

**THE INTERNS PLAY:  
A MIMETIC APPROACH TO INTRODUCING AND WORKING WITH  
COUNTERTRANSFERENCE IN PROFESSIONAL TRAINING**

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**ABSTRACT.** An approach is presented that introduces the concept of countertransference to pre-doctoral interns and externs in a unique way during their professional training. This approach goes beyond a didactic presentation of the concept and even beyond discussion of case material in supervision. Through an experiential role play process called Mimesis, trainees are encouraged to enact scenes from literature that depict typical dilemmas that psychotherapists working in a psychodynamic framework must face. By using carefully chosen stories, supervisors can highlight aspects of the therapeutic process such as managing countertransference feelings. This approach fosters a more flexible and open inquiry into one of the most daunting aspects of professional development for both trainees and supervisors. **Key Words: Countertransference, Supervision, Psychodynamic Psychotherapy, Intern Training, Mimesis**

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## **The Supervisor's Challenge**

Supervisors who teach psychodynamic psychotherapy are faced with the task of engendering openness in trainees toward the patient's emotions as well as the trainee's own emotional reactions toward the patient in the dyadic therapeutic exchange. Those trainees who are open and non-defensive in supervision are secretly -- or not so secretly -- coveted as supervisees. These words, "open" and "non-defensive," commonly seen in letters of recommendation, convey that this student is oriented toward self-exploration on their journey to becoming an experienced clinician. To use the psychoanalytic term, they are willing to discuss their own countertransference in their work with patients. A trainee's willingness to become vulnerable through self disclosure of feelings toward their patients is seen as a sign of psychological health, or as evidence of work on their own issues in treatment. By taking the risk of self disclosure the trainee usually gains the respect of the supervisor. And for good reason; perhaps in no other area are trainees as subject to potential shame and humiliation as when they are admitting the feelings they have for their patients. It requires courage to reveal one's countertransference for the benefit of the treatment, and every therapist from trainee to senior clinician takes a risk in doing so. In a relationally based psychodynamic model however, this is precisely where a great deal of therapeutic potency resides: in using an understanding of one's feelings toward the patient to better understand and thereby further the therapeutic progress. Although fostering the development of less introspectively adventurous trainees may have its own rewards for the supervisor, it is clear that a willingness to examine countertransference manifestations in the treatment is a highly valued attribute of the psychodynamic psychotherapist in training.

In exploring the relationship between supervisors and their trainees Ladanay et al., (2000) explored many of the nuances of what they called supervisor countertransference. A parallel to the countertransference that a therapist has with a patient, the term refers to the feelings that supervisors have toward their trainees. In their qualitative study they demonstrated a range of sources of these reactions including the intern's interpersonal style and the supervisor's unresolved issues. Their paper shed new light on an area that had not been much explored. Not surprisingly, the study found that one source of supervisor countertransference had to do with the intern being perceived as defensive or guarded. That is, as a corollary to the above statements regarding openness and non-defensiveness, a lack of openness to discussing feelings on the part of the trainee was perceived negatively by the supervisor.

The present paper focuses on a unique group process called Mimesis (pronounced my-Me-sis) that can be used to foster an attitude of self exploration and consideration of countertransference feelings. Before proceeding to a discussion of countertransference and the Mimesis process it must be said that a somewhat similar approach is often used by supervisors and trainees in individual supervision. When supervisor and trainee engage in role play to re-create a therapeutic exchange, this is a more contained and straightforward version of the process under discussion here. For example, in individual supervision it can be very helpful when the trainee takes the role of the patient and the supervisor takes the role of the therapist. Such an approach has a number of advantages. For example, the supervisor may experience some of the same countertransference feelings that the trainee has in relationship with the patient, especially if the trainee can conjure the essence of the patient through their verbalizations, body language, and

attitude. This can help sort out both the “objective” (feelings the average therapist would have toward a patient) and “subjective” (the more idiosyncratic version that has to do with the therapist’s history) countertransference. Giovaccini (1991) introduced this distinction which has been quite helpful in furthering our understanding. This role play may lead to more empathy for the position of the trainee, who usually has had fewer similar therapeutic exchanges, and therefore a correspondingly smaller repertoire of interventions readily available. The trainee as “patient” also gets to see a range of interventions that the supervisor may try. This can help the trainee to learn a wider range of interventions as a result of watching and experiencing the supervisor in the therapeutic role, and also mediate the idealization of the senior clinician who may also falter and get stuck despite more years of experience. After all, if we are asking our trainees to open up and be vulnerable, our willingness to do the same will speak volumes about our faith in such a process.

### **Working with Countertransference**

Examination of countertransference writings demonstrates a gradual but dramatic shift in therapists’ attitudes about the feelings they have for their patients. Morrel (1992) documented how the relatively recent consensus among psychodynamic clinicians about the value of exploring the countertransference was arrived at over a long period of time and involved much struggle. Freud (1910) famously admonished that countertransference is something to be overcome if a trainee is to be considered fit to be a psychoanalyst. Later followers adopted this attitude and the topic of countertransference took on dangerous implications. This was perhaps epitomized by Reich (1951, 1960) who wrote about countertransference as a source of acting out of unconscious impulses on the part of

the therapist, and unequivocally as a hindrance to the successful completion of the treatment. However, other writers contributed innovative ideas that began to map out nuances in the therapeutic exchange that went far beyond these early admonitions against countertransference. Some of these contributors eventually framed countertransference in a way that normalized the emergence of feelings toward the patient and sought to harness those feelings as a tool to further the treatment.

Klein's (1946) description of the mechanism of projective identification presents a process whereby infants project parts of the unwanted or "bad" self onto the mother, toward whom they then feel connected through identification while also fearing retribution from the mother as "bad object." Klein then describes how this plays out in the analytic treatment of schizoid and depressed individuals, demonstrating how the defense mechanism is used by patients in relationship to their analysts. Bion (1952) wrote about the mechanism of projective identification in the group therapy modality, and later (1955) advocated the use of countertransference feelings in the treatment. Racker (1957) gave rich descriptions of the use of countertransference feelings as a tool to interpret the inner world of the patient, and Winnecott (1947) described conditions under which an analyst might experience hateful feelings and tied this to the level of disturbance encountered with psychotic patients.

It is clear that the concept of countertransference went through an evolution from a potentially dangerous hindrance to be overcome, to a valuable tool to further the understanding of the patient and thereby further the treatment. The innovative practitioners who opened this discussion paved the way for further modifications in technique. Maroda (1991) encouraged therapists who practice in a psychoanalytic

framework to push the boundaries of the issue of countertransference further still. She recognized the contribution of Little (1951), who wrote that it can be therapeutic to share countertransference feelings with the patient, and suggested that analysts developed paranoid and phobic attitudes toward countertransference based on admonitions she traced back to Freud. Little also presaged more radical departures that are being debated currently involving therapeutic uses of disclosing countertransference feelings.

According to Maroda, beyond being aware of one's feelings, the therapist must be open to the possibilities of sharing these feelings with the patient in the service of the treatment under certain conditions. What a departure this represents from the concerns expressed by Freud and his orthodox early followers. Maroda then expresses concern about how her emphasis on openness with countertransference feelings has not been widely adopted in the mainstream psychoanalytic community. She writes, at the end of the introduction to the second printing of her book, "Clinicians must come to believe that there is not only no place to hide, but also no reason to." Perhaps her approach requires a level of transparency that many in the field are not interested in aspiring to. Regardless of one's thoughts and feelings about the merits of sharing counter-transference feelings with patients, however, it is this writer's belief that more pedagogic tools are needed to enhance our understanding and facility with countertransference. It is in this spirit that the following approach is offered.

### **Mimesis**

In their paper titled "Mimesis: Healing Through Mythic Play" (1994), Samuel and Evelyn Laeuchli elucidate their approach for engaging groups in the use of great stories to initiate a process of self discovery and healing. They demonstrate how a combination

of storytelling, meditation, role play, and discussion can bring buried images and feelings to the surface. With vivid examples they describe the therapeutic potency of engaging different types of groups with this approach. The elements of a Mimesis play have a synergistic effect, creating a whole that is greater than the sum of its parts. Themes emerge and each player resonates in their own way with the story and the role playing that brings it to life.

The term mimesis, one definition of which means “to imitate,” is most often encountered in the works of Rene Girard, the French anthropologist and literary theorist. Girard (1972) contends that people come to have desires based on their observations of others who serve as mediators or models. Thus desire is triangular or mimetic, each of us learning what to desire from observing and copying others, this process enabling socialization and culture. Furthermore, mediators of desire serve not only as models but as rivals for the desired objects, this rivalry engendering envy and jealousy which threatens interpersonal relations and can lead to violence and a tendency to scapegoat. This conception of the origins of desire led Girard (1978) to disagree with the Freudian conception of desire as oriented toward objects and suffused with libidinal energy.

The tragic element of violence and the mechanism of creating a scapegoat that Girard discusses can be explored using the Mimesis process that the Laeuchlis have developed. They demonstrate that enacting a text is very different from analyzing it, deconstructing it, or submitting it to historical or textual criticism. Their method bridges the intellectual distance from the story that often obtains in purely academic analyses. The Mimetic process is an experiential educational and therapeutic tool that helps us find a way out of victimization and the tendency to scapegoat others by allowing us to see the dilemma

right before our eyes in three dimensional space. By participating in or observing the enactment our emotions are engaged as well as our intellect and consciousness of our defenses and characteristic responses becomes clear. In fact, the victimization which Girard describes continues precisely because people remain unconscious of their motivations and the ways in which they seek to protect themselves psychologically through victimizing others. This takes us back to the realm of the psychoanalysts, like the ones referenced above, who have outlined the defense mechanism of projective identification and the countertransference feelings that this engenders in the analyst. The Mimesis play addresses such victimization by helping the individual see the self in the “other,” and by emphasizing universality and connection between people. In this way competition and violence are attenuated and at times transformed as players see their projections and strive to remain conscious of them and not act them out. Supporting each participant and insuring safety are essential to achieve this outcome.

The Laeuchlis’ mimetic group process uses great stories from all traditions as a starting point. The players choose roles that they are drawn to and enact them under the guidance of the group leaders, thus creating an experiential learning space. The fact that participants are not directly playing their own story (as in psychodramatic techniques) makes it safer and easier for the average person to enter into the role play. However, because the leader chooses stories with universal themes, participants in a Mimesis play are bound to resonate with something the story has to offer. I have found this approach, in addition to being quite educational and therapeutic for a variety of groups, to be an excellent tool for helping clinicians at all levels of experience to examine aspects of the therapeutic frame.

When I was in training myself as a psychology extern I had the great fortune to be supervised by Evelyn Laeuchli, and subsequently studied Mimesis with her and her husband Samuel Laeuchli for several years. The Laeuchlis are featured in the book *Elaborate Selves* (Molino 1996), a compendium of interviews with great therapeutic innovators. I have had the experience of being first a participant and later a group leader of the Mimesis process on many occasions. I believe this gives me a unique perspective from which to evaluate the approach as a tool for training therapists, since I have done traditional supervision of interns and externs as well. For the purpose of this paper, examples of the Mimesis approach will focus on the training group as a forum for teaching and learning. It is an approach that lends itself well to group supervision of trainees since the participation of a number of trainees enhances the possibilities of the role play and helps to create a culture of greater openness among an entire group. It is therefore also an efficient way to get one's teaching points across. The following examples demonstrate the use of Mimesis as a training tool for psychology interns.

### **Case Example 1: The Good Samaritan**

The story of The Good Samaritan is a teaching parable of Jesus. When a lawyer asks Jesus how he can attain the kingdom of Heaven, Jesus tells the story of the poor traveler who is set upon by thieves who leave him lying in the street, beaten and naked. First a priest and then a Levite happen along, both of whom avoid the victim and walk past him. Finally a Samaritan stops, covers the man and brings him to a local inn where he gives the innkeeper money and asks him to give the man lodging and food. Jesus then asks the lawyer "Who was a neighbor to the man?" The lawyer answers that the Samaritan was, and Jesus replies "Then go and do as he did." This bible story confronts us with the

choice of what to do with the downtrodden, the victimized, and the helpless among us.

The relevance of this story is still quite obvious. Depending on the group that approaches it, however, it may have some interesting variations. With one intern group from several years ago, we played out this story on the first day of their intern supervision group.

After telling the story I led the interns in a guided meditation. When they were in a state of deep relaxation I asked if they had ever known someone who was helpless like the man lying in the street in the story. When I brought them back out of the meditative state I said that they could choose to update the story for the purpose of the play based on what had come up during the meditation. Then I asked if one of them would play the role of the person who was so downtrodden and victimized. The intern who agreed to play the role of the poor victim lying in the street chose to update the story. He played the role of a very passive and dependent depressed man whom he was involved in treating in an inpatient mental health setting. He talked about how this man was ignored by staff and other patients alike. People on the unit, regardless of their role, came to pass him by, so to speak. The intern spontaneously realized that these types of patients elicit strong reactions in him and that he was unable to find empathy, try as he might. He said that he tried more than most to engage the man but that he also felt somewhat guilty about how he often avoided him too. By playing this role he came to empathize more with the man than he was ever able to when he worked on that unit.

It was enlightening to see his two fellow interns struggle to help him as the “patient.” He had a new vantage point inside the shoes of the patient from which to view the situation. One of his cohorts adopted a very active and directive stance toward the patient. She tried to motivate and cajole him into being more active. Later on, during the

discussion, when the action was processed, she offered that this was an easy role for her to fall into. Though it was uncomfortable for her to admit it she confided that she was thinking, “Get off your butt!” By enacting the scene her countertransference reaction was brought immediately to light, namely becoming impatient and then very active and working too hard to motivate her patients. This enabled us both to refer back to this tendency throughout the year when it arose in her individual casework. It also enabled us to detoxify the shame she felt toward her countertransference reaction. When the leader and other interns were able to discuss their tendencies as well, a culture of self disclosure and openness toward countertransference was established.

The third intern in this play adopted a very neutral stance toward the “patient” and the conversation was one of non-committal vagueness. Both therapist and patient floundered as the therapist tried to elicit something with open-ended questions which the “patient” was unable to do anything with. This was reflected back to her during the discussion and she admitted to feeling very frustrated that the patient couldn’t engage in treatment the way she was offering it. Unlike the previous intern though, she became less engaged with the patient and perhaps more self-protective as she disengaged. One of the themes for this intern that became apparent throughout the year was her uncertainty about whether she was fully committed to becoming a psychologist. Though a promising clinician who developed several close relationships with staff, she struggled with the responsibility of becoming a therapist and the work of completing her dissertation as well.

These interns had countertransference reactions to this very difficult patient that were idiosyncratic; however, their stances also represent common reactions that beginning therapists have with very disturbed patients. In a study I completed while a graduate

student (DiMino 1985), I found that beginning therapists who were reacting to a very disturbed (psychotic) patient tended to make predictable “errors.” This study looked at beginning therapists who identified as psychodynamic in theoretical orientation, and compared them with beginning therapists who identified as behavioral in their theoretical orientation. The findings demonstrated that psychodynamic beginners tended to become neutral and non-directive in their interventions with a psychotic patient and behavioral beginners tended to become active in their interventions. Perhaps more importantly, neither group was able to make empathic interventions with a psychotic patient. Similar to the action in the good Samaritan story, a person who is extremely needy elicits strong reactions in potential helpers, whether of avoidance or responsibility. In this study the patient elicited stereotypic truncated responses from beginning therapists that seemed to reflect a superficial understanding of their theoretical model and didn’t include empathy. The Mimetic approach is useful in highlighting these dilemmas and helping trainees to broaden their range of interventions.

Finally, the intern who volunteered to play the patient admitted that by taking a role he was challenging himself so that he would not be reserved and disconnected in the intern group, a stance that he was prone to fall into. He was able to name a tendency in himself that he was trying to change. Perhaps he had felt a connection, albeit in a mild form, with the role he was drawn to play, the patient who didn’t have the tools to interact in a reciprocal fashion with others. By stating his tendency up front he staked out a different role for himself and subsequently worked to be very engaged with his fellow interns, developing lasting friendships with them.

### **Case Example 2: Inanna and the God of Wisdom**

The story of Inanna is the oldest known recorded story, dating back some 2000 years B.C. to the ancient Sumerian civilization (Kramer and Wolkstein 1983). It depicts the life story of the goddess known as the “Queen of Heaven and Earth.” The story reveals several timeless struggles that typify developmental stages relevant to both men and women, including contemporary psychotherapy trainees. The section of the story under consideration here is when Inanna, having developed into a vibrant young woman, goes to visit her father Enki, the god of wisdom. At this meeting, after several drinks are shared, the father bestows on the daughter all of his powers, called the holy me (pronounced may). Inanna, for her part, accepts each gift as it is offered, uttering, “I take them.” Later when father Enki awakes from his stupor he notices that Inanna is gone and so are all of the powers which he has bestowed on her. He reacts angrily and sends terrible creatures to intercept Inanna and repossess these powers before she can return to her own city. However Inanna, with the help of her faithful female warrior/servant Ninshubur, fights off these attempts and thereby gains her independence.

The story of Inanna and the God of Wisdom can be seen as a struggle for autonomy. In addition to depicting the drama of parent and child, it is also applicable to the supervisory situation where a person with less power and experience comes to receive something from a (presumably) older and wiser person. On one occasion when a female intern took the role of Inanna she came face to face with her way of relating to supervisors as well as her relationship with her father. Although it hadn't occurred to her during the telling of the story, when she took the opportunity to play the role of Inanna she realized some striking parallels to her own life. This intern alternated between trying to work too independently of her supervisor, which sometimes meant withholding important feelings

she was having or interventions she was considering, and uncritically accepting every suggestion the supervisor offered. She also often dressed provocatively which tended to elicit judgmental comments to her supervisor from other staff clinicians who wanted her to be more professional. She was seen as something of a rebel, and --undeservedly-- as unsophisticated about the work. Her supervisor addressed the way she dressed, commenting on how colleagues might not see her as professional if she continued. Though this yielded some forced compliance, the Mimesis play unearthed information that proved much more helpful to her.

In relationship to the God of Wisdom, this intern became almost paralyzed when Enki sought to undermine her independence. Self doubt emerged and she was unable to question his authority and continue on with her development by separating from him. During the discussion of the action this woman spontaneously talked about how her father was a very forceful and intrusive presence in her life when she was growing up. She commented, "He thought he knew everything," and added that he was quite critical of her. Later, in individual supervision, she was able to continue to process what had been played out and how it related to her difficulties as a supervisee. Since she was never allowed to question her father's authority while growing up, she adopted a false compliance while harboring a good deal of anger and resentment. Her withholding of information and provocative way of dressing was how she protected herself and rebelled against authority figures, including, at times, her supervisors and senior colleagues.

Later in that training year this intern was able to share with her supervisor that she had come to see her father in a very different light as a result of the Mimesis play. Enki's desperate attempt to hold onto his powers and to stop Inanna from moving ahead struck

her as revealing his insecurity. When she understood that, she was able to see her father's insecurity underneath the surface of his pomposity. Though she continued to struggle with these issues during the internship year, she had gained a valuable insight that helped her to start modifying her behavior for her own reasons.

### **Some Technical Considerations and Concerns for the Mimesis Leader**

Mimesis can be a greatly enriching process in understanding one's personal and professional life. For the person first reading about it, however, and even for some who have participated in the process, it may seem daunting as a method to use for a variety of reasons. This may have to do with the particular combination of elements that yield its power, and the level of exposure that occurs as a result of the play. I will try to address these concerns briefly in this section. As with all methods, it is necessary for the potential leader to study this method over time with someone who has been trained in it. Having said that, leading the process is in reach for those who have a talent and affinity for experiential therapeutic group process, and an interest in the use of story and meditation as healing tools.

Storytelling is an ancient art that is still very much alive. There are individuals who are particularly gifted at telling stories and who are able to capture the listener's full attention. While great storytelling ability adds to the aesthetic experience of a Mimesis play, it is certainly not necessary to begin the process. In fact some Mimesis leaders have achieved excellent results simply by reading the story to the participants. Meditation similarly is an ancient practice and meditation masters can be found who achieve altered states of consciousness and help their students to do the same. The practitioner who leads a Mimesis play needs to be able to lead a guided meditation that includes a reflection

about a central thematic element of the story. It is believed that in the special state of consciousness that characterizes deep relaxation, it is easier to access memories and images from one's past that relate to the chosen thematic elements of the story. However, one does not have to be a meditation master to accomplish this.

Choosing scenes to enact in the play is guided by an understanding of some of the universal themes that the story holds for us. Envisioning the story as one reads it will help in the selection of scenes that lend themselves to a role play. Having said that, it must also be said that great stories are densely packed (as are dreams) with multiple possible meanings. On several occasions, while preparing to play a story for the second or third time I have been struck by my own decision to highlight different scenes to use in the role play. I would say that as long as one is aware of why the decisions are made for a particular play that that is enough to make the attempt. After all, this is also a process of discovery for the leader, and often one is surprised at what the group will choose to play out or focus on, regardless of one's plans. This brings up the need for flexibility on the part of the leader. Whenever one facilitates a group role play process the unexpected is bound to emerge. If your plan for the play is too rigid you will be unable to accommodate a certain amount of spontaneity that could make the experience more relevant for your participants. A facility with groups, whether as a participant, leader, or both, is very helpful for the person who seeks to learn how to lead a Mimesis play.

Another important consideration is the amount of exposure that is likely in taking a mimetic approach to training. Is it acceptable to expect trainees to become more conscious of their feelings and motivations? The frame of reference for this approach is psychodynamic psychotherapy where self reflection and an understanding of one's

feelings is seen as crucial to one's development as a therapist and as a person. This must be stated explicitly to candidates who wish to complete an internship or externship under your supervision. In addition, the leader can model an open approach to various struggles encountered during professional training by revealing some of their own struggles and reactions to the therapeutic process. This stance on the supervisor's part serves to decrease the feeling of risk for the trainee, and simultaneously decreases idealization of the supervisor. By seeing the supervisor's limitations and self acceptance, the trainee is gently encouraged toward accepting their own limitations on the path to more independent practice. In the context of such a relationship, and through the active engagement that Mimesis demands, a greater openness about countertransference feelings is fostered.

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