

THE ANALYTIC PROCESS SCALES
(APS)
CODING MANUAL

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The Analytic Process Scales (APS) Coding Manual

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The authors, all experienced psychoanalysts, have met over the past fourteen years to take up the challenge of characterizing psychoanalytic process more directly than has so far been attempted. Although a century of study by individual clinician-researchers working with relatively small groups of patients has yielded a large body of knowledge about emotional functioning and treatment techniques, the definition and study of psychoanalytic process still remains limited, general, impressionistic, and strongly contested. The increasingly varying therapeutic approaches usually report data in narratives shaped by their theoretical outlook, making comparisons between different methods or individual treatments exceedingly difficult. Our efforts soon led to a consensus that we had to base our work on shareable data from tape-recorded psychoanalyses and develop a way to make quantitative analytic observations in combination with the more familiar clinical ones. In developing our rating scales we selected well defined features, observable at the clinical surface, and discarded aspects that were overly abstract, unclear, or could not be rated reliably. We believe that the scales cover many of the central aspects of analytic activity. Tape-recorded real-time data, for which the APS was developed, can be repeatedly assessed by different research strategies and eventually can be coordinated with other real-time observations of the mind and brain being developed elsewhere in neuroscience.

The APS variables and coding manual reliably measure the nature and quality of the patient's and analyst's individual contributions. The measures importantly characterize the unfolding interactions between patient and analyst during sessions of psychoanalysis and related kinds of psychotherapy. The scales show changes over the course of a single treatment and allow comparisons between different treatments. Since each of us is a psychoanalyst and physician, we use our customary terms, patient and analyst, for the participants; however, client and therapist would be equally appropriate. It is our hope that therapists with diverse points of view will find the APS useful and apply it in a variety of contexts. We expect valuable data to emerge from comparing different techniques and styles of psychoanalysis, comparing psychoanalysis and psychoanalytic psychotherapy, and analytic psychotherapy with other types of psychotherapy, such as interpersonal or cognitive-behavioral treatments.

The APS rates consecutive segments of recorded psychoanalytic sessions. Sessions are divided into psychoanalytically meaningful segments, with their boundaries usually

demarcated by significant changes of speaker or substantial changes in psychological theme. We mark segments as *patient segments*, *analyst segments*, or *joint segments*. Fourteen patient variables and four rater variables are applied to the patient segments, and eighteen different variables to the analyst's interventions. We designate a segment ~~joint~~ *joint* when the contributions of patient and analyst are so interwoven that separating them would produce fragments with insufficient psychological meaning, while the aggregate is meaningful. The patient and analyst variables are applied to their respective parts of joint segments. (See the last page of the manual for instructions on rating joint segments).

There are five points for each scaled variable, numbered 0 to 4. The descriptive words appended to the main points B *none* for 0, *moderate* for 2, and *strong* for 4 B are less significant than the concept of the five points which define the variable. It should be noted that 2 is the variable midpoint.

Many of the variables partly overlap with others, as is true of all related psychological entities. For example, the narrowly drawn variable measuring the patient's self-reflection overlaps with the variable assessing overall patient productivity, since self-reflection is a component of patient productivity.

We have found that three or four successive sessions are the smallest number suitable for our method of studying psychoanalytic process. Raters listen to and simultaneously read two or three sessions for psychological orientation, then rate the third or fourth session, and subsequent ones, as well, depending on the research design. The scaled variables are designed for scoring while listening to the tape-recording of a session, which is much the same as listening to a patient in an office setting. Accurate ratings require this method.

The tape-recording is of particular importance in assessing affect, which is largely judged by voice tone and inflection. However, after listening the first time it is acceptable to review prior segments or sessions using the transcripts alone. To keep the details fresh in your memory, we recommend that the entire process of listening to the preliminary sessions and rating the next be completed in one or two successive days. When rating successive sessions, try to arrange the shortest possible intervals between sittings, and review the transcripts of the previous two or three sessions each time.

We have found that the reliability of ratings dramatically increases if the rater consults the manual every time a variable is scored. Each scaled variable is illustrated by a case example of a single fictionalized analytic session, with successive vignettes at the 0, 2, and 4 levels. We recommend that the rater compare the segment to be scored with the examples at the 0, 2, and 4 levels, and, using these points as anchors, observe whether

the segment closely resembles one of them or fits between two of them. Because the examples for the 2 and 4 levels rely on the earlier information at the 0 level, the illustration should be reviewed from the beginning each time it is used. Although the case examples were inspired by actual patients, they have been extensively disguised and fictionalized, both for the purposes of the manual and confidentiality, so that the final vignettes bear little relation to actual persons. The innovation of fictional analytic illustrations from a session at sequential rating levels, which parallels the kind of material actually scored, contributes to the ease of scoring and inter-rater reliability.

Rate according to the highest level of the variable reached, even if the segment is long and most of it warrants a lower rating.

Some patient or analyst communications are short but very direct and meaningful. When a patient's or analyst's communication is direct, meaningful, and on the mark, it should be given the same score as a comparably meaningful, but longer and more complex statement. Shortness and modest embellishment do not necessarily lower the score.

When the patient is highly emotionally involved in the work at the moment, or conveys immediately-lived previous experiences, score the segment at the highest level warranted by the other criteria of the variable. However, the score should be lowered when the experiences or reflections are less meaningful because feelings are subdued or dramatically heightened. Patient scores also tend to decrease when communications become more general.

A feature must be manifest or nearly manifest to be rated as present. If it is implicit, must be easily inferred by the rater, with the chain of reasoning so straightforward that most clinicians would readily concur.

Communications that seem to refer to childhood and adolescence can be difficult to place in a time setting. The rater should determine whether such communications refer to the developmental period from the context of the patient's expressions, without needing a specific time reference.

Rate a segment without considering the hour's position in the whole analysis (whether early, middle, or late), since adjustments vary with different raters and introduce unpredictable differences.

Each of the first three patient variables B those dealing with the patient's conveying experiences of conflict, showing self reflection, and communicating by expressions of feeling B are divided into two independently rated variables. The first assesses the patient's

reaction to the analyst or analytic situation, the second the patient's reaction to persons and events outside the analysis.

If the first patient segment of a session is not preceded by an analyst segment, score the patient's response to the analyst's intervention for its response to the analyst's final intervention in the preceding session. Similarly, if the first analyst segment of a session is not preceded by a patient segment, score how the analyst's follows the patient's immediate focus in the same way.

Bold print numbers in parentheses appear in the text sequentially after each block of 150 words. These Wordblock markers are included for other investigations and should be disregarded.

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This manual is a part of the APS research project led by Sherwood Waldron, Jr.

Stuart Hauser and Steven Cooper originally encouraged our group to develop clinical anchors for our instrument in 1991.

The first vignette was inspired by the anonymously published specimen session of psychoanalysis (in *Psychoanalytic Process Research Strategies*. ed. H. Dahl, H. Kächele, and H. Thomä. New York: Springer-Verlag, 1988).

Thoughtful contributions to the early development of our instrument came from Theodore Shapiro, Norman Straker, and Herbert Schlesinger.

PATIENT VARIABLES

INTRODUCTION TO RATING THE PATIENT VARIABLES

In rating the patient variables, consider only the patient's communications, not the analyst's previous intervention, except for the variable rating how the patient responds to the analyst's intervention, which is specifically scored for its relationship to the analyst's remarks. Be careful not to score too positively or negatively because you are influenced by your favorable or unfavorable opinion of the analyst's prior intervention. Be particularly careful not to lower a patient's score because you strongly disagree with the analyst's previous comments.

Rate according to the highest level of the variable reached, even if the segment is long and most of it warrants a lower rating.

When the patient's or analyst's communication is short, direct, and meaningful, it should be given the same score as a comparably meaningful, but longer and more complex statement. Shortness and modest embellishment do not necessarily lower the score.

When the patient is highly emotionally involved in the work at the moment, or conveys immediately-lived previous experiences, score the segment at the highest level warranted by the other criteria of the variable. However, the score should be lowered when the experiences or reflections are less meaningful because feelings are subdued or dramatically heightened. Patient scores also tend to decrease as communications become more general.

A feature must be manifest or nearly manifest to be rated as present. If it is implicit, it must be easily inferred by the rater and by most analysts. Communications that seem to refer to childhood and adolescence can be difficult to place in a time setting. The rater should determine whether such communications refer to the developmental period from the context of the patient's expressions, without needing a specific time reference.

If the first patient segment of a session is not preceded by an analyst segment, score the variable dealing with the patient's response to the analyst's intervention for how the patient responds to the final analyst segment of the preceding session.

Several of the patient features we assess, such as the contribution of patient feelings, are divided into two independent variables, the first assessing the reaction to the analyst or analytic situation, the second the reaction to persons and events outside the analysis. If the patient's communication seems to be about an outside person but also refers to the analyst, then score for the response to the analyst as well. Here, the reference to the analyst must be manifest or nearly manifest to be rated. When the opposite occurs, and the

patient's expressions seem to be about the analyst but also refer to others, score comparably. Although patient material about a previous analyst or analytic situation is scored as occurring outside the current analysis, if you conclude that the patient is also alluding to the present analyst or treatment (manifestly, or nearly manifestly), score for the response to the current analyst as well.

1 & 2. HOW CLEARLY DOES THE PATIENT CONVEY EXPERIENCES WHICH PERMIT THE RATER TO DELINEATE HIS OR HER CONFLICTS

1. SPECIFICALLY ABOUT THE ANALYST OR THE ANALYTIC SITUATION?

2. IN ALL RESPECTS OTHER THAN THE ANALYST OR THE ANALYTIC SITUATION?

These two variables deal with how easily the rater can identify elements of conflict C that is, impulses or affects, feared consequences of them, moral concerns, and defenses C and the relationships between any of them, including relevant fantasies and memories. The rating increases as the communications are more direct and meaningful, or more complex and detailed. The length of the patient's contribution should not necessarily influence the score.

When the patient is highly emotionally involved at the moment or reports immediately-lived previous experiences, score the segment at the highest level warranted by the other criteria of the variable. The score decreases when the experiences or reflections are less meaningful because of suppressed or dramatically heightened feelings. The score usually decreases when communications are more general.

To be rated, expressions of conflict and related fantasy must be manifest or nearly manifest. If they are implicit, they must be easily inferred by the rater and most analysts.

Rate according to the highest level of the variable reached, even if the segment is long and most of it warrants a lower rating.

If the patient's communication is about a person outside the analytic situation but also seems to refer to the analyst, score for the analyst as well. In this circumstance, the reference to the analyst must be manifest or nearly manifest to be rated.

A description or expression of symptoms does not necessarily help the rater to understand the patient's conflicts more clearly.

SCORE 0 when the rater cannot identify elements of conflict, including relevant fantasies and memories.

Example: The Inhibited Secretary

An executive secretary entered analysis because of sexual inhibitions. She starts the first session of a week by saying "I don't adjust well to changes in plans. On Thursday Hal (her husband) said that he had to work this weekend, so we couldn't go to the country. Then Friday night he said we could go after all, but I just couldn't get myself together."

Explanation: The patient describes a symptom of rigidity, but provides no indication of the underlying conflicts, fantasies, or memories.

SCORE 2 when the rater can identify with relative ease a couple of elements of conflict C that is, impulses or affects, feared consequences of them, moral concerns, or defenses C while the relationships between them, and related fantasies and memories, are usually less explicit. The conflictual elements and fantasies are presented either reasonably directly or with moderate complexity and detail, and usually show only one example and no references to development. The patient is reasonably emotionally engaged at the moment or reports fairly immediately-lived previous experiences.

Example: The secretary continues: "I'm still thinking about my assistant. I treated her badly on Friday by giving her a long rush job, which didn't have to get done until today. She's very good with the lawyers, and when she has a warm response from them I feel very jealous . . . I hear you shifting in your chair C you must think I'm quite *disgusting*."

Explanation: The patient expresses competitive and hostile impulses that conflict with her moral sense and evoke feelings of disgust, which are projected on to the analyst. Three elements of conflict - her impulses, disgust, and projective defense - are expressed with moderate directness and are relatively easy to identify. They are also moderately complex and very immediately-experienced.

Note: When a single aspect of conflict, for instance a single fantasy or memory, is conveyed very directly or with considerable length and detail, although other aspects of the conflict are indistinct, the rating can be as high as 2.

Two examples of a single aspect rated 2: A woman is very direct and lengthy in describing her hatred for a woman in her office who snuffles, but does not indicate the particular meaning of the snuffling to her. A man is detailed and lengthy in telling about his shame at having difficulty speaking at a party, but without expressing particular impulses, defenses, or fantasies.

Note: When a single element of conflict is depicted with *exceptional* directness or *exceptional* length and complexity, the rating can be as high as 3.

An example of a single aspect rated 3: A man relates an extremely long and complicated narrative of a sexual dream that clearly expresses his wish to be a girl, but shows no evidence of anxiety or concern.

SCORE 4 when the rater can very easily identify several elements of conflict - that is, impulses or affects, feared consequences of them, moral concerns, or defenses - and some of the relationships between them, including related fantasies or memories. The conflictual elements and related fantasies are very directly presented or strongly complex and detailed, often showing more than one example and references to development. At this level, the complexity may include some meaningful combination of current experiences, past experiences, and experiences concerning the analyst. The patient is highly emotionally engaged at the moment, or reports very immediately-lived previous experiences.

Example: The secretary continues: “I experience a flood of things when I first lie down here. It’s kind of hard to lie down with just you, a man, in the room, especially when I’m wanting reassurance from you. I feel that it’s an intimate kind of thing . . . On Friday morning, after I left here, I went back to the office and one of the lawyers came in and started chatting with me. Well . . . I noticed his tie, which was red and coarsely woven, and very nubby . . . Well, I just reached out and I rubbed it with my fingers, and said, ‘This has such a *wonderful* texture’ . . . I was just *mortified*, because I was sure his reaction was going to be so much *disgust*, because I was being so forward!”

Explanation: The patient feels intimately close to the analyst, and represses her sexual impulses towards him, displacing them onto recent memories of talking to the lawyer and rubbing his tie. During both the incident itself and its current retelling, she responds with strong feelings of disgust which she projects on to the lawyer. The patient’s sexual wishes, disgust, and defenses (repression, displacement, and projection), as well as their accompanying fantasies, are very easily perceived. She makes parallel, complex references to the analyst and lawyer, which are very immediately-lived and retold with emotion.

**3 & 4. TO WHAT DEGREE DOES THE PATIENT MAINTAIN SELF-REFLECTION
IN A WAY THAT PROMOTES SELF-UNDERSTANDING**

3. SPECIFICALLY ABOUT THE ANALYST OR THE ANALYTIC SITUATION?

**4. IN ALL RESPECTS OTHER THAN THE ANALYST OR THE ANALYTIC
SITUATION?**

Rate the degree to which the patient reflects on the experiences that she or he has been observing within herself, or reflects on comments made by the analyst about her. The score increases as there is a greater intensity of inner reflection and when the reflections are either more direct or more complex and detailed. The length of the patient's contribution should not necessarily influence its score.

When the patient is highly emotionally involved in self-reflection, score the segment at the highest level warranted by the other criteria of the variable. However, the score decreases when the inner reflection is more intellectualized or ruminative, or carries less meaning because feelings are suppressed or dramatically heightened. Generalizations unattached to immediately-lived experiences are rated lower.

Rate on the *degree* of self reflection, not on the accuracy of its understanding. As the level of self-reflection increases, the patient's communication becomes more nearly the equivalent of a helpful interpretation which the analyst might have made.

To be rated, the self-reflection must be manifest or nearly manifest. If implicit, it must be easily inferred by the rater and most analysts.

Rate according to the highest level of the variable reached, even if the segment is long and most of it warrants a lower rating.

If the patient is speaking about a person outside the analytic situation but also seems to be referring to the analyst, then score for the analyst as well. In this circumstance, the reference to the analyst must be manifest or nearly manifest to be rated.

SCORE 0 when there is no specific self-reflection beyond the minimum necessary for the patient to describe her experiences.

Example: The Submissive Homemaker

A mother and homemaker in her middle years recently began an analysis because of depression and fears that her husband was losing interest in her. The patient says, quite monotonously, "I had a dream about snakes last night but I don't remember anything about it . . . My husband and I have been talking about going to the West Coast on vacation, which we're not going to do because it won't fit in with our social commitments."

Explanation: The patient speaks about a dream and a change in plans without reflecting on her inner experiences, which might include feelings about the dream or disappointment about the trip.

SCORE 2 when there is a moderate degree of reflectiveness about inner experiences or comments made by the analyst about the patient. The patient's inward reflection is at least moderately pointed and direct or moderately complex and detailed. She is reasonably emotionally involved in her self-reflections, which may either be somewhat general or intellectualized, or show some suppressed or dramatically heightened feeling.

Example: The patient continues: "I was supposed to meet our lawyer, Richard, for lunch today to discuss dissolving my uncle's trust. He canceled out on me again at the last minute. He thinks that because he's a successful corporate lawyer he can cancel on me without it mattering. I resent his feeling that he can do whatever he wants; and I can't let him do that to me. I won't reschedule without discussing it with him first."

Explanation: The patient feels resentful at being ill-treated by the lawyer. She reflects on her mounting anger and, consonant with her feelings, decides that she will no longer be submissive towards him. Her reflections are reasonably direct and complex, and she is quite immediately involved in her own inwardly directed reflectiveness.

SCORE 4 when there is a high degree of reflectiveness about inner experiences or comments made by the analyst about the patient. The patient's inward reflection is very pointed and direct or very complex and detailed. She is very emotionally involved in her self-reflections, which are usually connected to specific lived experiences and robust feelings. At this level, the self-reflections often have the characteristics of a useful interpretation which the analyst could have made.

Example: The patient continues: "When someone comes out of your office I find myself looking at them and wondering how their treatment is going. You know that young woman with the long blond hair I mentioned yesterday. She looked so happy I wondered why you still see her. Maybe it's because you enjoy talking with her, different from the way I believe you feel about me . . . You know, that woman looks very much like my younger sister Marge . . . She's also beautiful and has been my father's favorite, which has always bothered me. Now that I think about it, I'm always looking at your other patients and feeling uncomfortable. I'm starting to feel very uncomfortable about all of this."

Explanation: The patient reflects intently about the relationship between the analyst and the attractive woman patient. She thinks about her younger sister, an earlier rival, whom she feels her father preferred. She ponders about always observing other patients, and notices that she is feeling increasingly conflicted. Her self reflections are strongly emotionally involved and connected to immediate experiences. They resemble a complex interpretation that the analyst might have given about her transference feelings of rivalry.

5 & 6. TO WHAT DEGREE DO THE PATIENT'S **FEELINGS** CONTRIBUTE TO THE RATER'S PERCEPTION OF HIS OR HER EXPERIENCES IN THE SEGMENT

5. SPECIFICALLY ABOUT THE ANALYST OR THE ANALYTIC SITUATION?

6. IN ALL RESPECTS OTHER THAN THE ANALYST OR THE ANALYTIC SITUATION?

Feelings can be assessed by voice quality and verbal contents. Voice quality includes aspects such as intensity, speed, rhythm, tone, and inflective nuance, as well as hesitations, sighs, etc. **The rater must listen to the tape of the session in order to rate this variable.** The written examples presented below are insufficient to assess the patient feelings, since they do not include an audio recording.

Score according to the degree that the patient's feelings determine your perception of his or her emotional expressions during the segment. The rating increases as the overall vocal qualities and verbal contents convey feelings that are more strong and explicit in informing the rater about the patient's experiences.

The feelings imparted by the verbal content may be inconsonant with those communicated by the voice quality. When there is a disparity between the affective qualities of the patient's voice and the affective significance of his words, rely much more upon the voice.

Score only for the degree to which expressions of increased feeling inform the rater's understanding of the patient, not for the absence of feelings when they would ordinarily be expected.

Rate according to the highest level of the variable reached, even if the segment is long and most of it warrants a lower rating. Remember to rate *independently* for whether the feeling is expressed in regard to the analyst or analytic situation and in all other respects. Very frequently it is appropriate to score above zero for *both variables*.

If the patient is speaking about a person outside the analytic situation but also seems to be referring to the analyst, then score for the analyst as well. In this circumstance, the reference to the analyst must be manifest or nearly manifest to be rated. If implicit, it must be easily inferred by the rater and most analysts.

SCORE 0 when the feelings conveyed by the voice quality and words do not add to the rater's perception of the patient's experiences beyond the feelings related during relaxed speech.

Example: An Embarrassed Woman

A woman, who had recurrent pinworms as a child, entered analysis for depression and sexual inhibition. In a flat voice, she recalls a dream that her previous analyst considered

important but that she never understood. "The dream had something to do with messy bed linens, and somebody making up my bed . . . It means nothing."

Explanation: One would expect from the content of the dream that it would be accompanied by voiced feelings. But listening to the tape shows that her feelings are extremely dampened. This apparent absence of feelings results in a score of 0.

SCORE 2 when the feelings conveyed by the voice quality and content of the patient's communication are moderately intense and explicit in informing the rater's perception of the patient's experiences. The rating should rely much more on voice quality than verbal content.

Example: The following week the same patient consulted her gynecologist for a urinary tract infection. She is more lively because she feels more resentful, and says "The examination went all right, but he asked me very annoying questions, such as the last time that I had sex with my husband and what we did. I was as cooperative as I could be, but I *won't* confide embarrassing things to someone who's *almost* a stranger."

Explanation: The patient's feelings are freer due to her annoyance. Her words and the sound of her voice express feelings with moderate intensity, that add to the rater's understanding of her sexual conflicts and feelings of humiliation.

SCORE 4 When the feelings conveyed by the patient's voice quality and content are quite strong and very explicit in informing the rater's perception of the patient's experiences.

Example: The patient continues: "I should have been able to tell my doctor what he wanted to know. The analyst intervenes: "You made a reasonable effort to be cooperative, but you felt embarrassed about your body and sex, much as you experienced during the examinations for pin worms when you were a small girl. The patient replies AThat was truly terrible; I felt I was dirty and different from the other children, even though we all had the same thing. . . The questions about sex were very upsetting. He started to write down all those private things -- what if someone else ever *read* them? *Oh my god!*"

Explanation: The very direct feelings of anguish and embarrassment, expressed in words and the sound of her voice, very strongly inform the rater about the patient's humiliation and fear of exposure about sex.

7. TO WHAT DEGREE DOES THE PATIENT SPEAK ABOUT **ROMANTIC OR SEXUAL MATTERS?**

Rate according to the degree that the patient speaks of romantic or sexual feelings, fantasies, activities, and memories, which may include references to sexual attributes of the body. The rating increases as these expressions are either more direct or more complex and detailed. The length of the patient's contribution should not necessarily influence the score.

When the patient is highly emotionally involved in the expressions or reports immediately-lived experiences, score the segment at the highest level warranted by the other criteria of the variable. However, the score decreases when the expressions are less meaningful because feelings are suppressed or dramatically heightened.

Some romantic or sexual aspects may be conveyed by the patient's tone of voice, it is essential to listen to the tape-recording when scoring.

To be rated these expressions must be manifest or nearly manifest. If they are implicit, they must be easily identifiable by the rater and most analysts.

Rate according to the highest level of the variable reached, even if the segment is long and most of it warrants a lower rating.

SCORE 0 when the patient does not mention romantic or sexual feelings, fantasies, activities, or memories.

Example: A Frustrated Woman

A businesswoman entered analysis because of self-destructive behavior. She frequently has affairs in which she is exploited. Deciding to concentrate on her work, she says "Famous Barr has hardly sold any of their order this season and put it all on sale. I should just quit and work for someone else. "

Explanation: There is no mention of romantic or sexual issues.

SCORE 2 when the patient speaks to a moderate degree about romantic or sexual feelings, fantasies, activities, or memories. The patient is reasonably emotionally engaged in these expressions or reports fairly immediately-lived previous experiences. They are conveyed reasonably directly or with moderate complexity and detail. The length of the patient's contribution should not necessarily influence its score.

Example: The patient continues: "I called my accountant, Jim, about my taxes. It's obvious that we have a special relationship and I find him very attractive, and he has strong feelings for me. I'm upset that he was cool on the phone today, and then later he didn't return my call."

Explanation: The patient's is moderately involved and direct in speaking about her romantic feelings.

SCORE 4 when the patient speaks to a strong degree about romantic or sexual feelings, fantasies, activities, or memories. The patient is strongly emotionally engaged in these expressions or reports very immediately-lived previous experiences. They are either very directly stated or are at least moderately complex and

detailed.

Example: The patient continues: “I felt so upset that I called up my old boyfriend Vlad and had sex with him. We drank two bottles of champagne and stayed up until 4 AM. I must have come ten times, but I ended up feeling empty. Why can’t I ever work things out with someone like Jim? “

Explanation: The patient speaks about sexual and romantic matters in a very emotionally involved and direct way.

8. TO WHAT DEGREE DOES THE PATIENT SPEAK ABOUT ASSERTIVENESS, AGGRESSIVENESS, OR HOSTILITY?

Rate according to the degree that the patient speaks about assertive, aggressive, or hostile - feelings, fantasies, activities, or memories beyond what would be found in ordinary relaxed speech. The rating increases as these expressions are either more direct or more complex and detailed. The length of the patient's contribution should not necessarily influence its score.

By *assertive* we mean forceful, beyond ordinary vigor; by *aggressive* we mean competitive or angry with other persons. *Hostility* includes derogation, criticism, meanness, attack, or punishment toward other persons, toward oneself, or toward things.

When the patient is highly emotionally involved in the expressions or reports immediately-lived previous experiences, score the segment at the highest level warranted by the other criteria of the variable. However, the score decreases when the expressions are less meaningful because feelings are subdued or dramatically heightened.

Some assertive, aggressive, or hostile aspects may be conveyed by tone of voice, so it is essential to listen to the tape-recording when scoring.

To be rated these expressions must be manifest or nearly manifest. If they are implicit, they must be easily identifiable by the rater and most analysts.

Rate according to the highest level of the variable reached, even if the segment is long and most of it warrants a lower rating

SCORE 0 when the patient says nothing about assertive, aggressive, or hostile - feelings, fantasies, activities, or memories.

Example: An Angry Son

A young man is in analysis because of recurrent episodes of depression. He was very intimidated by his father during his growing years and became significantly inhibited in his assertiveness and expressions of anger. He begins: "I've been meeting with the people at the new software company. We need to get a better idea of what our market is."

Explanation: The expressions are assertive to the degree found in ordinary relaxed speech.

SCORE 2 when the patient speaks to a moderate degree about assertive, aggressive, or hostile - feelings, fantasies, activities, or memories. The patient is reasonably emotionally engaged in these expressions or reports fairly immediately-lived experiences. They are either reasonably direct or moderately complex and detailed. The length of the patient's contribution should not necessarily influence its score.

Example: The patient continues: "I'm very concerned about how things are going with Al [his new business partner]. He really ~~isn't~~ *isn't* getting the job done! He becomes more intense: "It's hard for me to say this, but I think the trouble is that he's *lazy*. He just doesn't exert himself enough!"

Explanation: The patient is directly assertive and critical to a moderate degree.

SCORE 4 when the patient speaks to a strong degree about assertive, aggressive, or hostile - feelings, fantasies, activities, or memories. The patient is strongly emotionally engaged in the these expressions or reports very immediately-lived experiences. They are either strongly direct or at least moderately complex and detailed.

Example: The patient continues: "I got a letter from my father today, saying that he wanted me to sign over ten percent of the business to my cousin, who has made no contribution to it whatsoever! He said that he knows that I will disagree. I saw red! I want to punch him out!! He doesn't care about me, he's only thinking about his own comfort."

Explanation: The patient is strongly critical and angry at his father, with a high degree of emotional involvement, directness, and complexity.

9. TO WHAT DEGREE DOES THE PATIENT REGARD HER OR HIS EMOTIONAL EXPERIENCES OR EXPRESSIONS AS PROBLEMS?

Score according to the degree that the patient notices that she has unpleasant or painful emotional experiences (such as anxiety, guilt, shame, depressed feelings, or feelings of insufficiency), observes that she has inhibitions (such as avoiding career advancement), sees that some of what she says or does leads to adverse consequences (such as provoking others), recognizes particular emotional symptoms (such as compulsions), or notes character symptoms (such as passivity).

Rate higher as her emotional involvement and conviction about the presence of problems increases, or when her recognition of problems is either more direct or more complex and detailed. The length of the patient's contribution should not necessarily influence its score. The score decreases when the patient's communications about problems are less emotionally engaged, more general, or confined to the past.

The patient's recognition of problems must be manifest or nearly manifest to be rated. If it is implicit, it must be easily identifiable by the rater and most analysts. Nevertheless, be particularly mindful of *implied* recognition of emotional problems.

Rate according to the highest level of the variable reached, even if the segment is long and most of it warrants a lower rating.

SCORE 0 when the patient does not notice that her emotional experiences or expressions are unpleasant, inhibited, lead to adverse consequences, or include particular emotional symptoms.

Example: The Placement Director Who Overworks

A job placement director at a school comes to analysis because of prolonged depression, severe anxiety, and frantic overworking. At the beginning of a session, she says "The administrator took away half of my space, and I can't get my work done! I have eight programs to run, and I'm working seven days a week . . . It's nice, though, because I don't have to work usual hours; and If I want to, I can work till two or three in the morning."

Explanation: The patient focuses on the administrator's actions and her working conditions, while ignoring her own problems of depression, anxiety, and drivenness.

SCORE 2 when, overall, the patient moderately notices that she has unpleasant emotional experiences (such as anxiety, guilt, shame, depressed feelings, or feelings of insufficiency) observes that she has inhibitions, sees that what she says or does leads to adverse consequences, or recognizes particular emotional or character symptoms. There is usually a moderate degree of emotional involvement and conviction about her observations of problems, and either moderate directness, or at least mild complexity and detail. When the patient notices only general or past problems, the rating is usually 2 or less.

Example: The session continues. The analyst asks “Don’t you yourself determine the number of programs offered?” The patient replies “I guess so. But I have to make every connection with employers possible, because there’s so little work out there for the students. It’s true . . . I’m not controlling myself . . . I’ll have to cut down the programs and try not to be so upset about it.”

Explanation: The patient responds to the analyst’s clarification by recognizing, to a moderate degree, that she is having problems in controlling the volume of her work and is becoming unduly distressed by it. Her description has moderate emotional involvement and conviction in her perception of problems, and moderate directness and complexity.

SCORE 4 when, overall, the patient strongly notices that she has unpleasant emotional experiences, observes that she has inhibitions, sees that what she says or does leads to adverse consequences, or recognized particular emotional symptoms, including character symptoms. There is usually a high degree of emotional involvement and conviction about her awareness of problems, and usually either considerable directness or much complexity and detail, possibly including more than one example or a connection to development.

Example: During a session a few months later, the patient says “I don’t keep up being organized, and I can’t go on like this, because I’m wasting too much time looking for papers. I’ve been working on my study at home, and filled up fifteen boxes of stuff to throw out . . . My mother took care of her house meticulously and paid all her bills immediately. I can’t be like her - I feel miserable . . . Yesterday I avoided my paper work, and then when I got going on it, I couldn’t stop to eat dinner.”

Explanation: The patient acknowledges very uncomfortable feelings about her financial records and strongly sees that her lack of organization is a problem. She notices she has problems with compulsively avoiding work and compulsively getting lost in it. Her expressions have strong conviction and complexity, and include childhood memories of her mother’s contrasting meticulousness.

10. TO WHAT DEGREE DOES THE PATIENT **REFER TO** HER OR HIS **DEVELOPMENT**?

Rate the degree that the patient refers to meaningful childhood or adolescent experiences, which may be connected to more recent ones, including perceptions of the analyst. The patient may be unaware of the linkage or significance of the experiences. The score increases as the developmental experiences are more emotionally relived by the patient, and are referred to with more directness or complexity. The length of the patient's contribution should not necessarily influence its score.

References to childhood and adolescence must be manifest, or nearly manifest, to be rated. If they are implicit, they must be easily identifiable by the rater and most analysts.

Allusions to development are often hard to place in a time setting. The rater should infer them from the context of the patient's expressions, without needing a specific time reference.

General or highly inferred statements about childhood are usually scored at 2 or less.

Rate according to the highest level of the variable reached, even if the segment is long and most of it warrants a lower rating.

SCORE 0 when there is no reference to emotionally significant childhood or adolescent experiences.

Example: A Woman Intensely Competitive with Her Brother

A woman salesperson entered analysis because of depression and obsessiveness. Her parents have always doted on her older brother, John, and she begins a session by saying "I'm feeling depressed today . . . Maybe its because my mother asked me to come to see my brother, who'll be at home for the weekend, but I may not go."

Explanation: The patient describes experiences without referring to development.

SCORE 2 when the patient refers moderately to meaningful childhood and adolescent experiences, which may be connected to more recent experiences, including perceptions of the analyst. The patient may be unaware of the linkage or significance of the experiences. There is usually moderate emotional involvement with these experiences, and either moderate directness or complexity.

References to childhood and adolescence are often hard to place in a temporal setting. The rater should infer them from the context of the patient's expressions, without needing a specific time reference. General or substantially inferred statements about childhood are usually scored at 2 or less.

Example: The session continues. The patient has just finished a project at work for which she received little recognition from her supervisor. She remarks “I don’t know why I’m feeling so bad . . . Ellen [the supervisor] didn’t say anything about my work. Bill [a co-worker] is always flattering her, and telling her personal things . . . I don’t know if I’ll see John on Saturday . . . We were always together as children because my mother was always in bed. He was ahead of me in school and got good grades, which made me feel stupid.”

Explanation: The patient mentions her childhood rivalry with her brother and makes an implied connection to her current co-worker rival. Her communication has moderate emotional involvement and a reasonable degree of complexity and detail.

SCORE 4 when the patient refers strongly to emotionally meaningful childhood and adolescent experiences, which are often connected to more recent experiences, including perceptions of the analyst. The patient may be unaware of the linkage or the significance of the experiences. There is usually strong emotional involvement with the developmental experiences, which are either stated very directly or with much complexity and detail.

Although general or substantially inferred statements about childhood are usually scored at 2 or less, very extensive and meaningful general accounts may be rated as high as 3.

Example: The patient continues: “I had a horrible dream last night in which I killed Richard [a former boyfriend] with a knife through his eye . . . It was reassuring to live with Richard because he reminded me of home . . . My brother and I shared the same room for six years. He wrestled in the schoolyard one day, and hit his head against a concrete wall and didn’t recognize anyone for the rest of the day. I prayed and prayed that he would be all right, and I never got angry at him after that.”

Explanation: The patient remembers sharing a room with her brother. Murderous impulses towards her former boyfriend, expressed in her dream, are implicitly connected with her brother and her current rival. She vividly recalls her the accident and her reaction formation following it. Her statements are highly emotionally engaged, direct, and detailed.

11. TO WHAT DEGREE DO ISSUES OF **SELF-ESTEEM** APPEAR IN THE
PATIENT'S COMMUNICATIONS?

Self-esteem is a feeling or attitude of self-worth, which is generated and constrained by many factors. Conscience activity is a most important regulator of self-esteem through its functions of praising and rewarding, or criticizing and punishing.

Self-esteem experiences vary widely. Although *self-worth* is the most inclusive term for *self-esteem*, there are roughly four overlapping categories of feelings of self-esteem, each having a spectrum between high and low ends. These overlapping affects are:

- (1) feelings of *pride*, including feelings of being superior, heroic, or entitled (as opposed to feeling shamed, inferior, or humiliated, which represent the low self-esteem side of the spectrum);
- (2) feelings of being *virtuous*, truthful, or honest (as opposed to corrupt, guilty, or deceitful);
- (3) feelings of being *lovable*, personally valuable, or cared for (as opposed to loathsome, insignificant, or scorned); and
- (4) feelings of being *effective*; that is, capable, powerful, dominant, in control (as opposed to insufficient, ill-equipped, submissive, or lacking in self-control).

A person's self-esteem experiences may lie within a baseline band of feelings found in ordinary people at usual times, or may be increased or decreased. Expressions of increased and decreased self-esteem are scored similarly, by their deviation from an ordinary baseline.

Because self-esteem issues may be felt and implied, they should be scored when they are reasonably apparent to the rater, and would be reasonably apparent to most analysts. Whenever possible, infer the patient's self-esteem from the context presented. For instance, infer that a man who is feeling shame and is hiding his sexual interest in a woman who attracts him is expressing lowered self-esteem, as well as a woman who is irrationally predicting failure and seems to be feeling insufficient. Be careful to notice the component of lowered self-esteem when a patient has depressed feelings or feels he has transgressed.

Rate according to the degree that the patient's expressions demonstrate either increased or decreased self-esteem, or contribute to the rater's understanding of the patient's self-esteem or self-esteem development. Score higher as expressions about self-esteem seem more emotionally immediate, and either more direct or more complex and detailed. The length of the patient's contribution should not necessarily influence its score.

When past experiences or developmental influences on self-esteem are not linked to current experiences, the rating is usually 2 or less, and occasionally may be 3.

Rate according to the highest level of the variable reached, even if the segment is long and most of it warrants a lower rating.

SCORE 0 when no issues of self-esteem are conveyed in the segment.

Example: A Haughty Woman

A married woman entered analysis because of an unhappy romance with another man. She is flamboyant, self-centered, and imperious; and yet her capacities have developed very considerably during the period of treatment. The patient starts her session twenty minutes late and seems enraged: "I have been *furious* since yesterday! I wanted to reach Stan [her lover] and he was away."

Explanation: No self-esteem issues can be reasonably inferred from the segment. The patient's frustration and anger might conceivably indicate that she is feeling humiliated, but this is insufficiently apparent from her communication.

SCORE 2 when the patient's expressions are moderately increased or decreased from an ordinary baseline of self-esteem, or moderately contribute to the rater's understanding of the patient's self-esteem or self-esteem development. The expressions about self-esteem are usually at least moderately emotionally immediate, and either moderately direct or moderately complex and detailed.

Increased and decreased self-esteem are scored similarly. Be particularly careful not to miss lowered self-esteem when the patient expresses depressed feelings or feels that he has transgressed.

Make inferences about self-esteem issues from the context of the patient's expressions whenever they are reasonably apparent to the rater and could reasonably be seen by most analysts.

An example of decreased self-esteem rated 2: The session continues: "He's not calling because I don't mean enough to him. He was probably out with his pretty secretary Amy, she's always flirting with him."

Explanation: The patient is feeling insufficiently desirable to a moderate degree. Her remarks add somewhat to the rater's understanding of her negative concerns about her attractiveness. There is moderate emotional involvement and directness.

An example of increased self-esteem rated 2: As the session continues, the patient switches to an elevated mood: "When I'm feeling bad, I need to speak to you. I called you at eight this morning and I didn't hear from you by the time I left at nine. When I call you, I expect to hear back from you promptly!"

Explanation: The patient expresses moderately elevated self-esteem by speaking in an entitled and demeaning way to the analyst. Her remarks somewhat enlarge the rater's understanding that she defends against feeling inadequate by assuming a hostile superior air while devaluing others. There is strong emotional engagement, and a reasonable degree of directness and complexity.

SCORE 4 when the patient's expressions are strongly increased or decreased from an ordinary baseline of self-esteem, or strongly contribute to the rater's understanding of the patient's self-esteem or self-esteem development. Expressions about self-esteem are usually highly immediate, and are either strongly direct or complex and detailed.

An example of decreased self-esteem rated 4: The analyst remarks "Because you feel so hurt by Stanley, you're talking to me in a haughty and demeaning manner." The patient becomes depressed again and bursts into tears: "Why should he want to see me? I can't *do* anything. All I've known is how to interest men. You say that I can learn what I missed in school, but believe me I've never been able to *learn* anything. I'll *never* be able to do *any* kind of serious work."

Explanation: The patient shifts to strong underlying feelings of inferiority and humiliation. Her statements strongly contribute to the rater's understanding of her profound but currently erroneous sense of having insufficient abilities. Emotional involvement, directness, and complexity are all strong.

An example of increased self-esteem rated 4: The session continues with the analyst saying "Your capacities have developed steadily over the past few years, but you feel too guilty about advancing beyond your mother to acknowledge that. The patient becomes elated again: "You're wrong! I'm going to walk out of here right now! . . . Why should I even bother talking to you? You have nothing to say to me. You can't make me stay! You're a weakling like my father and my husband! My father went out with his friends to play golf, and never cared about me. My husband is never home either, he's always out working."

Explanation: The patient speaks to the analyst in a highly grandiose and belittling manner. Her statements strongly link the defensively elevated self-esteem in her transference with childhood memories of disappointment with her father and feelings of rejection by her husband. There is considerable emotional engagement, directness, and complexity.

QUALITY OF PATIENT'S PRODUCTIONS (3 Variables)

12. TO WHAT DEGREE IS THE PATIENT IDENTIFIABLY **RESPONDING TO THE ANALYST'S INTERVENTION** IN A POTENTIALLY USEFUL MANNER?

Score according to the degree that the response seems psychologically attuned to the analyst's focus, potentially useful to the patient or progress in the treatment, and emotionally deep. The score increases as the response seems to have more potentially useful or psychologically deep - and as the response is more emotionally immediate and direct. The score decreases when responses are less emotionally involved, for instance, less meaningful because they are ruminative or have dramatically heightened feeling. The length of the patient's contribution should not necessarily influence its score.

By *emotional depth* we mean that the response appears to convey emotional understanding previously not apparent to the patient.

Some common types of responses which seem consonant with the analyst's focus and useful to the patient or her progress are: comprehension of the intervention, development of related affects, integration with previously-known material, and elaboration of new related associations. They also include what can be called *productive negation*, when the patient disagrees with the analyst's remarks in a way that may promote analytic progress, or *productive selection* where the patient ignores the analyst's remarks which seem misleading, and finds something useful to respond to.

While rating the patient's responsiveness, be careful to disregard the aptness or skill of the analyst's intervention.

Rate according to the highest level of the variable reached, even if the segment is long and most of it warrants a lower rating.

If a patient segment occurs at the beginning of the session and is not preceded by an analyst segment, rate the degree of the patient's response to the *last* intervention of the previous session. If the first patient segment is a *joint segment* (an exchange between analyst and patient) that is not preceded by an analyst segment, rate according to the patient's response to the last intervention in the previous session *and* to all of the analyst's comments in the joint segment as well (see the last page of the manual for rating joint segments).

SCORE 0 when the patient's response does not seem psychologically attuned to the analyst's intervention or, if attuned, not at all potentially useful.

Example: A Self-Defeating Designer

An artistically gifted young woman often ignores impending mistreatment by others, and actually courts it. While she worked on a home design for an egotistical man, she ignored his abusive attitudes, as he picked her brain for her ideas and dismissed her. The patient begins: "I'm drawing up a bill for the thirty hours of work. I'll call Alan [the client] to explain all the charges. It's hard for me to talk to him, he *always* thinks he's right. The analyst intervenes: AThat's like asking the fox to guard the chickens! What leads you to want to call him in advance of sending the bill? The patient responds "I told him I'd discuss the bill with him, so I have to do it . . . I think I'll get him to pay and then I won't give him my sketches. He won't walk away from this so easily."

Explanation: The patient shows no increased awareness that she is inviting trouble. Instead, she ignores the intervention and reacts to the client's exploitation with poorly directed anger and a fantasy of revenge.

SCORE 2 when the patient's response to the analyst seems moderately psychologically attuned to the analyst's focus, potentially emotionally useful to the patient or progress in the analysis, and at least mildly deep. The response is usually moderately emotionally immediate, and either reasonably psychologically direct or moderately complex and detailed. Disregard the aptness or skill of the analyst's intervention.

Example: The designer continues: "He pushes everyone around. It's about time that someone taught him a lesson. He's got poor taste, and he'll end up with something very ugly. Anyway, he can't start without the plans." The analyst intervenes: "You are considering a 'revenge theory' of doing business. Although you are aware of feeling angry at your client for discharging you, you minimize how particularly angry you feel that he doesn't admire your work." The patient responds "I'm just feeling upset . . . When I worked at the design firm last year, I felt that no one liked me. My parents said it was because I was better educated than they were, but I felt that I was different. And it bothered me that no one recognized that I was talented."

Explanation: The analyst clarifies that the patient is specifically minimizing her anger at not being admired. The patient replies with a reasonably well-attuned, moderately useful and deep response in recalling her feelings of alienation and wanting to be admired. There is moderate emotional engagement, psychological directness, and complexity.

SCORE 4 when the response to the intervention seems strongly psychologically attuned to the analyst's focus, potentially very useful to the patient or progress in the analysis, and at least moderately deep. The response is usually highly emotionally involved and is either very psychologically direct or very complex and detailed. The complexity may include some combination of the patient's current experiences, past experiences, and responses to the analyst.

Example: The designer continues the session: "I've been feeling more confidence at the modern dance group, but I've had difficulty learning the new number. Samantha [the director] said that anyone who takes so long to pick it up must be a bit dim . . . My mother used to smirk and say that I was stupid." The analyst intervenes: "It's been most difficult for you to recognize Samantha's unkind and exploitative side, much as you ignored the signals coming from your recent design client." The patient responds "In the last week, I've been thinking about how much people mistreat me, and I see that I feel that it's *inevitable* that I'll be treated badly. Some of it comes from how I handle things . . . I really got shook up yesterday - I found myself picturing Samantha in the hospital with cancer. Do I *really* want her dead? . . . I hardly ever get angry at my mother either . . . Maybe I'm *angry* at her too!"

Explanation: The analyst clarifies the patient's avoidance of acknowledging the hurtfulness of the dance director and the design client. The patient responds by indicating that she understands that her expectations can elicit mistreatment. An important fantasy appears, expressing murderous impulses towards the director, followed by a dawning feeling that she may be hiding anger towards her mother as well. The response is strongly attuned to the intervention, seems potentially very useful to the patient, and appears to be very deep.

13. TO WHAT DEGREE ARE THE PATIENT'S COMMUNICATIONS PSYCHOLOGICALLY CONTINUOUS WITH THE ISSUES HE OR SHE PRESENTED IN THE PREVIOUS SESSION AND EARLIER IN THIS ONE?

Continuity is the degree to which emotional communications (showing aspects such as conflicts, fantasies, and identifications) are psychologically similar to or contiguous with the patient's issues during the prior session and earlier in the current one. *Similarity* means that the present remarks are parallel with preceding emotional issues, but are expressed in a different context. For example, similarity is demonstrated by a patient's prior communication of fearing her mother, and now telling of an experience of fearing a female supervisor at work. *Contiguity* means that current statements psychologically complement and extend the meaning of previous issues. An example of contiguity is a prior recollection of six months of hospitalization while in a cast during early childhood, followed by a current report of timidity and avoiding a dispute.

Score according to the degree that current expressions are psychologically similar to or contiguous with the patient's emotional issues in the previous session and earlier in the current one. The score increases as the current communication is similar to or contiguous with more extensive expressions of the principal themes already articulated by the patient. The rating also increases when the current remarks are either more psychologically direct or more complex and detailed in showing the continuity.

Be particularly careful to rate *only* in relation to the patient's communication of prior issues; disregard contributions to these issues introduced by the analyst.

To be rated, the similarity or contiguity of emotional matters must be manifest or nearly manifest. If implicit, they must be easily recognizable by the rater and most analysts.

Rate according to the highest level of the variable reached, even if the segment is long and most of it warrants a lower rating.

Example: An Investment Banker Who Mistreats Men

A young woman who is an investment banker started an analysis because she was unable to marry and had intermittent depressions. She is talkative, and has a somewhat masculine appearance. During the previous session, she related that her younger brother, Charles, had run out of money again. Although inclined towards the humanities, he was encouraged by the patient's mother to pursue a career in finance, which he abandoned in midstream; and he is now drifting. There was no mention of the patient's competitive victory over her brother. Then she spoke at length about a country club golf tournament between firms, and how an admiring senior partner sent her a note encouraging her to enter the tournament to represent the firm.

In the opening segment of the current session, she mentioned a date with Barry, a man whom she had just met, and how she criticized his clothes and the wine he ordered at dinner. The second segment of the current session, given below, illustrates the level of Score 0.

SCORE 0 when the patient's current issues are not psychologically similar to or contiguous with the patient's emotional issues appearing in the previous session and earlier in this one.

Example: The patient continues “I was late getting to the office yesterday, but no one saw me come in. George [another suitor] called me . . . I know I’m jumping around a lot, but I have to get it all in . . . I don’t think he’s my type.”

Explanation: Although the theme of dating reappears, there are no significant comments that psychologically parallel or continue the patient’s prior emotional issues.

SCORE 2 when the patient’s current expressions are moderately psychologically similar to or contiguous with the patient’s emotional issues in the previous session and earlier in the current one. The present expressions usually parallel or enlarge upon the psychological meaning of moderately extensive prior issues; and they are moderately direct or complex and detailed in showing the continuity.

The prior material must appear to have at least some psychological importance.

Example: She continues: “I talked with Charles [her brother] last night. You know I was *really* mean to him when I was eleven or twelve. I used to squeeze the back of his neck like this! [gestures] . . .”

Explanation: Competitiveness implicitly appeared in her accounts of her brother’s hard times and the golf tournament, and then explicitly emerged in the recollection of her unkind criticism of her date. She now recalls a memory of physically hurting her younger brother during her childhood. These comments moderately parallel and extend the previous remarks about competitiveness and harshness towards males. The prior communications are fairly extensive and seem to be very important. There is strong psychological directness, but only some complexity.

SCORE 4 when the patient’s current expressions are strongly psychologically similar to or contiguous with the patient’s emotional issues in the previous session and earlier in the current one. The prior issues usually have at least moderate length and seemingly moderate psychological importance, while the current communications are either very direct or strongly complex and detailed.

Example: The patient continues: “I’m feeling somewhat masculine again today . . . I slept at my parent’s house last night and my mother was up at six in the morning. I put the milk in the wrong place in the refrigerator and she had a fit. Then she told me that I wasn’t giving Barry [the mistreated suitor] a chance, and pressed me to let my hair grow longer and shorten my skirts. I said that she had to stop telling me these things, and she screamed at me for five minutes saying that she was only trying to help . . . I was going over the Chicago contract with Alice [a colleague] today and I started to look at her breasts. I was actually starting to get excited. Do you think I’m really a lesbian and don’t know it!?”

Explanation: The patient’s feelings of masculinity are followed by thoughts about her mother’s very controlling and hurtful behavior. The statement of her masculine and homoerotic feelings seems to be a response to the disappointment and anger evoked by her mother. The patient’s recent memories of her mother and expression of masculine and homoerotic feelings are strongly contiguous with the previous expressions of competitiveness, harshness, and anger towards men, since they complement and extend those prior communications. The earlier material is very extensive and seemingly important; and the current expressions are very direct and complex.

14. WHAT IS THE DEGREE OF THE PATIENT'S **OVERALL ANALYTIC PRODUCTIVITY** DURING THE SEGMENT?

This variable measures the psychoanalytic value of the patient's contribution during the segment, whether occurring in response to the analyst's intervention, or emerging from the patient's independent momentum, or both.

Score according to the degree to which there is a sense of forward movement during the segment in the depth or breadth of the patient's or rater's emotional understanding in the intensity of the patient's involvement and collaboration with the analyst, or in the quality of other emotional expressions. The score also increases as there is more psychological directness or complexity and detail. The rating decreases when the patient's expressions are less affectively meaningful, such as when feelings are either suppressed or dramatically heightened.

By *improved understanding* we mean better comprehension of any of the patient's psychological features, such as conflicts, fantasies, identifications, or self esteem. Advances in emotional involvement and collaboration with the analyst include more emotional engagement, more reflection about the analyst or analysis, or more useful attention to the analyst's focus. Improvements in other emotional expressions consist of a wide variety of psychological features, such as better control of impulses, awareness of affects, shifts in defenses, or relief of inhibitions (for example, under-assertiveness), symptoms, or character symptoms (for example, antagonism).

To be rated, the relevant emotional matters must be manifest or nearly manifest. If implicit, they must be easily recognizable by the rater and most analysts.

Rate according to the highest level of the variable reached, even if the segment is long and most of it warrants a lower rating.

SCORE 0 when there is no evidence of analytic progress during the segment concerning emotional understanding by the patient or rater, involvement and collaboration with the analyst, or the quality of other emotional expressions.

Example: The Businessman Afraid of His Father

A man is undertaking analysis because his wife finds him removed and insensitive to her concerns, and has threatened to leave him. He works in a family business founded by his father, who thinks he is insufficiently capable of major responsibilities. The patient begins with an indifferent tone: "There's really nothing new, so I'm going to tell you the usual things . . . It's a month since the baby was born, and Sally [his wife] is nervous because the nurse will finish this week . . . [with more enthusiasm] The appliance line is selling pretty well, which is a surprise in this economy."

Explanation: The patient begins by declaring his lack of emotional openness, and then goes on to ignore his current emotions and those of his wife. There are no dimensions of analytic progress.

SCORE 2 when the patient shows moderate analytic progress during the segment in the depth and breadth of the patient's or rater's emotional understanding, the patient's involvement and collaboration with the analyst, or the quality of other momentary expressions, such as better awareness of affects or shifts in defenses, inhibitions, or symptoms. There is moderately relevant psychological directness or moderate complexity and detail.

Example: The patient continues: "I was driving a company van yesterday, and a truck backed right into me. He took off like a bat, but I drove after him and got his license number! Back at the factory my father acted as if it was all my fault. A lot of time I end up feeling that he thinks I'm an ineffective person, and that *he's* the great efficient operator."

Explanation: During the segment, the patient shows moderate understanding of his feelings of rivalry with the fugitive truck driver and with his father, as is seen in his relish of the chase and reflections about his father's criticisms and self-importance. Emotional engagement, collaboration, and self-reflectiveness advance moderately, and his remarks show a reasonable amount of complexity and detail.

SCORE 4 when the patient makes strong analytic progress during the segment in the depth and breadth of the patient's or rater's emotional understanding, or the patient's involvement and collaboration with the analyst, or the quality of other emotional expressions. There is usually a great deal of directness or strong relevant complexity and detail - which may link some combination of current experiences, past experiences, and responses to the analyst.

Example: The businessman continues: "I feel that my father doesn't really want me to do better in the business, but I can't be sure that's really happening. Maybe I'm making it all up because I'm stressed out by the accident." The analyst comments "At moments with strong emotional charge, like this one with your father, you become vague and indecisive so as to obscure feelings which frighten you." The patient responds "I can't see that at all . . . I guess I *do* stay away from confrontations with people at work; I can see *that*. Going against my father or the other people can be big trouble, so it's better to just go along . . . I don't open my mouth much here with you either. You understand this stuff better than I ever could, and you could make me look like a real *jerk* in about two seconds."

Explanation: The patient responds to the analyst's interpretation with moderate understanding of his passivity and his fear of his father and co-workers. He then reveals his concerns about being humiliated by the analyst. Although he has only moderate understanding of these experiences, he permits the rater to strongly comprehend the connections between the three sets of experiences with: his co-workers, his father and the analyst. Emotional involvement, collaboration, and self-reflectiveness have become strong, and there is much complexity and detail.

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RATER VARIABLES

VARIABLES RATING THE DESIRABILITY OF EACH TYPE OF ANALYST INTERVENTION

We divide all interventions into four categories: three distinctively *analytic* ones C encouraging elaboration, clarification, and interpretation C and one designated *support*, which includes all interventions other than the three typically analytic ones - such as approval, special empathy, encouragement, education, and so on. We regard support as a necessary part of psychoanalytic technique, which can be used to maintain collaboration and progress by moderating excessive feelings of threat, discomfort, diminished self-esteem, or physical endangerment.

Encouraging elaboration is a request by the analyst that the patient continue with what he or she has been relating.

Clarification demonstrates surface features which can easily enter full awareness, while interpretation aims at transforming meanings by bringing aspects out of awareness into full awareness. Surface connections always have parallel deep connections, which sometimes makes the distinction between clarification and interpretation indistinct.

The analyst may approach the material of a segment with no intervention, a single type of intervention, or, more often, an intervention blending more than one type.

In the 4 boxes underneath the 14 patient variables, rate the desirability of each kind of intervention as the highest level of opportunity for this kind of intervention which you think the analyst *could* have recognized at the moment (0 to 4). As you rate each one, disregard the suitability of the other three kinds of intervention, or whether any of them would be preferable. Be guided by the opportunity which you yourself might have perceived in the same situation.

Then click the choice arrow in the box marked "Optional", and indicate which type of intervention (if any) you would most prefer making, and write out what the intervention would be in the adjoining large box. This will allow us to compare the content of the analyst's actual intervention with those proposed by different raters. Please use the **exact language** you believe you would have used to the patient, as if what you write is a transcript of what you would have said.

1. TO WHAT DEGREE WOULD IT BE DESIRABLE TO **ENCOURAGE ELABORATION** OF THIS SEGMENT?

The analyst *encourages elaboration* by requesting the patient to continue with what he or she has been relating. The analyst may briefly inquire “Because?”, ask in a general, open-ended way “Can you tell me more about that?”, or seek associations to a particular element of the communication: “What was the bad feeling you had when the man looked bored?”

Score according to the degree to which the patient’s communications seems to have more analytic promise than appears to be unfolding at the moment and might be facilitated by elaboration; or according to the degree to which the patient’s communications seem to be noticeably impeded, presumably by defense. The score increases as the patient’s remarks appear to show more analytic promise about which he or she can elaborate, or seem to demonstrate the presence of more interference.

By *analytic promise* we mean that the patient’s expressions seem to have potential analytic meaning, which can be very easily inferred by the rater or a majority of analysts. By *impeded*, we mean that patient is silent, or that the communication avoids issues or is restricted, general, or unclear.

When the patient expresses seemingly valuable communications freely, without apparent interference, the score is usually 0, but *may* be as high as 2 if the rater thinks that they warrant further attention. When the rater concludes that encouraging elaboration *might* significantly divert the patient from his spontaneous direction, the score should either be 0 or lowered from what was otherwise indicated. An interval of silence may be rated as high as 3 or 4.

Rate the desirability of encouraging elaboration at the highest level of opportunity for encouraging elaboration which you think the analyst *could* have recognized at the moment. Disregard the suitability of the other three kinds of intervention, or whether any of them would be preferable. Be guided by the maximum opportunity for encouraging elaboration which you yourself might have perceived in the same situation.

If you would have favored an encouragement to elaborate as indicated above, type an “E” into the choice box, and then type the intervention into the text box provided, in the exact words you might have used with the patient, as if this were a transcript of a session.

SCORE 0 when the communications seem to show no analytic promise, or are direct, clear, and freely progressing. If freely flowing expressions nonetheless appear to warrant further attention, they may be scored as high as 2. If encouraging elaboration might *seriously* interfere with the patient’s spontaneous direction, the score should be 0.

A communication must have at least a mild degree of analytic promise to warrant a score above 0.

Example: A Man Troubled by Large Eyes

A young man came into analysis because of depression and difficulty in asserting himself with women. At the beginning of a week he is in a reserved mood “Nothing much happened this weekend . . . I played tennis on Saturday. On Sunday I read the paper, paid the bills, and made

some dinner.”

Explanation: There is nothing analytically promising that might be facilitated by elaboration, and nothing indicating the presence of avoidance, lack of clarity, or inhibition of expression.

SCORE 2 when the patient’s communication seems to be moderately promising and mildly impeded (that is, it mildly avoids issues, or is mildly unclear, inhibited, or general, each presumably because of conflict). Also score 2 if the communication is at least mildly analytically promising and moderately impeded.

Example: The same session continues: “I went out with Jill [his girlfriend] on Friday. It was all right, but it wasn’t very thrilling. It makes me wonder whether I’m really interested enough in women. I was never really very enthusiastic about girls at college . . . [sigh and pause].”

Explanation: The patient is having thoughts about his sexual feelings, which seem moderately analytically significant and are mildly avoided.

The analyst actually remarks “You stopped talking about your uncertain feelings about Jill. Can you tell me more about that?”

SCORE 4 when the patient’s communication seems to be at least moderately analytically promising and is strongly impeded (that is, it strongly avoids issues, or is strongly unclear, inhibited, or general, or the patient is silent, each presumably due to conflict). Also score 4 if the communication is strongly promising and at least moderately impeded. Silence is often rated at 3 or 4.

Example: The patient responds “Jill is slender with an oval face and a nice body. The only thing distinctive about her appearance is that her eyes are quite large. There’s really nothing . . . suddenly I don’t like this . . . there’s nothing more I can say . . . [silence].”

Explanation: The issue of his girlfriend’s physical attractiveness has appeared and is followed by a high degree of painful affect and silence. Something that seems at least moderately meaningful is being strongly avoided. Encouraging elaboration is strongly desirable to help the patient continue with the blocked experiences.

The analyst actually says “There must be something about her which is nearly coming to mind, but which upsets you a good deal, making it hard for you to bring it forward. Can you continue with it?”

The patient says, sighing, “Nothing comes to mind . . . I’m thinking about her large eyes, they’re very green . . . Her big eyes are like people in concentration camp pictures . . . My grandparents died in Dachau and my mother has always been depressed. She still wakes up in the middle of the night shrieking.”

2. TO WHAT DEGREE WOULD IT BE DESIRABLE TO MAKE A **CLARIFICATION** IN THIS SEGMENT?

Clarification calls attention to surface features of the patient's expressions, indicating that they are emotionally noteworthy and warrant further consideration.

Score according to the degree to which the patient's communication seems to offer an opportunity to demonstrate surface features which are easily recognizable by the patient, including psychological connections or a group of features with similar meanings. The rating increases when the patient's expressions seem to have more analytic promise or are more direct or detailed.

By *analytic promise* we mean that the expressions seem to have some analytic meaning, which could be very easily inferred by the rater or a majority of analysts.

Clarification demonstrates surface features which can easily enter full awareness, while interpretation aims at transforming meanings by bringing aspects out of awareness into full awareness. Surface connections always have parallel deep connections, sometimes making the distinction between clarification and interpretation uncertain. It may be desirable to combine clarification and interpretation in the same intervention.

Rate the desirability of clarification as the highest level of opportunity for clarifying that you think the analyst *could* have recognized at the moment. Disregard the suitability of the other three kinds of intervention, or whether any of them would be preferable. Be guided by the maximum opportunity for clarification that you yourself might have perceived in the same situation.

If you would have favored a clarification as indicated above, type a "C" into the choice box, and then type the intervention into the text box provided, in the exact words you might have used with the patient, as if this were a transcript of a session.

SCORE 0 when there is no opportunity to call attention to insufficiently noticed, analytically promising, surface features.

Example: The Ineffectual Real Estate Broker

An impulsive, obsessive, and masochistic man is married to a wealthy woman. He works as a commercial real estate broker, but his income falls short of his abilities, and he is close to being fired. He says "I've looked at my production figures for the month and see they're still less than half the minimum. I can't figure out what I'm doing wrong. I see four prospects every day and I'm having good sales scenes."

Explanation: The patient reviews his performance and is puzzled. There is no opportunity to call attention to under-appreciated surface features, including superficial psychological connections or a group of expressions with similar meanings.

SCORE 2 when the patient's communications seem to have at least mild analytic promise, and offer a reasonable opportunity to call attention to insufficiently noticed surface features which are easily recognizable by the patient, including psychological connections or a group of features with similar meanings. The relevant communications are usually either moderately direct or detailed. A demonstrable group usually has a couple of examples.

When rating for the desirability of clarifying, disregard the suitability of the other three kinds of interventions, or whether any of them would have been preferable.

Example: The patient continues "I stood up a client who was probably a buyer yesterday . . . I was supposed to call Ed [the office manager] at nine this morning to show him I started on time, but I completely forgot. He told me that if I don't get my sales up, ~~he~~*won't* renew my contract."

Explanation: The patient describes an instance of provoking a client and another of provoking his supervisor. The communications seem to have moderate analytic value, and show two superficially related examples of the patient's provocation. It would also be possible to interpret his need to harm himself, but it is not relevant for this rating.

The analyst actually intervenes "Here are two instances where you're provoking a negative response from someone."

SCORE 4 when the patient's communications seem to have at least moderate analytic potential and offer a strong opportunity to call attention to insufficiently noticed surface features which are easily recognizable by the patient, including psychological connections or a group of features with similar meanings. The communications are usually either moderately direct or detailed. They are usually either strongly direct or very complex.

Example: The patient continues: "Ed's pressure is annoying, but I'll go see him today . . . I want to talk with you about Mary [his wife]. She's telling me to stop my job and sell securities, even though she knows I dislike working in finance . . . My mother sent me to work for my uncle after college, which I hated . . . It's just occurring to me that we'll never get our investment out of our co-op because the market has gone down so much. The broker called me and said that I had to take an offer *I know* is too low. I had to calm down before answering him."

Explanation: The patient's remarks seem to show strong promise for grouping his feelings of being coerced by four people: his supervisor, his wife, the broker, and his mother earlier in his life. The apparent series is very direct and detailed.

The analyst actually intercedes "You're very concerned about being pushed into doing things which you feel are uncomfortable or inappropriate by Ed, your wife and the broker, and you mention a similar experience with your mother in the past."

3. TO WHAT DEGREE WOULD IT BE DESIRABLE TO MAKE AN INTERPRETATION OF THIS SEGMENT?

Rate the degree to which there is an opportunity to transform the patient's understanding of his experiences by bringing emotionally significant features outside of his awareness into full awareness, particularly elements of conflict and inapparent connections between various emotional features. The score increases as the relevant expressions seem more analytically promising, and are more direct or relevantly complex and detailed; and as the patient is more psychologically ready to receive the interpretation.

Conflict includes impulses or affects, resulting fears, moral concerns, defenses, and the relationships between any of them. By *analytic promise* we mean that the expressions seem to convey some degree of inapparent analytic meaning, which could be easily inferred by the rater or a majority of analysts.

Clarification differs from interpretation in that it addresses surface features readily in awareness, although the border between clarification and interpretation may sometimes be indistinct. In some instances, it may be desirable to combine clarification and interpretation in the same intervention.

Rate the desirability of interpretation as the highest level of opportunity for interpretation that you think the analyst *could* have recognized at the moment. Disregard the suitability of the other three kinds of intervention, or whether any of them would have been preferable. Be guided by the maximum opportunity for interpretation that you yourself might have perceived in the same situation.

If you would have favored an interpretation as indicated above, type an "I" into the choice box, and then type the intervention into the text box provided, in the exact words you might have used with the patient, as if this were a transcript of a session.

SCORE 0 when there is no opportunity to bring significant emotional aspects into full awareness, particularly elements of conflict and the inapparent connections between emotional features. Also score 0 if the patient is not ready at all to receive an interpretation.

Example: The Beleaguered Housewife

A housewife has entered analysis because she and her husband are having terrible fights. She is anxious and feels unloved. The patient avoids thoughts of dissatisfaction with the analyst, and can express anger only towards her husband. She says "I love Ed [her husband] very much and I know that he loves me, but we fight over the smallest things, such as whether to have the Sunday papers delivered. Sometimes it takes me days to recover, so I have to go to our country house to stop shaking."

Explanation: There is no opportunity to bring inapparent emotional aspects into awareness.

SCORE 2 when there is a moderate opportunity to transform the patient's understanding by bringing significant emotional features outside the patient's awareness into full awareness, particularly elements of conflict and the inapparent connections between various emotional features. The expressions usually show at least moderate analytic promise, and are either moderately direct or moderately complex and detailed. The patient seems reasonably ready to receive the interpretation.

When rating for the desirability to interpret, disregard the suitability of the other three kinds of interventions, or whether any of them would have been preferable.

Example: The patient continues the session "We had dinner at Allen's restaurant last night. I asked the waiter if the salad was fresh, since it wasn't very good the last time. My husband said that it was a ridiculous question, and that I never give anyone a moment's peace [sigh]. I have a sinking feeling now that you might agree with him . . ."

Explanation: The patient feels deflated thinking the analyst might side with her husband and stops speaking. There is a moderate opportunity to bring to her awareness that she is threatened by the thought that the analyst might criticize her, and breaks off her remarks. The communication is moderately direct, complex, and detailed, and the patient seems reasonably ready to receive such an interpretation.

The analyst actually says "It disheartens you to feel that I might be critical about your question to the waiter so you quickly put it out of your mind."

SCORE 4 when there is a strong opportunity to transform the patient's understanding by bringing significant emotional features outside the patient's awareness into full awareness, particularly elements of conflict and their inapparent connections between emotional features. The expressions show good analytic promise, and are usually strongly direct or relevantly very complex and detailed. The patient usually seems very ready to receive the interpretation. At this level, it may be possible to meaningfully link experiences of the present, the past, and the analytic situation.

Example: The patient continues: "When I lay down on the couch today, I had the idea that I was dirtying the foot pad . . . It makes me think about my mother, who kept her house meticulously clean. We weren't allowed to take food from the refrigerator because it might make a mess . . . Last night, my husband found that we were out of food storage bags, and snidely said that I wasn't shopping for the house very carefully. I was barely able to keep from screaming, but *this* time I saw that he was spoiling for a fight, and I controlled myself. I thanked him for calling it to my attention."

Explanation: The segment offers a very good opportunity to connect repeated feelings of conflicts about her mother during her childhood years with current impulses and fears about her husband, the analyst, and the couch. The expressions are strongly direct, complex, and detailed. In view of the easy flow of her associations, the patient seems very open to receive such an interpretation.

The analyst actually responds "When your husband focused on the small matter of the storage bags, you had to struggle with very intense anger, which repeated your anger at your mother's extreme fussiness. Similarly, you worry about dirtying my couch and quarreling with me."

4. TO WHAT DEGREE WOULD IT BE DESIRABLE TO INTERVENE WITH **SUPPORT** AT THIS POINT IN THE ANALYTIC PROGRESSION?

Rate the degree to which there seems to be a need for support to maintain collaboration and progress in the current session or future sessions by moderating undue feelings of psychological threat, emotional discomfort, diminished self-esteem, or physical endangerment. The rating increases as indications of a need for support are greater or expressed more directly.

Support includes a large number of responses, such as approval, reassurance, encouragement, heightened concern, extra warmth, special empathy, emphasis on achievements, advice, suggestion, permission, prohibition, aiding reality assessment, assisting planning, education, self-revelation, and discussion of additional modalities such as medication or cognitive-behavioral exercises.

We regard supportive interventions as necessary components of psychoanalytic technique which may be used as is indicated above.

Rate the desirability of support as the highest degree of opportunity for support that you think the analyst *could* have recognized at the moment. Disregard the suitability of the other three kinds of interventions, or whether any of them would have been preferable. Be guided by the highest seeming need for support which you yourself might have perceived in the same situation.

If you would have favored an intervention with support as indicated above, type an "S" into the choice box, and then type the intervention into the text box provided, in the exact words you might have used with the patient, as if this were a transcript of a session.

SCORE 0 when there is no need for support to moderate undue feelings of threat, emotional discomfort, decreased self-esteem, or physical endangerment.

Example: A Depressed Woman

A young corporate executive is masochistic with periods of severe depression. She experienced repeated sexual contact with her father during adolescence, and was hospitalized for suicidal impulses in the past.

She was fired from her first job earlier in the week, and feels mildly sad and incensed. Her session begins by explaining, "The head of the section, Terry, called me in and fired me. He seemed to feel sorry, but not that jerk George [her immediate supervisor]. How could I possibly know he didn't want me to speak to the client about the deal?"

Explanation: The patient is mildly depressed, but her anger and projection of the source of her problems on to others, suggests little prospect that her ability to participate will decline.

SCORE 2 when there seems to be a reasonable need for support to moderate feelings of undue psychological threat, emotional discomfort, diminished self-esteem, or physical endangerment, in order to maintain collaboration and progress in the current session or future sessions. The expression of the need for support is moderately direct.

While rating for the desirability of support, disregard the suitability of the other three kinds of interventions, or whether any of them would have been preferable.

Example: The patient continues, seeming increasingly despondent, “They’re giving me three months of severance pay to find another job. When my friend Ellen was fired, it took her three years to find one . . . I really hated working for the company . . . Are you going to be away at the usual time in February? . . . Those guys hold all the cards, and I feel trapped.”

Explanation: The patient is becoming more unhappy as she contemplates looking for a new job, while fearing the analyst’s absence. Her feelings of pessimism and helplessness are accelerating, which may interfere with her continuing progress. The expression of the need for support is moderately direct.

The analyst actually responds “That’s a very unpleasant feeling.”

SCORE 4 when there seems to be a strong need for support to moderate feelings of undue psychological threat, emotional discomfort, diminished self-esteem, or physical endangerment, in order to maintain collaboration and progress in the current session or future sessions. There is a highly direct expression of the need for support.

Example: The patient continues the next day: “I feel absolutely miserable. I think, over and over again, is that I won’t be able to find a job. I could never let my parents know that I’m out of work and take any more money from them. I’m an embarrassment and a total failure . . . I don’t feel like going out this weekend . . . all I want to do is go to bed and close my eyes.”

Explanation: The patient is much more despondent, ruminative, and pessimistic than she was the day before. She has fantasies of shame and defeat, and feels like withdrawing. The analytic progress in the session is starting to diminish, and may well become much slower. There is a fairly direct, strong expression of a need for support.

The analyst actually suggests “You seem to be avoiding the conclusion that you really do need to be with people at this point.”

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ANALYST VARIABLES

INTRODUCTION TO RATING THE TYPES AND OTHER ASPECTS OF INTERVENTIONS

We divide all interventions into four categories: three distinctively analytic ones *C encouraging elaboration*, *clarification*, and *interpretation C* and one designated *support*, which includes approval, special empathy, encouragement, education, and virtually all interventions other than the three typically analytic ones.

Interventions frequently contain a blend of more than one type of intervention. When scoring blended interventions, rate the degree that each type of intervention is present separately, independent of the contributions made by the other types and disregarding the skill of the intervention.

Interventions may take different verbal forms, such as statements, questions, analogies, metaphors, parallel examples, and stories. The verbal form of the intervention should not influence how the intervention is scored for its type or its other characteristics.

The rating of any one particular attribute of an intervention depends, in part, by how directly the attribute appears in the intervention, or by its complexity and detail. The length of the analyst's contribution should not necessarily influence its score

Score according to the highest level of the variable reached, even if the segment is long and most of it warrants a lower rating.

An aspect of an intervention must be manifest or nearly manifest to be rated as present. If it is implicit, it must be easily inferred by the rater and most analysts. References by the analyst to childhood and adolescence may be difficult to attribute to a particular time setting. The rater should infer from the context of the analyst's expressions whether he or she is referring to the developmental period, without requiring a specific time reference.

The analyst's discussion of the schedule or of other practical arrangements is considered incidental and is not scored.

TYPES OF INTERVENTIONS (4 Variables)

1. TO WHAT DEGREE DOES THE ANALYST **ENCOURAGE ELABORATION** IN THIS SEGMENT?

The analyst *encourages elaboration* by requesting that the patient continue with what he or she has been relating. The analyst may briefly ask “Because?”, inquire in a general open-ended way “Can you tell me more about that?”, or seek associations to a particular part of the communication: “What comes to mind about the car emerging from underwater in the dream?”

Rate according to the degree of specificity and intensity with which the analyst asks the patient to expand on what has just been stated. The score increases as the request for elaboration is more direct or complex and detailed.

Interventions may contain a blend of more than one type of intervention. When rating a blended intervention, score the degree to which encouraging elaboration is present *independent* of the contributions of the other types. Disregard how well the request for elaboration matches the patient’s expressions, or your opinion of the skill of the intervention.

Rate according to the highest level of the variable reached, even if the segment is long and most of it warrants a lower rating.

Inquiries about words or phrases that the analyst seems not to have fully heard are usually not scored.

SCORE 0 when the analyst does not encourage elaboration at all.

Example: An Angry Man

A man in his middle years started analysis because of angry behavior and a perversion. Recently, he has been felt alienated from his wife. This morning, as on many previous occasions, he arrives late for his session. Upon entering, he asks “Do you think that your clock is a few minutes fast? The analyst responds “I think you’re seeking to find fault with me because you feel troubled about arriving late this morning.”

Explanation: The intervention is an interpretation containing no particular encouragement of elaboration.

SCORE 2 when the analyst asks the patient with at least mild intensity, and in a general way, to expand on what has just been said. The request is moderately direct or moderately complex and detailed.

Implied or indirect requests for elaboration are usually scored 1.

When rating a blended intervention, rate the degree to which encouraging elaboration is present *independent* of the concurrent contributions of the other types. Disregard your opinion of the aptness or skill of the intervention.

Example: The patient responds “You think that I’m turning the tables on you again? Maybe so. I didn’t work very much yesterday; I was feeling kind of sad.” The analyst replies “Can you tell me more about that?”

Explanation: The analyst requests elaboration moderately directly about the patient’s sadness and avoidance of work. It is a general inquiry made with mild intensity and very little complexity.

SCORE 4 when the analyst requests with at least moderate intensity that the patient expand on a particular aspect of what he had just stated. The encouragement to elaborate is strongly direct or strongly complex and detailed.

Example: The patient continues “I walked to the train with Karen [his wife]. I asked her if she wanted me to treat her to a coffee, which she did . . . Boy, she’s really a *hard* person to get along with . . .” The analyst intercedes “Last week you said that you were finding Karen difficult to reach, and that you felt she was alienating you. Just now, after you said that Karen is hard to get along with, you stopped speaking, and I had the distinct impression that you had something quite particular in mind. Can you tell me what you were thinking at the moment that you said that she’s hard to get along with.”

Explanation: The analyst has the impression that the patient is conflicted and avoiding something important. He recalls a similar instance of the subject, and notes the pause following the current version. He asks the patient, in a strongly direct and complex manner to elaborate on his thoughts at that particular moment.

2. TO WHAT DEGREE DOES THE ANALYST **CLARIFY** IN THIS SEGMENT?

Clarification calls attention to surface features of the patient's expressions, indicating that they are emotionally noteworthy and warrant further consideration.

Rate the degree to which the intervention calls attention to insufficiently noticed surface features which are easily recognizable by the patient, including psychological connections or a group of features with similar meanings. The score increases as the clarification is more direct or more complex and detailed. The length of the intervention should not necessarily influence its score.

Clarification differs from interpretation in that it focuses on features, connections, or meanings which can easily enter awareness, while interpretation aims at *transforming* meaning by bringing features outside awareness into full awareness. Since surface connections always have parallel deep connections, the division between clarification and interpretation may sometimes be indistinct. Clarification and interpretation may be blended in the same intervention.

When rating a blended intervention, rate the degree to which clarification is present *independent* of the contributions of the other types. Disregard how well the clarification matches the patient's comments, or your opinion of the skill or potential effectiveness of the intervention.

Rate according to the highest level of clarification reached, even if the segment is long and most of it warrants a lower rating.

SCORE 0 when the intervention does not call attention to insufficiently noticed surface features.

Example: A Sexually Anxious Young Man

A young man is being treated in analysis for premature ejaculation and little romantic contact with women. During the first session of the week, he says "I was talking with Susan Friday night while we were watching television at her apartment. She disagreed about my political views, and I ended up feeling furious at her. The analyst asks "Can you tell me more about it?"

Explanation: The analyst has not delineated any communications on the analytic surface.

SCORE 2 when the analyst to a moderate degree calls attention to insufficiently noticed surface features which are easily recognizable by the patient, including psychological connections or a group of features with similar meanings. The clarification is usually moderately direct or moderately complex and detailed.

Clarification differs from interpretation in that it focuses on features, connections, or meanings which can easily enter awareness.

Rate a clarification according to the degree of its presence, disregarding your opinion of the aptness or skill of the intervention.

Example: The patient continues the session: “The others left, and Susan asked me if I wanted to stay and cook some dinner with her. The kitchen got warm, and she took off her shirt; and she didn’t have a bra on under her T-shirt. I started to feel really strange and sweaty, and had trouble breathing. It took me fifteen minutes to recover . . .” The analyst notes: “Feeling strange, sweaty, and breathless were anxious feelings.”

Explanation: The intervention moderately highlights a group of the patient’s experiences and indicates that they are feelings of anxiety. The clarification is moderately direct and mildly complex and detailed. This intervention is also an interpretation, since the patient was previously quite unaware that the sensations were manifestations of anxiety, but this does not affect the rating for clarification.

SCORE 4 when the analyst to a strong degree calls attention to insufficiently noticed surface features which are easily recognizable by the patient, including psychological connections or a group of features with similar meanings. The clarification is usually strongly direct or strongly complex and detailed.

Example: The patient continues: “Maybe you’re right . . . I went to that party on Saturday night, and Allie, who is a painter, asked me to dance. She’s very nice . . . and I think I’ll call and take her out . . . I’m starting to feel shaky, like I’m going to pass out and die [pause] Wow! That was weird!” The analyst remarks “When you were thinking about calling Allie for a date, you started feeling shaky and faint. Friday night, when you were looking at Susan’s breasts, you had similar sensations of strangeness and breathlessness. In both instances, you were getting anxious while you were with an attractive woman.”

Explanation: The analyst emphatically places two sets of experiences into a meaningful assembly of anxious responses to women, to be understood better at a later time. The clarifying part of the intervention is strongly direct, complex and detailed. Connecting his attraction to the women with his expressed anxiety makes this intervention an interpretation as well; however, that is independent of the rating for clarification.

3. TO WHAT DEGREE DOES THE ANALYST MAKE AN **INTERPRETATION** IN THIS SEGMENT?

Rate the degree to which an intervention aims at transforming the patient's understanding by bringing emotional features that are out of awareness into full awareness, particularly elements of conflict and deep inapparent connections between various emotional features. The rating increases as the interpretive portion of the intervention is more directly expressed or more complex and detailed.

The length of the intervention should not necessarily influence its score.

Complex interpretations usually describe *conflictual connections* between the patient's impulses or affects and resulting fears, moral concerns, and defenses. They may involve multiple examples or a variety of family and social influences.

Clarification differs from interpretation in that it addresses surface aspects which are readily available in awareness. It may group similar elements by their superficial connections but not *deep* connections. Since surface relationships always have parallel deep connections, the border between clarification and interpretation can be indistinct, and interpretations and clarification may be blended together.

When rating a blended intervention, rate the degree to which interpretation is present *independent* of the concurrent contributions of the other types. Disregard how well the clarification matches the patient's comments, and disregard your opinion of the skill or potential effectiveness of the intervention.

Rate according to the highest level of the variable reached, even if the segment is long and most of it warrants a lower rating.

SCORE 0 when an intervention is not aimed at transforming understanding by bringing emotional features into full awareness.

Example: The Woman Who Lost Her Brother

A woman in her middle years is being treated in analysis because she fears public speaking and has difficulties in assertiveness. She recently won a promotion over a male competitor. At the start of the session the patient says "I went on a call to a large investment company today without preparing the technical information enough. It went all right, but I'll never be any good at this job." The analyst says "You've been feeling insufficient at work recently. I wonder what might be stirring up these feelings at this time. "

Explanation: No attempt is made to bring features into conscious awareness.

SCORE 2 when the analyst moderately attempts to transform the patient's understanding by bringing emotional features that are out of awareness into full awareness, particularly elements of conflict and deep, inapparent connections between emotional features. The interpretive portion of the intervention is usually at least moderately directly expressed or mildly complex and detailed.

Rate the degree to which interpretation is present *independent* of the concurrent contributions of the other types of intervention. Disregard your opinion of the aptness or skill of the intervention.

Example: The patient continues: "I had a scary dream. I was in a sports car and a man in another car was shooting at me . . . It's my brother Frank's birthday next month. He died in a car crash the summer before I started boarding school. Frank was very talented and liked by everyone . . . I know that you think that I'm overly worried, but John [the competitor] knows all about the products and I know nothing." The analyst says "One of the reasons that you're thinking about failing at work is that you feel uneasy about outdoing John for the promotion."

Explanation: The intervention connects the patient's conscious worry about imminent failure with her inferred conflicts about triumphing over her colleague. However, the underlying rivalry with her brother is not mentioned. The interpretation is moderately direct and moderately complex and detailed.

SCORE 4 when the analyst strongly attempts to transform the patient's understanding by bringing emotional features which are out of awareness into full awareness, particularly elements of conflict and deep inapparent connections between emotional features. The interpretive portion of the intervention is strongly direct or moderately complex and detailed.

At this level, potentially transforming connections are usually made between the patient's impulses or affects and other conflictual components, such as defenses. There is often more than one example which may link some combination of recent, past, and transference experiences.

Example: The patient continues: "It's curious that I should dream of a car. Frank died in a car accident . . . That was a terrible year for me . . . I thought that my parents sent me away to school because they felt he wouldn't have taken the car out if I hadn't screamed so much . . . maybe you're just waiting for me to lose the job, so you can get rid of me too." The analyst responds "Getting the job over John stirs up your feelings about your brother's death. You feel responsible for your brother's accident, because he was your rival, and now you fear you will be punished for beating out John. You worry that I'll punish you by getting rid of you, similar to the feeling that you had about your parents after your brother died."

Explanation: The intervention strongly connects the patient's inferred present-day guilt about winning the promotion with guilt about her brother's death, and fantasies of being banished by the analyst, and banishment by her parents. The interpretation is strongly direct, complex and detailed.

4. TO WHAT DEGREE DOES THE ANALYST PROVIDE **SUPPORT** IN THIS SEGMENT?

We divide all interventions into four groups: three distinctively analytic ones, *encouraging elaboration*, *clarification*, and *interpretation*, and those offering *support*, which include all interventions other than the typically analytic ones.

Rate the degree to which the intervention aims at support to maintain collaboration and progress, in the current or future sessions, by moderating excessive feelings of emotional threat, discomfort, diminished self-esteem, or physical endangerment. The rating increases as the support is more direct or more complex and detailed. The length of the intervention should not necessarily influence its score.

Support includes a large number of responses, such as approval, reassurance, encouragement, heightened concern, extra warmth, special empathy, emphasis on achievements, advice, suggestion, permission, prohibition, aiding reality assessment, assisting planning, education, self revelation, and discussion of additional modalities such as medication, or cognitive-behavioral exercises.

Keep in mind that support may be significantly expressed in the analyst's unusually friendly or soothing tone of voice.

When rating a blended intervention, score according to the degree to which support is present *independent* of the contributions of the other types. Disregard how well the support matches the patient's comments, and your opinion of the skill of the intervention.

Rate according to the highest level of support provided, even if the segment is long and most of it warrants a lower rating.

SCORE 0 when the intervention offers no support.

Example: An Impotent Man

A man in his forties tends towards dramatically heightened feelings and enactments of conflict. When upset, his reflective capacity tends to decrease sometimes leading to self-injury. Recently, since falling in love, he has become unable to maintain an erection during intercourse.

The patient starts a session by saying "I feel like a child. Last night I asked Lisa [his girlfriend] to tell me that she won't leave me because I'm sexually incapacitated. It feels so bad when she pulls away from me, I just can't take it!" The analyst responds: "You have spoken many times before about feeling bad when a woman pulls back from you. How did you feel about Lisa last night in particular?"

Explanation: The intervention contains an ordinary degree of empathy, with no specific attempt to provide support.

SCORE 2 when the intervention aims to maintain collaboration and progress by moderating excessive feelings of emotional threat, discomfort, diminished self-esteem, or physical endangerment. The support is at least mildly direct or mildly complex and detailed. Typical kinds of support are listed in the introduction to this variable.

Rate the degree to which support is present disregarding other types of intervention which may be blended with it. Disregard your opinion of the aptness or skill of the intervention.

Example: The next day the patient appears more distressed and depressed. “I became soft right away again. I slept only about five hours last night. Lisa took an Ativan last night. Do you think that I should be taking medication?” The analyst responds: “That’s something we can consider more specifically later, but for the time being let’s look at what is going on with you emotionally, and why you’re feeling so distraught.”

Explanation: The patient’s harried appeared harried and tired, suggesting a possible need for support to maintain his progress. The analyst gives moderate support by offering to speak about medication later on, thereby reassuring the patient that he can continue his exploration without foregoing the medication question. The support is moderately direct, complex, and detailed.

SCORE 4 when the intervention attempts to maintain collaboration and progress by moderating excessive feelings of emotional threat, discomfort, diminished self-esteem, or physical endangerment. The support is at least moderately direct or moderately complex and detailed.

Example: The following day the patient is still agitated and exhausted. “I’m in a fog . . . I couldn’t have sex with Lisa again . . . She says that I’m going to work out all of my problems and then walk out on her. I told her that *she* was the only one who was talking about leaving . . . I know that Lisa’s withdrawal feels the same to me as my mother being muddled when I was a kid.” The analyst intervenes “In the past it’s been very hard for you to tolerate strong unpleasant feelings. This time you contained them well and saw that Lisa had turned things around on you. You connected Lisa’s withdrawal with memories of your mother’s disorganization. You’re really putting us in a position to understand more of what’s going on.”

Explanation: The patient is agitated and working less well in the session. The analyst strongly supports him by affirming his ability to remain reflective in the face of disruptive feelings, and admires the connection he made between his perception of Lisa’s withdrawal and his mother’s preoccupied states of mind. The support is very direct and very complex and detailed.

AIMS OF THE INTERVENTION (7 Variables)

5. TO WHAT DEGREE DOES THE ANALYST'S INTERVENTION ADDRESS THE PATIENT'S **DEFENSES** IN ACTION DURING THE SEGMENT?

A *defense* is any psychological expression which serves to protect the patient against objectionable impulses, affects, thoughts, or fantasies.

Rate the degree to which the intervention is aimed at addressing the patient's defenses *in action at that moment* during the segment. The rating increases as the effort to address defenses is more specific, and more direct or complex and detailed. The length of the analyst's contribution should not necessarily influence its score.

Interpretation and clarification address defenses most directly. Encouraging elaboration and support are usually scored at 2 or less.

Among the most commonly observed defenses are repression, denial, avoidance, and rationalization. Other usual defenses are intellectualization, isolation, reduced or heightened affect, self- or other-directed aggression or sexuality, identification, projection, idealization, grandiosity, withdrawal, and confusion. When an emotional feature is performing a defensive function, it may also express impulses, moral requirements, or concerns about reality.

A focus on defense must be manifest or nearly manifest to be scored. If it is inferred, it must be easily identifiable by the rater and most analysts.

Score *only* the degree to which the intervention is apparently aimed at addressing defenses, regardless of whether you think defenses are actually present in the patient's communication, or your opinion of the skill of the intervention.

Rate according to the highest level of the variable reached, even if the segment is long and most of it warrants a lower rating.

SCORE 0 when there is no attempt to address defenses.

Example: The Teacher With An Ulcer

A teacher suffers from unrestrained outbursts of temper, depression, and ulcer symptoms. During a session she states "I have to make up my fall teaching schedule. I want to work more than last year, even though it means less time with my children. The analyst ~~responds~~ **yes** "Time with your children versus work is something you've been mentioning frequently lately."

Explanation: No attempt to address a defense appears in the intervention.

SCORE 2 when the analyst moderately aims at addressing defenses in action at the moment during the segment. The focus on defense is reasonably specific, and is either moderately pointed or moderately complex and detailed. The complexity may generally show that the patient's defenses are responses to impulses, affects or threats; and there is usually no mention of previous occurrences of the defenses.

Example: The patient continues: "I have to speak with Ellen [her supervisor] to find out my teaching schedule for next year. I think I'm only getting one class, and Marie [a competitor] will take over the rest. She's charming and pushy, but has very little experience. It's just *wrong!* . . . [long silence]" The analyst intervenes: "While you were talking about Marie taking over your teaching assignments, you had intense feelings and fell silent. Something troubled you about what you were feeling and interfered with your telling me more about it."

Explanation: The intervention aims to address the defenses of denial and avoidance. It is moderately specific and direct in connecting these defenses to feelings of threat, but does not delineate unwanted impulses or affects, or the nature of the threat.

SCORE 4 when the analyst strongly aims at addressing defenses in action at the moment during the segment. The focus on defense is highly specific, and is either strongly direct or strongly complex and detailed. It typically points to emotional features eliciting the defenses, such as impulses or affects, and fantasied fears or moral consequences; it and may include previous occurrences of the defenses.

Example: The patient continues: "As I'm lying here, I'm having bad ulcer pains. I had a terrifying dream last night of a bloody bear skin hanging on a wall, and woke up screaming . . . The violence in the dream makes me worry that there's something terribly wrong with me, that I'm evil!" The analyst responds "You're very fearful and guilty about your violent feelings towards Ellen and Marie. You've tried not to think about them, because you can't stand having such feelings. But they emerged in your dream last night, and they are turned against your own body this morning. Now you're continuing to reproach yourself for the mere existence of these feelings."

Explanation: The intervention *strongly* and specifically tries to show the patient her defenses of denial, repression, and turning anger back on herself, which attempt to protect her against her anxiety and guilt about her violent feelings. These interpretations of defense are *very* pointed and complex.

6. TO WHAT DEGREE DOES THE ANALYST'S INTERVENTION DRAW ATTENTION TO THE PATIENT'S REACTIONS TO THE ANALYST OR THE ANALYTIC SITUATION?

Rate according to the degree to which the intervention tries to draw attention to the patient's responses to the analyst or the analytic situation. The score increases as the effort to focus on these responses is more specific and direct, or more complex and detailed. Complexity may call attention to similar previous responses to the analyst or other persons. The length of the analyst's contribution should not necessarily influence its score.

A reference to the analyst or the analytic situation must be manifest or nearly manifest to be scored. If it is inferred, it must be easily identifiable by the rater and most analysts.

Score *only* the degree that the intervention attempts to focus on reactions to the analyst or the analytic situation, regardless of whether you think the reaction is actually present in the patient's communication, or your opinion of the skill or potential effectiveness of the intervention.

Rate according to the highest level of the variable reached, even if the segment is long and most of it warrants a lower rating.

SCORE 0 when there is no attempt to focus on the patient's reactions to the analyst or the analytic situation.

Example: The Man Who Missed His Analyst

A young man entered analysis because of impotence and inhibitions. While a female supervisor was on vacation, he felt inexplicably anxious and baffled. Last week, while his analyst was away, he was again anxious. Yesterday he became confused as he recalled the death of the grandmother who raised him.

The patient begins "The cab driver took a long route to my office this morning and I felt like a captive." The analyst asks "Did you consider selecting the route yourself?"

Explanation: The intervention makes no sufficiently manifest reference to the analyst or the analytic situation, although presumably the patient has just arrived by cab for his analytic session.

SCORE 2 when the intervention tries to draw attention to the patient's reaction to the analyst or the analytic situation with moderate specificity and directness, or moderate complexity and detail. The intervention usually does not mention similar previous responses to the analyst or other persons.

Example: The patient replies "I couldn't find my billfold in the cab just now, and I wondered what it would be like to borrow the money from you . . . As I was leaving the last time, I stole one of your tissues to blow my nose. I assume they're only for people who are crying." The analyst intercedes "You thought about borrowing money from me, and then felt uneasy about taking a tissue. You want something from me but feel reluctant to reveal it."

Explanation: The intervention calls attention to a conflicted wish and fantasy about receiving something from the analyst. It is moderately specific, direct, and complex.

SCORE 4 when the intervention tries to draw attention to the patient's reactions to the analyst or the analytic situation with a high degree of specificity and directness, or abundant complexity and detail. The intervention usually includes similar previous responses to the analyst or other persons.

Example: The patient continues: "It's strange; you being away annoyed me . . . I guess that response is a little crazy. Of course, you deserved your vacation." The analyst intervenes "You feel angry with me for my absence last week and feel that's crazy. It calls to mind how baffled you felt during your supervisor's absence, and how confused you became yesterday recalling your grief for your grandmother. Your anger at being separated from me or other needed persons frightens you and leads you to feel like you're losing your mind."

Explanation: The intervention is strongly specific, direct, and complex in addressing the patient's feelings of being unhinged because he is angry and at being parted from the analyst. It presents two other parallel instances involving meaningful persons.

7. TO WHAT DEGREE DOES THE ANALYST FOCUS ON THE PATIENT'S **CONFLICTS**?

Rate the degree to which the analyst's intervention attempts to focus on the patient's conflicts: that is, impulses or affects, and their feared consequences, moral concerns, defenses, and the connections between any of these - including related fantasies and memories. The score increases as the intervention's focus on conflict is more direct or more complex and detailed. The length of the analyst's contribution should not necessarily influence its score.

Interpretation and clarification address conflict most directly. Encouraging elaboration and support are usually scored at 2 or less.

Focus on conflict must be manifest or nearly manifest to be scored. If it is inferred, it must be easily identifiable by the rater and most analysts.

Score *only* the degree to which the intervention attempts to focus on inner conflict, regardless of whether you think conflict is actually present in the patient's communication. Disregard your opinion of the skill or potential effectiveness of the intervention.

SCORE 0 when the analyst does not attempt to address the patient's conflicts.

Example: An Embarrassed Woman

A young woman started analysis because of anxiety and sexual inhibition. She begins the session by talking about her adolescence, and getting attention from boys - and her embarrassment about her body. Shifting to the present, she continues "Tom and I went to the museum on Sunday. We talked about Greek and Roman art, and other things." The analyst asks "What other things did you discuss?"

Explanation: Nothing about the patient's conflicts is mentioned.

SCORE 2 when the intervention moderately attempts to focus on the patient's conflicts: that is, tries to focus on a couple of elements of conflict, such as impulses or affects, their feared consequences, moral concerns, and defenses - perhaps generally points towards some connections between them. The intervention is moderately direct or moderately complex and detailed, and may address *some* fantasy or memory content.

Example: The patient responds "He asked me a lot of questions about what I like to do, and about my family, which was embarrassing. I couldn't say very much to him." The analyst replies "Tom's romantic interest and personal questions in you are painfully embarrassing to you, so you want to avoid letting him know you better."

Explanation: The analyst calls attention to a few elements of conflict: implied forbidden wishes to be sexually attractive, related affects of embarrassment, and considerable defensive inhibition. The intervention is moderately direct and complex.

SCORE 4 when the intervention strongly attempts to focus on the patient's conflicts: that is, several elements of conflict, such as impulses or affects, their feared consequences, moral concerns, and defenses, and the connections between them. The intervention is strongly direct or complex and detailed. It often includes at least a moderate fantasy or memory content, as well as other similar instances of conflict. At this level the intervention often presents some combination of recent and past experiences and references to the analyst.

Example: The patient continues "Tom and I saw a romantic and sad movie last night, about the woman who married C. S. Lewis and changed him into a warm and loving man. Afterwards we sat on the sofa, and I started to really feel cozy. I blushed so much that I had to get up to make some tea [pause]. This is so embarrassing . . . Is the time up yet?" The analyst notes "You speak about having warm feelings while you were sitting on the sofa with Tom, and that you felt very embarrassed and had to leave the room. As you tell me about these warm feelings, you begin to feel embarrassed here also, and stop speaking. You're afraid of having sexual feelings with Tom and me you distanced yourself from Tom by leaving the room, and here you created distance by thinking about the end of the session."

Explanation: The analyst strongly focuses on three elements of conflict: her affectionate and sexual feelings, the related affect of embarrassment, and defenses of denial and withdrawal. The intervention shows links between features of conflict appearing in a response to the analyst and a recent experience. The focus is strongly direct and complex.

8. TO WHAT DEGREE DOES THE ANALYST ADDRESS **ROMANTIC OR SEXUAL** MATTERS?

Rate the degree to which the analyst attempts to address romantic or sexual feelings, fantasies, activities, or memories, including references to sexual attributes of the body. The rating increases as the analyst's focus on the romantic or sexual expressions is more direct or more relevantly complex and detailed. The length of the analyst's contribution should not necessarily influence its score.

To be rated, romantic or sexual issues must be manifest, or nearly manifest. If they are inferred, they must be easily identifiable by the rater and most analysts.

Score *only* the degree to which the intervention seems to focus on romantic sexual issues, regardless of whether you think these issues are actually present in the patient's communication. Disregard your opinion of the skill or potential effectiveness of the intervention.

Rate according to the highest level of the variable reached, even if the segment is long and most of it warrants a lower rating.

SCORE 0 when the analyst does not address expressions of romantic or sexual matters.

Example: A Reticent Executive

A man started analysis because he was unable to make a marital commitment and was reluctant to supervise the workers assigned to him. During a session he says "I was finally able to speak with two of my people about transferring out of my section. It was actually easy to do. The analyst asks "What allowed you to approach them at this time?"

Explanation: There is no mention of romantic or sexual issues.

SCORE 2 when the analyst moderately attempts to address romantic or sexual feelings, fantasies, activities, or memories, which may include references to sexual attributes of the body. The focus on romantic or sexual expressions is at least moderately direct or mildly complex and detailed.

Example: The patient continues "I don't know . . . Barbara [his girlfriend] asked me *again* if it's worth her while to move here, or if she should return to her office in Houston. . . I had anal intercourse with her last night. I was surprised how much she liked it . . ." The analyst responds "I wonder if you were expressing your annoyance at her question with the sex."

Explanation: The analyst focuses moderately on the patient's sexual feelings and behavior. The focus on the meaning of the sex is moderately direct and mildly complex and detailed.

SCORE 4 when the analyst strongly attempts to address the patient's romantic or sexual

feelings, fantasies, activities, or memories. The focus on sexual expressions is usually highly direct and at least moderately complex or detailed.

Example: The patient says “I had a dream last night. I saw a huge worm-like thing sticking through a mound of wet soil. All of a sudden, an animal pushed through the soil, and the big worm turned out to be its proboscis. It was very penis-like . . . thinking about reorganizing the department in Chicago seems easy to me now.” The analyst responds “The dream suggests that you are feeling more forceful, manly, and cocky in transferring the two people and reorganizing the Chicago operation. The image of the proboscis pushing through the wet earth seems to say that you are also feeling more sexually aggressive in having anal intercourse with Barbara.”

Explanation: The analyst focuses strongly on the sexual meaning of the patient’s increased forcefulness in a highly direct way and with strong complexity and detail.

9. TO WHAT DEGREE DOES THE ANALYST ADDRESS ASSERTIVENESS, AGGRESSIVENESS OR HOSTILITY?

Rate the degree to which the analyst addresses the patient's assertive, aggressive, or hostile - feelings, fantasies, activities, or memories. The rating increases when the focus on these expressions is more direct or more complex and detailed. The length of the analyst's contribution should not necessarily influence its score.

By *assertive* we mean forceful with more than ordinary vigor; by *aggressive* we mean competitive or angry with other people. The term *hostile* includes hurtful criticism, meanness, attack, or destructiveness towards other persons, oneself, or things.

These expressions must be manifest or nearly manifest to be rated. If they are inferred, they must be easily identifiable by the rater and most analysts.

Score *only* on the analyst's apparent focus on assertive, aggressive or hostile issues, regardless of whether you think such issues are actually in the patient's communication. Disregard your opinion of the skill of the intervention.

Rate according to the highest level of the variable reached, even if the segment is long and most of it warrants a lower rating.

SCORE 0 when the analyst does not address the patient's assertive, aggressive, or hostile - feelings, fantasies, activities, or memories.

Example: A Frightened Young Man

A young man entered analysis because he became inhibited after marrying, and, despite talent and good past performance was unable to hold a job in a family business. He starts a session by saying "My wife and I are having dinner with my father, and I am deathly afraid that she will tell him that I've been smoking pot. She's really very unreliable." The analyst asks "How do you mean *unreliable*?"

Explanation: Although the patient fears criticism or an attack from his father, the intervention does not address his assertiveness, aggressiveness, or hostility.

SCORE 2 when the intervention addresses to a moderate degree the patient's assertive, aggressive, or hostile - feelings, fantasies, activities, or memories. The focus on these expressions is moderately direct, or at least mildly complex and detailed.

Example: The patient continues "If he found out, he'd kill me ... I don't think that he'd help me with any more money. I'd be furious, and I'd never work for him again." The analyst responds "One of the reasons you seem to be smoking pot is so your father will get angry, so you'll feel justified in leaving and working somewhere else."

Explanation: The intervention focuses moderately on the patient's asserting himself with his father and needing to provoke his father's anger. The focus is highly direct and moderately complex and detailed.

SCORE 4 when the intervention addresses to a strong degree the patient's assertive, aggressive, or hostile feelings - fantasies, activities, or memories. The focus on these expressions is strongly direct, or at least moderately complex and detailed.

Example: The patient says "I had a dream last night in which I was standing with my wife in front of a stereo set with some wires in my hands, which allow the amplifier to communicate with the speakers. I tried to say something, but nothing came out . . . My wife wants me to work for my father, even though she knows it would kill me . . . I looked for your bill to send to my father, but I lost it." The analyst comments "You're very angry at your wife for wanting you to continue to work for your father, and you're afraid to tell her about it. You seem angry at me also, thinking that I want you to stay with your father so he'll continue to support your treatment. You're so terrified about being angry that you can't allow yourself to voice your displeasures."

Explanation: The intervention focuses strongly on the patient's conflicts about his anger at his father, wife, and analyst, which are seen in the speech inhibition in his dream and in losing the bill. The focus of the intervention is strongly direct, complex, and detailed.

10. TO WHAT DEGREE DOES THE ANALYST SPECIFICALLY DEMONSTRATE A DEVELOPMENTAL FOCUS?

Rate the degree that the intervention focuses on emotionally significant childhood, or adolescent experiences, and connects them with more recent experiences - including reactions to the analyst or the analytic situation. The rating increases as there is more focus on development or its connections to other experiences, and when the intervention is more direct or more relevantly complex and detailed. The length of the analyst's contribution should not necessarily influence its score.

References to childhood and adolescence are often hard to place in a time setting. The rater should infer references to childhood or adolescence from the context of the intervention, without needing a specific reference as to where past experiences occurred.

General or highly inferred statements about childhood are *usually* scored at 2 or less.

Score *only* the analyst's apparent developmental focus, regardless of whether you think such issues actually appear in the patient's communication. Disregard your opinion of the skill or potential effectiveness of the intervention.

Rate according to the highest level of the variable reached, even if the segment is long and most of it warrants a lower rating.

SCORE 0 when there is no developmental focus in the intervention.

Example: A Promiscuous Woman Who Had Childhood Bladder Surgery

A woman in her early twenties started analysis because of difficulties with her college studies and promiscuous sexual behavior. From the age of two onwards, she and her mother had endless stubborn struggles, and at the age of five she had multiple bladder operations. Stubborn opposition frequently occurred in her relationship with the analyst.

The patient is fifteen minutes late for the session and says "I really don't have much to tell you today . . . I saw George last night [a married European boyfriend], and he bought me a dress but I think that I'll return it for rent money . . . I had a dream this morning in which I felt very strange and couldn't move . . ." The analyst asks "Can you tell me more about the strange feeling? "

Explanation: The intervention shows no developmental focus.

SCORE 2 when the intervention seems to focus to a moderate degree on childhood and adolescent experiences, and their connections with more recent experiences, including reactions to the analyst and the analytic situation. The focus on development is moderately direct or at least mildly complex and detailed. The time when the past experiences occurred may only be generally indicated.

The rater should infer references to childhood or adolescence from the context of the intervention, without requiring a specific indication of when a past experience occurred.

Example: The patient continues “I dreamed last night. I was lying in bed, with a strange, dry feeling in my mouth and a sickening antiseptic smell in my nose . . . Before I went to sleep, George cut his hand and bled a lot. I started to shake and cry, and couldn’t sleep.” The analyst remarks “It seems that your dream was stimulated by George’s bleeding, which evoked memories of you being in the hospital as a small child and feeling very frightened.”

Explanation: The intervention, reasonably well, connects the incident of bleeding and the dream with a short, general reconstruction of her childhood experiences of hospitalization. It is moderately direct, complex, and detailed.

Score 4 when the intervention appears to focus strongly on childhood and adolescent experiences, and their connections with more recent experiences, including reactions to the analyst and the analytic situation. The developmental focus or its connections is very direct or at least moderately complex and detailed. The period of development when a past experience occurred is often specifically indicated.

Example: The patient continues “I don’t know why you always get back to that. I don’t remember the hospital at all. You’re always trying to put words in my mouth [silence]. I’m not thinking about anything [long silence].” The analyst intercedes “Often, when I draw your attention to something you find painful, such when you were in the hospital, you feel that I’m forcing you to look at something. You become stubborn, and have those old feelings from your training years of wanting to oppose me, hold back, and withdraw. It’s the same kind of struggle you had with your mother from the time you were very small.”

Explanation: The intervention strongly focuses on a general reconstruction of some repeated developmental experiences. It is very direct, complex, and detailed, showing that past reactions to her mother are specifically linked to her repeated transference responses.

11. TO WHAT DEGREE DOES THE ANALYST'S INTERVENTION CONCENTRATE ON ISSUES OF **SELF-ESTEEM**?

Rate the degree to which the intervention concentrates on issues of self-esteem, which may include self-esteem development or the role self-esteem plays in conflict, transference, and other emotional features. The score increases as the focus on self esteem is more direct, or more complex and detailed. The length of the analyst's contribution should not necessarily influence its score.

Self-esteem is a feeling or attitude of self-worth, which is generated and constrained by many factors. Conscience activity is a most important regulator of self-esteem through its functions of praising and rewarding, or criticizing and punishing.

Self-esteem experiences vary widely. Although *self-worth* is the most inclusive term for *self-esteem*, there are roughly four overlapping categories of feelings of self-esteem, each having a spectrum between high and low ends. These overlapping affects are:

- (1) feelings of *pride*, including feelings of being superior, heroic, or entitled (as opposed to feeling shamed, inferior or humiliated, which represent the low self-esteem side of the spectrum);
- (2) feelings of being *virtuous*, truthful, or honest (as opposed to corrupt, guilty, or deceitful);
- (3) feelings of being *lovable*, personally valuable, or cared for (as opposed to loathsome, insignificant, or scorned); and
- (4) feelings of being *effective*; that is, capable, powerful, dominant, in control (as opposed to insufficient, ill-equipped, submissive, or lacking in self-control).

Score equally whether the focus of the intervention is on decreased or increased self-esteem.

When an intervention focuses on past experiences or developmental influences on self-esteem or its development without any connection to immediate experiences, the rating is usually 3 or less.

Concentration on self-esteem must be manifest or reasonably manifest to be scored. If it is implied, it must be reasonably identifiable by the rater and most analysts.

Rate only the analyst's apparent focus on issues of self-esteem, regardless of whether you think such issues are actually present in the patient's communication. Disregard your opinion of the skill or potential effectiveness of the intervention.

SCORE 0 when there is no focus on self-esteem.

Example: The Self-Critical Businessman

A man in his fifties entered analysis because of recurrent depression. He avoids feelings of affection and closeness.

The patient begins “I was thinking in the cab about Dr. Roche [the referring physician] saying that your office was close, when it actually takes fifteen minutes to get here . . . I know you’re thinking that I’m saying something about you.” The analyst asks “What occurs to you about that?”

Explanation: The analyst does not mention issues of self-esteem, although the patient probably feels diminished in thinking he has been misled.

SCORE 2 when the intervention concentrates moderately on issues of self-esteem, including self-esteem development, or the role that self-esteem plays in conflict, transference, and other emotional features. The focus on self-esteem is usually moderately direct or at least mildly complex and detailed.

Example: The patient has been depressed since writing a report about a disappointing second business quarter. He continues “I am not feeling too well today. Ben [his business partner] thought my report was too downbeat, and I’m not up to arguing with him . . . I’m going on a selling trip to Toronto. I’m not very good at that.” The analyst replied “You seem to be feeling weak and insufficient so you can ignore feeling angry at Ben, which is threatening to you.”

Explanation: The intervention focuses moderately on the patient’s self-esteem, indicating that his feelings of weakness and insufficiency serve to defend against dangers he feels are the result of his angry feelings. The focus on self-esteem is moderately direct, complex, and detailed.

SCORE 4 when the intervention concentrates strongly on issues of self-esteem, including self-esteem development or the role that self-esteem plays in conflict, transference, and other emotional features. The intervention is usually strongly direct, and at least moderately complex and detailed.

Example: The patient says “I got a call from a college classmate last night, asking for money for the school . . . I can’t remember if I paid you this month. You’re going to say that I think you’re not worth the money . . . I’m not very good at this. I don’t remember dreams, and most of the time I can’t understand what you’re telling me.” The analyst intercedes “After thinking I might not be worth the money, you emphasize your supposed insufficiencies, such as not remembering dreams or not understanding me. You diminish yourself to protect against dangers you feel are posed by your anger at me. It’s similar to what happened earlier in the session with Ben, when you felt tired and weak to avoid the results of your angry thoughts about him.”

Explanation: The intervention strongly indicates how the patient’s expressions of lowered self-esteem defend against his fear of angry confrontations with his analyst and his partner. The focus on self-esteem is strongly direct, complex and detailed.

CHARACTERISTICS OF THE INTERVENTION (4 Variables)

12. TO WHAT DEGREE IS THE ANALYST'S INTERVENTION CONFRONTATIONAL?

Rate the degree to which the intervention introduces a *special emphasis, urgency, or reiteration* which shows the patient that she is denying, avoiding, or minimizing some emotional feature. The intent is to assess a component over and above the ordinary confrontational element of an interpretation, which draws attention to some aspect which the patient is not clearly aware of at the time. The score increases as the intervention is more direct and pointed or more complex and detailed in its confrontational features. The length of the analyst's contribution should not necessarily influence its score.

Disregard whether the confrontation seems troubled, antagonistic, or harmful.

Score *only* the degree to which the intervention is apparently aimed at confronting the patient, *independent* of the apparent value of the rest of its content, whether you think confrontation is warranted, or your opinion of the skill of the intervention.

Scoring this variable requires listening to the tape recording, since the confrontational aspect of an intervention may be conveyed by vocal tone as well as verbal content. For this reason, the examples presented here are incomplete.

Rate according to the highest level of the variable reached, even if the segment is long and most of it warrants a lower rating.

SCORE 0 when no special emphasis is conveyed in the intervention.

Example: The Impulsive Egg Donor

A single woman in her thirties has mostly had women lovers since entering college. She has been unhappy with an increasingly successful career as a police administrator. Seemingly from nowhere, she announces that she will donate an ovum to her infertile married sister, with whom she has had a stormy relationship. After her disclosure, she talks about annoyances at the office. The analyst intercedes in an even voice "The egg donation is significant in your relationship with your sister, which you seem to be keeping to one side."

Explanation: The analyst speaks with ordinary emphasis.

SCORE 2 when the intervention introduces a moderate degree of special emphasis, urgency, or reiteration, conveyed in voice tone or content. It is reasonably direct and at least mildly complex and detailed in the confrontational features.

Disregard whether the confrontation seems to be potentially constructive or troubled, antagonistic, and potentially harmful.

Example: The patient continues “It’s really not a big thing. With me, Evelyn [her sister] will be sure that the donor is reasonably smart and good looking . . . I’ve been thinking about men again . . . I dreamed about having sex with my brother-in-law last night . . .” The analyst responds with reasonably distinct emphasis “Your involvement with the egg donation will surely be brief, but your conflicts about your romantic and sexual desires, and your relationships with your sister and brother-in-law, will have lasting importance.”

Explanation: The analyst confronts the patient with moderate emphasis and forewarning, expressed in voice tone and content.

SCORE 4 when the intervention introduces a strong degree of special emphasis, urgency, or reiteration, conveyed in voice tone or content. It is very direct and at least moderately complex and detailed in its confrontational features.

Example: The patient continues “The procedure probably won’t work the first time . . . I went to a party with Fran [a girlfriend] last night, and things got a little wild. I took a couple of hits on a joint and did some cocaine. Fran’s worried that they’ll test my urine and I’ll get caught again.” The analyst intercedes in a strongly emphatic tone “You’ve arranged to donate an ovum to your sister without considering much about what it means to you. Now you’re flirting with getting fired if your urine tests positive, which itself is probably connected to the egg donation. You’re doing these things instead of looking at your romantic life and your desires for a child! You need to consider these matters in earnest before you significantly hurt yourself!”

Explanation: The analyst speaks with very decisive emphasis and a strong sense of urgency, communicated by both vocal tone and content.

13. TO WHAT DEGREE DO THE **FEELINGS OF THE ANALYST CONTRIBUTE TO OR SHAPE THE INTERVENTION IN THIS SEGMENT?**

Rate the degree to which the rater observes that the analyst's feelings, conveyed by vocal quality and verbal content, seem to contribute to and shape the impact of the intervention. The score increases as the rater perceives feelings which seem to shape the intervention more directly and immediately.

This variable includes all affects that contribute to the analyst's remarks. It consists of the analyst's helpful feelings, which add vividness and meaning to the intervention and encourage the patient's participation, as well as feelings which may interfere with the analytic work and alienate the patient, including those arising from the analyst's own problems.

Feelings are transmitted by voice tone, inflection, and cadence, as well as verbal content. If there is a disparity between the analyst's voice quality and verbal content, rely more upon the voice quality.

Rating this variable requires listening to the tape recording, making the examples presented here are incomplete.

Rate according to the highest level of the variable reached, even if the segment is long and most of it warrants a lower rating.

SCORE 0 when the rater does not observe that the analyst's feelings contribute to the impact of the intervention beyond that found in usual relaxed conversation.

Example: A Woman With Money Problems

A woman in her forties is in her first year of analysis because of marital discord and her submission to mistreatment. She delays paying bills and is constantly being dunned for money. Her payment for analysis is invariably late. She says "We're short of cash, so I won't be able to pay your bill this month, but I'll pay it all next month." The analyst replies in an even tone "The way that you deal with money seems to be quite special."

Explanation: The intervention expresses no more feeling than the minimum present in the words and tone of relaxed conversation.

SCORE 2 when the rater observes that the analyst's feelings contribute to the emotional impact of the intervention to a moderate degree. The feelings are perceived by the rater as moderately immediate and direct.

This variable encompasses *all* feelings, whether they seem to be helpful or interfering.

Example: The patient continues "We have a lot of expenses, and I have to be careful. My mother and father really *do* have problems with money. But we only spend money on restaurants and going out." The analyst responds with moderately vivid feeling "Your regular delay in paying bills is quite usual. For instance, you haven't paid a bill here in a timely way since we began the analysis."

Explanation: The rater sees that feelings contribute to the intervention to a moderate degree.

SCORE 4 when the rater observes that the analyst's feelings contribute to the emotional impact of the intervention to a strong degree. The feelings are perceived by the rater as strongly immediate and direct.

Example: The patient continues "There was one time I paid you before the end of the month . . . I think *you're* the one with the money problems! None of my friends pay for canceled sessions . . . Are we going to talk about something worthwhile, or waste some more time here?" The analyst replies with very sharp irritation "Look! you're turning this whole thing around! You have considerable problems with money, as does your whole family. I'm asking you to look at an important matter, and you're simply *ignoring* what I'm saying!"

Explanation: The analyst expresses intense feelings of exasperation and irritation, which bespeak a loss of patience with the patient's denial and opposition.

14. TO WHAT DEGREE DOES THE ANALYST'S INTERVENTION APPEAR TO BE **AMICABLE?**

Rate the degree to which the intervention appears to express sympathy, admiration, warmth, or affection towards the patient, beyond an ordinarily agreeable demeanor. The rating increases when the friendly aspects of the intervention are more direct or elaborated. The length of the analyst's contribution should not necessarily influence its score.

Listening to the tape recording is necessary for scoring since the amicable features of an intervention are conveyed by voice tone as well as by verbal content.

Score the analyst's amicability *independent* of the potential value of the content of the intervention and its skill of presentation.

To be rated, the expression of amicability must be manifest or nearly manifest. If it is implicit, it must be easily identifiable by the rater and most analysts.

Rate according to the highest level of the variable reached, even if the segment is long and most of it warrants a lower rating.

SCORE 0 when the intervention appears to express no sympathy, admiration, warmth, or affection beyond an ordinarily agreeable attitude.

Example: A Man Who Loves His Wife

A man in his middle years has a loving relationship with his wife and is hardworking in both his career and the analysis. During a session he says "My friends Martin and Elaine said that I'm very supportive of Allison [his wife] in dealing with her cancer, but I really don't understand what they're talking about." The analyst evenly observes "For some reason you need to deny these qualities."

Explanation: The intervention appears to express an ordinarily good-natured content and tone.

SCORE 2 when the intervention appears to express, through voice tone or content, moderate sympathy, admiration, warmth, or affection towards the patient, beyond an ordinarily agreeable demeanor. There is moderate directness or at least mild elaboration in the portion of the intervention conveying amicability.

Example: The patient continues “Her fortieth birthday is coming up in a month, and I’m getting her a photograph of the main street of the little town where she was born, when the road was still unpaved. She loves the town.” The analyst responds warmly “That’s a very thoughtful gesture.”

Explanation: The intervention praises the patient moderately beyond ordinary positive demeanor.

SCORE 4 when the intervention appears to express, through voice tone or content, strong sympathy, admiration, warmth, or affection towards the patient, beyond an ordinarily agreeable demeanor. There is usually strong directness or at least moderate elaboration of the portion of the intervention conveying amicability.

Example: The patient continues “It’s just such a relief that we’re finished with the radiation and chemotherapy. Allison’s been so brave and optimistic about it, but I could have helped her more. I could have been better at getting her to talk about her disease . . .” The analyst, seemingly deeply moved, says “You’ve been exceedingly attentive and loving to her during this difficult time, as solid as a rock through all of it. I don’t see how you could have been a better husband! You’re being perfectionistic about what you could have done for her, similar to what you require of yourself in your management work, and your responsiveness here in the analysis.”

Explanation: The intervention is extremely warm and admiring of the patient in content and vocal tone. It is strongly direct and highly elaborated in praising his actions with his wife.

15. TO WHAT DEGREE DOES THE ANALYST'S INTERVENTION APPEAR TO BE HOSTILE?

Rate the degree to which the intervention appears to express antagonism, anger, or personal hostility towards the patient. The rating increases when the hostile aspects of the intervention are more direct or more elaborated. The length of the analyst's contribution should not necessarily influence its score.

Listening to the tape recording is necessary for scoring because the hostile features of an intervention are conveyed by voice tone as well as by verbal content.

Score the analyst's hostility *independent* of the potential value of the content of the intervention or its skill of presentation.

To be rated, the expression of hostility must be manifest or nearly manifest. If it is implicit, it must be easily identifiable by the rater and most analysts.

Rate according to the highest level of the variable reached, even if the segment is long and most of it warrants a lower rating.

SCORE 0 when no hostility is conveyed by the intervention.

Example: The Critical Husband

Example A: A highly competitive man is dissatisfied with his wife's ambitiousness. He has criticized and devalued his father since childhood, while his father has rarely opposed him. Starting a session, the patient heatedly criticizes his daughter's gymnastics coach for failing to correct her elementary errors. The analyst intercedes in an even voice: "You seem to be feeling a frustration of your own competitiveness, which goes beyond your concern for your daughter's welfare."

Explanation: The intervention does not appear to express anger or hostility.

Example B: The patient continues: "My daughter could be a contender in the state championships, so I'm going to try to get the coach replaced. You'll try to stop me, because you always interfere when I move to get someone fired at work." The analyst replies in a strong but relatively neutral way: "This is another instance where you want to take action without giving much thought to what it means to you. If you're not willing to look at your experiences, you're not going to get much from talking about them here!"

Explanation: Although the analyst is forcefully confronting, his tone of voice does not show antagonism, anger, or hostility towards the patient.

SCORE 2 when the intervention appears to express, through voice tone or content, moderate antagonism, anger, or personal hostility towards the patient. There is usually moderate directness or mild elaboration in the part of the intervention expressing hostility.

Example: The patient continues “I know that I’m getting too angry! There’s also something with Katerina [his wife]. She was offered her first show to produce, and she’s going to turn it down. It’s the same old story; she doesn’t want to try*anything!*” The analyst responds in a somewhat harsh and angry tone “You’re too involved in her career, and don’t seem to think about whether it’s harmful to her or not!”

Explanation: The analyst confronts the patient, expressing moderately direct anger through voice tone and content.

SCORE 4 when the intervention appears to express, through voice tone or content, strong antagonism, anger, or personal hostility to the patient. There is usually strong directness or moderate elaboration in the part of the intervention conveying hostility.

Example: The patient says “I was sitting at the gymnastics meet yesterday and Anika [his daughter] was doing wrong things in the vault, so I went down to the bench and told her to run faster on her approach. The coach heard me and made a bad face and turned away.” The analyst responds angrily “You see the coach as inadequate and run roughshod over him, just as you did with your father, whom you dumped on! You’re continuing the same self-centered behavior with the coach, without regard for his feelings or what you’re teaching your daughter!”

Explanation: The intervention is highly and directly critical of the patient, and personally attacks him through voice tone and content. The seemingly valuable content is irrelevant to rating the degree of hostility.

QUALITY OF THE INTERVENTION (3 Variables)

16. TO WHAT DEGREE DO THE ANALYST'S REMARKS **FOLLOW THE PATIENT'S IMMEDIATE EMOTIONAL FOCUS** DURING THE PRIOR PATIENT SEGMENT?

This variable measures the degree to which the intervention follows key aspects of the analytic surface by concentrating on the patient's immediate experiences, where the patient may be most accessible.

Rate the degree to which the intervention follows the patient's various meaningful feelings, the distinctive unpleasurable feelings of anxiety, guilt, shame, or low self-esteem, or the defenses evoked at the moment. The score increases when the intervention is more direct or complex in following of the patient's immediate emotional focus. The length of the analyst's contribution should not necessarily influence its score.

Subtle feelings can show the way to less apparent conflicts. Defenses in action at the moment, such as denial, which may require intervention before addressing impulses and fantasies. Expressions of low self-esteem, particularly, may be implied and require special alertness.

Although the selection of an appropriate *type* of intervention and its main *contents* are critical to a successful intervention, in this variable we will largely ignore these features and rate only how well the intervention addresses the above-mentioned aspects.

Rate according to the highest degree to which the intervention follows the patient's immediate focus, even if the segment is long and most of it warrants a lower rating.

If the first analyst segment is not preceded by a patient segment, score this variable based on the last patient segment of the preceding session.

SCORE 0 when the intervention does not follow the patient's immediate emotional focus because it disregards meaningful affects, distinctive feelings of anxiety, guilt, shame, and low self-esteem, or the defenses active at the moment.

Example: A Very Needy Woman

A depressed woman in her thirties pays her bill with several checks over the course of the month. Having just broken up with her boyfriend, she rushes into a session twenty minutes late, appearing depressed, anxious and guilty. In a flood of words she tells of her day's activities, without mentioning her anxiety, guilt, or lateness. The analyst remarks "You don't seem concerned about your lateness here today."

Explanation: The intervention tactlessly addresses the patient's defensive avoidance while bypassing her feelings of anxiety, guilt, and low self-esteem, which might well include her feelings of guilt about being late.

SCORE 2 when the intervention moderately follows the patient's meaningful affects, distinctive feelings of anxiety, guilt, shame, and low self-esteem, and the defenses evoked at the moment. There is moderate directness or complexity in following the patient's emotional focus which may include a reasonable degree of tactfulness concerning patient's self-regard and feelings of vulnerability .

Example: The patient cries and continues "I feel terribly alone [sniff] . . . I told Anne [a friend] about David [her ex-boyfriend] and me breaking up . . . I'm going to have lunch with her today. I also had a long talk with Irene [another friend] last night, and she thinks he's incredibly self centered . . . No one will ever love me! [cries] I'll be all alone." The analyst replies "You respond to David's loss with strong feelings of being unworthy and unlovable, despite your friends' close attention to you. We need to understand why you actually accentuate these painful feelings. "

Explanation: The intervention offers moderate support to the patient's low self-esteem by mentioning her friends' affection for her. It tactfully clarifies the patient's defensive intensification of her suffering, and follows the patient's immediate focus with a moderate degree of directness and complexity.

SCORE 4 when the analyst strongly follows the patient's meaningful affects, distinctive feelings of anxiety, guilt, shame, and low self-esteem, and the defenses evoked at the moment. There is strong directness or moderate complexity in following the patient's immediate emotional focus, which usually includes significant tactfulness when the patient's self-esteem is low.

Example: The patient continues: "I saw you shopping in the food market yesterday, and was surprised at how full your cart was. Seeing that you buy so much makes me feel very small. When I write you a check for more than a week, I feel that I'm losing too much money . . . I've never told you, but sometimes when I'm in a store, I pick up clothes and put them in my bag. I feel *dirty and sick* about it." The analyst says "You feel just terrible about yourself, because of your strong desires for large quantities of food and clothes, and for wanting to keep all your money for yourself. You've tried not to show me your desires but they come out in your repeated actions of taking the clothes from stores. You are driven to do what makes you feel awful about yourself, and it leads you to fear that I'll disapprove of you."

Explanation: The repeated emphasis on the painfulness of the patient's guilt and shame, and on how she is defensively driven to make herself feel bad, puts the analyst on her side. A high degree of tactful support is combined with the interpretation, to help the patient look at some difficult subjects. The intervention is very direct and complex in following the patient's immediate emotional focus.

17. TO WHAT DEGREE ARE THE ISSUES ADDRESSED BY THE ANALYST'S INTERVENTION **PSYCHOLOGICALLY CONTINUOUS WITH INTERVENTIONS IN THE PREVIOUS SESSION AND EARLIER IN THIS ONE?**

By *continuity* we mean the degree to which emotional issues in the current intervention (fantasy, conflict, transference, identification) are psychologically similar to or directly contiguous with those of the previous session and earlier in this one.

Similar means that the psychological focus of the intervention is parallel to emotional subjects in the preceding interventions but presents them in a different context. For instance, similarity can be seen when a prior intervention shows a man's self-defeating behavior with his girlfriend and the current one addresses his self-sabotage at work.

By *contiguous* we mean that the current intervention complements and extends emotional subjects in the previous interventions. An example of contiguity is when a prior intervention remarks on a man's childhood withdrawal from his under-available mother and the current one focuses on his resulting low self-esteem.

Score the degree to which emotional issues in the current intervention are psychologically similar to or directly contiguous with those of the interventions in the previous session and earlier in this one. The score increases as the emotional issues in the current intervention are parallel or contiguous with more extensive issues in previous interventions, and are more direct and complex in demonstrating their continuity.

Rate this variable *independent* of how the same issues were previously elaborated by the patient.

To be scored, the continuity of issues in an intervention with those of prior interventions must be manifest or nearly manifest. If it is implicit, it must be easily recognizable by the rater and most analysts.

SCORE 0 when the issues in the intervention are not at all psychologically similar to or contiguous with emotional subjects appearing in interventions of the previous session, and earlier in this one.

Example: An Intimidated Man

A hardware store owner has been constrained by guilt about his assertiveness and independence. During childhood, he felt very intimidated by his mother, and now tends towards self-sacrifice and fears of abandonment by loved ones.

In the previous session he talked about his wife's temper tantrum, during which she ridiculed him. The analyst suggested "You're reluctant to engage your wife about her objectionable actions, because of your fearful fantasies that she'll leave you."

In the first two segments of the current session he talks about opening a new store, which excludes a brother who evades work. The analyst noted "You're feeling sufficiently less guilty, so you can contemplate starting an independent business without burdening yourself with your brother's problems.

The patient starts the current segment by describing how his brother told him that his new business would fail. He recalls a conversation with a friendly man he met on the train to work this morning.

He continues saying “I slept only four hours last night and passed out on my desk this morning.” The analyst inquires: “What were you thinking about while you were lying awake in bed last night?”

Explanation: The patient presents a contrast between his brother’s irritating behavior and the pleasant demeanor of his train companion. However the analyst’s intervention does not have enough similarity to or contiguity with the issues of prior interventions to warrant any rating.

SCORE 2 when the emotional issues in the current intervention are moderately psychologically similar to or directly contiguous with emotional subjects contained in the interventions of the previous session and earlier in this one. The current intervention is moderately continuous with reasonably extensive issues in the interventions of the prior session and earlier in this one, and it demonstrates the continuity in a moderately direct and at least mildly complex manner.

Example: The patient says “I was thinking about the renovation of the new store. My brother has said that he doesn’t want a part of the new business, but I think that I’ll ask if he wants to participate anyway. He’s sure to refuse, and then he won’t be able to complain about it.” The analyst replies “You’re starting to feel that you have to include your brother again. What feelings about him are moving you in this direction?”

Explanation: The intervention clarifies the patient’s barely hidden intention to surrender to his brother’s wishes, and asks for some elaboration of his feelings. The emotional subject of the intervention is moderately contiguous with the previous ones, since it continues reasonably extensive prior issues by addressing the patient’s conflicts about his emotional independence from his brother and his wife with moderate directness and complexity.

SCORE 4 when the emotional issues in the current intervention are strongly psychologically similar to or directly contiguous with emotional subjects contained in the interventions in the previous session and earlier in this one. The current emotional subjects are strongly continuous with extensive issues in the interventions of the previous session and earlier in this one, and they usually demonstrate the continuity in a strongly direct and at least moderate complex manner.

Example: The patient answers “He threatened to kill himself when he was sixteen, and my mother blamed me for not taking care of him. I’ve been looking after my mother and my brother all my life. Did I tell you a strange dream I had last night? I was eating a huge sunny side up egg, as big as a house. I ate and ate, but I couldn’t finish it . . . My wife hardly cooks anymore.” The analyst intervenes “You feel that it’s your responsibility to take your mother’s and brother’s problems on your shoulders, and often do so with considerable personal suffering. Sacrificing yourself for these many years has been like eating the egg in the dream, an endless and insurmountable job. Now you’re doing the same thing with your wife, and ignoring your anger at getting such a small return.”

Explanation: The emotional issues of the intervention are strongly parallel to the subjects of previous interventions by calling attention to the patient’s endless self-sacrificing, portrayed in his discouraging attempts to incorporate his family members’ burdens in the dream. The intervention is strongly continuous with extensive prior intervention issues, and the continuity it demonstrates is very direct and complex.

18. TO WHAT DEGREE IS THIS A **GOOD INTERVENTION**?

This is a global variable that rates the overall quality of the intervention.

Rate the aptness of the intervention's type, the potential usefulness of its content, and the skill of its presentation. The skill of the presentation is scored higher when the intervention is more tactful, well timed, and its language is more clear, vivid, or likely to appeal to the patient. The score also increases when the intervention is more direct or more relevantly complex and detailed. The length of the analyst's contribution should not necessarily influence its score.

We divide interventions into four *types*: three distinctively analytic ones *C encouraging elaboration*, *clarification*, and *interpretation* C and those offering *support*, which include all other interventions.

There is, of course, more than one useful response to a patient's material. The rater should evaluate the potential effectiveness of the intervention by following the analyst's *chosen* direction, but should also consider how well the intervention approaches what you regard as *optimal*, with some thought as to what you would have done in the same situation. Be careful not to score inappropriately high by giving the analyst's effort the Abenefit of the doubt.

Rate according to the highest level of the variable reached, even if the segment is long and most of it warrants a lower rating.

If an intervention seems useful but not remarkable, it is usually rated at 2 or less.

SCORE 0 when the type of intervention, or its content, or the skill of its presentation do not suit the patient's expressions at all.

Example: The Man whose Brother Entered a Cave

The patient is a vulnerable, self-defeating young man who is conflicted about expressing his anger and started analysis because of insufficient progress in his career. This session starts with the patient describing an evening with his parents and his younger brother, John, who has been visiting. "The dinner with my parents went all right. John and I walked past a beautiful church and I pointed out a carving on an arch. John seemed interested, but didn't have much to say about it, so I started talking about work." The analyst said "You seem to have let your brother get the best of you."

Explanation: Although the intervention applies to the patient generally, its content does not match the patient's communications and it is insufficiently tactful.

SCORE 2 when the intervention is a moderately suitable response to the patient's communications. The type or blend of types of intervention is at least reasonably apt, the content addresses the patient's expressions in a potentially moderately useful way, and the presentation is reasonably tactful, well timed, and verbally appealing to the patient. There is a moderate degree of directness or relevant complexity.

If an intervention seems useful and reasonably well designed, but not remarkable, the rating is usually 2 or less.

Example: The patient continues "John wanted to know if he could stay at my apartment and then, out of the blue, he punched me on the arm so hard that it really hurt. Well . . . I mean! . . . I told him that he could stay with me last night, but not over the weekend. We're inviting a lot of people to a party on Saturday." The analyst intercedes "You speak about your brother punching you on the arm, and then continue as if that were quite usual. You seem to be avoiding getting angry at John."

Explanation: This blend of clarification and interpretation is an apt type of intervention, which calls attention to the patient's denial of his anger moderately well. There is reasonably suitable tact, timing, and verbal appeal, as well as moderate directness and complexity.

SCORE 4 when the intervention is a highly suitable response to the patient's communications. The type or blend of types of intervention is very apt, the content focuses on the patient's expressions in a potentially very effective way, and the presentation is usually very tactful, well timed, and uses clear and vivid language. There is usually a high degree of directness or strong relevant complexity, possibly linking current experiences with past experiences or experiences involving the analyst.

Example: The patient says "I had a dream last night. There were two holes in a barren rock and I was lying in one of them. I guess it means that I was dead, like in a grave . . . [sigh] . . . It reminds me of the time my family went on vacation when I was nine, and John and I found an opening in a rock face and he crawled in. The earth over the entrance started to slide, and my father ran over with a piece of wood and braced it. Dad turned to me white-faced and furious, and said >He could have died in there! How could you let him do that?" "The analyst said "You felt afraid that you might have allowed your brother to get in a situation which could kill him, and your father would never forgive you. It seems to me your father's accusation must have touched a very deep, bad feeling about yourself; and you have to make up for it by letting John walk all over you, as if you still feel you don't deserve to stand up for yourself. And your feeling you deserve to do badly comes out in your pessimism about the treatment as well. It's as if you were saying, in your dream, 'I am the one who deserves to be in a rocky grave, not him.'"

Explanation: The interpretation is an apt type of intervention, strongly calling attention to the punishment the patient feels he deserves for his past and present murderous impulses. The interpretation is sensitive, well timed, vivid, and dexterously expressed. Links between the patient's recent conflicts and past experiences show considerable complexity.

INSTRUCTIONS FOR RATING JOINT SEGMENTS

Sometimes the responses of the analyst and patient follow one another so quickly that no single therapist or patient remark has enough analytic meaning to be rated as a single segment. When such patient-analyst exchanges follow reasonably interconnected themes, they are designated joint segments. The segment following a joint segment begins when the patient or analyst introduces a sufficiently new emotional theme. *All* of the patient's contributions to the joint segment and *all* of the analyst's remarks, respectively, are scored as single patient and analyst segments.

We designate a joint segment starting with a patient remark a J segment, and one starting with an analyst comment an O segment. In these cases, you will see two segment title lines, one after the next.

If you see "patientseg". in the the first title line and a "J" (J1 then J2 actually) at the end of the title lines for the segment, click the "J" choice button in the dbfiler on your computer, rate the patient variables first, then the analyst variables. Then click on the next segment.

If you see "therapistseg" in the first title line and an "O" at the end of the title lines (O1 then O2), then you should click on the "O" choice button in Dbfiler, rate the analyst work first, then return to the top of the "other" segment and rate the patient variables for this same section of text, after which you click on "next segment."

When rating a J segment (patient starts segment) for the variable, *Patient Responding to the Analyst's Intervention*, all of the patient's part of the segment is scored in relation to all the analyst's comments in the segment. And, when the previous segment is an analyst segment, the rating also includes the patient's responses to that segment as well, since this is the patient's first chance to respond to the segment¹.

When scoring an O segment (analyst starts segment) for the analyst variable, *Analyst Follows the Patient's Immediate Focus*, all the analyst's remarks in the joint segment are scored in relation to all the patient's comments in the segment. And, when the previous segment is a patient segment, the rating also includes the analyst's responses to that segment, since this is the analyst's first chance to respond to the segment².

In scoring a *joint segment* for the analyst variable for *Good Intervention*, all the analyst's communications in the joint segment are rated in relation to all the patient's contributions in the joint segment, and any patient statement preceding it in the analysis

In rating joint segments for the patient quality variable, *Continuity with Previous Patient Communications*, all the patient's expressions in the segment are scored in relation to all the patient's communications in the prior session and remarks earlier in the current session.

In rating joint segments for the analyst quality variable, *Continuity with Previous Interventions*, all the analyst's communications in the segment are scored in relation to all of the analyst's communications in the prior session, as well as the analyst's comments occurring earlier in this one.

In rating a *joint segment* for the four variables for assessing the *Desirability of Intervening* with each of the four types of intervention, score the variable in relation to the patient portion of the joint segment and your judgment about relevance to the patient's overall needs or situation at that moment in the analysis.

¹ Furthermore, when a J segment (patient starts) is the first segment of a session, and the last segment of the previous session was an analyst segment, the patient's portion of the joint segment is scored for its response to that last intervention, in addition to the analyst's part of the joint segment.

² Furthermore, when an O segment (analyst starts) is the first segment of a session, and the last segment of the previous session was a patient segment, the analyst's portion of the joint segment is scored for its response to that last patient remark, in addition to the patient's contribution to the joint segment.