A MENTALIZATION MODEL FOR THE ELABORATION OF COUNTERTRANSFERENCE EXPERIENCE

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1. ECE: ELABORATION OF COUNTERTRANSFERENCE EXPERIENCE

- implicit and explicit psychological work to which therapists' experiences are submitted (in and between sessions)
- "something more" than managing CT – recognizing, regulating, and deriving meaning from experience
- "something more" than dealing with resistances – *elaboration* includes both working out/working over (*psychische Verarbeitung*) and working through (*Durcharbeitung*) (McDougall, 1985)
- therapists' raw experience acquires (and increases in) mental quality and becomes available for meaning-making and judicious clinical use, involving a close interconnection and integration between implicit-spontaneous and explicit-reflective psychological processes
- dialectic, transformative, integrative, contextual, and agency-enhancing process of making "clinically relevant" sense of experience leading to emergence of new meaning and new experience
- countertransference (CT) understood as *joint creation* (Gabbard, 2001) and comprising diverse *experiential components* (subjective CT, objective CT, therapeutic attitude, emerging experience) (Barreto & Matos, 2016)

2. WHY STUDY ECE?

We claim that:

- ECE underlies successful *CT management* (Gelso & Hayes, 2007)
- ECE increases therapists' *containing capacity* (Bion, 1962)
- ECE *grounds clinical understanding in therapists' experience* of the unique intersubjective field created with each patient (Barreto & Matos, 2016)
- ECE facilitates adjustment of *therapeutic distance* to patients' needs (Mallinkrodt et al., 2009)
- ECE facilitates *unhooking* from cognitive-interpersonal vicious cycles (Safran & Muran, 2010)
- ECE fosters other well established *common factors* of psychotherapy (Norcross, 2011) and enhances therapists' *responsiveness* to the emerging needs of singular patients

3. ECE AS MENTALIZATION

- broadest sense: Mentalization as the *ability to put words and images to experience and integrate them in the service of creating psychological meaning* (Bram & Gabbard, 2001)
- ECE is a therapist's self-oriented mentalization model (≠ mentalizing the patient)
- concerning the four polarities (Fonagy et al., 2012), in ECE:
  - automatic and controlled processes are equally involved (e.g., experiencing and reflecting – see Table 1)
  - internal focus (feelings, thoughts, imagery, somatic experiences…) slightly prevails over external focus (e.g., reactions, actual behaviors)
  - self-oriented mentalization is the focus
  - cognitive and affective processes are balanced

Figure 1

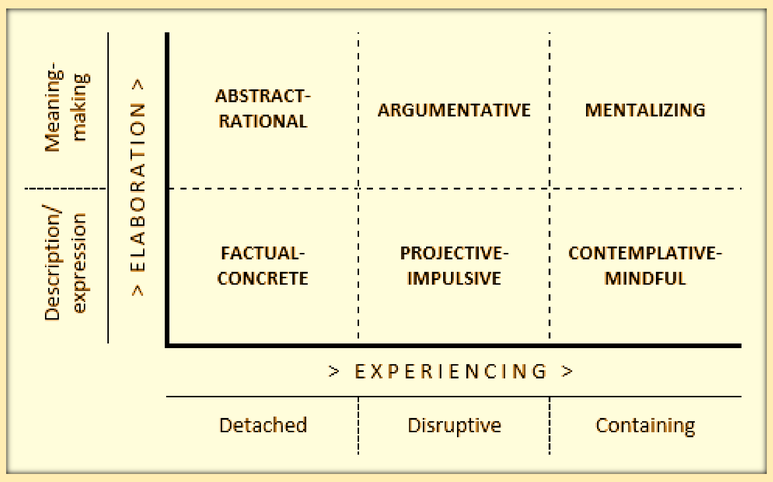

Figure 2

FACTUAL-CONCRETE CT

- impersonal objectivist descripton of events, actions or concrete personal characteristics
- "absent" subject
- emphasis on <u>description</u>

She was about 30. She was silent for a while, and I told her we had 50 minutes to talk about anything she wanted.

ABSTRACT-RATIONAL CT

- impersonal objectivist observations in terms of general categories
- emphasis on <u>explanation and classification</u>
- may include theoretical jargon, but also disengaged self-analysis

He is a narcissistic man. Narcissists tend to become leaders, because of their need to be the center of others' attention. Still, they often become annoying for other people, including therapists.

PROJECTIVE-IMPULSIVE CT

- untolerated, poorly modulated emotion disruption
- emphasis on <u>discharge</u>
- "blind" subjective engagement ("classical" Ct)

He's just so boring! No wonder her wife left him…

How could I be so stupid?

ARGUMENTATIVE CT

- emphasis on <u>justification and self-legitimization</u>
- rationalizing unrecognized reactivity
- dealing with undesired experience while failing to accept it in oneself

Just because he's new in town and felt lonely for a couple of weekends, doesn't mean he needs a therapist. You shouldn´t go to therapy looking for a friend.

CONTEMPLATIVE-MINDFUL CT

- emerging thoughts, perceptions, sensations, or emotions from experiential standpoint
- emphasis on <u>disclosure</u>
- attention to different nuances within experiential field
- non-reactive acceptance/ immersion

At a point I realized I wasn't paying attention. I could sense her feeling of a huge burden, but my mind just wandered away, while a kind of boredom started to grow inside me.

MENTALIZING CT

- reflecting and making sense of experience while engaged in and fully recognizing it as own
- emphasis on <u>understanding</u>
- indagatory, exploratory reasoning, emergent meaning

I don't usually get this feeling at the end of our sessions. It feels like I've done most of the talking, like when you're with a stranger in an elevator. I'm wondering why she would feel like a stranger to me, why now.

DIMENSION	DESCRIPTION	LEVEL 0	1	2	3	4
EXPERIENCING	*Increasing subjectivation, ownership, appropriation, or containment of immediate experience*	*Detached:* absent or remote contact with present experience; disengaged, impersonal, and objectivistic accounts of events or ideas		*Disruptive:* reactions insufficiently integrated; feelings not fully owned; subjectivity mostly described as legitimate or inevitable consequence of external determinants		*Containing:* experience fully recognized, accepted, and explored in its subjective quality
REFLECTIVE ELABORATION	*Effort to explain, organize, or make sense*	*Description/expression:* mere account of information, be it a fact or a subjective experience		*Active meaning-making* *Simple explanation:* conclusive interpretation of causes, meanings, or sources (no opaqueness of mental states)		*Indagation/exploration:* open-ended search for questions and meaning as the subject speaks
EPISTEMIC POSITION	*Experienced relation between therapist's psychic reality and external reality (therapeutic process, client)*	*Equation:* feelings, observations, and ideas felt as copy or direct apprehension of clinical reality		*Separation/isolation:* concern with distinguishing subjective from objective aspects of therapist perspective; assumption that subjective is private and only objective is informative		*Dialectic:* feelings and ideas treated as products of dialectic relation to reality, thus clinically meaningful
EXPERIENTIAL GROUNDEDNESS	*Extent to which therapists' observations process/integrate and are anchored in concrete aspects of experience*	*Absent:* nothing in therapist speech particularizes a lived experience		*Diffuse:* therapist tries to report something that forces into phenomenological field, although it cannot be precised		*Vivid:* speech includes imagetic (memories, fantasies…), sensorial and/or bodily (somatic, motor) elements signaling concrete felt experience
EMOTIONAL DIFFERENTIATION	*Complexity and discriminative capacity with which emotional themes are treated*	*Diffuse/absent:* emotional focus hardly identifiable; if present, emotions mentioned in vague and abstract manner, without reference to concrete situations		*Simple:* emotion recognized; reference to more than one affect, if existent, refers to distinct experiences (e.g., different subjects, different moments) or presumes mutual exclusion (e.g., discerning whether client felt one emotion or another)		*Complex:* internal or relational emotional dynamism recognized and expressed in detailed, nuanced, and subtle accounts; or identification of interaction between emotions - simultaneous (mixed, conflicting…) or in causal sequence - or between emotions and other psychological processes
TEMPORAL FOCUS	*Articulation of past and immediate perspectives; differentiation and integration between past protagonist and present narrator perspectives*	*Past:* omits narrator current perspective, focusing exclusively on prior events or experiences; includes use of "historical present"		*Present:* reveals point of view held in the moment the speech is produced; even if reporting to past event, focus on current experience and apprehension		*Present-past:* focus oscillates between present and past perspectives in an effort to compare and integrate them
INTERNAL FOCUS	*Extent to which internal experience is attended to and explored*	*Absent:* external focus; first person scarcely employed		*Implicit:* predominant external focus, but the speech is experiential; evident traces of a personal look (e.g., frequent use of first person, poetic or evaluative language)		*Explicit:* takes experience as the center; external elements used in the service of experience contextualization and depth exploration

Table 1

4. OUR MODEL

- 2 primary independent dimensions: *Experiencing* and *Reflective Elaboration* (**Table 1**)
- 6 diversely mentalized CT positions (i.e., attitudes towards current experience) derived from the primary dimensions (**Figure 1** and **Figure 2**)
- 5 complementary dimensions/facets of ECE – total of 7 dimensions can be rated (0 to 4) and studied separately or articulated in a total score (0 to 28) (**Table 1**)
- integrates influences from previous models of mentalization, experiencing, referential process, narrative research, and countertransference processing (e.g., Bouchard et al., 2008; Bucci, 2002; Daniel, 2009; Ensink et al., 2013; Fonagy et al., 1998, 2002; Habermas, 2006; Jurist, 2005; Klein et al., 1986; Lecours & Bouchard, 1997; Normandin & Ensink, 2007; Tansey & Burke, 1989)

5. CHALLENGES

- rating therapists' post-session comments (contextual "state" assessment: particular patients, particular sessions) using a *demand question* (Fonagy et al., 1998) as instruction:
  - impossibility of direct apprehension of CT phenomena –*inference* from *derivatives*
  - speech as source of information about CT – important unconscious and phenomenological dimensions remain inaccessible (counteridentifications, imagery, visceral responses, etc.)
  - "measurement error" (extraneous factors conditioning responses)
- focus on CT positions doesn't guarantee sufficient account of other constituents of CT construct (Hayes, 2004) – e.g., origins, triggers, effects
- neither does it address larger experiential patterns, or transference-countertransference configurations, unfolding as process evolves over time

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