Mentalization, Mental States and Affect Elaboration in Psychoanalytic Psychotherapy and AAI interviews
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Summary
Aims
This program aims to examine the various verbal components of the mentalization process through content analysis and observer ratings. Three main approaches to and operational definitions of mentalisation are compared: Reflective Functioning (Fonagy et al., 1998), Mental States (Bouchard et al., 2001) and the verbal forms and expressions of affect VEA (Lecours, 1994). Two situations are used: transcripts from psychoanalytic
psychotherapy sessions, and Adult Attachment Interviews (AAIs) from a variety of normal and psychopathological conditions.

**Methods**
Psychotherapy sessions and AAI interviews are transcribed. Independent observers, trained in the use of detailed manuals, rate these sessions through various scoring systems. These measures are then compared and contrasted, either with outcome measures, other psychotherapy process measures, diagnostic information and the AAI classification. The statistical approach is correlational, using regression analysis.

**Results**
Component study 1 (see below): Comparing two psychoanalytic psychotherapy beginnings (two series of n=14 sessions), offered by the same analyst, one a premature termination case, the other leading to a positive outcome, it was possible

A) to differentiate between positive and negative transference-countertransference cycles, based on a determination of each participant's mental state (mostly reactive versus mostly reflective)
B) to indicate further that in the premature termination case, a culmination of a negative cycle of projection and introjection occurred, around session 7, which led to the patient's decision to bring her therapy to an end
C) Based on Liberman's description of patient and analyst linguistic styles (Liberman, 1983), and their positive (complementary) versus negative (concordant) sequences an operational definition was developed and applied to the two series of sessions (Wiethaeuper, 1999). Negative (concordant) sequences were negatively related to independent ratings of helpfulness. More positive interactions were found in the successful compared to the premature termination case

Component study 2 (see below): Findings indicate some good convergence between the various measures of mentalisation, with some specific differential relationships for each component as predictors of attachment status or the presence of a personality disorder (PD). Reflective Function is uniquely predictive of attachment status. Increments in affect elaboration, the predominance of a reflective mental state or high levels of defensive activity during the AAI interview are associated with a reduced likelihood of a subject suffering from a PD.

**References**
Component Study 1: An Empirical Study of a Successful and Unsuccessful Psychotherapeutic Process: Positive and Negative Transference-Countertransference Cycles and Complementarity in Linguistic Styles

Aims

To further our understanding of the interactive cycles of transference and countertransference projection and re-introjection by testing an operational differentiation of mental states and linguistic style, using two instruments: the MTCM (Montreal Transference Countertransference Measure; Bouchard et al., 2001) and its associated PNRC (Audet, 2001), and the LLSM (Liberman Linguistic Styles Measure, Wiethaeuper, 1999) based on concepts of interactive communication proposed by D. Liberman (1983).

Methods

The clinical material is of a male experienced psychoanalyst meeting two patients for an open-ended trial of psychoanalytic psychotherapy, twice a week, face to face (patients A and B). Patient A prematurely interrupted her therapy after 14 sessions and is considered a failure; patient B moved on to a successful outcome for a total of 234 sessions. It was decided to compare and contrast the first 14 sessions from each pair. In addition the Defense Mechanisms Rating Scales (Perry, 1993) was also coded for all sessions.

Within the MTCM transference is construed within an object-relations framework, with a consideration of three manifest situations (transferential, extra-transferential and past), an indication of displacements and allusions (Gill, 1979), and finally of defensive turning of aggression against the self (Gray, 1994). Countertransference includes independent ratings of (a) the therapist's interpretative focus (transferential or not, awareness or resolution, etc.); (b) the degree of inference (clarification, direct opinion, confrontation and interpretation); (c) a differentiation between three in-session mental states: objective-rational, reactive and reflective (Normandin, 1991; Normandin & Bouchard, 1993).

Positive and negative relationship configurations (PNRC, Audet, 2001) were defined. To represent the present state of the relationship, being specified as either negative, positive or neutral. Configurations are identified based on both participant's mental states (reflective, reactive, objective-rational) and on the confirmation or disconfirmation of the patient's projected relational scenarios within the interaction.

The LLSM contains a detailed presentation of Liberman's six linguistic styles (Liberman, 1983): a) Reflexive who searches for the unknown (incognito) and does not create suspense (non-participant observer); b) Lyrical c) Epic (action, or pragmatic aspect) d) Narrative (Logic) e) Dramatic style with suspense (the frightened person who uses the dramatization, and appeals to verbal incognitos) f) Dramatic style with aesthetic impact (theatrical, demonstrative). In addition, the LLSM included a description of a Concrete style. See below for more information on the LLSM.
Results

The two psychotherapy beginnings examined have followed two very distinct courses. As hypothesized, case A presents more negative than positive PNRC configurations, in contrast to case B. More positive and less neutral LLSM linguistic patterns were found in pair B; negative interactions were negatively correlated with independent session ratings of helpfulness by experienced clinicians. So-called "neutral" interactions seemed indicative of moments of resistance, and were related to specificities in the defensive-characterological functioning of each patient.

Conclusions

It is possible to discriminate between positive and negative transference-countertransference cycles, based on three criteria: participant's mental states, confirmation or disconfirmation of projections, linguistic styles. These configurations are related to outcome.

References


The Liberman Linguistic Styles Measure (LLSM)

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<tr>
<th>Styles</th>
<th>Patient’s styles and analyst’s complementary responses</th>
<th>Analyst’s style (and countertransference) as expressed in the analytic situation</th>
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<tr>
<td><strong>1. Dramatic Aesthetic Theatrical</strong></td>
<td>This demonstrative mode fascinates by the richness of expression. Metaphors, hyperboles, plastic images and symbolism abound. Symbols of facts are used as if they were the facts themselves. The discourse may be equated to a dream. Castration anxiety is managed through projection, dramatization and the creation of an aesthetic impact. The subject tells stories that continually intend to captivate the attention. The listener becomes an observer of a dramatic scene, which seems to be happening right now. <strong>Here the analysand defends against painful affects by becoming a seductive raconteur</strong></td>
<td>The dramatic aesthetic analyst names the patients’ internal contents in a symbolic and imagistic manner, linking the affect and the representation. Interventions are rich in visual and plastic contents. Some exhibitionistic wishes may be gratified. Within an oedipal transference countertransference situation, the analyst’s seductiveness and its impact on the patient may be lost to the analyst’s observing ego.</td>
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<td><strong>2. Dramatic Suspense</strong></td>
<td>This style has the worst syntax. Sentences are interrupted in the middle in an attempt to repress certain themes, as a result of a manifest phobic anxiety. The first person (I) pronoun is avoided. The effect on the listener is one of confusion, misunderstanding and obscurity. This can be reversed when patients are able to get in touch with their repressed unconscious wishes. This generates new symbolic meanings in phrases with optimal syntax.</td>
<td>The phobic (dramatic suspense) analyst may avoid making transference interpretations when these involve themes which activate unconscious fantasies generating conflict and anxiety within the countertransference. Long, ambiguous sentences containing several interpolated clauses which leaves unclear which is the most important phrase are observed. The patients’</td>
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<td>Analyst’s complementary style. The patient is avoiding endopsychic contents. Again the analyst’s reflectiveschizoid capacities help bring the focus back on intrapsychic activity, finding appropriate words and meanings.</td>
<td>requests for clarifications are answered in a tangential manner. Phrases may be stopped in the middle, leaving it to the patient to complete them. Questions are unclear and incomplete, creating a “suspense” effect.</td>
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<td>Formal logic and perfect syntax are used to supersede the logic of emotions. This style concentrates on the semantics, while ignoring the pragmatic implications, or the effect the discourse has on others. Decision and action often fall short of being completed. Sentences make a frequent usage of associations by temporal or spatial proximity or by similarities. The subject is excessively preoccupied with controlling the way others understand him and the way they must talk. Narration is sequential, images and dramatic aspects are absent. The listener feels little “room” to fantasize or to create a plastic image of the narration. Example: A patient who feels injured after being passed over for promotion by a “friendly” boss decries the lack of “loyalty” of said boss regardless of the context. The analyst while seeing the patient’s point of view might feel controlled, almost afraid to question the patient on his “letter of the law” style.</td>
<td>There is an emphasis on formal logic and on the correctness of the syntax. The analyst is meticulous in describing situations and opinions. But also, questions about facts may create an impression of a court hearing where responses are limited to “yes” or “no”. On occasion, the narrative analyst may instrumentally emphasize self and object differentiation by underlining the “you” versus “I” components of speech. This is useful for instance in response to the lyric mode.</td>
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### 3. Narrative

Analyst’s complementary style. The patient’s narrative self imprisonment can be usefully met by the epic modes of communication, whereby the pragmatic impact is underlined. Actions in words are used to free the patient from endless and controlling discourse. The intent often is to demonstrate to the patient how he limits and controls the communicative experience and how he thereby attempts to prevent any unexpected reactions (i.e. feelings of chaos and uncertainty; see illustration.
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| The pragmatic implications of language that stimulate action are used to threaten the shared, manifest therapeutic aim and thus break the common semantic space. The discourse is not so much used to communicate something, as to hide, to control or to indirectly convince the listener about something. The intended impact on the interlocutor is implicit. The epic subject attempts to inoculate others with his wishes. Thinking is a major difficulty, and symbols are not used to elaborate the inner thought. Instead, scenarios and characters are continually changed so that it becomes impossible to understand the symbolic contents of their discourse. The characters in the stories are usually very “crude” as they often represent primitive partial object relations. A borderline patient who is a student may come into a session insisting on the analyst’s help with a paper, then spend the entire session describing himself as an undiscovered genius. Threats are made to interrupt the session so as to tell this to his professor. The epic pathological variant is an action-oriented style often based on “grand gestures”.

**Analyst’s complementary style.** The analyst must express in narrative form the effects the patients’ words and implied actions have on others, including himself. This may bring some order to the chaos of the patients’ projective identifications. This may also indicate how a more profitable dialogue might be possible, thus hoping to partake once again into a shared semantic space (see illustration in body).

| The epic analyst will often impact the discourse using one or another modality, which induces a response: questioning, underlining, countering, etc. This may refocus the analytic dialogue on a salutary, completely different mode (see text for illustration).

| Alternately, the epic analyst may inappropriately induce the patient to feel things he is not prepared to experience. He may then lose his capacity to think. As a result of a countertransference reaction, this in fact becomes a verbal enactment. He may interrupt the patients’ speech, become angry or seductive, etc. |
| 5. Lyric | Within the lyrical style, words and affects associated with words are condensed, such that the patient is overwhelmed with emotions. A culpability and preoccupation with causes of behaviours and situations is apparent. It may seem like the patient shares his insights, but the emotional expression is actually a complaint. This is a consequence of projecting the guilt (responsibility) or turning it against themselves. Their listening is under the pressures of the avid, oral-cannibalistic drive. As a consequence they lose the capacity to differentiate between the self and others. The analyst is also seen as someone who must regulate their self-esteem and respond to counteract their inner hostile superego. A semantic distortion of the messages is consequently apparent, as when interpretations are understood selectively as a proof or lack thereof, of the analysts’ benevolent feelings. 

**Analyst’s complementary style.** The analyst must attempt, using a narrative form, to differentiate himself from the patient’s projected responsibilities and superego pressures. He may then rescue his own identity, helping the patient to tolerate the impact of separation and aloneness, without falling prey to excessive inner depressive and superego attacks. |
| --- | The lyric analyst is often dealing with his own projected inner objects. He may be either very critical or feel criticized by the patient. As result of a countertransference response he may actively attempt to find ways to appease anticipatory negative consequences resulting from conflicts with his own superego, as perceived in the patient’s demands. He may attempt to pacify the patients’ demands for love and through inappropriate reassurances and encouragements. Attention and admiration is inappropriately sought by the analyst. |

| 6. Schizoid-Reflective | In this reflective-schizoid position the subject observes from a distance, abstracting and generalizing, in a detached, non participating mode. The affective and motor functions are dissociated. Thoughts are invested, rather than emotions and emotional | The “schizoid-reflective” analyst uses detachment to observe, abstract and put words to inner endopsychic contents that are avoided by the patient. Interpretive questions also illustrate this style in the analyst. |
connections with others. The discourse is markedly philosophic and abstract. Emotional situations and important facts of life are described as if part of a scientific documentary. Language can be cryptic, neologisms may appear. The detachment is more structural than defensive. The syntax is good. The subject is usually under a pragmatic impact creating distrust or disbelief. He responds by being impersonal. **To the extreme, the patient may sound like a “talking dictionary”**.

**Analyst’s complementary style.** A dramatic aesthetic style typically links representation and affect, using symbols and images to create an immediate impact, which tends to get the listener to experience more affective involvement.

Such minor dissociation makes possible to keep facts and situations vivid in our memory. Silence and withdrawal can be used as a defense and protective position against the transferential pressures. It may become an important “refuge” in order to find a better way to interpret the patients’ conflicts.
**Component Study 2: Mentalization in Adult Attachment: Reflective Functioning, Mental States and Affect Elaboration Compared**

**Aims**
To compare three related measures of the mental elaboration process: Mental States (one key dimension from the MTCM, Bouchard et al., 2001), the Verbal Elaboration of Affect (VEA) as an aspect of mentalisation that refers to the transformation of drive-affect experiences (Lecours, 1994) and Reflective Functioning (Fonagy, Target, Steele & Steele, 1998) which measures the clarity of a person's representation of mental states, whether of self or others.

**Methods**
73 non-clinical adult volunteers and ex-psychiatric patients were administered the Adult Attachment Interview (AAI). Transcripts were independently rated using the GEVA (Lecours, 1994; Lecours, Bouchard et al., 2000; see below for more information on the GEVA), the MSRS (Mental States Rating System, Bouchard et al., 2001; see below for more information on the MSRS) and the Reflective Function Scale (Fonagy et al., 1998).

The GEVA (Grille de l'Elaboration Verbale de l'Affect, measures the formal properties of VEA, defined as levels of affect elaboration according to two dimensions: 1) four channels of verbal expression: somatic and motor activity, imagery and labeling verbalization; 2) five levels of affect tolerance/abstraction: disruptive impulsion, modulated impulsion, externalization, appropriation and meaning association). These jointly specify 20 (4 channels X 5 levels) different forms, so that each verbal expression of an affect receives one of these 20 individual scores. The 20 basic categories can be combined in various ways to produce suprareordinate global categories or basic dimensional scales.

**Results**
Attachment status and the presence or absence of an Axis I and an Axis II diagnosis were examined. Reflective function was the only predictor of attachment status. Attachment security was highly predictive of a reduced likelihood of an Axis I diagnosis.

Increments in affect elaboration, as well as augmentations in high-level defensive activity and reflective function all increase the odds of a subject not receiving an Axis II diagnosis.

**References**
The Grille de l'Elaboration Verbale de l'Affect (GEVA): A Short Introduction

This text is adapted from Lecours, 1994. Please contact Serge Lecours for more information about the GEVA.

We have proposed a descriptive model of a particular component of mentalisation, centered around the notion of Verbal Elaboration of Affect (VEA: Lecours & Bouchard, 1997). The GEVA (Grille de l'Elaboration Verbale de l'Affect, French for verbal elaboration of affect scale) is a measure of VEA for use in text-analytic methodologies, which consists of two orthogonal dimensions, in order of increasing mentalisation: four channels of affect expression (somatic and motor activity, imagery and labeling verbalization) and five levels of affect tolerance and abstraction (disruptive impulsion, modulated impulsion, externalization, appropriation, meaning association). These jointly specify 20 (4 channels X 5 levels) different forms, so that each verbal expression of an affect receives one of these 20 individual scores. The 20 basic categories can be combined in various ways to produce supraordinate global categories or basic dimensional scales.

We turn now to a description of the channels of expression. A patient who reports a sudden nausea or headache uses the somatic channel, and indirectly expresses an affect through the verbalization of an internal physiological sensation: here the autonomic internal body is "talking". The motor channel involves a reference to a specific behavior, which may include manifestations of the muscular external body (i.e. "I got drunk and hit my wife") or, at a high level of containment, more abstract behavioral attitudes (i.e. "At first I was hostile to my wife"). Metaphors, fantasies or dreams are often used to communicate affects through the imagery modality. Within the imagery channel, at a lower level of containment one may get such expressions as: "I see myself stabbing my child with a knife", up to a more appropriated: "I felt I was about to explode". Through the verbalization channel, the affect is expressed by means of direct labels, which use common social language. With lower containment we have the patient who impulsively repeats to coworkers, almost screaming, that his boss is an "abusive dumbfuck", and loses his job, in contrast to a more contained verbal form taken by another, female employee, who successfully and assertively confronts the management team concerning some potentially abusive new administrative measure.

The tolerance/abstraction dimension then is specified as follows in five levels. 1) Disruptive impulsion: the affect is not tolerated, instead it is directly discharged and evacuated, no reflective distance is presently effective. The subject doesn't talk about the affect, rather he expels it while talking, and his awareness is minimal or completely
absent. This level corresponds to the familiar notion of acting out. 2) Modulated impulsion: the affect is still expelled, and not reflected upon. The expression is indirect but is here more modulated. This level is part of a healthy spontaneity and gratification. It is a required condition for instance of sexual pleasure, of laughing or crying, etc. A subject who is impatient and tense, interjects: "She is late again, and we're on in five minutes..." Another person uses the imagery mode to express her anxiety: "I was shaking like a leaf". 3) Externalization: the affect is now more mentalised as it is recognized as a subjective experience, but is perceived as if caused by an external event, or disowned by generalization. An externalized frustration, via a reference to the motor channel is seen in the following: "The children agitate me". 4) Appropriation: the affect is fully tolerated and felt as an internal, private, subjective experience. It is labelled and owned, appropriated by the subject. These are the more explicit forms of affect expression: "I felt ready to explode" (imagery); "I am frustrated right now" (verbal). 5) Meaning association: the affect, appropriated, is further endowed with a fuller meaning through a complexification and enrichment of associations, resulting in a clearer knowledge: "I was hostile then, to avoid being dependent".

The Mental States Rating System (MSRS): Summary of Criteria

MSRS Dimensional Rating: Version 5.4
This is a complement to the Mental States Rating System (MSRS-Manual, version 4.1), by Bouchard, Audet, Picard, Carrier & Milcent, 2001. The MSRS is itself a part of the larger MTCM process measure. The initial distinctions are contained in Normandin (1991) and Normandin and Bouchard (1993). Correspondence may be addressed to Marc-André Bouchard.

Objective-rational mental state

1. Predominant focus on objective facts and situations. On public, general, observable and objective dimensions of life events, present situation, or emerging memory. Different from simple presence.
2. Relative absence of emotional and affective elements in the patient's discourse (not due to isolation, repression and the like). Paralinguistic elements, prosody, non-verbal elements not considered as affective elements.
3. The subject is not focused on the emotional, private, intrapsychic and subjective domain. If attention is put on emotional, private, intrapsychic or subjective matters, it is as if these were a thing observed from a distance.

Concrete thinking at a non-psychotic level

A reality-oriented ego displaying a logico-grammatical structure is available. However, the ego’s organizing and reflecting capacities are presently lost and inaccessible, or may never have fully developed. Thoughts and memories are experienced in the form of immediate, non-psychotic sensori-motor, concrete experiences.
1. **Associations** from one topic to another are **concrete, tangential**. This is seen in **material, narrow, factual reporting**, the presence of **anecdotal** (even if specific) and/or circumstantial **affirmations**, that appear as psychologically “meaningless”, pointless. Such concreteness may serve the subject as a protective device or attack against unbearable meaning and linking.

2. Thoughts and memories are generally **not** consciously **related** to one another within a coherent framework. Discourse **excludes any associative/symbolic/abstract connections**. If present, connections do not seem to move much beyond the **sensori-motor** world. The material only refers to itself. Words reduplicate action. **Thinking is utilitarian**. It is at best structured as a **sequential system of facts, of iterative actions-reactions, of concrete quotes and actions**.

3. Thoughts and memories are **isolated, fragmented**. Each appears to exist in an **island**.

4. There is **no temporal structure** to bind together, to establish interrelationships between thoughts/memories, or with **other temporal modes** (of what precedes, of what might follow). Context is not used to create meaning. The notion of a past that might be repeated is absent.

5. **Stereotyped expressions**, "clichés", conformism.

6. **Non contactful quality** ("white relationship"). **Empty presence that lacks reference** to inner, alive object or self. Not due to isolation, repression and the like.

**Concrete thinking at the psychotic level**

A **reality-oriented**, organizing and reflecting ego is essentially lacking. The logico-grammatical structure has typically fallen apart. Thoughts and memories are experienced in the form of immediate, **psychotic** sensori-motor, concrete experiences.

1. Subject is **not consciously aware** of the fact that he/she is remembering things.
2. **Associations** are endlessly, compulsively, **repetitive**.
3. Thought processes are **not** experienced as **voluntarily directed, intentional**.
4. Past and present are **equivalent**.
5. Mental states are experienced via **concretized metaphors**, the result of **symbolic equations**. e.g. Mental instability and vulnerability is equated with concrete, physical experiences of falling/needing assistance.

**Reflective mental orientation**

1. Involved in **subjective perception of self or other**. Demonstrated capacity to perceive and refer in some verbal form to inner, private experience or reaction, attributed to either self, other or both.
2. The inner private experience or reaction that is attributed to either self, other or both is appreciated fully and in depth (continuity, clarity, number of different elements, complexity).
3. Demonstrated awareness of the subjective nature of aspects of the presently activated experience (during the AAI interview and/or past experiences, and/or contemporary external experiences).

4. Mental states (of self, other or both) are verbally expressed and/or acknowledged. They help to organize the material.

5. The discourse is **fluid**. Shows a free/open/spontaneous/contained form of expression. And it serves one basic purpose: i.e. to increase level of subjective risk, subjective truth. The process is active, “full and alive”.

6. The subject’s intentional orientation is active, effortful, looking-seeking for mental contents, reason to further self exploration and understanding (irrespective of degree achieved in emergence, immersion or elaboration).

7. If discourse contains references to or expressions of feelings experienced by self, other, or both, these have been mentally elaborated from more primitive affects to toned down, differentiated emotions, which can be identified, as clear and distinct. Feelings and affects are **appropriated** (felt to be internal, private, subjective).

8. The subject’s **mental vision** of self or other’s experience is **clear** and easy to grasp. This facilitates one’s emotional, subjective responding to and connection with the experience via empathy, trial identification, possible caring.

**Forms of the reflective mental state (sub-categories)**

1. **Emerging** Reflective. The subject demonstrates some listening or openness to an inner reaction, memory, representation, image, affect. His attention is captured by this material, which is contained for a sufficient period of time. There is some amount of subjective thinking (awareness and perception of signals, inner tensions, reactivation of past pleasures, etc.), but this does not move beyond basic acknowledgement. If blocked (repression, suppression, etc.) or turned into some enactment, rate either defensive high or low.

2. **Empathic** Reflective. The subject manifests a further Reflective capacity, in the form of basic empathy, the result of trial identification. Further exploration of either his self experience, in the present or past, or of the experience of others (in AAI protocols, mostly parents, siblings) is demonstrated. However, no elaboration is made of this material, beyond a clear basic empathy.

3. **Integrative-Elaborative** Reflective. The subject moves beyond the previous two forms of Reflective activity, and demonstrates a further personal elaboration of the previously given material. The subject’s inner situation is related to the mental situation of the significant other. This may concern present or past situations. Concordant identification involves a symmetrical identification of the subject with the mental situation of the significant other (he must have felt ashamed. Complementary identification involves an elaboration of the counterpart mental posture, while relating to the significant other (he was ashamed and I became protective).

**Higher-level defensive mental activity**
1. Some clearly identifiable security seeking process is activated that is and remains outside of the subject’s immediate awareness: free expression of wish, vs superego sanctioned opposition. This is a repetition without remembering. Wish-defense or expansion-contraction (Gray’s) model of conflict as firmly established within the intrapsychic sphere, is presently active and documented in the material.

2. It is possible to clearly identify in the material one or more of the following [repression, neurotic projection, introjection, reaction formation, displacement, negation, intellectualization, isolation, undoing] that currently block, inhibit, distort or transform the expression of wishes or affects or a reflective process.

3. Defensively charged emotions and expressions are verbally expressed (anxiety, fear, inhibitions, guilt, laughs, sarcasm). Wish related affects are toned-down. Manifest (verbally expressed) defensive affects (or modes of relating) cover another mode or affect, which is inhibited, repressed, projected, i.e. transformed by a higher-level defense. Subject contains and transforms motivational pressures.

4. Material contains some aspect that make it possible to infer what is being defended against.

5. Objective or subjective observation of self or other is in the service of security, self-protection and/or resistance, within a wish-defense conflict.

6. Aggression against self (i.e. contraction movement) is organized around guilt and associated feelings.

Intermediate-level defensive mental activity

1. Some clearly identifiable security seeking process is activated that is and remains outside of the subject’s immediate awareness. This is a repetition without remembering. The conflict concerns the mental recognition of the existence or not of a damaging piece of reality to the self or others (trauma, abuse, self-destructive tendencies, damage to loved ones). This dilemma is firmly established within the intrapsychic sphere, is presently active and documented in the material.

2. It is possible to clearly identify in the material one or more of the following [denial, minimization or disavowal] where a piece of perception or a part of the mind is obliterated, or a downplaying of the personal meaning of a recognized, accurately perceived event, occurs. This currently blocks, inhibits, distorts or transform the expression of wishes or affects or a reflective process.

3. Emotional expression is consequently dampened. Wish related affects are toned-down. The self’s (or object’s) subjective truth (as damaged) is not acknowledged. If present (verbally expressed) defensive affects (or modes of relating) cover another mode or affect, which is denied or minimized. Subject contains and transforms motivational pressures, with the possible exception of non-verbal affective expressions (i.e. laugh, sarcasm).

4. Material contains some aspect that make it possible to infer what is being defended against.
5. Objective or subjective observation and awareness of self or other is in the service of security (denial of abuse, trauma, neglect, etc), self-protection and/or resistance as part of mental recognition or not conflict.

6. Aggression against self (contraction) is organized around denial or minimization of either aggressiveness, self-destructiveness or possible traumatic implications of a piece of reality.

7. Aggression (rage, envy, devaluation, omnipotent control, etc.) against the object or potential harm to the subject from the object is intense but denied or minimized.

Lower-level defensive mental activity

1. Some clearly identifiable interpersonal process that aims at creating an impact on the other is activated that is and remains outside of the subject’s immediate awareness: this is a repetition without remembering. Conflict is externalized, expressed through a series of contradictory states, somatizations and/or enactments.

2. It is possible to clearly identify one or more of the following [rationalization, projective identification, splitting, acting-out, idealization, devaluation, omnipotence, acting-out] that currently organize a protective stance against some unbearable alternative.

3. Both defensively charged and wish-related affects are intense and primitive. Manifest defensive affects (or modes of relating) cover another mode or affect, which is split-off, denied, primitively projected, enacted, by a lower-level defense. Subject is overwhelmed, and unable to contain and transform inner motivational pressures.

4. Material contains some aspect that make it possible to infer what is being defended against.

5. Words are affectively charged. Words and para-linguistic expressions are used to create an impact: persuade, entice, seduce, induce to respond, etc.

6. Aggression against self organized around persecution, tyranny, re-victimization and/or repetition of trauma.

7. Aggression (rage, envy, devaluation, omnipotent control, etc.) against the object is intense, and externally expressed.

MSRS Rating Scales

Each criterion is rated on a 1 to 5 rating scale. Alternately, each mental state, using its associated criterion, may be attributed, as a category judgement, for the section of material or transcript under consideration.

1 = Not at all descriptive
Which means that the psychic phenomenon (PP) described or referred to by the MSRS specific criterion is either absent from this material (section or segment) or that only traces of it can be found.
Would imply something intermediate between "traces of the PP are present" and next step on the scale, which implies that a definite exemplar of the PP can be identified. An incompletely developed PP, or an unclear or atypical PP is also to be rated as "2".

3
Implies that two conditions are met:

1. that a definite "exemplar", or "case" of the PP is documented in the material (e.g. a clear defensive activity is present; mental states are formulated and acknowledged; a clearly identifiable interpersonal conflictual expression is seen, etc).

2. But that in relation to the complete segment, section of the material, the PP never fully predominates the picture. That although present to a clear and significant degree, the PP does not "organize" the more significant aspect of the material.

4
Would imply something intermediate between "a definite exemplar or case" and the next step (i.e. a 5 rating) on the scale, which involves in addition that the material under consideration is typical of the PP, that the PP organises the subject's mental state. A 4 rating is obtained when the "exemplar" or "token" does not perfectly illustrate the PP or "type". Or when the case seems mixed, atypical or unevenly distributed within the segment, but when nevertheless the PP is strong d by the material. The case can be mixed, atypical or unevenly distributed, as when some other PP is intermixed with the one being considered (e.g. some defensive mixed in an overall reflective criterion or PP).

5 = Completely descriptive
Which means that the psychic phenomenon (PP) described or referred to by the MSRS specific criterion is either present throughout the material, or if unevenly present, that it predominates and can be said to both latently and manifestly influence and structure the material.

References

Implications for psychoanalysis

Study 1 has shown that it is possible for observers to differentiate between a positive, a negative and a neutral state of the transference-countertransference cycle of mutual projection and re-introjection. Discriminations between these states are based on an appreciation of two key characteristics: a) each participant's immediate mental state as either reactive (defensive or drive-related) or reflective; b) whether or not the patient's projections are being confirmed by the analyst's response. They also involve c) a consideration of linguistic styles (as defined by Liberman) in terms of their complementary or concordant sequence.

The major implication is that these features, which include some manifestations of unconscious mental activity, can be monitored and are open to self-observation and supervision.

Study 2 confirms a partial convergence between the various operational measures of mentalisation, whether it is defined as reflective mental state, clarity of representation of mental states and intentions (reflective function) or as more contained and abstract forms in the verbal expression of affects.

One implication points to the multidimensional nature of the mentalisation process, associated with at least each of the following facets: the subject's present mental state, the degree of affect transformation as expressed in words, the degree of development and constancy of the intentional stance. Defensive activity, particularly at a high level (so-called neurotic defences) is associated with the absence of a personality disorder, which lends support to approaches (e.g. Kernberg's description of personality organization) that underscore the structural components of character formation, development and pathology.

The findings of both studies point to some possible convergence between mentalisation as a result and mentalisation as a process, exemplified by the contribution of a reflective mental state to a positive transference-countertransference configuration.

Finally, the empirical study of the psychoanalytic process is a necessary validating and complementary strategy to the clinical method.

Keywords

AAI interviews, affect elaboration, affect tolerance, countertransference, Liberman, Mental States Rating System, mentalization, personality disorders, positive and negative relationship configurations, reactive mental states, reflective function, reflective mental states, transference, Verbal Elaboration of Affect
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