

Countertransference in co-therapy

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The concept of countertransference has undergone innumerable changes over the last 50 years. In the co-therapy model countertransference assumes different contours due to the establishment of a triangular relationship. The main goal of this study was to understand how therapists make use of the implicit concept of countertransference in their clinical practice, mostly in the practice of co-therapy. For this purpose a conceptual research on the concept of countertransference was made. Semi-structured qualitative interviews were held with 5 female mental health technicians (3 psychologists and 2 psychiatrists) who, at some point, adopted the co-therapy model for the treatment of individual patients using a psychodynamic approach. The interview transcripts were analyzed through a content analysis using a hermeneutic approach. From this analysis 7 main categories arose: a) criteria for the choice of co-therapy; b) Preferences and advantages of the therapeutic models; c) Specificities of co-therapy; d) Importance of supervision; e) Countertransference; f) Feelings towards the co-therapist; g) Problem solving. The authors concluded that, implicitly, the participants do not regard countertransference as all the feelings which the analyst experiences towards his patient as they only refer to the negative countertransference. It was also determined that the co-therapist's presence in the therapeutic relationship stimulates different feelings, thoughts and fantasies in the therapist which will influence both the therapeutic process and patient's treatment. The term lateral countertransference was proposed to define this phenomenon. Keywords: Countertransference, Co-therapy, Conceptual Research, Lateral Countertransference.

Countertransference reactions to adolescents in Community Based Psychotherapy

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According to psychodynamic object relations theory, emotional reactions of therapists to their clients' - countertransference - can be a source of information about unconscious transference themes, and dysfunctional patterns that are repeated with the therapist. The purpose of this ongoing study is to explore the early countertransference reactions psychotherapists experience working with adolescent patients in a community-based service in the Council of Cascais offering free open-ended psychotherapy, and to identify patient variables associated with these responses. 10 psychotherapists are participating in the study. 58 Patients are being assessed with the Youth Self Report, ICD-10 Diagnostics, and DSM Assessment of Global Functioning- AGF. Emotional Countertransference reactions of psychotherapists are being assessed after 5 sessions, using the Counter-transference questionnaire (Betan et al, 2005), comprising 8 factors: 1. Overwhelmed/Disorganized, 2. Helpless/Inadequate, 3. Positive, 4. Special/Overinvolved, 5. Sexualized, 6. Disengaged, 7. Parental/Protective, 8, Criticized/Mistreated. Our initial exploratory case studies suggested that clinically salient externalizing syndromes in the YSR, and lower AGF values are linked to various types of negative emotional reactions of the therapists. We will analyze the associations among demographic variables, psychopathology assessment of patients and countertransference reactions of therapists. Discussion will focus on the questionnaire information usefulness for the therapists' awareness and reflexivity of their emotional reactions towards the patient and the transference-countertransference patterns, in order to improve the therapeutic process.

Countertransference and defense mechanisms

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Despite the existence of plenty conceptual research on countertransference, there aren't any empirical studies that relate that concept to defense mechanisms. Thus, our goal is to study the relationship between defense mechanisms and countertransference in therapists. The sample consisted in three patients of the same therapist attending Dynamic Psychotherapy. Therapies had the duration of two years of which we used transcripts of sessions corresponding to four sessions from the beginning, 6th, 12th, 18th and 24th month to evaluate defense mechanisms with the Defense Mechanisms Rating Scale (DMRS). The contents related to countertransference were evaluated through the Countertransference Questionnaire (CTQ-79) during the second year of therapy. We found a relationship between various defensive patterns (defense patterns – Mature-I; Neurotic-II; Immature-III) and several countertransference patterns (1-Criticized/Mistreated; 2-Helpless/Inadequate; 3-Positive; 4-Parental/Protector; 5-Overwhelmed/Disorganized; 6-Special/Overinvolved; 7-Sexualized, 8-Disengaged). Keywords: Countertransference; Defense Mechanisms; CTQ-79; DMRS; Psychotherapists.

Mentalizing countertransference: A contribution to further research on countertransference management

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Countertransference management (CM) has been considered a promising and, recently, an effective element of therapy in the context of the empirically supported/evidence-based therapy relationships APA Task Forces (Norcross, 2002, 2011). Despite divergences about definition and clinical use, authors agree that countertransference (Ct) should be recognized and regulated so as to minimize detrimental and enhance beneficial effects on therapy (Gabbard, 1999; Gelso & Hayes, 2007). For the past decades, Gelso, Hayes, and cols. have been addressing this problem, encouraging research and creating concepts and measures for that purpose (cf. Hayes, Gelso & Hummel, 2011). In particular, they identified 5 therapist attributes reputedly

related to successful CM (self-insight, self-integration, anxiety management, empathy, conceptualizing ability) and developed the Ct Factor Inventory (CFI) to measure them. Variations in CFI include shorter forms (only therapy-related items and/or highly rated by experts), evaluator/self-rated uses, and general/session-specific reports. Limitations include difficulties both in self-report and external-rater uses; tendency to assess trait-like correlates rather than state-like constituents of CM; and inconclusive results on self-insight importance. Little research exists on how CM is actually performed with specific clients. In this paper, we propose approaching CM as therapist's mentalization of Ct experience. Drawing on recent developments of the construct (Bateman & Fonagy, 2012), we suggest CM can be assessed by rating transcripts of therapists' taped responses concerning experience with specific clients in particular moments of the process, with special attention to affect mentalization/elaboration (Jurist, 2005; Lecours et al., 2009).