British Journal of Psychotherapy **00,** 0 (2024) 1–15 doi: 10.1111/bjp.12897

NAVIGATING THE COUNTERTRANSFERENCE EXPERIENCE: A TRANSTHEORETICAL SPECIFIST MODEL

JOÃO F. BARRETO and PAULA MENA MATOS

The attempt to identify and classify distinct experiences falling under the common designation of countertransference has been labelled the specifist tradition. In this paper, a model describing two dimensions differentiating four components of countertransference experience is proposed. For each experiential component (subjective countertransference, objective countertransference, therapeutic attitude and emerging experience), a brief description based on previous literature from diverse theoretical fields is offered, along with clinical implications and illustrations and an account of empirical literature explicitly or implicitly addressing the specific component. In conclusion, the model is presented as a heuristic guide that can serve different purposes across different therapeutic orientations, with valuable implications for practice, training and supervision.

KEYWORDS: COUNTERTRANSFERENCE, THERAPIST SUBJECTIVITY, THERAPIST USE OF SELF, PSYCHOTHERAPY INTEGRATION, COMMON FACTORS

INTRODUCTION

Freud coined the term *countertransference* in 1910 at a conference devoted to the future of psychoanalytic therapy (Etchegoyen, 2008). More than 100 years later, countertransference has conquered its place both in the world of research and practice in psychotherapy but suffered a great deal of conceptual change along the way. Despite some common ground emerging in a number of assumptions about countertransference and its value for therapeutic change (Gabbard, 1995), within and beyond psychoanalysis (Gelso & Hayes, 2007; Kiesler, 2001), important definitional divergences and even confusion remain. The broad range of experiences falling under the common designation of countertransference led to efforts to categorize different classes of therapist experiences within the 'big tent' (Brown, 2018) of countertransference. These attempts have been labelled the *specifist* tradition by Tansey and Burke (1989). The authors identify a predominant dimension

differentiating experiences, from those reflective of therapists' idiosyncrasies to those directly reflective of patients' internal world and interactional pressure, and mention a number of others. In this paper, we combine two dimensions that result in four experiential components through which we propose to synthesize countertransference phenomena. Our particular specifist approach assumes that such components are experienced as a whole, and none is *ever* absent or inactive—or, to say the least, none is ever to be dismissed in therapists' clinical thinking. Therefore, we prefer the assumption that any of the four components can be dominant at a certain point in time (*acute* countertransference experiences) or as an enduring relational pattern (*chronic* countertransference experiences) and that overlooking or overestimating *any* of them is a threat to the therapeutic process.

A TRANSTHEORETICAL SPECIFIST MODEL OF COUNTERTRANSFERENCE EXPERIENCE

As represented in Figure 1, we believe it is helpful to consider two dimensions accounting for variation in therapists' predominant experiences with their patients: whether experience can be best understood as mostly induced by *therapist* or *patient*; and whether it can be mainly considered *conflict-based* (highly conflict-determined) or *conflict-free* (minimally conflict-determined). By this conflict dimension, we mean the extent to which one's self and other/object representations or relationship models, and/or insufficiencies in mental states representation/mentalization themselves (Killingmo, 2006; Lecours, 2007; Levine, 2012), impose upon the therapeutic relationship. Therefore, both conflict and deficit expressions, that in clinical practice are usually intertwined in complex patterns (Busch, 2017; Killingmo, 2006), may be involved. As a result of combining the dimensions considered, four components of therapists' experiences with patients appear.

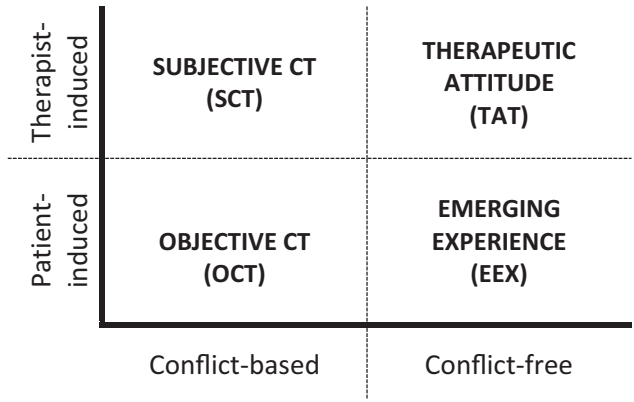

FIGURE 1: *Components of countertransference experience.*

Subjective countertransference

Subjective countertransference (SCT) refers to experiences deriving from a therapist's conflicts, blind spots or vulnerabilities put in motion in the therapeutic situation, as in the classical Freudian view and Gelso and Hayes' (2007) extension of the concept. It can include the therapist's own transference, in the sense that the patient comes to represent some therapist's internal object (Racker, 1968) or, within a different model of transference (e.g., Fosshage, 1994), the assimilation (in the Piagetian sense) of the therapeutic relationship to the therapist's relational schemas or organizing principles derived from past experience. SCT can also be described as therapist's rigidity in relatedness (D. B. Stern, 2010) or his/her tendency or pull to recreate with the patient previous relational experiences, especially those lacking psychological integration.

Beyond the epistemological and theoretical discussion of whether SCT distorts the objective reality of the patient or participates in the construction of the (inter) subjective reality, some common ideas can be ascertained. SCT experiences that are intolerable (i.e., exceed a therapist's psychological capacity threshold; Rousmaniere, 2019) or pertain to more vulnerable aspects of therapists' functioning, that more extensively operate outside awareness, that are less psychologically integrated and lack sufficient 'as if' quality will tend to exert an unrecognized, involuntary and constraining relational pull on the patient and bring therapists' needs to the centre of the stage.

Thus, when predominant within a therapist's experiential field, SCT will constrain his/her experience of the relationship. When ignored, it may facilitate excessive acting-out on the therapist's part and burden the patient (Ligiéro & Gelso, 2002). When overvalued, it may result in a self-absorbed attitude that may hinder the therapeutic process. As simple illustrations of SCT predominance, we can imagine an unresolved grief from a therapist being stirred up by a patient's material, resulting in difficulties exploring emotions and increased directiveness compared to this therapist's habitual stance; or a clinician's pervasive difficulties maintaining stable boundaries due to attachment-related anxieties around fear of rejection and disapproval.

Examples of empirical research that explicitly or implicitly focus on SCT include Gelso and Hayes' line of research on countertransference management and countertransference behaviour (see Hayes et al., 2018) and other examples where the same view of countertransference is assumed (e.g., Hofsess & Tracey, 2010; Tishby & Wiseman, 2014) and investigation centred around how therapists' personal/subjective variables affect therapy, such as attachment insecurity and other interpersonal patterns and representations (Heinonen & Nissen-Lie, 2019; Lingiardi et al., 2018; Steel et al., 2018).

Objective countertransference

Objective countertransference (OCT), a term coined by Winnicott (1949) and later adopted by Kiesler (2001), includes experiences stemming from 'realistic/average

expectable' complementary reactions to the relational pull exerted by a patient. This pull can be diversely conceptualized as the transference, the internalized object relation activated (namely, the self or object representation projected onto the therapist) at a given moment, the defensive operations employed, the interpersonal style, emotion schemas or other (Bernier & Dozier, 2002; Bucci, 2002; Kernberg, 1999). OCT may operate through processes previously described as introjective identification (Tansey & Burke, 1989), projective counteridentification (Grinberg, 2001), self-fulfilling prophecy (Wachtel, 2008) and others. What Sandler (1976) described as role-responsiveness can also illuminate the process. However, role-responsiveness involves a compromise-formation between the therapist's own tendencies and the role forced on him/her by the patient—hence, between SCT and OCT. The same can be said about the phenomena often referred to as enactments (e.g., Gabbard, 1995; D. B. Stern, 2010).

When predominant within a therapist's experiential field, OCT will constrain the therapist to respond in ways that confirm the patient's patterns at work in the therapeutic situation. When ignored, it will be of limited use as information about what is being transferred/enacted by the patient. When overvalued, there is the risk of, as pointed by Melanie Klein, blaming the patient for countertransference problems (Gabbard, 1995). To illustrate the predominance of OCT, we can picture a patient with a personal history of abandonments recurrently questioning the worth of remaining in therapy, leading the therapist to feel unrecognized and powerless in his/her efforts to forge an alliance and thus repeating the patient's experience of feeling unable to capture the object's consistent interest, eventually disengaging and ultimately confirming the patient's fears. Another instance might be a therapist's reluctance to address the therapeutic relationship with a particularly avoidant intellectualizing patient.

Empirical research that implicitly or explicitly concern OCT includes the study of therapists' pattern reactions to specific patients (Löffler-Stastka et al., 2019), diagnostic groups (see Colli & Ferri, 2015) or patients' relational features such as attachment orientation (e.g., Hardy et al., 1999; Rubino et al., 2000) or interpersonal style (Hafkenscheid & Kiesler, 2007; Hardy et al., 1998).

Therapeutic attitude

Therapeutic attitude (TAT) pertains to the usual mindset of a given therapist resulting from his or her particular theoretical approach to psychotherapy, which is part of a wider frame commonly designated as the therapeutic setting (Zachrisson, 2009). This may include the so-called evenly suspended/hovering attention (Freud, 1912/1958), a state of no memory and no desire (Bion, 1970), or *reverie* (Bion, 1962; Ogden, 2005), to name some of the most well-known recommendations in psychoanalysis; congruence, positive regard, empathy (Rogers, 1957) or therapeutic presence (Geller et al., 2010) for humanistic–experiential therapists; or a more rationalist, active and directive stance among cognitive–behavioural therapists (McGinn & Sanderson, 2001).

When predominant, an overly technical or disengaged stance may be present, which in some cases may be an expression of SCT or OCT. When ignored, the desirable asymmetry of the therapeutic relationship may be at risk and an enactment is probably under way, one in which the therapist no longer remains 'the guardian of the setting' (Duparc, 2001), which can ultimately take the form of boundary violations, professional misconduct and abuse (Gutheil & Gabbard, 1993). When overvalued, the therapist may be unaware of and unresponsive to the current relational dynamics taking place. A therapist rigidly sticking to an intervention principle or technique (e.g., chair work, free association) unaware of the patient's resistance; engaging in gossip or chattering with no therapeutic purpose; or changing the duration of sessions for reasons extraneous to the understanding of the patient's needs and the adequate functioning of psychotherapy may be examples of problematic TAT.

Empirical research that controls for therapists' adherence to treatment manuals (see Webb et al., 2010) and its variation (e.g., Boswell et al., 2013) may indirectly and in part involve aspects of TAT.

Emerging experience

Finally, *emerging experience* (EEX) comes from the creation of a new interpersonal field (D. B. Stern, 2010) or third subjectivity (Ogden, 2004) that results spontaneously from the interaction of two minds and cannot be anticipated from previous knowledge of either.[1] This new subjectivity is the product of a unique dialectic generated between two separate subjectivities and seems to take on a life of its own in the interpersonal field (Ogden, 2004). EEX can be linked to other concepts within and outside psychoanalysis, such as the shared implicit relationship (D. N. Stern et al., 1998) or the real relationship (Gelso, 2011). In any case, neither therapist's nor patient's previous patterns fully determine EEX, despite their inevitable participation. The fact that it is represented in Figure 1 as patient-induced does not dismiss the participation of the therapist. Instead, we refer to a relationship-specific emerging ground of experiences, as opposed to a predictable general pattern, 'conflict-based' or not. It should be noticed that the special quality of these EEX is not necessarily that they are more 'real' or 'rational', as sometimes implied in distinctions between transferential and non-transferential phenomena (e.g, Gelso & Carter, 1994; Kiesler, 2001). For instance, Morgan et al. (1998) stress that, although transference (narrowly defined) and SCT always affect the therapeutic exchange,

> what is experientially prominent in the here and now [of the real relationship] is the past the patient and therapist share together, rather than the past they share with other people. This shared past, along with the here and now, is what makes up the real relationship. (p. 326).

EEX requires some minimal degree of (self-)observing activity combined with experiential or emotional engagement on therapists' part, something that has been described as a 'third position' (Kernberg, 1997), triangular space (Britton, 2004),

mentalized affectivity (Jurist, 2005) or the integration of observing and experiencing functions in self-reflexivity (Aron, 2000), to name a few approaches. Thus, although assuming that every experience carries novelty by definition, that assimilative processes always entail a modicum of accommodation (Wachtel, 2008) and even that new patterns can form at the implicit realm of the therapeutic exchange without ever reaching full awareness (D. N. Stern et al., 1998), EEX that is not experienced by therapists as such will not participate in the creation of the *potential space* that 'is the basis for play, creativity, empathy and other factors that lend richness to human experience and relatedness' (Bram & Gabbard, 2001, p. 686).

Many psychoanalytic and non-psychoanalytic views of the corrective experience in psychotherapy (see Castonguay & Hill, 2012), including recent developments studying memory reconsolidation as a change mechanism (Ecker, 2018), seem to require therapists' abilities to disengage, disembed, unhook from or, in any case, disconfirm[2] vicious cognitive–interpersonal cycles and expectations (Bernier & Dozier, 2002; Kiesler, 2001; Safran & Muran, 2000; Wachtel, 2008). Arguably, EEX facilitates such processes.

When predominant, EEX may signal a state of mind that is productive for therapeutic work, characterized by a capacity to be surprised (D. B. Stern, 1990), openness to turn unexpected 'now moments' into 'moments of meeting' (D. N. Stern et al., 1998), an inquisitive stance (Fonagy & Bateman, 2019), appropriate responsiveness (Stiles et al., 1998) and other related features. When ignored, it must be a signal of an overly *saturated* (Bion, 1970) mental state within the therapist, a 'subjugating third' (Ogden, 2004) or that SCT and OCT have captured most of the experiential field, in which case transference and countertransference expectations as defined in the classical view have become quite 'real'. When overvalued, a naïve or defensive unawareness of patterns being played out or conflict-based experiences taking place may be present. Each illustration of the previous components of countertransference experience can be seen as cases where EEX is missing, in the sense that the therapist becomes blindly engaged in some active experiential process while unable to observe, let alone explore, play with, use or master the experience. For instance, a therapist experiencing the therapeutic situation *as if* it were a boxing ring, becoming aware of spontaneous related imagery, memories and aggressive competitive feelings towards the patient, finds himself or herself in a position where this experience can be explored internally or with the patient, held in mind awaiting further elaboration or simply tolerated within reasonable boundaries. Also, when these experiences lead to transitory or enduring enactments and boundary crossings, therapists recognizing what is taking place is what allows for re-establishing the setting at a new emerging level of subjective and intersubjective experience.

EEX can be said to be inherently present in empirical research that tries to address therapists' work in the here and now of the therapeutic exchange, as in the study of transference interpretations (Høglend et al., 2011), immediacy (Shafran et al., 2016), metacommunication (Safran & Muran, 2000), empathy (Elliott et al., 2018) or moments of meeting (Duarte et al., 2020). Also, research addressing therapists' mentalizing and/or reflective processes in therapy deal directly or

indirectly with EEX (e.g., Barreto et al., 2020; Barreto & Matos, 2022; Bucci et al., 2012; Bucci & Maskit, 2007; Cartwright et al., 2015; De la Cerda et al., 2019; Diamond et al., 2003; Ensink et al., 2013; Kazariants, 2011; Reading et al., 2019; Safran et al., 2014; Talia et al., 2020).

CONCLUDING REMARKS

A few additional observations are in order before we terminate. First, it can be argued that the model proposed is overly inclusive, throwing away the specificity of the countertransference construct (for similar considerations, see Gelso & Hayes, 2007). Also, why not simply talking about therapists' subjectivity or use of self? Our option has a number of reasons. First, by preserving the countertransference referent, we wish to situate the subject within a technical realm that implies therapists' need to work with these phenomena. Second, the type of work required from therapists, which we have called the *elaboration of countertransference experience* (ECE) elsewhere (Barreto & Matos, 2018), involves making sense of the whole experiential field before hypothetical distinctions between different components (SCT, OCT, etc.) and considerations about their momentary or enduring balance can emerge. Therefore, what some authors prefer to leave outside the realm of 'proper' countertransference must be dealt with just in the same way as other aspects of therapists' experiences and can actually share common underlying psychological processes (Levine, 1997). Third, we do not intend to propose a model of therapists' subjectivity. For that purpose, a coherent model of the mind would be required. Instead, we presented four experiential components, each of which was described from the perspective of quite different and often irreconcilable models of the mind. This is also why we talk of countertransference experience instead of countertransference. In fact, what we propose is a heuristic model of generative hypotheses that can guide the mentalizing or meaning-making process that we call ECE. We believe that ECE must never overlook any of the four experiential components and that it is through implicit and explicit ECE that the productive area of EEX expands and becomes available for therapeutic use. Therefore, what we propose is a model that can guide the process of therapists making sense of their experiences. In line with this thinking, we also believe that research attempting to address these four components simultaneously will provide more complex and realistic portraits of therapists' actual work.

Our model is also intentionally described in a way that accommodates theoretical divergence concerning the conception and the use to be given to different components of the countertransference experience (e.g., whether or not understanding SCT as irrational, admitting the possibility of pure OCT, using OCT as information, disclosing countertransference experience, etc.). It is, thus, a transtheoretical model. Put differently, ECE processes that use this model as a background can serve different purposes according to different therapeutic orientations: to maintain neutrality, increase objectivity or prevent burdening the patient by 'subtracting' therapists' disturbing subjectivity (Freud, 1910/1957; Gelso & Hayes, 2007); to identify and

unhook from maladaptive relational patterns enacted in therapy (Kiesler, 2001; Safran & Muran, 2000); to expand therapists' psychological capacity threshold and prevent experiential avoidance, acting-out and switching to nonreflective functioning (Ligiéro & Gelso, 2002; Luyten et al., 2019; Rousmaniere, 2019); to deepen the empathic process (Tansey & Burke, 1989); to guide responsiveness and responsive use of techniques (Stiles et al., 1998); to model self-regulation and mentalization (Bateman & Fonagy, 2012; Safran & Muran, 2000); to regulate relational/therapeutic distance in accordance with patients' deeper needs and longings and resist the transference pull (Bernier & Dozier, 2002; Mallinckrodt et al., 2009); to tolerate, 'survive' or contain and transform patients' projections or dissociated material (Bion, 1962; Safran & Muran, 2000; D. B. Stern, 2010); to illuminate important aspects of a patients' functioning and experiences inside and outside the therapeutic context (Bouchard et al., 1995; Heimann, 1950/1989; Racker, 1968); to assist patients in meaning-making and in the work of representation, psychic figurability, mentalization of unformulated or unrepresented mental states or referential process, when such work summons therapists' own mental functions (Bucci, 2002; Lecours, 2007; Levine, 2012; D. B. Stern, 2010); to maintain a reflective stance and recover from ruptures, enactments or entanglements (Bateman & Fonagy, 2012; Kernberg, 1997; Safran & Muran, 2000); to avoid detrimental use of technique (Dahl et al., 2017); etc.

Finally, we strongly believe that, in face of the robust findings pointing to the importance of relational and therapist factors in explaining psychotherapy outcomes (e.g., Wampold, 2015), models that may help therapists' handling intrapsychic and interpersonal processes are most valuable for practice, training and supervision.

FUNDING INFORMATION

This work has been supported by the Foundation for Science and Technology (FCT) Grant SFRH/BD/96922/2013 and partially by Polytechnic Institute of Porto fundings (Programa de Formação Avançada de Docentes, Editions 2012 and 2013) earned by João F. Barreto. This work was also funded by the Center for Psychology at University of Porto, FCT (FCT UID/PSI/00050/2013), and EU FEDER through COMPETE 2020 program (POCI-01-0145-FEDER-007294).

ENDNOTES

1. It is beyond the scope of this article to examine the important variations in the concept of 'field'. For an exploration of similarities and differences between interpersonal/relational and Bionian psychoanalytic field theories, see the reviews presented by D. B. Stern (2013a, 2013b) and the responses by others (e.g., Ferro & Civitarese, 2013).
2. Resonating with and expanding Strachey's (Strachey, 1934/1969) formulation, we may say that whenever a therapist provides a mutative/reparative relational experience, a distinction emerges between what would be a patient's transference-based expectations and what comes to be a new 'disconfirming' experience.

REFERENCES

Aron, L. (2000) Self-reflexivity and the therapeutic action of psychoanalysis. *Psychoanalytic Psychology*, **17**(4), 667–689. Available from: https://doi.org/10.1037/0736-9735.17.4.667

Barreto, J. F., & Matos, P. M. (2018). Mentalizing countertransference? A model for research on the elaboration of countertransference experience in psychotherapy. *Clinical Psychology and Psychotherapy*, **25**(3), 427–439. Available from: https://doi.org/10.1002/cpp.2177

Barreto, J. F., & Matos, P. M. (2022). Attachment mismatches and alliance: Through the pitfalls of mentalizing countertransference. *Psychoanalytic Psychology*, **39**(3), 276–279. Available from: https://doi.org/10.1037/pap0000410

Barreto, J. F., Nata, G., & Matos, P. M. (2020). Elaboration of countertransference experience and the workings of the working alliance. *Psychotherapy*, **57**(2), 141–150. Available from: https://doi.org/10.1037/pst0000250

Bateman, A.W. & Fonagy, P. (2012) Individual techniques of the basic model. In: Bateman, A.W. & Fonagy, P. (Eds.) *Handbook of mentalizing in mental health practice*. Washington, DC: American Psychiatric Association, pp. 67–80.

Bernier, A. & Dozier, M. (2002) The client-counselor match and the corrective emotional experience: evidence from interpersonal and attachment research. *Psychotherapy*, **39**(1), 32–43. Available from: https://doi.org/10.1037/0033-3204.39.1.32

Bion, W.R. (1962) *Learning from experience*. London: Karnac Books.

Bion, W.R. (1970) *Attention and interpretation*. London: Tavistock.

Boswell, J.F., Gallagher, M.W., Sauer-Zavala, S.E., Bullis, J., Gorman, J.M., Shear, M.K. et al. (2013) Patient characteristics and variability in adherence and competence in cognitive-behavioral therapy for panic disorder. *Journal of Consulting and Clinical Psychology*, **81**(3), 443–454. Available from: https://doi.org/10.1037/a0031437

Bouchard, M.-A., Normandin, L. & Séguin, M.-H. (1995) Countertransference as instrument and obstacle: a comprehensive and descriptive framework. *The Psychoanalytic Quarterly*, **64**(4), 717–745. Available from: https://doi.org/10.1080/21674086.1995.11927473

Bram, A.D. & Gabbard, G.O. (2001) Potential space and reflective functioning: towards conceptual clarification and preliminary clinical implications. *International Journal of Psychoanalysis*, **82**(4), 685–699. Available from: https://doi.org/10.1516/5ce7-qdtr-e4d5-gqgk

Britton, R. (2004) Subjectivity, objectivity, and triangular space. *The Psychoanalytic Quarterly*, **73**(1), 47–61. Available from: https://doi.org/10.1002/j.2167-4086.2004.tb00152.x

Brown, L.J. (2018) Deconstructing countertransference. *The Psychoanalytic Quarterly*, **87**(3), 533–555. Available from: https://doi.org/10.1080/00332828.2018.1495523

Bucci, W. & Maskit, B. (2007) Beneath the surface of the therapeutic interaction: the psychoanalytic method in modern dress. *Journal of the American Psychoanalytic Association*, **55**(4), 1355–1397. Available from: https://doi.org/10.1177/000306510705500412

Bucci, W. (2002) The referential process, consciousness, and the sense of self. *Psychoanalytic Inquiry*, **22**(5), 766–793. Available from: https://doi.org/10.1080/07351692209349017

Bucci, W., Maskit, B. & Hoffman, L. (2012) Objective measures of subjective experience: the use of therapist notes in process-outcome research. *Psychodynamic Psychiatry*, **40**(2), 303–340. Available from: https://doi.org/10.1521/pdps.2012.40.2.303

Busch, F.N. (2017) A model for integrating actual neurotic or unrepresented states and symbolized aspects of intrapsychic conflict. *The Psychoanalytic Quarterly*, **86**(1), 75–108. Available from: https://doi.org/10.1002/psaq.12127

Cartwright, C., Rhodes, P., King, R. & Shires, A. (2015) A pilot study of a method for teaching clinical psychology trainees to conceptualise and manage countertransference.

Australian Psychologist, **50**(2), 148–156. Available from: https://doi.org/10.1111/ap.12092

Castonguay, L.G. & Hill, C.E. (Eds.). (2012) *Transformation in psychotherapy: corrective experiences across cognitive behavioral, humanistic, and psychodynamic approaches*. Washington, DC: American Psychological Association.

Colli, A. & Ferri, M. (2015) Patient personality and therapist countertransference. *Current Opinion in Psychiatry*, **28**(1), 46–56. Available from: https://doi.org/10.1097/yco.0000000000000119

Dahl, H.-S.J., Høglend, P., Ulberg, R., Amlo, S., Gabbard, G.O., Perry, J.C. et al. (2017) Does therapists' disengaged feelings influence the effect of transference work? A study on countertransference. *Clinical Psychology & Psychotherapy*, **24**(2), 462–474. Available from: https://doi.org/10.1002/cpp.2015

De la Cerda, C., Tomicic, A., Pérez, J.C., Martínez, C. & Morán, J. (2019) Mentalizing in psychotherapy: Patients' and therapists' reflective functioning during the psychotherapeutic process/Mentalizando en psicoterapia: Funcionamiento reflexivo de pacientes y terapeutas durante el proceso psicoterapéutico. *Estudios de Psicología*, **40**(2), 396–418. Available from: https://doi.org/10.1080/02109395.2019.1583469

Diamond, D., Stovall-McClough, C., Clarkin, J.F. & Levy, K.N. (2003) Patient-therapist attachment in the treatment of borderline personality disorder. *Bulletin of the Menninger Clinic*, **67**(3), 227–259. Available from: https://doi.org/10.1521/bumc.67.3.227.23433

Duarte, J., Martinez, C. & Tomicic, A. (2020) Episodes of meeting in psychotherapy: an empirical exploration of patients' experiences of subjective change during their psychotherapy process. *Research in Psychotherapy: Psychopathology, Process and Outcome*, **23**(1), 56–66. Available from: https://doi.org/10.4081/ripppo.2020.440

Duparc, F. (2001) The countertransference scene in France. *International Journal of Psychoanalysis*, **82**(1), 151–169. Available from: https://doi.org/10.1516/d93e-f7w5-3f45-nkn0

Ecker, B. (2018) Clinical translation of memory reconsolidation research: therapeutic methodology for transformational change by erasing implicit emotional learnings driving symptom production. *International Journal of Neuropsychotherapy*, **6**(1), 1–92. Available from: https://doi.org/10.12744/ijnpt.2018.0001-0092

Elliott, R., Bohart, A.C., Watson, J.C. & Murphy, D. (2018) Therapist empathy and client outcome: an updated meta-analysis. *Psychotherapy*, **55**(4), 399–410. Available from: https://doi.org/10.1037/pst0000175

Ensink, K., Maheux, J., Normandin, L., Sabourin, S., Diguer, L., Berthelot, N. et al. (2013) The impact of mentalization training on the reflective function of novice therapists: a randomized controlled trial. *Psychotherapy Research*, **23**(5), 526–538. Available from: https://doi.org/10.1080/10503307.2013.800950

Etchegoyen, H. (2008) *Fundamentos da técnica psicanalítica* [The fundamentals of psychoanalytic technique]. Porto Alegre: Artmed.

Ferro, A. & Civitarese, G. (2013) Analysts in search of an author: Voltaire or Artemisia Gentileschi? Commentary on "field theory in psychoanalysis, part 2: Bionian field theory and contemporary interpersonal/relational psychoanalysis" by Donnel B. Stern. *Psychoanalytic Dialogues*, **23**(6), 646–653. Available from: https://doi.org/10.1080/10481885.2013.851549

Fonagy, P. & Bateman, A. (2019) Introduction. In: Bateman, A.W. & Fonagy, P. (Eds.) *Handbook of mentalizing in mental health practice*, 2nd edition. Washington, DC: American Psychiatric Association Publishing, pp. 3–20.

Fosshage, J.L. (1994) Toward reconceptualising transference: theoretical and clinical considerations. *International Journal of Psychoanalysis*, **75**(2), 265–280.

Freud, S. (1910/1957) The future prospects of psycho-analytic psychotherapy. In: Strachey, J. (Ed. & Trans.) *The standard edition of the complete psychological works of Sigmund Freud*, Vol. 11. London: The Hogarth Press, pp. 139–151.

Freud, S. (1912/1958) Recommendations for physicians on the psycho-analytic method of treatment. In: Strachey, J. (Ed. & Trans.) *The standard edition of the complete psychological works of Sigmund Freud*, Vol. 12. London: The Hogarth Press, pp. 111–120.

Gabbard, G.O. (1995) Countertransference: the emerging common ground. *International Journal of Psychoanalysis*, **76**(3), 475–485.

Geller, S.M., Greenberg, L.S. & Watson, J.C. (2010) Therapist and client perceptions of therapeutic presence: the development of a measure. *Psychotherapy Research*, **20**(5), 599–610. Available from: https://doi.org/10.1080/10503307.2010.495957

Gelso, C.J. & Carter, J.A. (1994) Components of the psychotherapy relationship: their interaction and unfolding during treatment. *Journal of Counseling Psychology*, **41**(3), 296–306. Available from: https://doi.org/10.1037/0022-0167.41.3.296

Gelso, C.J. & Hayes, J.A. (2007) *Countertransference and the inner world of the psychotherapist: perils and possibilities*. Mahwah, NJ: Lawrence Erlbaum Associates.

Gelso, C.J. (2011) *The real relationship in psychotherapy: the hidden dimension of change*. Washington, DC: American Psychological Assocation.

Grinberg, L. (2001) *Teoria da identificação [The theory of identification]*. Lisboa: Climepsi.

Gutheil, T.G. & Gabbard, G.O. (1993) The concept of boundaries in clinical practice: theoretical and risk-management dimensions. *The American Journal of Psychiatry*, **150**(2), 188–196. Available from: https://doi.org/10.1176/ajp.150.2.188

Hafkenscheid, A. & Kiesler, D. (2007) Assessing objective countertransference: a comparison of two different statistical procedures in three different samples. *Psychotherapy Research*, **17**(4), 393–403. Available from: https://doi.org/10.1080/10503300600702323

Hardy, G.E., Aldridge, J., Davidson, C., Rowe, C., Reilly, S. & Shapiro, D.A. (1999) Therapist responsiveness to client attachment styles and issues observed in client-identified significant events in psychodynamic-interpersonal psychotherapy. *Psychotherapy Research*, **9**(1), 36–53. Available from: https://doi.org/10.1093/ptr/9.1.36

Hardy, G.E., Stiles, W.B., Barkham, M. & Startup, M. (1998) Therapist responsiveness to client interpersonal styles during time-limited treatments for depression. *Journal of Consulting and Clinical Psychology*, **66**(2), 304–312. Available from: https://doi.org/10.1037/0022-006x.66.2.304

Hayes, J.A., Gelso, C.J., Goldberg, S. & Kivlighan, D.M. (2018) Countertransference management and effective psychotherapy: meta-analytic findings. *Psychotherapy*, **55**(4), 496–507. Available from: https://doi.org/10.1037/pst0000189

Heimann, P. (1950/1989) On counter-transference (1949/50). In: Tonnesmann, M. (Ed.) *About children and children-no-longer. Collected papers 1942–80, Paula Heimann*. London: Routledge, pp. 55–59.

Heinonen, E. & Nissen-Lie, H.A. (2019) The professional and personal characteristics of effective psychotherapists: a systematic review. *Psychotherapy Research*, **30**(4), 417–432. Available from: https://doi.org/10.1080/10503307.2019.1620366

Hofsess, C.D. & Tracey, T.J.G. (2010) Countertransference as a prototype: the development of a measure. *Journal of Counseling Psychology*, **57**(1), 52–67. Available from: https://doi.org/10.1037/a0018111

Høglend, P., Hersoug, A.G., Bøgwald, K.-P., Amlo, S., Marble, A., Sørbye, Ø. et al. (2011) Effects of transference work in the context of therapeutic alliance and quality of object relations. *Journal of Consulting and Clinical Psychology*, **79**(5), 697–706. Available from: https://doi.org/10.1037/a0024863

Jurist, E.L. (2005) Mentalized affectivity. *Psychoanalytic Psychology*, **22**(3), 426–444. Available from: https://doi.org/10.1037/0736-9735.22.3.426

Kazariants, G. (2011) *The relationship between therapist capacity for experientially grounded reflection on the therapeutic relationship and alliance rupture resolution* (Doctoral dissertation). Retrieved from ProQuest Dissertations and Theses database. (UMI No. 3495827).

Kernberg, O.F. (1997) The nature of interpretation: Intersubjectivity and the third position. *American Journal of Psychoanalysis*, **57**(4), 297–312. Available from: https://doi.org/10.1023/A:1022463306053

Kernberg, O.F. (1999) Acute and chronic countertransference reactions. In: Fonagy, P., Cooper, A.M. & Wallerstein, R.S. (Eds.) *Psychoanalysis on the move: the work of Joseph Sandler*. London: Routledge, pp. 171–186.

Kiesler, D.J. (2001) Therapist countertransference: in search of common themes and empirical referents. *Journal of Clinical Psychology*, **57**(8), 1053–1063. Available from: https://doi.org/10.1002/jclp.1073

Killingmo, B. (2006) A plea for affirmation: relating to states of unmentalised affects. *The Scandinavian Psychoanalytic Review*, **29**(1), 13–21. Available from: https://doi.org/10.1080/01062301.2006.10592775

Lecours, S. (2007) Supportive interventions and nonsymbolic mental functioning. *International Journal of Psychoanalysis*, **88**(4), 895–915.

Levine, H.B. (1997) The capacity for countertransference. *Psychoanalytic Inquiry*, **17**(1), 44–68. Available from: https://doi.org/10.1080/07351699709534109

Levine, H.B. (2012) The colourless canvas: representation, therapeutic action and the creation of mind. *International Journal of Psychoanalysis*, **93**(3), 363–385. Available from: https://doi.org/10.1111/j.1745-8315.2012.00574.x

Ligiéro, D.P. & Gelso, C. (2002) Countertransference, attachment, and the working alliance: the therapists' contribution. *Psychotherapy*, **39**(1), 3–11. Available from: https://doi.org/10.1037/0033-3204.39.1.3

Lingiardi, V., Muzi, L., Tanzilli, A. & Carone, N. (2018) Do therapists' subjective variables impact on psychodynamic psychotherapy outcomes? A systematic literature review. *Clinical Psychology & Psychotherapy*, **25**(1), 85–101. Available from: https://doi.org/10.1002/cpp.2131

Luyten, P., Malcorps, S., Fonagy, P. & Ensink, K. (2019) Assessment of mentalizing. In: Bateman, A.W. & Fonagy, P. (Eds.) *Handbook of mentalizing in mental health practice*, 2nd edition. Washington, DC: American Psychiatric Association Publishing, pp. 37–62.

Löffler-Stastka, H., Sell, C., Zimmermann, J., Huber, D. & Klug, G. (2019) Is countertransference a valid source of clinical information? Investigating emotional responses to audiotaped psychotherapy sessions. *Bulletin of the Menninger Clinic*, **83**(4), 353–375. Available from: https://doi.org/10.1521/bumc_2019_83_02

Mallinckrodt, B., Daly, K. & Wang, C.-C. (2009) An attachment approach to adult psychotherapy. In: Obegi, J.H. & Berant, E. (Eds.) *Attachment theory and research in clinical work with adults*. New York: Guilford, pp. 234–268.

McGinn, L.K. & Sanderson, W.C. (2001) What allows cognitive behavior therapy to be brief: overview, efficacy, and crucial factors facilitating brief treatment. *Clinical Psychology: Science and Practice*, **8**(1), 23–27.

Morgan, A.C., Bruschweiler-Stern, N., Harrison, A.M., Lyons-Ruth, K., Nahum, J.P., Sander, L. et al. (1998) Moving along to things left undone. *Infant Mental Health Journal*, **19**(3), 324–332.

Ogden, T.H. (2004) The analytic third: implications for psychoanalytic theory and technique. *The Psychoanalytic Quarterly*, **73**(1), 167–195. Available from: https://doi.org/10.1002/j.2167-4086.2004.tb00156.x

Ogden, T.H. (2005) *This art of psychoanalysis: dreaming undreamt dreams and interrupted cries*. London: Routledge.

Racker, H. (1968) *Transference and countertransference*. London: Karnac Books.

Reading, R.A., Safran, J.D., Origlieri, A. & Muran, J.C. (2019) Investigating therapist reflective functioning, therapeutic process, and outcome. *Psychoanalytic Psychology*, **36**(2), 115–121. Available from: https://doi.org/10.1037/pap0000213

Rogers, C.R. (1957) The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, **21**(2), 95–103.

Rousmaniere, T. (2019) *Mastering the inner skills of psychotherapy: a deliberate practice manual*. Seattle: Gold Lantern Press.

Rubino, G., Barker, C., Roth, T. & Fearon, P. (2000) Therapist empathy and depth of interpretation in response to potential alliance ruptures: the role of therapist and patient attachment styles. *Psychotherapy Research*, **10**(4), 408–420. Available from: https://doi.org/10.1093/ptr/10.4.408

Safran, J., Muran, J.C., Demaria, A., Boutwell, C., Eubanks-Carter, C. & Winston, A. (2014) Investigating the impact of alliance-focused training on interpersonal process and therapists' capacity for experiential reflection. *Psychotherapy Research*, **24**(3), 269–285. Available from: https://doi.org/10.1080/10503307.2013.874054

Safran, J.D. & Muran, J.C. (2000) *Negotiating the therapeutic alliance: a relational treatment guide*. New York: The Guilford Press.

Sandler, J. (1976) Countertransference and role-responsiveness. *International Review of Psychoanalysis*, **3**(1), 43–47.

Shafran, N., Kivlighan, D.M., Gelso, C.J., Bhatia, A. & Hill, C.E. (2016) Therapist immediacy: the association with working alliance, real relationship, session quality, and time in psychotherapy. *Psychotherapy Research*, **27**(6), 737–748. Available from: https://doi.org/10.1080/10503307.2016.1158884

Steel, C., Macdonald, J. & Schroder, T. (2018) A systematic review of the effect of therapists' internalized models of relationships on the quality of the therapeutic relationship. *Journal of Clinical Psychology*, **74**(1), 5–42. Available from: https://doi.org/10.1002/jclp.22484

Stern, D.B. (1990) Courting surprise. *Contemporary Psychoanalysis*, **26**(3), 452–478. Available from: https://doi.org/10.1080/00107530.1990.10746672

Stern, D.B. (2010) *Partners in thought: working with unformulated experience, dissociation, and enactment*. New York: Routledge.

Stern, D.B. (2013a) Field theory in psychoanalysis, part I: Harry stack Sullivan and Madeleine and Willy Baranger. *Psychoanalytic Dialogues*, **23**(5), 487–501. Available from: https://doi.org/10.1080/10481885.2013.832607

Stern, D.B. (2013b) Field theory in psychoanalysis, part 2: Bionian field theory and contemporary interpersonal/relational psychoanalysis. *Psychoanalytic Dialogues*, **23**(6), 630–645. Available from: https://doi.org/10.1080/10481885.2013.851548

Stern, D.N., Sander, L.W., Nahum, J.P., Harrison, A.M., Lyons-Ruth, K., Morgan, A.C. et al. (1998) Non-interpretive mechanisms in psychoanalytic therapy: the 'something more' than interpretation. *International Journal of Psychoanalysis*, **79**(5), 903–921.

Stiles, W.B., Honos-Webb, L. & Surko, M. (1998) Responsiveness in psychotherapy. *Clinical Psychology: Science and Practice*, **5**(4), 439–458. Available from: https://doi.org/10.1111/j.1468-2850.1998.tb00166.x

Strachey, J. (1934/1969) The nature of the therapeutic action of psychoanalysis. *International Journal of Psychoanalysis*, **50**(3), 275–292.

Talia, A., Muzi, L., Lingiardi, V. & Taubner, S. (2020) How to be a secure base: Therapists' attachment representations and their link to attunement in psychotherapy. *Attachment & Human Development*, **22**(2), 189–206. Available from: https://doi.org/10.1080/14616734.2018.1534247

Tansey, M.J. & Burke, W.F. (1989) *Understanding countertransference: from projective identification to empathy*. Hillsdale, NJ: The Analytic Press.

Tishby, O. & Wiseman, H. (2014) Types of countertransference dynamics: an exploration of their impact on the client-therapist relationship. *Psychotherapy Research*, **24**(3), 360–375. Available from: https://doi.org/10.1080/10503307.2014.893068

Wachtel, P. (2008) *Relational theory and the practice of psychotherapy*. New York: The Guilford Press.

Wampold, B.E. (2015) How important are the common factors in psychotherapy? An update. *World Psychiatry*, **14**(3), 270–277. Available from: https://doi.org/10.1002/wps.20238

Webb, C.A., DeRubeis, R.J. & Barber, J.P. (2010) Therapist adherence/competence and treatment outcome: a meta-analytic review. *Journal of Consulting and Clinical Psychology*, **78**(2), 200–211. Available from: https://doi.org/10.1037/a0018912

Winnicott, D.W. (1949) Hate in the counter-transference. *International Journal of Psychoanalysis*, **30**, 69–74.

Zachrisson, A. (2009) Countertransference and changes in the conception of the psychoanalytic relationship. *International Forum of Psychoanalysis*, **18**(3), 177–188.

JOÃO F. BARRETO is a researcher at the Center for Psychology at University of Porto (CPUP, University of Porto, Portugal) and the Center for Rehabilitation Research (CIR, ESS, Polytechnic of Porto, Portugal); Assistant Professor at the School of Health (ESS), Polytechnic of Porto, Portugal, and Coordinator of the Students Psychological Service and the Psychology Unit of the Pedagogical Clinic. He holds a PhD in Psychology (University of Porto, Portugal). As a researcher, his interests focus on countertransference, therapist mentalization, common factors, integration in psychotherapy and relational processes in psychotherapy across orientations. His main publications as first author include *Mentalizing countertransference? A model for research on the elaboration of countertransference experience in psychotherapy* (2018—Donald K. Freedheim Student Development Award 2019, APA Division 29); *Elaboration of countertransference experience and the workings of the working alliance*

(2020); *Attachment mismatches and alliance: Through the pitfalls of mentalizing countertransference* (2022). Address for correspondence: [jfbarreto@fpce.up.pt]

PAULA MENA MATOS is an Associate Professor at the University of Porto, Faculty of Psychology and Education Sciences and is currently the Director of the Center for Psychology at University of Porto, a R&D unit funded by FCT, and Vice-president of the International Academy of Family Psychology. Her research interests focus on the topics of relationship dynamics, emotional processes and psychological development across different domains (e.g., family, work–family reconciliation, transition to adulthood, youth residential care, psycho-oncology, psychotherapy) and developmental stages (from childhood to adulthood). She is also committed to the development and testing of psychological intervention programs with vulnerable populations. She has been supervising clinical psychology trainees over the last 30 years. Her publications cover a broad spectrum of Psychology domains.