 3/5

– body came last –



* Correction needed after attending a webinar by Pat Ogden and Bonnie Goldstein on June 11: there is an interest in CT in sensorimotor therapy and the use of it but not really theorised: 'T & CT are always there, enactments are always there, we use it, we are aware of it' (Ogden 2020)

Human animals 4/5

– inducing emotions –

EMOTIONAL COMMUNICATION

Survival-related needs:

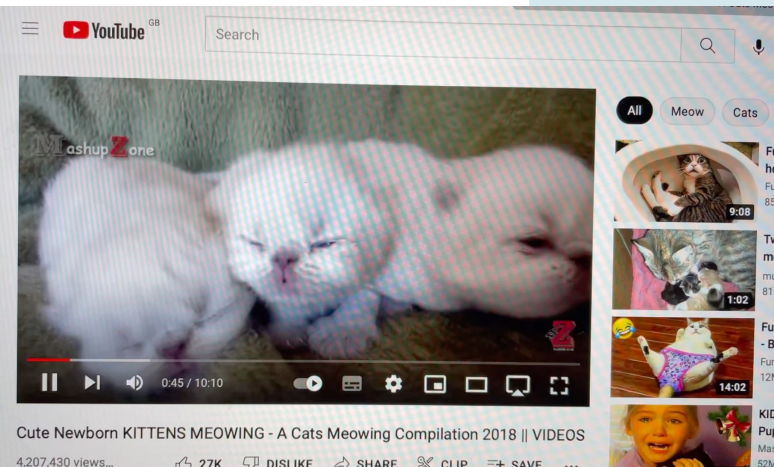
food, sleep, gastrointestinal relief

Primitive forms of affective experience:

agitation, 'nameless dread' (= primitive anxiety about survival; Bion 1959: 308), contentment, playfulness, delight:

- transferred to / induced in the caregivers and reflected via their feelings
- reflecting the feelings induced by the caregivers

The Alienist, S1E4, 9:59'-12:26'



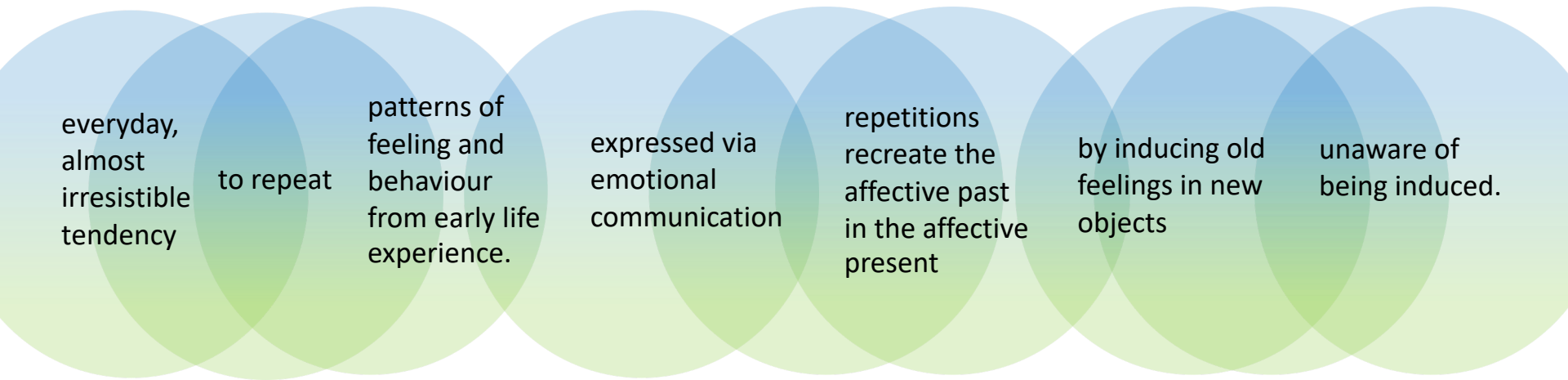
'ghosts in the nursery'
(Freiberg et al. 1975)



Human animals 5/5

- repetitions (think your post-it notes!) -

REPETITION COMPULSION



TRANSFERENCE / COUNTERTRANSFERENCE = those same everyday repetitions / induced feelings that can be observed and metabolized in the context of therapy

(Geltner 2013: 19-20)

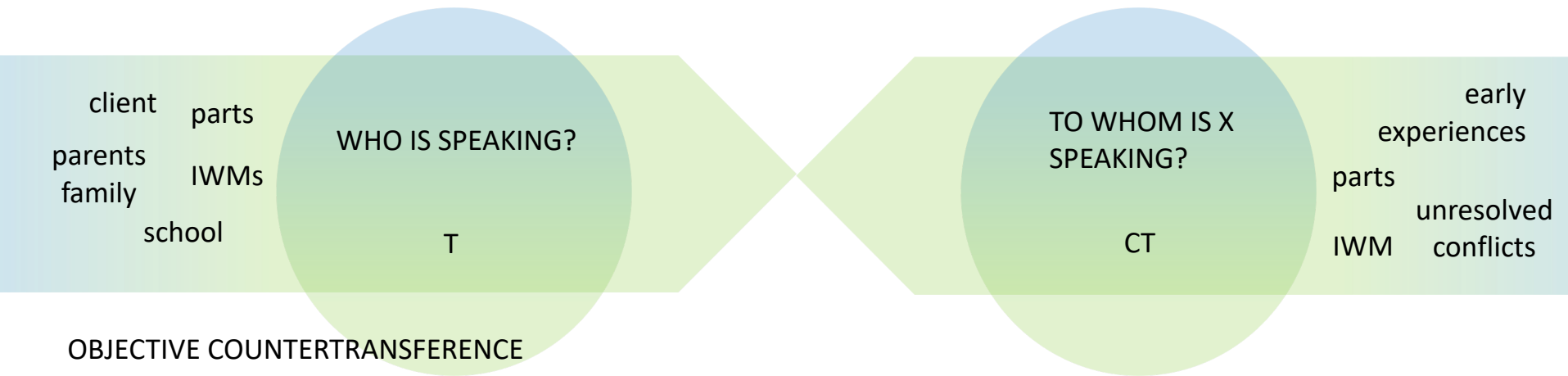
seeking 'transformational object'
(Bollas 1987: 6)

'an opportunity to complete whatever action got thwarted or overridden'.
(Menakem 2017: 9)

ACTIVITY 2

Understanding transference/countertransference matters...

- remember your post it notes -



OBJECTIVE COUNTERTRANSFERENCE

‘a feeling that is induced in the analyst by the patient’s emotional communications and is a repetition of a feeling that originated in the patient’s emotional life history’.

(Geltner 2013: 23)



The Alienist, S1E4,
25:539'-26:42'

...because the client needs to feel felt to heal

‘EMOTIONAL REVOLUTION’ (Schoore 2014)

A paradigm shift across all disciplines: feelings determine all areas that constitute who we are.

(Raczynska 2019)

Grounded in the specific,
describable body sensations

Constitute a part of a broader system
of reactions to / indicators of
experience => thus determine a
sense of self

Relational: co-created, shared and
communicated in interaction

Somatically transmitted, through
body-to-body impact, predominantly
unconsciously

How to recognize the client is inducing a feeling.

**How to make sense of the feeling the client
induces in the therapist.**

How to recognize the moment of embodied
relating.

What is the nature of embodied communication?

Healing happens through the ability
to attune to this somatic relay

How to use countertransference to attune to the client.

‘What is then needed (for a therapeutic response to be possible) is for the recipient, the mother or the therapist, to be more able to manage being in touch with these feelings than the infant or patient had been. When this response is found, the previously unmanageable feelings become more manageable. They become less terrifying than before, because another person has actually felt them and has been able to tolerate the experience of those feelings. The projector can thereafter take back those feelings, now made more manageable; and along with this can take in something of the recipient’s capacity to tolerate being in touch with difficult feelings. The unconscious hope, implied in the use of projective identification as communication, thereby meets a therapeutic response from the mother or therapist.

However, this unconscious hope is not always met.

...

It is therefore not only unmanageable feeling-states that come to be evoked in the therapist by means of impact behaviour; this may include aspects of the patient’s unbearable experience’.

(Casement 1985: 82-82)

One of many

THERAPEUTIC RELATIONSHIPS

(Petruska Clarkson 2003: 3-32)

The working alliance

- How are you?
- Fine, and how have you been? / As you can see from my husky voice, I have a bit of a cold, but I am quite well enough to work with you today.

The transference / countertransference relationship

- How are you?
- / I wonder what prompts your concern for me? It may be that you're anxious again, like you were with your mother, that I will not be able to withstand your envy towards me.

The reparative / developmentally needed relationship

- How are you?
- [depends on needs] I'm fine thank you and I appreciate your caring / You don't need to worry about me right now. I'm here to take care of you and I am ready to do that.

The person-to-person relationship

- How are you?
- Great, how about you? / Physically I'm fine, but lately I have been wondering about the helpless feeling I sometimes experience when you talk about the death of your baby. I guess it reminds me of losing my husband, and the fact that we are both grieving for loved ones in the same year.

- How are you?
-

ACTIVITY 3

1. How to recognize the client is inducing a feeling
2. How to make sense of the feeling the client induces in the therapist
3. How to use countertransference to attune to the client

How to recognize the client is inducing a feeling 1/2

- what we're looking for -

TRANSFERENCE POSITIONS (Bollas 1987/2018: 163-167)

The use of the analytic object (= therapist and the analytic setting)
= how is client using / what the client is passing to the therapist

Rarely one type only, usually different types overlap even within one session

'Transfer to the analyst's discrete idiom'

Client's experience and response to the therapist's idiomatic, idiosyncratic way of being/working

'Transfer to the narrative object' (esp. important w/adolescents)

A character in client's narrative carrying client's (or therapist's) parts

'Transfer of parts of the self into the analyst' (esp. prominent with CYP)

Projective identification (Klein): client using therapist to evacuate, experience and contain the unbearable or intolerable parts of herself (good or bad)

'Transfer of life history via the analytic process'

Therapist (and client) cast in various roles to reenact and rework the client's family experience

'Transfer of true self via object relating'

Close to 'real relationship' (Clarkson). Client experimenting with different aspects of her authentic self using the therapist as her object.

'Transfer of the self-analytic element'

'the unconscious inclusion of the analyst in the patient's intrapsychic life' (165) – nothing to do with containing, an auxiliary function

'Transfer of the unthought known' (esp. important with CYP)

What has not been realized yet but simmers to be pushed towards to being thought: primary/unconscious, often related to preverbal/mother-baby dyadic experience; also, what's 'beyond comprehension' (166)

How to recognize the client is inducing a feeling 2/2

- how we're noticing it -

Systematic attempt at building an evidence-based, quantifiable scale (Egan and Carr 2008, Booth, Trimble and Egan 2010)

Reluctance to quantify or exhaust – curiosity of and attention to anything that is unusual, unexpected or vexing

Immediate physical reactions, changes in relating or the style of clothes, feeling pregnant, spikes in anxiety, muscular tension, constriction in the chest, shifts in the tone of voice, feeling sick/pregnant/assaulted, noticing touching one's hair, noticing changes in own arousal levels, involuntary acts.....

Trying to group signals into categories:

- From sensation to cognitively organized sensory experiences (Forester 2007)
- Ordinary affects vs deeper, unconscious dynamics (Gubb 2014)
- Somatic & behavioural responses / feelings / phantasies – all grounded in the body (Samuels 1985)
- Observable / the nature of contact / therapist's awareness of own shifts = SCT proper (Orbach and Carroll 2006)

Any aspect of the client's body and behaviour that impacts the body of the therapist can serve the communicative role (Dosamantes-Beaudry 2007)

SCT PREDISPOSED CLIENT GROUPS

- Borderline, narcissistic, psychotic
- Instinctual problems, i.e. eating disorders, aggression, sex
- Emotionally inhibited
- Trauma, regression, reduced verbal capacity, psychosomatic illness (other authors)

SCT PREDISPOSED THERAPISTS

Introverted intuition as dominant personality trait = focus on inner experience and dissociate (by somatising the sensory output from the environment)

RACE/GENDER/AGE/CLASS/GENERATION???

(Stone 2006)

How to make sense of the feeling the client induces in the therapist 1/3

- what does it contribute to our understanding -

Winnicott (1963), Stern (1985), Bollas (1987)

CT reveals the nature of the client's internal world

Feeling the quality of the client's developmental history and attachment experience:

- what it was like to be them in their early environment
- how they were held and handled by their carers - mother: 'transformational object' (Bollas 1987/2018: 5) / how others felt about them (
- what they may have suffered or missed
- how it felt for them
- how their mother felt about her own body

Bion (1962)

CT highlights the client's most painful, unprocessed, dissociated and disowned parts

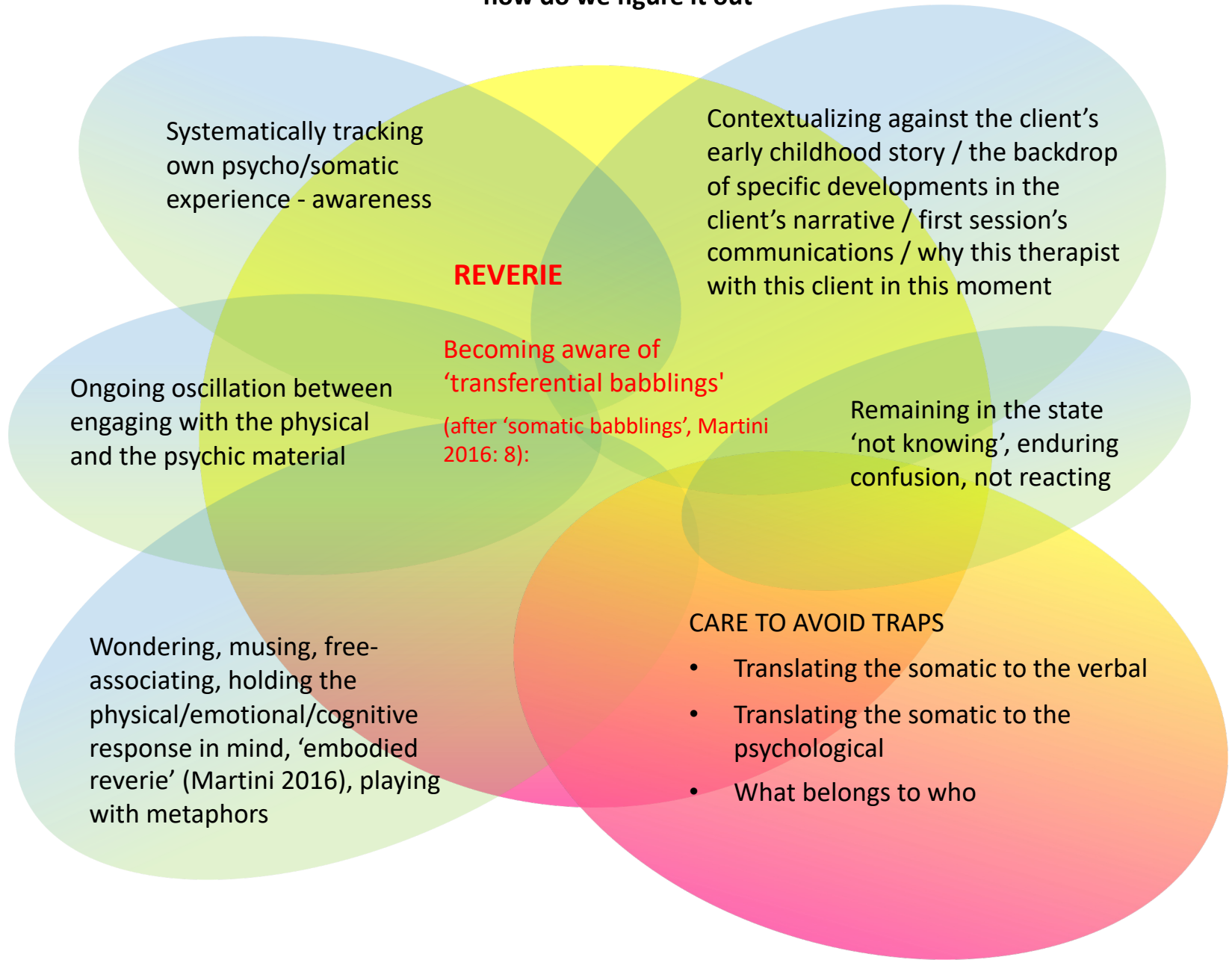
Whatever fails to reach consciousness and stays in the body is sure to be expressed through the body.

The client projects her intolerable affects to the therapist who then needs to contain them until the client is ready to integrate them – which can also manifest as physical symptoms in the therapist's body.

Somatic symptoms = pointers to the gaps in the client's or the therapist's reflective awareness and capacity to think, signaling areas where more work is needed

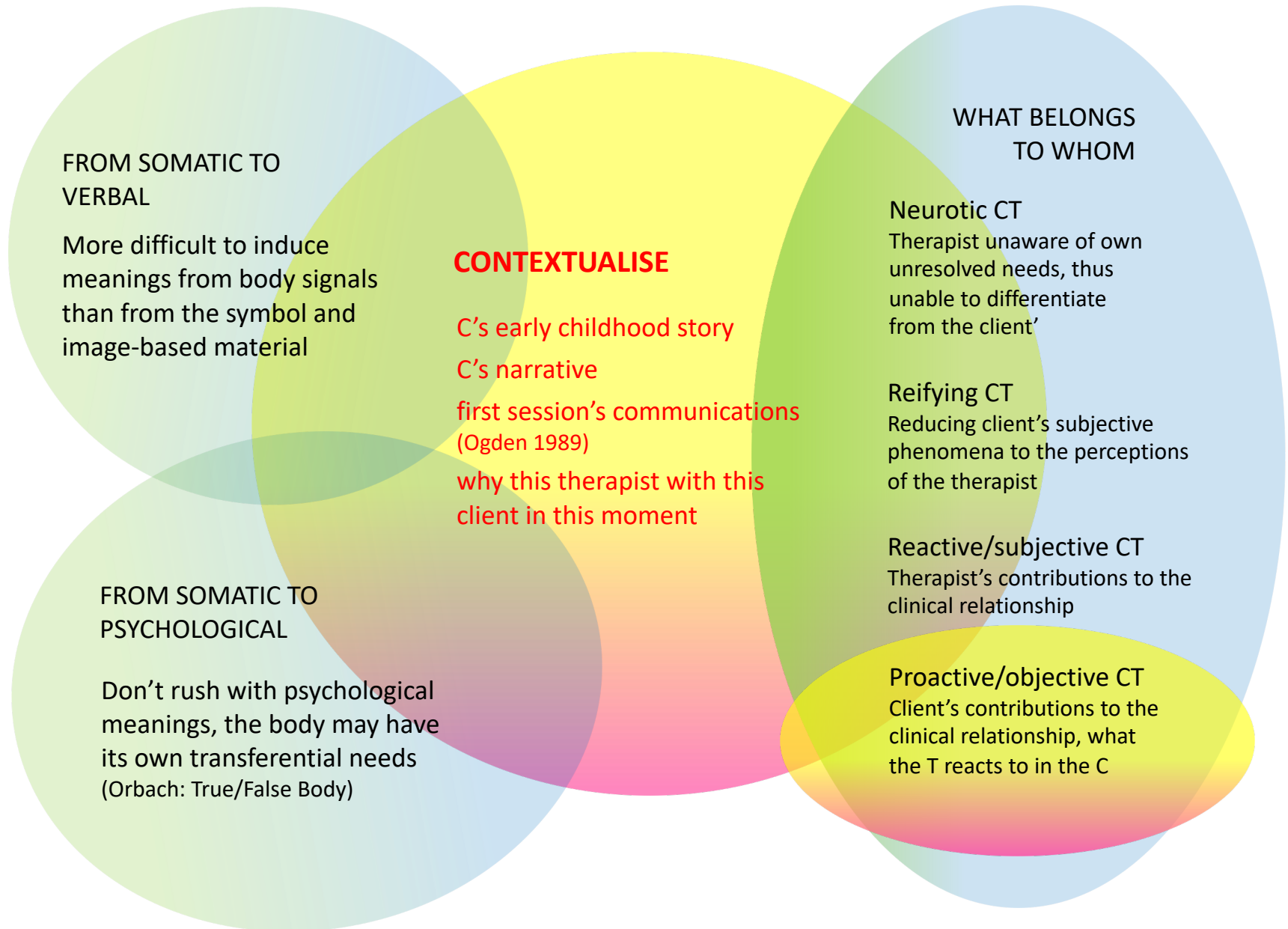
How to make sense of the feeling the client induces in the therapist 2/3

- how do we figure it out -



How to make sense of the feeling the client induces in the therapist 3/3

– care to avoid traps –



‘My diminution was not altogether unpleasant. I went back and forth between feeling teetered over as though I was this little thing underneath her, and then sensing my lungs expand to take a metaphorical hearty breath as they were poised to shoot forward to prick and deflate her. She was at once substantial and puffed out, carrying too much water to let her feet sit comfortably in her dainty shoes, and yet almost menacingly large and solid. My body countertransference with Doreen was a visceral rendition of her early experience of bodies around her being too large and yet not sufficiently robust or stable for her to find or develop a body herself from. She did feel them teetering over her. She couldn’t get them to be in focus, and the volatility of the body size I experienced in the countertransference was a version of the search for a body for herself that could moor itself by finding a place in the physical storm that surrounded her.’

(Orbach 2012)

How to recognize the moments of embodied relating

elusive nature of contact

NOW MOMENTS

(Stern 1998, Lyons-Ruth 1998)

- momentary, spontaneous and co-created enactments
- occurring between the client and the therapist
- that are felt as uniquely grounded in the present moment
- and – when grasped – can shift something in the relationship

The client needs to experience feelings in relation to the therapist / feel felt for the sake of the healing process

Essential for the therapist to find her indicators of when that contact might be occurring in order to seize it

- Becoming aware of ‘somatic babbling’ (Martini 2016: 8)
- Physical symptoms – ‘harbingers and omens of potential moments of meeting’ (ib.: 16)
- Systematically tracking shifts in the therapist’s body & mind
- Personal ‘wonderful symptom’ (Schellinski 2013: n.p.)
- Tracking ‘the sense of contact quality’ (Orbach and Carrol 2006: 64)
- Noticing moments when the client is disconnecting / regressing
- Checking with the client – but not as intervention yet: e.g. What just happened? What are you noticing? What’s going on in your body now?

‘I get hot feet, an energy rising from the floor, tingling, going up, all the way towards the knees, thighs and up and up. It feels like grounding, a good “standpoint”. (Schellinski 2013: n.p.)

What is the nature of embodied communication? 1/2

SPIRITUAL APPROACHES

mundus
imaginalis
affective
alchemy
mystical state
shared space
combined
unconscious
wearing your
patient
Qi
kinship libido
cauldron of
transformation

PHENOMENOLOGICAL APPROACHES

lived-body paradigm
analytic setting –
embodied setting

DEVELOPMENTAL ANALOGIES

potential space
maternal
preoccupation
reverie
body reverie
basic relatedness
intermediary site
intermediate
buffer
affective
attunement

PHYSIOLOGICAL/ NEUROSCIENTIFIC DESCRIPTIONS

attachment
enactments
postural mirroring
affective
communication
implicit relational
knowing

What is the nature of embodied communication? 2/2

THE COST OF AFFECTIVE CONNECTEDNESS
when no awareness of it / suppression

PROBLEMS

Dilemma between
resisting and needing
to survive CT (esp.
SCT)

Consequences of
ignoring embodied
communication

- Embarrassing, awkward, uncomfortable
- Vexing, disturbing, unbearable
- 'embodied suffering' (Martini 2016)
- Resistance to owning

- Blocked energy
- Blocked communication
- Disturbed empathy & connection

Missed client
groups / implicit
bias

Less capacity to
support the
client's process

- Risk to the therapist's own health

Imperative
of training,
supervision
& self-care

How to use CT to attune to the (adult) client

PRE-AWARENESS

open awareness
scanning for
sensations

AWARENESS

becoming
aware

owning

sometimes
no choice
noticing
with client

CONTAINING

staying with
the feeling

reverie

pull to name
desire to define

INTERVENTION

feedback is not a must

- address the body
- don't feedback own sensations, check client's
- support client to stay with their sensations
- ask questions raising client's body awareness
- work from client's body experience
- give options to explore sensations
- (e.g. movement, imagery, metaphor)
- use client's preferred formats
- follow SCT shifts to modify interventions
- experiment
- give insight only when metabolized
- wait for good opportunity
- reflect with client

put SCT aside
supervision

How to use CT to attune to the (child) client



Okay! Um..
Cheech? Uh, here.

(Gilmore Girls S4E3)

How to use CT to attune to the (child) client

PRE-AWARENESS

open awareness
scanning for
sensations

AWARENESS

becoming
aware

owning

sometimes
no choice
noticing
with client

CONTAINING

staying with
the feeling

reverie

pull to name
desire to define

impact
assessment

INTERVENTION

HOLD

don't feed back
hold the client's unbearable experience
allow the client to be left alone

ENACT

enact affects for the client
(esp. neglected / withdrawn)

RETURN

[primary process]

[secondary process]

- address the body
- don't feedback own sensations, check client's
- support client to stay with their sensations
- ask questions raising client's body awareness
- work from client's body experience
- give options to explore sensations
- (e.g. movement, imagery, metaphor)
- use client's preferred formats
- follow SCT shifts to modify interventions
- experiment
- give insight only when metabolized
- wait for good opportunity
- reflect with client, if they are ready

Don't ignore SCT / use supervision

The nature of child psychotherapy

- Exceeds language
- Action is superior to reflection
- Play demands physical proximity => relational experience more immediate
- Children's capacity to mentalise developmentally limited (Luyten and Fonagy 2015)
- They tend to stick to primary process (Ekstein and Wallerstein 1956)
- Defense mechanisms as forceful as those of adult psychotic clients (Benveniste 2015)
- Weaker containment of child aggression and sexuality => the likelihood of the therapist's regression (Schowalter 1985)

The presence of the child's primary objects – parents, grandparents, siblings, teachers (T/CT)

Sensitivity around interpretation and feedback

Stronger CT - the stage of containing is messier and in need of stronger holding

The impact of CT-based feedback needs to be assessed and its location decided (Alvarez 1996)

- CT is embodied by nature – every time the term CT is used it connotes an integrated psychosomatic experience
- Child therapist has no choice but to rely on psychosomatic signaling to understand the child's experience
- Yet it is more intense, direct and physical than in adult therapy – thus more difficult to process and contain.

Caregiver's transference

'As the memories of childhood terrors emerged in the last session, the original affects must have emerged – not in the treatment hour, but afterward – and the therapist became the representative of fears that could not be named. ... Annie did not remember the terror of being locked out of the house by the woman who cared for her when her mother deserted the family, and to make sure that she would not remember, Annie did not remember the terror of abandonment by her mother, but she reenacted the experience in transference, creating the conditions under which the therapist might have to abandon her' (Freiberg et al. 1975:184).

'...access to childhood pain becomes a powerful deterrent against repetition in parenting, while repression and isolation of powerful affect provide the psychological requirements for identification with the betrayers and the aggressors' (Ib.:195).

The presence of the child's primary objects – parents, grandparents, siblings, teachers (T/CT)

parents not remembering how they felt suffering as children
blindly repeating their past
inflicting their childhood feelings of pain and anxiety on their child

TRANSFERENCE RESISTANCE / flight from treatment
- when the therapist becomes a representative of the oppressor / a reminder of the unnamed fears and dread that have been split off and now brought back in treatment

MAGDA RACZYNSKA
hushstill@gmail.com

Louise Bourgeois, The Reticent Child 2004



Bibliography 1/4

- Alvarez, A. (1996). Different uses of the countertransference with neurotic, borderline, and psychotic patients. In J. Tsiantis, A. Sandler, D. Anastasopoulos, B. Martindale, eds. *Countertransference in Psychoanalytic Psychotherapy with Children and Adolescents*. London: Karnac Books, 111–124.
- Anastasopoulos, D., Tsiantis, J. (1996). Countertransference issues in psychoanalytic psychotherapy with children and adolescents: A brief review. In J. Tsiantis, A. Sandler, D. Anastasopoulos, B. Martindale, eds. *Countertransference in Psychoanalytic Psychotherapy with Children and Adolescents*. London: Karnac Books, 1–36.
- Athanasiadou, C., Halewood, A. (2011). A grounded theory exploration of therapists' experiences of somatic phenomena in the countertransference. *European Journal of Psychotherapy & Counselling*, 13(3), 247–262.
- Benveniste, D. (2005). Recognizing defenses in the drawings and play of children in therapy. *Psychoanalytic Psychology*, 22(3), 395–410.
- Bion, Wilfred R. (1959). Attacks on linking, *International Journal of Psycho-Analysis*, 40 (5-6), 308.
- Bion, W. R. (1962). *Learning from Experience*. London: Maresfield Library.
- Bollas, C. (1987). *The Shadow of the Object: Psychoanalysis of the Unthought Known*. 30th anniversary edition. London and New York: Routledge. 2018.
- Booth, A., Trimble, T., Egan, J. (2010). Body-centred counter-transference in a sample of Irish clinical psychologists. *Psychologist*, 35(12), 284–289.
- Bourgeois, L., (2003). The Reticent Child. Fabric, marble, stainless steel and aluminium. *The Woven Child*. Major retrospective. London: Hayward Gallery. 2022.
- Casement, P. (1985). *On Learning from the Patient*. London: Routledge.
- Clarkson, P. (1995). *The Therapeutic Relationship in Psychoanalysis, Counselling Psychology and Psychotherapy*. London: Whurr Publishers.
- Dosamantes-Beaudry, I. (2007). Somatic transference and countertransference in psychoanalytic intersubjective dance/movement therapy. *American Journal of Dance Therapy*, 29(2), 73–89.
- Egan, J., Carr, A. (2008). Body-centred countertransference in female trauma therapists. *Eisteacht*, 8(1), 24–27. Online article. Viewed 8 August 2018, https://www.researchgate.net/publication/235779891_Body-centred_countertransference_in_female_trauma_therapists, n.p.
- Ekstein, R., Wallerstein, J. (1956). Observations on the psychotherapy of borderline and psychotic children. *The Psychoanalytic Study of the Child*, 11(1), 303–311.
- Field, N. (1988). Listening with the body: An exploration in the countertransference. *British Journal of Psychotherapy*, 5(4), 512–522.
- Fisher, J. (2017). *Healing the Fragmented Selves of Trauma Survivors. Overcoming Internal Self-Alienation*. New York: Routledge.
- Fonagy, P., Allison, E. (2012). What is mentalization? The concept and its foundations in developmental research. In N. Midgley, I. Vrouva, eds. *Minding the Child: Mentalization-Based Interventions with Children, Young People and their Families*. London: Routledge, 11–34.
- Fonagy, P., Gergely, G., Elliot, L. J., Target, M. (2002). *Affect Regulation, Mentalization, and the Development of the Self*. London and New York: Routledge.

Bibliography 2/4

- Forester, C. (2007). Your own body of wisdom: Recognizing and working with somatic countertransference with dissociative and traumatized patients. *Body, Movement and Dance in Psychotherapy*, 2(2), 123–133.
- Freiberg, S., Andelson, E., Shapiro, V. (1975). Ghosts in the nursery: A psychoanalytic approach to the problems of impaired infant–mother relationships. *Journal of the American Academy of Child Psychiatry*, 14(3), 387–421.
- Freud, S. (1912). The Dynamics of Transference. In Esman, A. H., ed. *Essential Papers on Transference*. New York and London: New York University Press. 1990.
- Freud, S. (1912b). Observations on Transference Love. In Esman, A. H., ed. *Essential Papers on Transference*. New York and London: New York University Press. 1990.
- Geltner, P. (2013). *Emotional Communication. Countertransference analysis and the use of feeling in psychoanalytic technique*. London and New York: Routledge.
- Godfrind, J. (1996). The influence of the presence of parents on the countertransference of the child psychotherapist. In J. Tsiantis, A. Sandler, D. Anastasopoulos, B. Martindale, eds. *Countertransference in Psychoanalytic Psychotherapy with Children and Adolescents*. London: Karnac Books, 95–110.
- Godsil, G. (2018). Residues in the analyst of the patient’s symbiotic connection at a somatic level: Unrepresented states in the patient and analyst. *Journal of Analytical Psychology*, 63(1), 6–25.
- Gubb, K. (2014). Craving interpretation: A case of somatic countertransference. *British Journal of Psychotherapy*, 30(1), 51–67.
- Hartung, T., Steinbrecher, M. (2018). From somatic pain to psychic pain: The body in the psychoanalytic field. *The International Journal of Psychoanalysis*, 99(1), 159–180.
- Heimann, P. (1950) On Counter-Transference. *The International Journal of Psychoanalysis*, 31, 81-84.
- Jung, C. G. (1969). *The Psychology of the Transference. Collected Works (Vol. 16)*. Translated by R. F. C. Hull. Princeton, NJ: Princeton University Press.
- Kahr, Brett (2007). The Infanticidal Attachment. *Attachment: New Directions in Psychotherapy and Relational Psychoanalysis*, 1, 117-132.
- Lemma, A. (2014). The body of the analyst and the analytic setting: Reflections on the embodied setting and the symbiotic transference. *The International Journal of Psychoanalysis*, 95(2), 225–244.
- Luyten, P., Fonagy, P. (2015). The neurobiology of mentalizing. *Personality Disorders: Theory, Research, and Treatment*, 6(4), 366–379.
- Lyons-Ruth, K. (1998). Implicit relational knowing: Its role in development and psychoanalytic treatment. *Infant Mental Health Journal*, 19(3), 282–289.
- Margarian, A. (2015). Somatic countertransference: A Chinese perspective. *Psychoanalysis and Psychotherapy in China*, 1, 63–77.
- Martini, S. (2016). Embodying analysis: The body and the therapeutic process. *Journal of Analytical Psychology*, 61(1), 5–23.
- Menaken, R. (2017). *My Grandmother’s Hands. Racialized Trauma and the Pathway to Mending Our Hearts and Bodies*. Central Recovery Press and Penguin Books.

Bibliography 3/4

- Music, G. (2018). Neglect and its neglect: Developmental science, psychoanalytic thinking, and countertransference vitality. In C. Bonovitz, A. Harlem, eds. *Developmental Perspectives in Child Psychoanalysis and Psychotherapy*. London: Routledge. 73–95.
- Ogden, P., Fisher, J. (2015). *Sensorimotor Psychotherapy: Interventions for Trauma and Attachment*. Norton Series on Interpersonal Neurobiology. Cambridge edition. London: W. W. Norton & Company.
- Ogden, T.H., (1989). The Initial Analytic Meeting. In: *The Primitive Edge of Experience*. London: Karnac.
- Orbach, S. (1995). Countertransference and the false body. *Winnicott Studies: The Journal of The Squiggle Foundation*, 10. London: Karnac Books, 3–13.
- Orbach, S. (2004). What can we learn from the therapist's body? *Attachment & Human Development*, 6(2), 141–150.
- Orbach, S. (2012). There is no such thing as a body. *Psychotherapy Excellence*. Online article. Viewed 16 August 2018, <https://www.psychotherapyexcellence.com/blog/read-listing/2012/november/there-is-no-such-thing-as-a-body>.
- Orbach, S., Carroll, R. (2006). Contemporary approaches to the body in psychotherapy: Two psychotherapists in dialogue. In J. Corrigan, H. Payne, J., H. Wilkinson, eds. *About a Body: The Embodied Psychotherapist*. Hove: Brunner-Routledge, 63–82.
- Payne, P., Levine, P. A., Crane-Godreau, M. A. (2015). Somatic experiencing: Using interception and proprioception as core elements of trauma therapy. *Frontiers in Psychology*, 6(93), 1–18.
- Raczynska, M. (2019). *The Praxis of Somatic Countertransference: Creating the Context for Using it in Child Psychotherapy*. Unpublished MA dissertation. Terapia Centre, Middlesex University.
- Roth, E., Amini, H., Fukunaga, C., Verbruggen, J., executive producers (2018-2020). *The Alienist*, TV series. TNT.
- Samuels, A. (1985). Countertransference, the 'mundus imaginalis' and a research project. *Journal of Analytical Psychology*, 30, 47–71.
- Schellinski, K. (2013). When psyche mutters through matter: Reflections on somatic countertransference. In E. Krehl, ed. *Copenhagen 2013: 100 Years On: Origins, Innovation, and Controversies*. Proceedings of the 19th Congress of the International Association for Analytical Psychology. Daimon Verlag: Am Klosterplatz. Viewed 14 September 2018, <https://bit.ly/2UmonJi>, n.p.
- Schore, A. N. (2001). Effects of a secure attachment relationship on right brain development, affect regulation, and infant mental health. *Infant Mental Health Journal*, 22(1–2), 7–66.
- Schore, A. N. (2009). Right brain affect regulation: An essential mechanism of development, trauma, dissociation, and psychotherapy. In D. Fosha, D. J. Siegel, M. Solomon, eds. *The Healing Power of Emotion: Affective Neuroscience, Development and Clinical Practice*. New York: W. W. Norton & Company, 112–144.
- Schore, A. N. (2014). *The Science of The Art of Psychotherapy*. Masterclass with Allan Schore. 26 September. Terapia Centre, RAF Museum, London.
- Schwalter, J. E. (1985). Countertransference in work with children: Review of a neglected concept. *Journal of the American Academy of Child Psychiatry*, 25(1), 40–45.

Bibliography 4/4

- Shaw, R. (2004). The embodied psychotherapist: An exploration of the therapists' somatic phenomena within the therapeutic encounter. *Psychotherapy Research*, 14(3), 271–288.
- Siegel, D. (2010). *The Mindful Therapist: A Clinician's Guide to Mindsight and Neural Integration*. Norton Series on Interpersonal Neurobiology. New York: W. W. Norton & Company.
- Stern, D. N. (1985). *The Interpersonal World of the Infant*. New York: Basic Books.
- Stern, D. N. (1998). The process of therapeutic change involving implicit knowledge: Some implications of developmental observations for adult psychotherapy. *Infant Mental Health Journal*, 19(23), 300–308.
- Stone, M. (2006). The analyst's body as tuning fork: Embodied resonance in countertransference. *Journal of Analytical Psychology*, 51(1), 109–124.
- Taylor-Wood, S. (2008). Sigh. Video-installation. *Yes / No*. Individual show. London: White Cube.
- Tsiantis, J., Sandler, A., Anastasopoulos, D., Martindale, B. eds. (1996). *Countertransference in Psychoanalytic Psychotherapy with Children and Adolescents*. London: Karnac Books.
- 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, 275–281.
- Winnicott, D. W. (1949). Hate in the counter-transference. In *Collected Papers*. London: Tavistock. 1958.
- Winnicott, D. W. (1958). The Capacity to be Alone. In: *The Maturational Processes and the Facilitating Environment. Studies in the Theory of Emotional Development*. London, New York: Karnac, 2007, 29-36.
- Winnicott, D. W. (1963). From dependence towards independence in the development of the individual. In D. W. Winnicott, ed. (1965). *The Maturational Processes and the Facilitating Environment: Studies in the Theory of Emotional Development*. London: Karnac Books, 83–92.
- Wolstein, B., ed. (1988). *Essential Papers on Countertransference*. New York and London: New York University Press.