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UNIVERSIDADE DE LISBOA
FACULDADE DE PSICOLOGIA

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FACULTY OF MEDICINE, DENTISTRY AND HEALTH
SCHOOL OF HEALTH AND RELATED RESEARCH



**LISTENING TO ELABORATION IN PSYCHOTHERAPY:
THE UNDERSTANDING OF ASSIMILATION USING NARRATIVE INDICES**

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MINISTÉRIO DA CIÊNCIA, TECNOLOGIA E ENSINO SUPERIOR

Abstract

How do clients elaborate throughout therapy? This was the question that broadly framed this research and situated it in the field of psychotherapy process research. The process chosen was assimilation which was conceived as a global process of change focused on the client. To study this process, this research used narrative indices which are elements of the narrative that are considered to represent particular processes. The use of indices depends on the understanding of language not as a rigid signal system to denote psychological concepts; but as an interactional process of communication in which narrative processes are represented. This research was divided into two studies.

The first study sought to develop the system of indices based on a qualitative analysis and then adjust it to meet the reliability standards with respect to consistency and interrater reliability. To this end, 30 single sessions of adult clients with depression were recorded and analysed. After the system of indices had been developed it was analysed and contrasted with an existing coding system. Study I resulted in a system of indices grouped into five dimensions – external distress, pain, noticing, decentring and action – which showed acceptable interrater reliability, internal consistency and convergent validity.

The second study was a longitudinal application of the system of indices. The goal was to contrast the cases with regard to their success status as defined by the pre-post variation of the depression level. Nine psychotherapies were recorded and analysed. Of these nine cases, only three showed a non-straightforward relation between the success status and the dimensions. The in-depth analysis of these three cases showed the usefulness of using the system of indices to understand the complexity of the psychotherapy and the non-linear relationship between psychotherapy and symptom change.

The results suggest the importance of the indices in understanding assimilation and are discussed with emphasis on the practical implications that can be derived.

KEY WORDS: Psychotherapy, assimilation, narrative indices, process research,

Resumo Alargado

Esta investigação insere-se no domínio da investigação de processo em psicoterapia. Tem como objectivo global a compreensão de como as pessoas elaboram significados ao longo da psicoterapia. Para responder a esta questão, optou-se por analisar um processo em particular: a assimilação. Vários modelos de mudança em psicoterapia são descritos na revisão de literatura com a finalidade de compreender este processo. A assimilação foi aqui considerada como uma variável focada no cliente que abrange o processo de mudança ao longo da terapia.

Para estudar este processo, optou-se por recorrer a um método que se designou por índices narrativos. Índices narrativos são elementos que representam processos particulares nas narrativas dos clientes. O uso de índices implica pensar na linguagem não como um meio para rigidamente veicular conceitos psicológicos, mas sim um processo comunicacional complexo onde o significado dos termos depende de significados mutuamente partilhados, dependentes de aspectos formais e apenas entendível no contexto do uso e da interacção. Na revisão da literatura são revistas as perspectivas sobre a linguagem que fundamentam o uso dos índices.

Para a construção do sistema de índices que serviu de base à investigação, recorreu-se a uma metodologia dual de investigação assente em duas heurísticas de investigação, tal como descrito na revisão da literatura. Esta natureza dual concretizou-se em dois estudos: um com o objectivo de desenvolver o sistema de índices e o outro que constituiu uma aplicação desse mesmo sistema a psicoterapias completas.

O primeiro estudo é uma análise transversal de sessões de psicoterapia, tendo como período temporal da primeira à 15ª sessão. Para esse efeito foram convidados a participar 30 clientes com depressão e 11 terapeutas. Os clientes eram adultos, com níveis de depressão diversos e frequentavam um hospital psiquiátrico em regime de ambulatório. Os terapeutas eram de orientações teóricas diversas pois assume-se que a assimilação irá ocorrer independentemente da orientação teórica nos casos de sucesso. Para cada cliente foi gravada uma sessão e o cliente preencheu o Inventário de Depressão de Beck (BDI). O primeiro estudo é melhor compreendido se for descrito em três fases.

Na primeira fase 14 das 30 sessões foram analisadas pelo autor com o objectivo de identificar os índices. Desta fase resultaram os índices e a organização em dimensões

que iria ser sujeita a aferição. Para esse efeito foi criado um sistema de codificação que procurou integrar os dilemas e considerações da análise qualitativa.

Na segunda fase, duas cotadoras independentes e cegas codificaram as 30 sessões. Essas codificações serviram para testar e aferir o sistema. Da aferição emergiram cinco categorias ou dimensões de índices. As dimensões encontradas foram: sofrimento externo, dor, atentar, descentração e acção. O sistema de índices ainda contempla uma codificação das intervenções do terapeuta e da resposta imediata que o cliente dá a uma proposta de significado ou acção. As dimensões dos índices mostraram bons resultados no que respeita à fiabilidade inter-cotadores.

Na terceira fase, com base na média das duas cotadoras, as dimensões foram analisadas e, com a finalidade de avaliar a validade convergente, foram contrastadas com um sistema de codificação da assimilação existente. As dimensões mostraram uma distribuição conforme com o carácter emergente dos índices; a relação entre as dimensões foi globalmente consonante com o esperado; e a convergência com sistema de codificação existente foi considerada suficiente para a sua validação e para a sua utilidade enquanto sistema distinto de análise. Do primeiro estudo resultou um sistema de índices que foi considerado passível de aplicação.

O segundo estudo foi uma aplicação do sistema de índices a nove psicoterapias completas ou até à 15ª sessão. Os participantes pertenciam à mesma população do primeiro estudo e os quatro terapeutas que aceitaram participar haviam integrado o primeiro estudo. Este estudo divide-se em duas análises complementares. Numa primeira fase o sistema de índices foi aplicado a todas as sessões dos nove casos; numa segunda fase foram escolhidos três casos sobre os quais incidiu uma análise mais detalhada. Estes casos foram escolhidos no sentido de maximizar o impacto deste estudo enquanto validação do sistema de índices. A codificação das sessões e a análise dos casos foi feita pelo autor. No sentido de triangular fontes para observar a convergência, foi realizada uma avaliação mais exaustiva dos participantes, contemplando a severidade da depressão, sintomatologia geral e bem-estar; e foi realizada uma entrevista ao terapeuta feita por outro investigador. Procurou-se ainda que estas diferentes perspectivas não se influenciassem mutuamente, pelo que um conjunto de procedimentos foi realizado de modo a que os intervenientes desconhecessem as perspectivas dos restantes participantes.

Da aplicação ao conjunto global dos casos resultaram uma classificação dos casos relativamente à linearidade da relação entre os índices e o estatuto de sucesso ou insucesso do caso – definido pelo resultado da avaliação pré-pós do BDI. Dos nove casos, seis foram considerados lineares e três foram classificados como não lineares.

Os três casos não lineares foram analisados exaustivamente para aferir o seu carácter de invalidação do sistema de índices. O primeiro foi perspectivado pelos índices, pelo terapeuta e pela conceptualização de caso, como sendo um caso de não mudança ou mudança em termos de *insight*, apesar da redução significativa dos valores do BDI. O segundo caso foi perspectivado pelos índices, pelo terapeuta e pela conceptualização como um caso de progresso ainda que em curso e de carácter misto. Tal permite enquadrar a não redução significativa do BDI até à 15ª sessão. O último caso apresentou alguma discordância. O sistema de índices e a conceptualização descrevem uma mudança parcelar, num registo de ajustamento, e uma transformação narrativa que mantém os seus mesmos pressupostos. Por outro lado, o terapeuta perspectiva uma mudança ainda que não “perfeita” mas concordante com a redução significativa do BDI.

As conclusões do estudo apontam para a utilidade dos índices narrativos na compreensão da assimilação e mudança em psicoterapia. A assimilação é vista como um processo complexo; caracterizada pela progressão relativa dos sub-processos envolvidos; com uma ligação não linear com a evolução da sintomatologia e dependente da interacção cliente-terapeuta. Os índices são vistos como úteis portas de entrada para compreender a psicoterapia quer em termos da investigação quer na prática clínica. Relativamente a esta última, são propostos alguns indicadores particulares com valor de avaliação ou de orientação da intervenção. Na secção de discussão e na conclusão final são abordadas as limitações desta investigação. Estas limitações são enquadradas numa investigação em contexto “real” e com clientes “reais” e numa opção por metodologias mistas de investigação. Apesar das limitações, os resultados apontam para a validação global do sistema de índices e o seu interesse enquanto instrumento clínico e ponto de partida para futuras investigações.

PALAVRAS CHAVE: Psicoterapia, assimilação, índices narrativos, investigação de processo.

Acknowledgments

The time that research was a lonesome activity in which the findings were kept in drawers until other researchers had similar results seem to have ended. For better or worse it is becoming a public and collaborative process in which results are meant to be achieved by a collective effort. This research is no exception and the number of people that I am indebted and grateful is significant – 73 to be more exact. I am sure that this work, which took four years to accomplish, would not be done without these collaborations.

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Introduction

“I was coming here today and thinking
‘Really, it is almost pointless to go there’ [...] I really needed to talk to someone and learning to know myself. [...] And my greatest fear was myself, because I didn’t know me and there was a lot of things that I was hiding from myself”

The Woman that Strives to be Normal
(Study II; S8: 12.30)

Nowadays, if only one question could be asked in the context of psychotherapy research, what would that question be? The question of whether psychotherapy is effective is no longer posed with the same relevance as in the past. The question of which therapy is the best is no longer seen as significantly useful. Other questions are useful, but secondary and finally there are others – like what predicts change in psychotherapy – that depend on abandoning our traditional and school oriented understanding of psychotherapy.

Personally, one of the most important questions is how people change in psychotherapy. But in order to answer this question, the simple linear and two-dimensional type of research has to be complemented with more complex research designs. As it is going to be argued, psychotherapy is inherently relational and inherently narrative and communicational. It is a reduction to isolate the client or the therapist or to isolate emotion and language. And if such reduction is adopted, the researcher has to assume it and deal with the implications.

Like other areas of scientific application, in psychotherapy practice has preceded research. Even today, the most thorough manual for psychotherapy only describes a part of what is going on behind the closed door of the psychotherapy office or the consultation room. And this lack of definition renders researching the “how” question, a thrilling project. Moreover it leaves or should leave the researchers with a sense of

wonder and humbleness towards an object that is greater than their ability to understand it. Given the point of our knowledge, few research findings will prevail with their original understanding, through the test of time. So the best goal for any researcher is to contribute a parcel to this hard undertaking.

This research tries to focus on a particular process that relates to this question of how people change in psychotherapy which is assimilation. This process is going to be studied using narrative indices, which are linguistic or narrative signs of this process of elaboration. The research is done in two studies. The first study has the global goal of developing the indices and their grouping in dimensions. The second study is an application of the system of indices to the longitudinal understanding of psychotherapy.

This dissertation outlines this research. The next chapter is devoted to the literature review. It is segmented into four major sections. In “Studying the process of psychotherapy”, this research is framed within the field of process research. In “Is psychotherapy all about assimilation?”, different perspectives of assimilation are considered and it is placed together with other models or concepts in change. “What is the meaning of a narrative index?” outlines the rationale for using and understanding the indices. The final section, “A twofold research” describes the integrated nature of this research and the logical underpinning of both studies.

Chapter 2 describes the general considerations regarding the method that are common to both studies. Some methodological considerations are made that determined some of the choices of this research. Chapter 3, has the description of the first study. It was further divided into two sections: the qualitative analysis and the empirical evaluation of the indices. Chapter 4 reports the second study and can also be divided into two parts. Initially it describes the application of the indices to all the cases.

Afterwards, three single cases are highlighted to shed light on the contextual embedding of the indices. Chapter 5 is a general conclusion of the research.

On a personal note, at the time of writing these sentences, the thesis that is being read is fairly different from the thesis standing in front of me. The coherent narrative that (hopefully) is being read is different from the messy excerpts that are in my laptop. And if there is a schema in the author's mind while writing this, it is also true that the script is writing itself and writing the author to some extent. This can be a metaphor for the much more relevant process that happens between a therapist and a client and that fundamentally changes the client (and perhaps, to a lesser extent, the therapist). It is as if therapy weaves itself from the threads of both and this weaving leaves traces in the fabric. Those traces are not indices of the client's mind or indices of the therapist mind, but are indices of the therapy that they are *effecting* and that is *affecting* them. Like in therapy, some of the threads of this thesis may be revealing of the author's and his supervisors' representation in it.

On the other hand, like in the research, the observer (or the reader) represents herself or himself in the object (e.g., the session transcript, the thesis). The client and therapist do not know it, but they are being added, interpreted and sometimes even corrected by the stranger. In the same way, this thesis will be filled with the reader's representation in it. This process is smooth because we all seem to like coherence and realism. And the same is true for the interaction of client and therapist. Clients sometimes arrive in therapy with a negative coherent narrative about themselves or the world that is taken as truth. The therapist challenging interventions or postures in this early phase often seem unreal or incomprehensible to the clients. Perhaps a good therapy is the one that is strong enough to break this expectancy of coherence. So it is also my hope that this thesis will be strong enough to challenge you – the reader.

Chapter 1: Literature Review

Studying the Process of Psychotherapy

“Ducunt volentem fata, nolentem
trahunt”

Seneca¹

The quote above can be translated as “fate leads the willing but drags the unwilling”. It conveys the stoic idea that if you fight the destiny with your own desires you are bound to get frustrated. In psychotherapy, sometimes therapists, driven by their desires or expectations of their psychotherapy orientations, seek to intervene in a uniform manner to concrete therapies and clients. This often leads to frustration. Only through the understanding of the process of psychotherapy can the therapist be led instead of being dragged by it.

The idea of understanding the process – i.e., “how people change” – despite being intuitively useful has not become a focus of research until recently. Despite notable exceptions (e.g., Rogers, 1949), the emphasis was on testing the efficacy of psychotherapy. This is perhaps the result of the need to affirm psychotherapy as an effective practice (Drozd & Goldfried, 1996). Now that it is established that psychotherapy is indeed an effective practice, due to cumulative and diverse evidence (Cooper, 2008), the research has started to focus on more complex issues. Even the question – does psychotherapy produces change? – is now placed on an increasingly different light. Psychotherapy research has moved from a simple testing of the efficacy of psychotherapy to considering dimensions that affect the effectiveness of psychotherapy in real settings (Nathan, Stuart, & Dolan, 2000). This was justified by the

¹ Lucius Seneca (1 BC-65 AD) translating Cleanthes (330 BC – c. 230 BC) in “Ad Lucilium epistulae morales”. Roughly translates: “Fates leads the willing but drags the unwilling”

notion that testing theoretically pure therapies, with controlled clients and using structured interventions made efficacy research less applicable to clinical settings (Goldfried & Wolfe, 1998). In real life settings, therapists use adjusted therapies, in flexible applications, with clients that are diverse and often present multiple problems.

With respect to the process itself, research has evolved paired with the focus on detail in psychotherapy. Several examples can be found namely in: the form and timing of therapist communication (e.g., Wachtel, 1998), the recognition of ruptures in the therapeutic alliance and in the ways to overcome them (e.g., Safran & Muran, 2003) and the identification of markers of affective tasks, emotions and specific interventions (e.g., Greenberg, 2002). Theoretical and paradigmatic changes also made process research more accepted. The conception of psychotherapy as a developmental process departed from the perspectives close to the medical model (e.g., Basseches & Mascolo, 2009). If psychotherapy is more akin to human development, then the second question that arises is how does this process unfolds and what promotes it? Concepts borrowed from developmental theories, such as the zone of proximal development, have been infiltrating our understanding of the psychotherapy process (e.g., Ryle & Kerr, 2002). This was different from mechanistic views on psychotherapy in which a set of ingredients combined with a set of procedures caused change.

Psychotherapy research has also given tools to understand and open the dialogue between psychotherapy orientations. One example is the notion of principles of change (Drozd & Goldfried, 1996) which corresponds to general classes of interventions. The stripping of the conceptual connotations, allows comparing and understanding similar interventions from different psychotherapies. Since it tries to understand the processes of change, process research is particularly useful for clinical practice, providing more specific guidelines.

A number of factors that have an impact on psychotherapy have been studied. An important landmark on this research was the publication of the “Empirically supported therapy relationships” by the division 29 task force of the American Psychological Association (Ackerman et al., 2001). They reviewed the research on two types of variables: factors that influenced the outcome and variables that were useful for tailoring psychotherapy. Factors such as empathy and collaboration were rated as demonstrably effective, while others like positive regard or self-disclosure were considered promising. With respect to variables that were useful in tailoring the intervention, resistance or functional impairment, for example, were shown to be effective, while coping style or assimilation of problematic experiences were rated as promising.

Research that was reflected in these conclusions was significantly important. But there is still a need to render more useful this theoretically impure and abstractly messy knowledge. One alternative is to group all the therapist and client variables, all the technique variables and all the relationship variables and relate them with each other for each diagnosis. This was what Castonguay and Beutler (2006) tried to do. But this has two fundamental problems. First, there is not sufficient research to make these analyses conclusive. Second, and more importantly, is whether it makes sense to do this separation at all. For example, even if the effects of alliance, prolonged exposure (a behavioural technique) and resistance are disentangled, how can you conceive these variables separately? Is it not possible to see all of these variables in different levels of abstraction or interacting in a complex way? Several examples could be thought. In a particular instance, the resistance to the exposure could simply be the reflection of a bad alliance. In another example, a bad alliance could be the result of the introduction of the exposure in a resistant client. Or even, the introduction of exposure could be the therapist’s emotional reaction to a resistant client and so on.

Another important development was the creation of models that seek to understand psychotherapy longitudinally. The next section will review the models that focus on the client side of change. Other models focus on the therapist side or the promotion of therapeutic tasks. One example is the paradigmatic complementarity model (e.g., Vasco, 2006). In this model therapy is described as following seven phases in which strategic goals are promoted: building trust and structuring the relationship, increasing the awareness of the experience and the self, construction of new meaning relative to the experience and the self, regulating the responsibility, implementing repairing action, consolidation of change, and anticipation of the future and relapse prevention. This model also highlights the client's assimilation of these goals but it focuses on a task dimension of psychotherapy. It is another example that underscores the richness of the process research in understanding psychotherapy.

The study of the process of psychotherapy is still in its infancy and perhaps such understanding is out of our reach at this point. The present research looks at a particular dimension of the process of psychotherapy – assimilation. This concept will be defined in the next section, but it is important to situate it in the field of process research. Given the current understanding of the process of psychotherapy we can situate assimilation as represented in Figure 1.1. Assimilation is considered in the client side of the process of change and relates to the therapist intervention. The nomenclature exploration and prescription was adapted from the dichotomy proposed by Shapiro, Barkham, Reynolds, Hardy, and Stiles (1992) of prescriptive and exploratory psychotherapies.

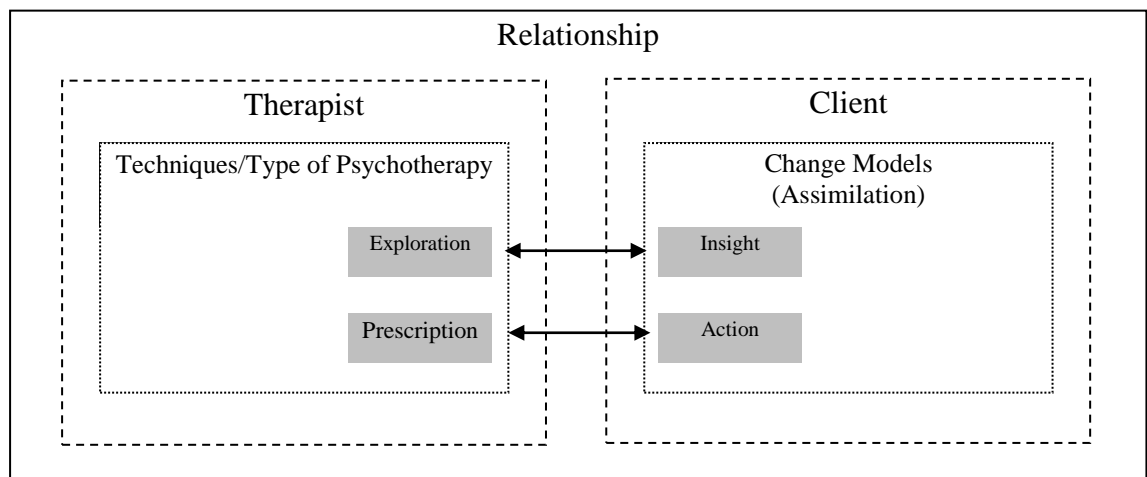


Figure 1.1. Situating assimilation within the process of psychotherapy

This understanding of assimilation is not aimed at being final. It is just to situate this research within the field of process research as the understanding of change from the client's side. This focusing on the client's side is one of the several trends of process research (Llewelyn & Hardy, 2001). Furthermore, several principles of process research also influenced the present research. Process research in psychotherapy often aims to be independent from theoretical orientations. This goal was significantly important in the design of this research.

Another characteristic is effort to reduce the gap between research and clinical practice to make the research more useful. In this research, both the process (i.e., assimilation) and the way chosen to understand it (i.e., narrative indices) were affected by the goal to render this research useful for clinicians. For psychotherapists the question is often not what intervention shall be chosen, but how, when and to whom should such particular intervention be used. By understanding how the client changes and elaborates the meanings facilitated in session, these questions may have an easier answer.

The next two sections review the current understanding and research on the process chosen – assimilation – and the literature that underlies the way by which this process is addressed – narrative indices.

Is Psychotherapy all about Assimilation?

“Transforma-se o amador na cousa amada,
Por virtude do muito imaginar;
Não tenho, logo, mais que desejar,
Pois em mim tenho a parte desejada.”

Luís de Camões²

In the previous chapter, the idea of investigating the process and processes of psychotherapy was seen as the pivotal issue in modern research in psychotherapy. One of these processes is related to a phenomenon that most psychotherapy orientations assume. Namely that change will happen in the client with some elements that occur in the psychotherapy. These changes are expected to stay with the client and this is why psychotherapy is associated with permanent change. Different schools conceive and name this process in different terms. One is through the concept of assimilation. This research is about this client related process.

Etymologically, assimilation comes from the Latin *assimilāre* which means to make similar. This definition is close to the first formulations of assimilation in psychology. The main reference of these early formulations is undoubtedly Jean Piaget (Piaget, 2001), in the field of child development. For Piaget (Piaget, 2001; Piaget & Inhelder, 1969) assimilation resembled biological integration. In the same way that a cell modifies its nutrients to make them a part of its biological structure, so would a child modify the representations of reality in the process of integrating them in a pre-existing structure. Eventually, this pre-existing structure or schema would be modified to integrate new and incompatible information. This second process was called accommodation. In other words, the process of “making similar” could be achieved in two ways: by changing the object or by changing the subject. Nowadays the two processes are seen as linked and are included in the definition of assimilation (Stiles et

² Luís de Camões (1524-1580). Roughly translates as: The lover becomes the beloved thing,/By virtue of much imagination;/I have nothing to desire now,/Since the desired thing is in me]

al., 1990, 1991). The present research follows this unified conceptualization of assimilation: the integration of an external element and the modification of the self.

This was a structuralistic perspective of assimilation in the sense that the relationship between the individual and the outside world was mediated by cognitive structures (Piaget, 1966). The assignment of meaning to reality depended on the organization of these structures. It was also a constructivist perspective in the sense that reality was perceived through the lenses resulting from these schemas and because these structures were built from the interaction between the individual and the environment (Piaget & Inhelder, 1969). This view implied that assimilation was built from simpler sketches to complex understandings of reality. A logical consequence of adopting this view was that assimilation could be seen as stage-wise.

In clinical psychology and in psychotherapy research, different change models tried to address this client related process before its formulation as assimilation. In this chapter, three perspectives are going to be discussed. The first conceives change around the concept of insight. The second perspective focuses on the idea of adjustment either to an external reality or rationality. The final perspective, that is going to be described in a separate section, has a formulation of assimilation that is anchored in the current perspectives of self as a plural phenomenon. This perspective is described within the model of Assimilation of Problematic Experiences Sequence.

The first perspective sought to understand change following the notion of insight. This concept was initially developed in the psychoanalytical and psychodynamic perspectives on change. Insight meant the uncovering of an underlying impulse, content, conflict or relationship pattern according to the different perspectives of the mind formulated by these approaches (Freud, 1964; Greenberg & Mitchell, 1983; Holmes & Crown, 1996). Currently, the definition of insight has been diversified and

there are disagreements about the definition (Hill, Castonguay, et al., 2007). Consensus is reached in the notion that insight implies the connection of different meanings into a conscious understanding that is new. Other non-consensual definitional aspects are the ideas that insight: involves an increased complexity of meanings, is associated with arousal, is related with the self and occurs suddenly (Hill, Castonguay, et al., 2007).

A model of change that follows the perspective of assimilation as insight is the General Model of the Phases of Response to Stressful Life Events (Horowitz, 1992; Horowitz et al., 1993). In this model, events are integrated in pre-existing personal schemas that sometimes are incompatible with the meanings associated with the event. This integration is done through a series of phases that are described in Table 1.1.

Table 1.1

General Model of the Phases of Response to Stressful Life Events (Horowitz, 1992)

Phase	Description
Outcry	The person experiences intense emotions during or immediately after the event
Denial	The memories of the event are actively avoided
Intrusion	The avoided memories or images of the event emerge into consciousness and are experienced as aversive
Working Through	The event is elaborated and accepted
Completion	The person achieves a sense of self-coherence and the event is integrated

The notion of change associated with insight implies the idea that psychotherapy leads to change by the attainment of a new internal knowledge. Other perspectives on psychotherapy lead to the notion that change could (also) be attained in the relationship with the outside world. For cognitive psychotherapies (e.g., Beck, Rush, Shaw, & Emery, 1979; Ellis, 1987) change would be achieved by confrontation to either an external reality or by questioning the logic or rationality of the meanings. Therefore,

change was not something achieved exclusively internally, but also from an interplay of the individual with the environment. Change implied a greater adjustment to that reality.

A particular change model that follows this conceptualization of change is the Transtheoretical Model that was initially developed by Prochaska and DiClemente (1986). In this model, the client changes according to a particular set of stages that is described in Table 1.2. This change implies that insight alone is not enough, acknowledging that action without insight is fragile (Norcross & Prochaska, 2002). Another consequence of this different perspective is that this model assumes that the problem is not defined by the person. Clients may even not be aware of their problem in early stages. In the same reasoning, change always involves transformation in the dysfunctional behaviour and relapse is always seen as a decline, even when judged as a part of the change process.

Table 1.2

Transtheoretical Model (e.g., Prochaska & DiClemente, 1986)

Stage	Description
Precontemplation	The clients minimize or are not aware of important elements of their problem
Contemplation	There is a recognition of the problem, but the client has not committed to change
Preparation	The client is committed and some concrete steps for change or attempts have been made
Action	This is the stage where actual modifications of experiences, behaviour or environment are taking place
Maintenance	This stage corresponds to the processes of consolidation of change.

The idea of change associated with adjustment has some similarities with the notion of change associated with insight, described earlier. Both admit the influence of insight as the attainment of a new knowledge about an issue. The similarities in the evolution of change are patent when comparing the models. In both, the sequence

roughly follows a set of phases like avoidance, insight, application and completion. However, theories like the Transtheoretical Model place a greater emphasis on action related processes. Although these two perspectives do not name their change process as assimilation, they also share a number of similarities with the assimilation model.

The assimilation of problematic experiences sequence (APES). An important model of assimilation in the literature is the model of Stiles and collaborators (e.g., Honos-Webb & Stiles, 1998; Stiles, 2001; Stiles et al., 1991). The model seeks to describe and understand how problematic experiences are integrated. Problematic experiences are conceived as any thought, impulse, behaviour or emotion that is associated with suffering and with some degree of dissonance. However the conceptualization of these experiences and the integration of them have changed alongside with the history of the model.

Three formulations of assimilation can be found in the literature of the APES. The initial formulation was close to the Piagetian formulation of assimilation. This perspective was then reformulated in its current form, the “voices formulation”. A cognitive science formulation was also advanced, but did not have a major impact in the subsequent literature.

The first perspective on assimilation was a structuralistic framework of assimilation (Stiles et al., 1990). It assumed that the experience was integrated and modified an existing schema. This was similar to Piaget’s formulation already described.

The second, the voices formulation, is less structuralist (e.g., Stiles, Osatuke, Glick, & Mackay, 2004) and integrates the notion of a dialogical and plural self (Hermans, 2004). The experiences of the person’s life leave traces, which are conceived as voices. Voices are not static representations, but interact with each other and play an

agentic role in the self (e.g., Honos-Webb & Stiles, 1998; Stiles et al., 2006; Stiles et al., 2004). These voices vary according to their dominance and the degree of dissonance with other voices. Assimilation is, therefore, the integration of an outcast voice in the community of voices. The community of voices corresponds to the self of the individual.

The integration of the outcast voice or the assimilation of the problematic experience is achieved through a set of levels that are described in Table 1.3.

Table 1.3

Assimilation of Problematic Experiences Sequence [Adapted from Detert, Llewelyn, Hardy, Barkham, and Stiles (2006) and Stiles et al. (2006)]

Level	Description
L0: Warded off/Dissociated	The client is not aware of the problem and the non-dominant voice is not acknowledged. Affect can be minimal
L1: Unwanted thoughts/Active avoidance	The problem starts to emerge, as a non-dominant voice, but is actively avoided. Affect is intense and negative but episodic.
L2: Vague awareness/Emergence	The client is conscious of the problematic experience (i.e., the non dominant voice) but it is not clearly formulated. Affect is linked to the problematic material
L3: Problem statement/Clarification	The problem is stated clearly in a manner that can be addressed. There is a conflict between the dominant and non-dominant voices. Affect is negative but manageable.
L4: Understanding/Insight	The problematic experience is fully formulated and understood at this point. Between the two voices a meaning bridge is created. There is a mix affect
L5: Application/Working through	This new understanding is applied to deal with the issue. There is a positive affect
L6: Resourcefulness/Problem solution	The assimilation of the problematic experience can be regarded as a resource for future situations and the client is comfortable with the experience.
L7: Integration/Mastery	The experience is integrated and the client generalizes to new situations. The affect is neutral or positive

In a micro level, the integration of the outcast voice is achieved through the establishment of communication between this and the dominant voice or voices. This

communication can be called a “meaning bridge” (Brinegar, Salvi, Stiles, & Greenberg, 2006) which can be an explanation or narrative that bridges the two voices. The bridge reduces the discrepancy thus allowing communication. Much of this communication consists of the dominant voices empathising with the warded-off of voice. Brinegar et al. (2006) even propose a set of four sub-stages between stage three (clarification) and stage four (insight) to better describe this process: rapid cross fire, entitlement, respect and attention and joint search for understanding.

One particularly interesting trend of research has been done by Katherine Osatuke and colleagues (Osatuke, Gray, Glick, Stiles, & Barkham, 2004; Osatuke et al., 2005). She proposes that the internal voices can be evaluated using style aspects of the utterances (namely sound). Although based on ratings of the voices, and not actual measurements of vocal aspects, her team is able to identify voices by the way they sound. Nevertheless it may not be the vocal aspects that are the central element, considering that the use of sound plus transcripts has been shown to increase inter-rater agreement (Osatuke et al., 2005). However this highlights the notion that the meaning involved in assimilation is also conveyed in the style of the narrative.

Within the assimilation model, this analysis has lead to an increased complexity of the view of the relationship between voices. Within the same position (i.e., one voice seen from an exclusively analysis of content) there appears to be shifts, blends or mixtures of different voices (defined by vocal aspects) or even a mismatch between the voices as seen from content and a style perspective (Osatuke et al, 2004).

The third formulation is inspired by the cognitive science. Williams, Stiles and Shapiro (1999) conceive assimilation within the information processing paradigm. They highlight the initial stages of assimilation and reconceptualise assimilation within different types of memory. The authors state that memories are “warded off” for two possible reasons. Firstly, because they are verbally irretrievable, due to their distressing

nature. Secondly, because albeit being retrievable, they are actively avoided due to anticipation of catastrophic consequences.

The formulations of assimilation with respect to schemas, voices and cognitive science differ with respect to how meaning is conceived. However, assimilation can also be conceived in emotional terms. In a description called the “feeling curve” (Stiles et al., 2004), assimilation is seen as accompanied by two other processes: the salience of experience, which is the experiential attention given to the internal positions, and the feeling level. It is proposed that the first process has an inverted U distribution across assimilation while the second has an S shaped distribution. This means that the salience of the experience is higher in the middle of the assimilation process, while in terms of emotion, clients may get worse before they get better. Whether this is observed in most therapies is still to be determined, but these formulations highlight the intertwined nature of cognition and emotion in assimilation or any other meaning/emotional related process for that matter.

Besides this emotional description along the process of psychotherapy, assimilation may also be seen as playing itself in the client’s narratives (Stiles, Honos-Webb, & Lani, 1999). Narratives and stories that clients tell can be seen as impeding or allowing the emergence of particular voices. An extension of this idea of a narrative function is the idea mentioned earlier of a meaning bridge (Brinegar et al., 2006) as the interplay of voices. This interplay can be seen as unfolding in the narrative. A client may tell a story about another person that has a similar problematic experience. This problematic experience can be more easily empathised firstly in the other and then in the self.

The assimilation model has been extensively studied. A number of single case studies have been conducted that support and helped to extend the APES (e.g., Honos-Webb, Stiles, & Greenberg, 2003; Honos-Webb, Stiles, Greenberg, & Goldman, 1998; Honos-Webb, Surko, Stiles, & Greenberg, 1999; Osatuke et al., 2005). These cases, besides constituting examples of assimilation, served for elaborating the model.

Detert et al. (2006) carried out a study contrasting assimilation in good and poor outcome cases of clients with mild depression. A higher level of assimilation described by the APES was found for the group of good outcome cases. One interesting observation was the prominence of stage four – understanding or insight – in distinguishing both groups. Perhaps the attainment of insight is particularly relevant in the outcome of the psychotherapy; at least when the outcome is considered as symptom change. The study had as a limitation the lack of interrater reliability, which was circumvented by the inclusion of the ratings by one of the authors who had more information regarding the context of the coded passages than the other raters.

Besides the research on single cases and the research relating assimilation to outcome, some research has been done within process research. For example, Rudkin, Llewelyn, Hardy, Stiles and Barkham (2007) studied the effect of psychotherapy processes in both assimilation and outcome in two types of very brief psychotherapies (three sessions). They found that assimilation was associated with higher levels of experiencing in Psychodynamic Interpersonal Psychotherapy and lower levels of negative self statements in Cognitive Behaviour Therapy. This highlights both the possibility of different pathways for change in different therapies and the suitability of assimilation to describe this process.

Another example of process research of assimilation is the study of assimilation in the context of the interaction between therapist and client. Two perspectives on the

influence of this interaction are going to be mentioned. The first uses the notion of dialogism inspired from Bakhtin (which is going to be deepened in section “What is the meaning of a narrative index?”). In a dialogical perspective (Leiman & Stiles, 2001; Stiles et al., 2006) each utterance can be seen as a stance towards an issue in face of an addressee. In this perspective, since the utterances are expressed in the inter-subjective space between therapist and client, the therapist’s utterances are an essential part of the data and must be taken into account to understand the process of assimilation. Leiman and Stiles (2001) present a case with an application of the Dialogical Sequence Analysis (DSA) to a case already analysed with the APES. Using DSA and conceptualizing the case using the concept of zone of proximal development, they further enhanced the understanding of that case.

The second study that extends the assimilation model by considering this interpersonal dimension is from Mosher and Stiles (2009). Based on retrospective interviews about the psychotherapy process, this research is used to describe the assimilation of the therapist’s voice. They conceive the therapist as another internalized experience that constitutes another voice in the system of voices. Analyses such as these, which allow this interpersonal perspective on assimilation, highlight the unavoidability of contemplating this dimension.

All the research on these different domains has had the consequence of recognizing assimilation as an important element of the process of psychotherapy (Castonguay & Beutler, 2006; Norcross, 2002). Another important element is the fact that this model is not bounded by a particular psychotherapy orientation. Since its first formulations, the Assimilation Model has been conceived as a Transtheoretical model useful for understanding change in different therapies (Shapiro et al., 1992; Stiles et al., 1990). Within this perspective, exploratory and prescriptive interventions, that have different weights in different therapies, are seen as intervening on different stages of

assimilation. Assimilation could be even used to tailor psychotherapy. This claim has had partial support by a study that contrasted groups based on their first session level of assimilation with the outcome of two therapies that place a different focus on exploration and action, namely Psychodynamic-Interpersonal and Cognitive-Behavioural therapy (Stiles, Shankland, Wright, & Field, 1997). They found that clients with greater levels of assimilation improved more with CBT. However they did not find the expected advantage of Psychodynamic-Interpersonal for the groups with lower assimilation and the conclusions are limited by the low interrater reliability scores of the application of the APES.

Assimilating what is known about assimilation. The literature about assimilation has departed from the notion that assimilation was the process of rendering different things similar, through the change of the object or the subject. Current perspectives of assimilation see change in a much more diverse and plural way. No longer is there a need for a single meaning to be the good result of assimilation.

Assimilation was described within the models of client related change. This implied a broad view of assimilation. Even the main model, the APES, was included among other client related models of change. This inclusion highlighted the grey shaded nature of the distinctions between these models. If we place, side by side, the models it is possible to observe the similarities between them (Neto, Baptista, & Dent-Brown, in press). It is true that there are differences, particularly concerning the emphasis on action related processes versus insight related processes. The model of Horowitz (Horowitz, 1992; Horowitz et al., 1993) is the model with greater emphasis on insight while the Transtheoretical Model (Norcross & Prochaska, 2002; Prochaska & DiClemente, 1986) places the emphasis on action. The APES is approximately in the middle of these two trends.

The understanding of assimilation in relation to other change models implies a broadening of the concept, which is not without its problems. Norcross (2002), reflecting on the APES, states that unless assimilation is properly defined, it constitutes both a process and a result (or even an outcome) variable. This is reflected in the literature in the sense that some of the research described so far either conceives assimilation as a process (e.g., Detert et al., 2006) or as an outcome variable (e.g., Rudkin et al., 2007). This criticism is not specific to the model of Stiles in the sense that every model of assimilation or change will have to address this issue. In the current research, assimilation is taken as an result variable, in the sense that it is seen as the provisional end result of the psychotherapy. Provisional in the sense that it can be the result of a therapy, of a session or of a therapist's intervention.

Furthermore, this chapter has started by considering assimilation as a client related process. However, as it has become clear, assimilation, in the field of psychotherapy, cannot be disentangled from the interaction between therapist and client. Even in the APES, the therapist has been seen as either an internalized voice or as a part in the co-construction of the client's meaning (e.g., Leiman & Stiles, 2001; Mosher & Stiles, 2009). Clients may not assimilate because they are not ready, but also because their therapists do not provide the ground for such development. Furthermore, for example, clients in cognitive therapies may assimilate more cognitively than clients in emotional focus therapy, in which experiential dimensions of assimilation may be more relevant. Other relationship variables may also play a role in meaning elaboration. A male client may perceive a male therapist's utterance in a completely different light than a female client. In other words, in psychotherapy not only is it impossible to study assimilation outside the interaction, it is impossible to conceive it outside the interaction. This does not mean that the outside world does not affect the client; but it

means that with regards to what is relevant in psychotherapy, that impact is mediated by the interaction with the therapist.

Finally, all models start from a state of not knowing to a state of knowing and applying. All models reviewed consider this process following through a set of stages, albeit not in a prescriptive sense. This non-linear nature is reinforced by the observation that assimilation is not regular. Clients may jump stages or some stages may have a particular importance, rendering them different from other stages. For example, Detert et al. (2006) found that the achievement of stage four was particularly important for the outcome of the therapy. This irregularity is found in other models of change as well. For example Prochaska, DiClemente, and Norcross (1992, p. 1105) state that “Although some transitions, such as from contemplation to preparation, are much more likely than others, some people may move from one stage to any other stage at any time”.

These irregularities have led to the description of change in a non-linear fashion. In the Transtheoretical model, it has been proposed that change follows a spiral curve (Norcross & Prochaska, 2002). Regarding the APES, some have advanced that assimilation may be a cyclical process (Detert et al., 2006). But, considering these irregularities, why should assimilation be considered as following any stage pattern at all?

The discussion of stage vs. continuous models is beyond the aims of this dissertation. The strength of the stage models is that it provides guidelines for therapists (Velicer & Prochaska, 2008). Continuous models are more complex but respect the flexibility observed in natural contexts. Any pragmatic value of these models relies on a deeper understanding of the processes involved. However, this argument may be irrelevant considering that stage models can be re-conceived as continuum models if the goal is to understand the details involved (Neto, Baptista, & Dent-Brown, in press). The advantage of using a continuous model is to understand the process aspects of

assimilation. For example, considering a hypothetical model composed by five stages: avoidance > emergence > insight > application > consolidation. If we transform this into a continuous model it may be that avoidance is only relevant in the beginning of the process and fades away, while insight, despite being higher in an earlier phase, may subsist and follow application and consolidation. The continuous model also allows considering different pathways for assimilation such as: emergence > application > insight > consolidation or emergence > insight > avoidance > application > insight > consolidation or a multitude of micro variations (e.g., according to particular themes). Another advantage of the consideration of assimilation as a continuous process is that it allows the abdication of the view that assimilation implies a crescendo. Assimilation may produce unorthodox results such as simpler explanations or less coherent (albeit more flexible) meanings. Finally, the idea of different pathways also provides the possibility of different therapies, therapists or cultural contexts facilitating assimilation in different manners.

This does not mean that there are no periods of stability in the therapy or in the clients' lives. As in biological evolution, there are periods of stability in the phenotypes of species even though the rate of mutations is reasonably stable. It may be that particular processes are unfolding in the therapy and produce an abrupt change in a particular moment. On the other hand, some changes may indeed be incremental.

In this research, assimilation is considered in a broad sense, as a global process of change. It is composed by different sub-processes that are best described in a continuous fashion. It is seen as the elaboration of meaning that is done narratively and in the context of the interaction between therapist and client. This does not mean that outside experiences do not play a role, but that their impact is only relevant when it is mediated through the interaction. This is clearly a non-structuralist view of assimilation. No structure is postulated in which the meaning is integrated and no homunculus is in

the cognitive system, guiding which information is avoided or translating abstractions into language. By contemplating assimilation in the context of the therapeutic narrative, it is seen as a linguist social process.

Assimilation is also seen as a pragmatically useful concept, considering that it implies a vision of human development as simultaneously self-perpetuating and changeable. Therefore, the answer for the question that served as title for this section – Is psychotherapy all about assimilation? – is yes, but only from our clients' perspective. This does not mean that assimilation explains everything. It means that, unlike other concepts that reflect micro-processes – such as insight – assimilation, as described in the literature, is a broad description of change from the point of view of the client. The understanding of these notions will be enhanced by the understanding of the description of the indices that represent it.

What is the Meaning of a Narrative Index?

“Every sign *by itself* seems dead. *What* gives it life? – In use it is *alive*. Is life breathed into it there? – Or is the *use* its life?”

Ludwig Wittgenstein³

Assimilation was defined as the elaboration of meanings. Considering that this elaboration consists of a verbal interplay of meanings, it is conceptualized as a narrative process. Furthermore, considering that this elaboration is done in the context of a dialogue between therapist and client, this narrative is seen as co-construed. But, since the goal is to identify particular signs or indices within that narrative, this project is situated in the border between narrative and language. The term indices illustrate the micro-level in which the analysis is made. However, the aim is still deriving a complex understanding of a complex phenomenon – assimilation – from simple elements. So, before continuing, the rationale for extracting indices from narrative has to be addressed.

The idea of understanding complex phenomena through these micro-level manifestations is not new. Gottman (e.g., Gottman & Levenson, 1992) has observed that the presence of elements, such as contempt in the interaction of couples, predicts separation in the future. Gosling and collaborators (e.g., Gosling, Ko, Mannarelli, & Morris, 2002) have pointed out that judgments on the elements of individual rooms or offices are associated with personality traits. Ambady and Rosenthal (1992) have pointed out that the observation of “slices” of four to five minutes of behaviour is predictive of objective outcomes in areas of social and clinical psychology. Finally, in medicine, decision trees based on simple indices have been used to identify particular syndromes (e.g., Goldman & Kirtane, 2003).

³ Ludwig Wittgenstein (1889-1951); from “Philosophical investigations” (Wittgenstein, 1997; p.128). Italics as in the original.

The goal of this research is to identify indices of assimilation. Unlike the indices described in the previous paragraph, these indices are of a linguistic or narrative nature. Therefore, in order to do so, some questions have to be addressed. The first question is: what is the nature of these indices? Are these indices simple consequences of underlying processes in the same way as seagulls on shore indicate storm? Or are these indices an integrant part of the process like the sighting of *cumulonimbus* clouds indicates storm? To answer this question it is important to think about the relationship between language and thought or between indices and assimilation.

The second line of questions is what elements of the phenomenon (i.e., language) can be used to constitute indices. This also refers to the different levels of abstraction that can be contemplated for an issue. For example, if the goal was to grasp the wellbeing of a person, should the number of smiles per day be used or should it be the person's own perceptions of well being? Or should we use something in the middle like the number of moments that the person is fully immersed or involved in a particular task (e.g., Csikszentmihalyi & LeFevre, 1989)? The following sections will address these questions.

What language is not! To use narrative indices as representations of change in psychotherapy we have to consider briefly the discussion of the relationship between language and thought. In 1689 John Locke wrote: "Besides articulate sounds therefore, it was further necessary, that he [human] should be able to use these sounds, as signs of internal conceptions; and to make them stand as marks for the ideas in his own mind, whereby they might be made known to others, and the thoughts of men's minds be conveyed from one to another" (Locke, 2009, p 62). This inaugurated, for modern philosophy, the dualism between thought and language. This schism naturally brought some problems right from the start: "From what has been said in the foregoing chapters,

it is easy to perceive, what imperfection there is in language, and how the very nature of words, makes it almost unavoidable, for many of them to be doubtful and uncertain in their significations” (Locke, 2009, p 65). In this section, it is going to be argued that this dualism is essentially wrong (and useless) and that what Locke called the imperfection of language is exactly what makes it so sophisticated.

Extending Locke, the traditional Saussurian view conceived language as an arbitrary symbolic system (Leiman, 2001), in which a signified (concept) was represented by a signifier (phonetic image). Saussure continued to resort to this dualism and extended it by distinguishing *langue* (the abstract system for referring concepts) and *parole* (the messy expression of language). Neither Locke nor Saussure conceived language as labelling real objects. For structuralists the meaning of words was therefore referent to other words in a process that is similar to a network of concepts. The relationship between words and objects was not seen as linear in the sense that different words could refer to one object, and that difference conveyed meaning (Frege, 2006). For example, saying “colonies” or “overseas provinces” may refer to the same object, but the connotation is quite different.

An analogy with an actual dualistic system of communication may help to understand the nature of this issue. When we interact with a computer the input and output can be done using language – say English or Portuguese. These inputs are converted in a language that is understandable by the computer and that internal language constitutes the raw material for the logical operations. If an output is needed, this language is then converted back to English or Portuguese. Some psychologists think that the cognitive system works in this way. For example Pinker (2008) even has created a name for this language: “mentalese”. This language would easily allow the integration of different types of information (e.g., spatial and verbal) and it would be universal. But, independently of whether or not there is such an underlying language,

the nature of the relationship between language and thought elicit some problems (similar to those mentioned by Locke) if we think of language as coding thoughts. If language was a code to translate thoughts, several phenomena regarding language would be harder to understand. Irony, for example, would be absurd considering that it is the conveying of a message using the opposite verbal content. Furthermore, not only this particular way of expressing actually conveys the message, but it also adds important information to it. Another example is the phenomenon of connotation. When saying that “the economy should become solid and flexible” the goal is not to describe the physical properties of the economy and if the exact words were used (e.g., dependent on national and diverse production) it actually could lose meaning.

The difficulty in conceiving software that would understand all these nuances highlights that it is not a matter of refining the code; but the fact that the code is not a code at all – in the strict sense of the word. Two issues highlight this difficulty in seeing language as a code (Bechtel, 1988). First, it could not account for the generative character of language. Language is used in a creative way and meaning is changed in different contexts and times. The word “burro” (“donkey” in Portuguese), once meant “red” and has different meanings according to context (“donkey” or “dumb”). In this sense, a dictionary is always an outdated document; but this lack of stability does not hinder our communication. Second, as Wittgenstein (1997) pointed, if words relate to concepts, how could we account for the impossibility of an ultimate definition for most words (e.g., chair)? Yet again, this does not seem to affect human communication, as if meanings were negotiated between people while interacting.

Additionally, the questions do not arise only from language as an output. If language is a code, it is difficult to think how it, in itself, can influence thought. This discussion was greatly affected by what is called the Sapir–Whorf hypothesis (e.g., Whorf, 1952). This hypothesis stated that our thinking was determined by the language

we used. So, considering that Portuguese has a word for the emotional reaction to a departure of a significant other – *saudade* – it would mean that people from countries without a similar word would be impaired in this feeling. So people speaking English would miss a departed loved one in the same way as they miss having a holiday. This hypothesis is now considered to be incorrect considering that not all thought is verbal and that we can convey concepts even in the absence of words or expressions (e.g., Pinker, 2008). The Sapir–Whorf hypothesis emphasises the language side, in this same dualistic notion of language-thought, thus maintaining a simplistic view on the issue.

On the other hand, an increasing number of researches is suggesting that language indeed “affects” thought not by constricting it but through the intellectual habits that it instils (for a review see Deutscher, 2010). For example, the labels that a culture has for a particular phenomenon influence judgements that imply the discrimination of that phenomenon. Having a particular set of words – e.g., names of clouds, types of horses – affects the ability to discriminate objects. It becomes easier to discriminate a pony from a foal and both from a donkey despite having similar sizes.

Another argument to clarify the idea that language is not a simple code to reflect abstract notions comes from the comparison between language and other human communication systems. A good example is the contrast with non-verbal communication (e.g., Argyle, 1988; Morris, 2002). Most non-verbal communication is affected both by human biology and culture. But the weight of these contributions differs. The facial expression of emotion is fundamentally biological and humans express emotion in a manner that is basically universal (Argyle, 1988). Culture exerts an influence in expression and some cultures significantly constrict the facial expression of emotion. However, this influence is either minor or clearly secondary. Humans can influence the way they express an emotion in a particular context, or even fake it altogether. Nevertheless, it is always a variation of an underlying scheme. Other non-

verbal signals, such as insulting gestures, are essentially dependent on culture (Morris, 2002). But the same invariance applies to this cultural convention. These nonverbal expressions are biologically or culturally defined sign and little variation is applied to its basic elements. Language on the other hand, as we shall see, derives the meaning from its use and it is impossible to understand it outside the interaction between speakers in a particular culture, time and intention. Furthermore the use by the individual is generative and the variations are the rule rather than the exception.

This stance is not contradictory with the fact that language as a competence is biologically acquired and constitutes a trait selected by evolution. The use of language in communication, on the other hand is argued to be an interpersonal phenomena that is culturally dependent. It is interesting to note, for example, that children do not learn language from having a particular stimulus present, but rather from the communication with significant others. Hearing children, of deaf parents, have difficulties in acquiring language even in the presence of (non-interactional) stimuli (e.g., Sachs, Bard, & Johnson, 1981). A comparison may be useful to appreciate this cultural understanding of a biological ability. Despite the fact that movement and the scope of possibilities in movement are biologically and physically determined; no one would dispute that dancing is a cultural and interactional product. Humans dance differently and use the dances available in their culture even though they are constricted by the biological determinants of their bodies.

A more complete discussion of the issue of the relationship between thought and language is beyond the goals of this dissertation. However, if language was a code that conveyed abstract concepts that were locked in the cognitive system in *mentalese*, than the idea of narrative indices would either be impossible or an epiphenomenon. If the relationship is blurred or if the dualistic division does not make sense, then we can

conceive indices that go beyond what is being said and represent in it, for example, personal change.

Up to this point, the arguments for using language as indices of assimilation focused on what language is not. In the next section the focus will be on the aspects of language that allow it to be used as indices of assimilation. Two lines of argument will be drawn. First, is the idea that language is dependent on its contextual use. This dependence on use makes the formal aspects – such as stylistic variables – an integrant part of the inter-exchange of meanings. Secondly, the idea of context will be broadened to consider the social and cultural aspects of language. It will be argued that language is filled with social ideologies and that its meaning is dependent on the shared nature of ideologies. Ideology here is conceived in a broad sense to describe socially and culturally shared meanings. No one speaks truly to no-one and no one speaks (or listens) independently of a social context. There is no language outside communication – unlike codes such as mathematics. The Pythagoras theorem is (mathematically) understood today as it was in the time it was written unlike a sonnet from Shakespeare or a play from Gil Vicente (Gadamer, 2004).

Why language changes people. The idea that language changes people is not new. Narrative therapy explicitly focuses on narrative modification and associates it with personal change, but all psychotherapy could be seen as playing itself and changing client's narratives (e.g., Angus & McLeod, 2004; Baptista, 2000). The psychotherapy itself is an interaction between two (or more) people in which meanings are exchanged. That exchange is in a particular context, which is filled with meanings in itself. However, to understand how this linguistic interaction produces change, language has to be conceived beyond the dualistic configuration of thought and language. Narrative is not the sequencing of thoughts expressed by language, but the narration

itself adds meaning to it (Bruner, 1986). Furthermore it can only fully be understood in the context of its use (Wittgenstein, 1997). In other words, language is not a fixed code and its meaning can be best conceived in the context of communication.

Additionally, neither the therapist nor the client are passive producers and recipients of the meanings conveyed in language. Clients and therapists filter the information according to personally held meanings. This is close to the idea that language understanding is like translation (e.g., Quine, 1970). Quine stated that the idea of translation – and its absolute indeterminacy – could be applied to our own first language as well. In this sense, understanding language would be like translating expressions to our previously held meanings in a manner similar to understanding a different language. This notion implies that humans play an active role in interpreting language.

To a therapist, this notion is easily understood in the interaction with a client. When a therapist promotes a meaning – for example through an interpretation – sometimes the clients simply do not grasp what is being said because it is unintelligible by their belief systems. Additionally, this inability to understand extends not only to comprehension of contents but also to communicational patterns. A client may not apprehend a validation because it is not usual or expected. So, the interpretation of language often involves prior expectations of what is normative or canonical (Bruner, 1990) and if this is true for psychotherapy it is also true for everyday communication. Understanding jokes, for example, involves notions of canonicity applied to language. Woody Allen's remark "I tended to place my wife under a pedestal" is amusing because of the reference to the expression "on a pedestal" which we automatically impose upon the remark.

Another example of this contextual embeddedness of language is the idea that language has action properties. This comes from Austin's notion of performative

utterances, later popularized by Searle (1962) as speech acts. This means that, at least in some statements, language is more than a description – where accuracy or truth criteria cannot apply – and in the sense that it constitutes an action. Expressions like “I promise to...”, “could you pass me the salt?”, “Freeze!!!!” use the same grammatical structure as other sentences, but have a clear meaning in terms of action (“I will surely do...”, “I want you to pass me the salt” or “If you don’t stop running I’ll...”). Furthermore, the interpretation of these expressions will depend on the circumstances. A salesperson stating a promise will have a different value than, for example, a priest or pastor.

For language to have this action value it must be dependent on the interactional context and it must go beyond the idea of code. Furthermore, only through these elements can it have the power to change people. When therapists state something like “your suffering is quite understandable considering what you’ve been through” they are not conveying some obvious and meaningless idea, they are effecting change in others by allowing, respecting and facilitating the expression of an emotion and this permission is, sometimes, only relevant because the therapist was invested by the client of a particular meaning.

Several examples could have been given from linguistics or the philosophy of language of this interplay between language, style and context. These and other examples have moved our understanding from the dualistic and simplistic notions of language. As Medina (2005, p 36) states: “We can now recognize that many phenomena that were initially taken to be *merely* contextual matters (such as conversational relevance), or *merely* stylistic matters (such as word choice and sentence order), actually have deep semantic significance”. Context elements and style are not noise variables that affect language. They are fundamental dimensions in conveying meaning.

Now, it is important to further extend this idea of context to the social or cultural level. This extension allows thinking of indices in the sense that they tap into socially

held meanings. If it were not the case, then indices would have to be individual in nature and human understanding would be harder. An example may be useful in understanding this social dimension of language. To think of Churchill's statement of "I have nothing to offer but blood, toil, tears, and sweat" as an encouragement, implies going beyond the words and understand them in the context they were said. This is consonant with what was already stated. But this understanding is also dependent on the social ideology attached to it. If this statement would have been said by Chamberlain or if the allies had lost the war would it mean the same? If this statement had been said in a Catholic influenced culture, would the idea of sacrifice had the same meaning? Is it not the idea of a politician "offering" something, particular to a certain view of what politics is? If this statement had been said in a different culture it would both mean and be meant to signify something different.

Furthermore this is not just a particularity meant to be relevant for social studies. All the movement of culture sensitivity in providing psychotherapy care implies that different therapies, from different cultures, cannot be straightforwardly applied to all cultures (e.g., Cooper, 2008). Therefore to understand narrative, in this context, it is important to emphasize the inter-psychical nature of language. This perspective is argued by authors such as Vygotsky (1986) and Bakhtin and collaborators (Bakhtin, 1994; Vološinov, 1986).

According to this perspective, this process starts right from the development of language. Language is not seen as an individual ability that transposes to the social medium, but as a social process that is secondarily internalized. Vygotsky (1986) stated that (verbal) thought was derived from the internalization of social speech; although thought and speech in adults were seen as distinct. This view was consonant with Vygotsky's general view that higher mental competences were internalized cultural processes (Wertsch & Tulviste, 1992). A reflection of this interconnectedness is the idea

that “meaning” should be the unit of analysis when addressing language (Vygotsky, 1986). This meant that no longer made sense the distinction between language and thought or culture and the individual.

The popular concept of Zone of Proximal Development reflects this interconnection. It is defined by the child’s ability to perform a task alone, relative to its ability to perform the task with help (Vygotsky, 1986). Therefore, for Vygotsky, cognitive functioning was not an internal ability but the process to autonomously apply a cultural process. Another example of this would be the use of arithmetic or reading, which was invented by humans, and it is automated in every person that has attended school.

Furthermore, according to this author, language was always an act of thought (Vygotsky, 1986) and linguistic signs mediated all higher functions of thought (Leiman, 2002). Therefore, culture, thought and language were indissociable. This is why it is more difficult to understand foreign jokes or proverbs. Not only it is harder to understand them without a cultural reference, but also they reflect particular habits in thinking. To use an example from Markus and Kitayama (1991), in the U.S. the “the squeaky wheel gets the grease” while in Japan “the nail that stands out gets pounded down”. These proverbs highlight two different views on the affirmation of individuality: one as a way to satisfy personal needs and the other as an offence to social unity. So how strange will the proverb sound in the opposite culture and how harder will be to understand the idea that is represented in it.

Bakhtin and collaborators (Bakhtin, 1994; Vološinov, 1986) extended these ideas by emphasising the social nature of internal mental processes and by increasing the non-passive role of the person (Wertsch & Tulviste, 1992). This can be outlined in three ideas. First, meaning is eminently social. From this perspective it is impossible to disentangle words from a particular ideology and the cultural context in which the

utterance is exhibited (Vološinov, 1986). Words like “democracy” and “terrorism” have very different meanings depending on the country in which they are being spoken and the country that is being talked about. Another example involves cultural norms. The utterance “I don’t know”, as an answer to a request for directions, will have a different meaning in cultures in which not replying to a request is rude in itself. In some cultures a false information is less impolite than not informing.

This ideological meaning of words means that culture exerts a force into the linguistic functioning of the individual (Bakhtin, 1994), hence the idea of heteroglossia, in which a single utterance can be seen as reflecting ideologies, apart from what is declaratively being said. A client that says “the anxiety I feel is unbearable” is also conveying an ideology about the self and about emotion. This also means that people assimilate discourses into their own, or that we speak through other’s utterances. This is close to some perspectives on psychotherapy (Leiman, 2004). Some assimilation theorists, for example, defend that the voices – discussed in section “Is Psychotherapy all about Assimilation?” – can be internalizations of meanings that were conveyed, for example, in childhood, from significant others (e.g., Honos-Webb & Stiles, 1998; Stiles et al., 2004). On the other hand, this appropriation allows for narrative change of these ideologies due to the fact that they are being conveyed in the person’s speech. In the context of the interaction, these ideologies are confronted with the therapist’s own ideologies and the ideology that surrounds psychotherapy.

Furthermore, these discourses do not have to be only internalizations of what was said in childhood. Our own narratives are filled with clichés and proverb like expressions that are unique to our culture or sub-cultures. When clients are subservient or defiant to the psychotherapist they may just be reflecting their cultural submission to medical-like authority figures. When grieving clients refuse to let go of their pain they may be also reflecting the meanings culturally held about being parents, partners or

sons. This shared nature can extend to the interpersonal context. In a dialogue, this means that not all contents have to be explicitly expressed for a message to get through. Using an example from Vološinov (1994), even a single word utterance such as “Well!” can be fully understood in conveying a complex message (lack of satisfaction for snowing) if both interlocutors share the common knowledge and understanding of a particular situation (considering the observation of snowing through the window in spring) and the common evaluation (disappointment and common desire for the end of winter). So the meaning of “Well!” becomes dependent on the interpersonal (and social) shared meanings.

The second Bakhtinian idea is that language is eminently dialogue-like. Not only is language a communication of internalized social meanings, but also it preserves its dialogic properties. Language is viewed as always having an author, an addressee and a social referential context (Bakhtin, 1981; Leiman, 2004). This means that meaning is dependent on the interaction (Vološinov, 1986) – either actual or implicit interaction. Furthermore, not always are the addressee and the interlocutor, in a dialogue, the same person. A therapist may be hearing utterances that were intended for another person. In the same way, the author may not be the client and the referential context may not refer to what is being explicitly discussed. For example, a client disputing the legitimacy of the 50 minutes duration of a session may actually be talking about experiences of neglect, as if she was talking to a parent. What she could be conveying could be seen as something like “why can’t I be treated as a special person?”.

The third aspect is that meaning is also present in style. Bakhtin (1986) even proposes that the notion of genre can be applied to everyday speech. By speech genre he means a set of specific conventions of style that influence the speech of a person in different situations (pub or work) or intentions (selling or talking about the holidays). It would be interesting to think of whether it exist a therapy genre. But even if no such

genre exists, it is interesting to note some stylistic elements that may be present in all therapies – the soft voice of the therapist – or the stylistic aspects of interventions/intentions – like the expression of empathy. Or, on the client side, the understanding of the “strange” behaviour of starting to weep with a person who was a complete stranger 30 minutes ago.

Summing up, both Vygotsky and Bakhtin conceived language as a cultural/social phenomenon. Both rejected the notion of language as a code, and highlighted the idea of shared communication of meanings. Bakhtin emphasized the social nature of this meaning and the dialogue properties of language. He stated that “There is no meaning outside the social communication of understanding, i.e., outside the united and mutually coordinated reactions of people to a given sign” (Bakhtin & Medvedev, 1994, p 127).

Furthermore, meaning can be conceived through style and content aspects of the narrative. Paradoxically, although the social perspectives add complexity to our understanding of language and its use, they allow for analysis of such complexity to be studied on a molecular level. For example, by stating that style conveys meaning they allow for the study of style as a form of addressing complex meaning issues. In other words, it is due to the non-neutral use of language (Bakhtin, 1994) that it can be employed to represent processes associated to its use.

This idea of using linguistic dimensions to study other processes was already known empirically. In social linguistics, linguistic variables have been shown to relate to social groups/identities defined by class, gender, age and so on (Chambers, 2003; Hill, Watson, Rivers, & Joyce, 2007). The next section focuses on examples that come from the literature on linguistic/narrative variation associated with complex psychological phenomena.

How can language be used to signal change. From what has been stated it is possible to use language and narrative to describe and understand psychotherapy and other clinical variables (e.g., Angus & McLeod, 2004; Dent-Brown & Wang, 2004; Neto & Baptista, 2010). Having considered the rationale for retrieving meaning from indices, it is important to review the existing literature on linguistic signs of complex psychological phenomena. Two types of approaches have been used to construct these indicators which can be designated as: conceptual approaches and empirical approaches.

The first approach consists of the conceptual identification of psychological markers, within a specific theoretical framework for understanding psychotherapy. The empirical validation of these markers comes in a second phase. An example of this approach has been the advanced by authors such as Greenberg (Greenberg & Foerster, 1996). His paradigm is designated as “Task Analysis” (Greenberg & Foerster, 1996; Rice & Greenberg, 1984). Within Greenberg’s model, in order to attain well-being (defined as a state of integration and self-congruence) the client needs to perform a number of affective tasks. Markers are operationally defined signs of the client’s behaviour or experience that signal those tasks (Rice & Greenberg, 1984). One example is the marker of unfinished business, which is defined as:

Statement of the experience of an unresolved feeling such as resentment, pain or loss;
This feeling is directed at a significant other;
The feeling is experienced but not completely expressed;
The experience is problematic for the client.

The conceptual approach to generate indices has been used in the understanding of assimilation (Honos-Webb, Lani, & Stiles, 1999). For example, the marker of “fear of losing control”, which is believed to be an important phenomenon in the early stages of the Stiles’ model, is defined as follows:

Explicit recognition of fear while discussing or exploring a topic;
Expectation that the “voice” will be disruptive for every-day-life or previous beliefs.

The conceptual approaches to the creation of indices present some disadvantages. First, they do not exclude the possibility of an overlap between the definition of the indices and result variables. For example, a marker may indicate the suitability of an intervention rather than an affective task. Therefore, the indices could signal the result more than the process itself. Second, the identification of indices implies a judgment by the observer, who is typically a therapist within that conceptual framework. Thirdly, the markers defined within this framework are associated with a specific theoretical orientation, which makes it difficult to generalize the results to other contexts.

The second type of approaches consists of the empirical extraction of indices from narratives. One example is the Pennebaker’s Linguistic Inquiry and Word Count (Pennebaker, Francis, & Booth, 2001) and Latent Semantic Analysis (Campbell & Pennebaker, 2003), which seek to observe associations between macro psychological concepts and micro linguistic variables.

In a literature review, Pennebaker, Mehl and Niederhoffer (2003) observe that numerous studies point to the association between linguistic variables and clinical concepts – state, emotional aspects or personality. Regarding the application of this paradigm to the study of assimilation, there are some studies in the area of the assimilation of traumatic events (e.g., Alvarez-Conrad, Zoellner, & Foa, 2001; Brown & Heimberg, 2001; Neto, 2006). In these studies it is found that certain linguistic variables are associated with symptom dimensions of Posttraumatic Stress Disorder, which can be seen as a disorder of assimilation.

Although the empirical approaches allow overcoming part of the difficulties of the conceptual perspectives, they also present some problems. First, since the signs are on a micro-level, there is always a different possible interpretation for the same index. For example, if the use of causal words is associated with improved bereavement (Pennebaker, Mayne, & Francis, 1997); it may also be true that the elaboration that bereavement involves, allows causal thinking. Second, it is often difficult to theorize about the connection between the two levels of analysis (i.e., linguistic and clinical). Why should positive words be associated with a better prognosis (Pennebaker et al., 1997) if bereavement implies experiencing pain? Third, it is generally possible to conceive third variables that influence both the linguistic indices and the correspondent psychological phenomena. For example, hypothetically, intelligence could be both associated with causal words and improved bereavement. Finally, these linguistic variables show a significant individual variation, which renders clinical application difficult.

In psychotherapy research, there is not yet a methodological procedure that constitutes a compromise between these perspectives. In other domains, there have been some interesting alternatives. In detection of deception a number of verbal and nonverbal indices have been found (Granhag & Strömwall, 2004; Neto, Baptista, & Dent-Brown, 2009). A good example is the Criteria Based Content Analysis (Köhnken, 2004), which would probably be considered a compromise between conceptual and empirical ways of establishing indices. It applies indices that were derived from research comparing truthful and deception narratives, but has a clear rationale for how do indices relate to deception.

Table 1.4

Examples of Indices of Deception within CBCA

Sub-processes judged to be involved in deception	Examples of indices of truthfulness
- Different nature of the cognitive representation that underlies the narrative	<ul style="list-style-type: none"> - quantity of details - contextual embedding - description of interactions
- Impression management	<ul style="list-style-type: none"> - Admitting lack of memory - Raising doubts about one's own testimony - Self-deprecation

This model presents a balanced view in the sense that it both fundamentals the indices in empirical research and has a conceptual framework for how those indices indicate deception. No such conceptualization has been done for assimilation at this point, but this particular model would be a good example of such a middle perspective.

Narrative indices and assimilation. Language was conceived as a non-neutral aspect of communication. The dichotomy between language and (verbal) thought was conceived as artificial, not in the sense that they are the same entity, but in the sense they represent the same process. The blurred nature of this distinction allows, for example, that stylistic aspects of communication (present for example in empathic statements) produce change in personally held meanings.

The second aspect of the argument was the consideration of the meaning of language as dependent on the context. This renders communicational and stylistics dimensions not as parasitic variables but as essential aspects of language and narrative. The contextual dimension of language was then extended to the social sphere of communication. Language was seen as intrinsically interactional (or dialogical) and filled with socially held meanings. Some expressions that we use are expressions from

our parents, our countries and our cultures or sub-cultures. In the context of psychotherapy those utterances are voiced in a manner that is dependent on contextual aspects, such as the meaning associated to the therapist, the intention of the client and so on.

If we think of the dichotomy language vs. thought as narrative (indices) vs. assimilation than this understanding of language enriches the understanding of assimilation. This blurring points to a conception of assimilation as interplay of meanings within the client and with the therapist. This interplay has the consequence of creating a new narrative, which is, in no way, final. The view of assimilation as a narrative process was already hinted by the notion that it involves an increasing attribution of meaning (Stiles et al., 1999).

The usefulness of applying the Bakhtinian ideas to assimilation is not new. Leiman and Stiles (2001) have applied Dialogical Sequence Analysis to the study of assimilation in a single session. In this study, elements of the discourse of the client in the first session indicated interpersonal patterns that later became the focus of the therapy. This method is highly influenced by Bakhtin's perspective on language. Since this is more a conceptual framework for interpreting than a coding method (Leiman, 2004) it will not be discussed further. However, it indicates the usefulness of a new perspective on assimilation, based on the perspectives on meaning and language of Vygotsky and Bakhtin.

Furthermore, this generalization to a social level allows identifying indices that are not specific to an individual and that can be generalized to some extent. On the other hand, this also restricts the use of any system of indices to a particular (broader or stricter) cultural and time context. It makes unattainable the possibility of having a universal and timeless set of indices for any given phenomena represented in language.

Now that the rational was discussed, it is possible to answer the call from Bruner (1986, p 87) who stated: “The only way to proceed, then, is to plunge directly into that feature of language whose psychological substrate one wishes to investigate and to discover through what psychological processes it is realized”. But in order to do so, a particular way of discovering the indices is going to be addressed.

A Twofold Research

“The apparently thetic beginning of interpretation is, in fact, a response; and the sense of an interpretation is determined, like every response, by the question asked. *Thus the dialectic of question and answer always precedes the dialectic of interpretation. It is what determines understanding as an event.*”
Hans-Georg Gadamer⁴

It has been said that researchers should be aware of the underlying philosophical paradigms since they affect the research, even if the researcher is unaware of this (McLeod, 2001). As this section will show, this research adopts a particular way of addressing the phenomena of narrative elaboration that implies the use of different logical operations and methods of analysis. This twofold research thus implies a reflection on the epistemological stances adopted that make possible the use of such research strategies.

The research in psychotherapy, as in other domains of human sciences, started and is still highly influenced by a strong postpositivist stance. The term postpositivist (Guba & Lincoln, 1994) is applied here in a broader sense and not to denote a particular philosophical school (for an alternative, but similar terminology see Greenwood (1992)). Rather, it is used to denote the ontological assumption that there is a reality, and that the theories are a description of that reality and, therefore, reality can be used as a test of theories. Postpositivists have moved from the idea that science is an explanation of the reality or that the criteria for establishing science is the direct correspondence with observations. Presently, the consensus is that science is a progressive set of approximate explanations that evolve due to the constant refutation of theories (Popper, 2002). Nevertheless, the goal is still to seek abstract generalizations that are fairly independent

⁴ Hans-Georg Gadamer (1900-2002); from “Truth and method” (Gadamer, 2004, p 467)

of the context (Chalmers, 1990). In this way, it is judged to be possible to discover principles that are applied to a number of different contexts and to predict reality.

Several objections have been made to this perspective. For example it has been noted that there are social factors that influence the community's adhesion to a theory and that empirical refutation/support is only one of the factors (Kuhn, 1970). Furthermore, even refutation itself is not as straightforward as observing a black swan. What constitutes evidence seems to be influenced by the methodological standards, defined by a scientific community (Lakatos, 1970). These objections have been used to question some of the principles that underlie the postpositivistic paradigm.

Another perspective, which is described under the term *constructivism*, gained prominence as a reaction to postpositivist research. According to this perspective, theories are constructions framed within a particular perspective (Watzlawick, 1977) but the researchers differ in the extent of the belief that theories represent perspectives. Mahoney (1991) argues that there are two types of constructivism. The first, radical constructivism, denies the existence of an external reality. The second, critical constructivists, state that there is an outside world that can only be accessed through our constructions. Others have argued that, more than constituting a perspective, theories describe parcels of a complex and multi-faced reality (Snape & Spencer, 2003).

These two perspectives co-exist in psychotherapy theory and psychotherapy research. Some authors, such as Held (1995), stated that there is a tension in the psychotherapy research between a systematic realistic stance and an idiosyncratic contextualized perspective. However, the positioning of researchers is not as dichotomised as it may seem. For example, authors within the narrative theory or grounded theory (perspectives assumed to position themselves in the constructivist side) have been classified by others (Charmaz, 2006; Held, 1995) as holding unstated realistic ontological positions. This is perhaps due to the general empiricist trends in the

disciplines where these researchers work, but also due to the advantages of empiricist science. Empiricist science produces outcomes that are simpler, more understandable and more accepted by the scientific community.

Psychotherapy research often has the particular challenge of being the scientific representation of the participant's representations of experience. In this sense, research is then seen as a quest for the interpretation of the phenomenon, through the interpretative lenses of the participants (Charmaz, 2006). This is consonant to what was said about language in the section "What is the Meaning of a Narrative Index?". If narrative indices are meant to represent shared ways of elaborating meaning, then this conceptualization will constitute a particular formulation of the client's process of representing themselves in the narrative.

The complete discussion between these perspectives is beyond the scope of this dissertation. However, it is important to state that there is a tension in psychotherapy research between these perspectives. The present study, for reasons that will be clear further on, is situated on the constructivist side of the debate. Constructivist perspectives allow tackling complex phenomena, without losing sight of such complexity, and allow building knowledge that is sensitive to context. However, the use of quantitative analysis as a way to validate the process poses some questions that will be addressed in Chapter 2.

Having stated the epistemological assumptions of this methodology, we are still left with the question of how to tackle complex phenomena. The narrative indices design was influenced by work from Bechtel and Richardson (1993) on research heuristics. They propose that two strategies can underlie the research of complex phenomena. The first is decomposition, in that a complex system is subdivided into more manageable parts. The second is localization in which the parts of the model are

shown to exist, either through actual localization or through inference of function. These heuristics of research are only applicable to phenomena that can be decomposed, but such decomposition is defined fairly broadly, ranging from systems with independent parts to systemic configurations. Furthermore, it allows analysis within and between the different levels of analysis (Bechtel & Richardson, 1993).

The type of understanding that these heuristics provide is on the level of a functional explanation (Bem & Jong, 2006). So the idea is not to justify what causes assimilation or whether assimilation causes a reaction. The goal is to understand assimilation by formulating its components; see how these components interact and judge these components in function of their impacts.

The process of decomposition can be seen as a bottom up approach to identify the components of a specific process. This identification can be seen as having an interpretative character in the sense that it implies a conceptualization of the phenomenon. In this sense, it is eminently a constructive process. On the other hand, localization involves the observation of those components and therefore it is a top down approach. Although this observation implies the same interpretativeness in choosing the methods and interpreting the results, it constitutes the moment of the contrast with what is expected from the phenomenon. Therefore, it can be seen as closer to the postpositivistic paradigm outlined earlier. Therefore, these two heuristics, which are essential to understanding the narrative indices research design, bring to play the two paradigms that were discussed.

The Bechtel and Richardson (1993) research heuristics were already used for similar purposes. It influenced the development of markers by Greenberg and collaborators (e.g., Greenberg & Foerster, 1996) in what is known as Task Analysis. From clinical practice, the “expert clinician” draws a formulation of the affective task involved; the task is then described in a concrete way and the markers are suggested; the

task is investigated to verify its relevance and a rational model for the process is sketched (e.g., the resolution of the unfinished business); and then the model is tested empirically (Greenberg & Foerster, 1996). The difference between task analysis and the methodology used here is in the emphasis placed on the conceptualization of the indices. Task analysis starts and develops a model from a particular framework of therapy. In this methodology, the goal is also to understand a process, but in a way that is not dependent on a particular theory. Naturally all conceptualizations involve a theoretical understanding, but the goal is that this understanding is grasped by most psychotherapists.

The narrative indices methodology is therefore a twofold research design. In the first stage, the goal is to develop a conceptualization of assimilation and identify indices of the process. In a second stage, the indices are applied to study aspects of the phenomenon. If the indices are useful in describing aspects of assimilation, then this stage constitutes a validation of the first phase. Despite the research being done in two studies, they do not represent purely the research heuristics that were mentioned. In the first study, for example, the process of validation with the Assimilation of Problematic Experiences Sequence is more related with localization than with decomposition.

The present study. This research is about a client related process that is called assimilation. Assimilation was defined within process research and was conceived as a broad description of change. The assimilation model, for example, was contrasted with other change models to highlight its similarities. This broadening of assimilation meant that it could not be understood, in the context of the psychotherapy, without contemplating the interactional dimension of the relationship between client and therapist. A resistant client is always resisting something, but also always resisting it before someone. An avoidant client, always avoids something, but also always avoids it

in the presence of someone. This interpersonal dimension of avoidance can even be conceived when the avoiding talking is just to avoid thinking. This is one of the reasons why such resistance and such avoidance will depend on how the therapist responds to it.

Considering the goal of preserving its complexity, assimilation was conceptualized as a narrative and interactional process. The goal was try to understand this elaboration through narrative indices. This raised the question of what was the meaning of an index in relation to this process. This meant reviewing some of the literature on the relation between thought and language; but more importantly the communicational/interpersonal perspectives on language. This research was highly influenced by Vygotsky and Bakhtin's views on meaning, discussed in the section "What is the Meaning of a Narrative Index?". Assimilation is seen as the change in personal ideologies through the act of dialogue. In other words, meaning associated with these ideologies is conveyed and changed in the narratives of therapist and clients. Indices were seen as representations of these processes in the narratives of clients. Indices are manifested both in the style and content of the narrative.

Having reviewed the literature to understand and have a rational for the use of the indices, the next step was to think on how to devise them. A particular paradigm on research heuristics was used, making this research a twofold process. A bottom up "decomposition" of the idea of assimilation and a top down "localization" of the process. The epistemological dialectics of postpositivist vs. constructivist was added to further deepen the understanding of the research. This understanding will also be relevant due to the use of mixed methods. But the goal was not to achieve some sort of equilibrium. Having as the reference the quote that initiates this section, without question there is not interpretation and an interpretation is weak when it does not lead to other questions.

Chapter 2: **Method: General Considerations**

“There are not more than five musical notes, yet the combinations of these five give rise to more melodies than can ever be heard. There are not more than five primary colours (blue, yellow, red, white, and black), yet in combination they produce more hues than can ever been seen. There are not more than five cardinal tastes (sour, acrid, salt, sweet, bitter), yet combinations of them yield more flavours than can ever be tasted.”

Sun Tzu⁵

The previous chapter addressed assimilation as the client related process of elaborating new meaning; the use of linguistic signs – the narrative indices – to represent the process; and a particular research design to study it. This resulted in a two phased research to establish indices of assimilation while understanding this process further.

In this chapter, the aim is to describe the general methodological considerations that have underlined the research. Information specific to each study is discussed in the “Method” section of each study. Some of the issues that have permeated the research, particularly in the articulation of the qualitative aspects and quantitative aspects are going to be outlined.

The procedures of this research are individually recognizable by most researchers. The goal of describing these methodological procedures as a whole is to highlight the integrated nature of this research. Like in Sun Tzu’s quotation, there are only a limited number of musical notes, colours, flavours and tastes; but the combination gives rise to an endless set of possibilities. This chapter describes the set of scientific procedures that was chosen to study and understand elaboration in psychotherapy.

⁵ Sun Tzu (circa 544-496 BC); from “Art of war” translated by Giles (1910) available online in www.gutenberg.org/files/132/132.txt

Outline of the Research

The broad research question of this research was “how does assimilation evolve throughout therapy?” To answer this question two other questions emerged: “How can assimilation be understood in the context of the client’s narratives?” and “What indices can be derived of that process?” While the broad question of the research constitutes the research question of the second study, the former two constitute the research questions of the first study. The use of the word *indices* instead of *markers* is to highlight the narrative character of them. Indices are conceived as observable signs of psychological phenomena and may refer both to the style and content of the narrative.

The two phased nature of the research is materialized into two studies. The first study is a cross-sectional analysis of individual psychotherapy sessions. A single session per client is gathered and analysed to develop the indices and study the reliability (e.g., interrater reliability) and validity (e.g., by converging with the Assimilation of Problematic Experiences Sequence). The second study is a longitudinal analysis of psychotherapy processes. Complete psychotherapies are recorded to understand the evolution of the indices and a pre-post evaluation is done. The aim is to frame the indices in the client narratives and histories and to observe the evolution of assimilation in success and unsuccessful cases. Figure 2.1 presents a summary of the design of the two studies.

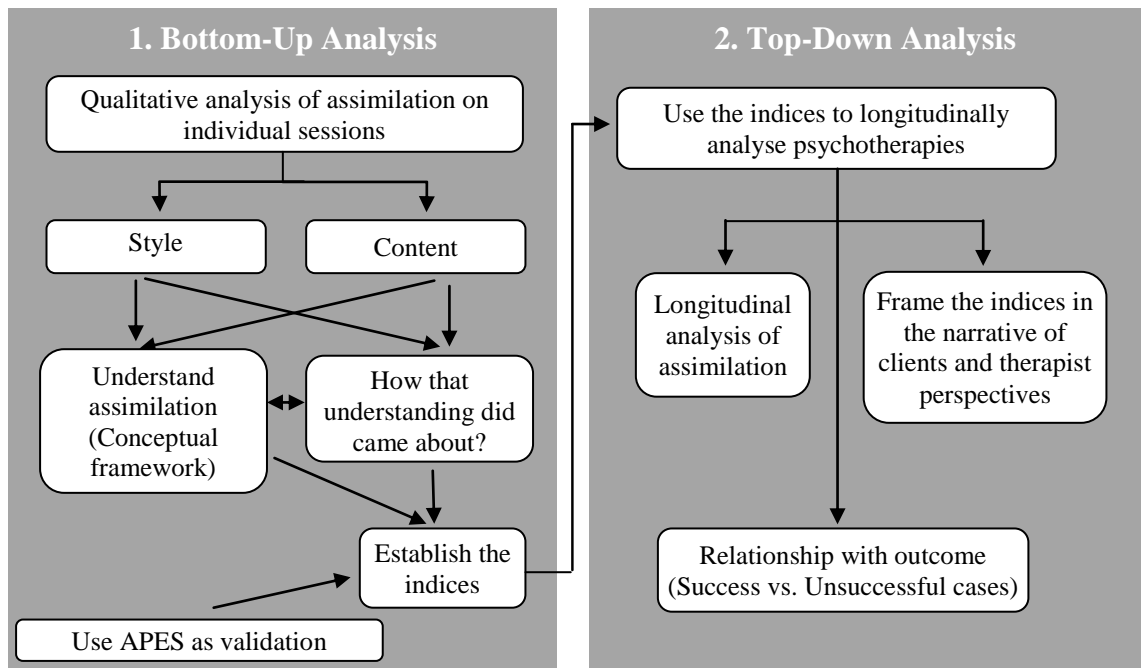


Figure 2.1. Summary of the research design of the two studies

The first study could be further subdivided into two phases. In the first phase, the sessions were analysed qualitatively with the aim of understanding assimilation and how that understanding came about. Attention was given both to the style and content of the narrative given their interconnectedness in conveying meaning. In a second stage, a system of indices was devised and assessed quantitatively. The goal was to measure the reliability – both in terms of internal consistency and interrater reliability – and validity – by contrasting it to an existing coding manual of assimilation. This helped answering the pragmatic question of whether the indices were indeed usable by other clinicians and whether they represented the concept of assimilation.

The second study sought to look at the indices from a different perspective. It followed a single case research paradigm, with multiple cases. This study aimed to frame the indices in the narrative of clients and to understand assimilation longitudinally. A contrast between poor and good outcomes helped this understanding.

The period of the psychotherapy considered was between the first and 15th session. This limit was chosen because, although most symptom changes occur within the first eight sessions, structural changes take longer to happen (Barkham et al., 2006; Howard, Kopta, Krause, & Orlinsky, 1986). Furthermore, the choice of fifteen as the number of sessions, also allowed for the consideration of three even segmentations of psychotherapy, of five sessions each, corresponding to the beginning, middle and end phases of the psychotherapy period considered.

Thinking Qualitatively about Numbers

In Portugal, there is a riddle that children usually fail which is: “What weights more: a kilogram of lead or a kilogram of cotton?”⁶ Children fail this riddle because it is difficult to disregard all the dimensions that make lead more “heavier” (e.g., density, structure) and focus a unique dimension. As it was mentioned in the discussion in the section “A Twofold Research”, postpositivist science focus on questions about few dimensions while constructivist approaches seek to preserve the complexity of the phenomena. This tendency is also present when discussing the difference between qualitative and quantitative approaches. Qualitative analyses seek to preserve most of the dimensions and complexity of their objects, while quantitative analyses typically focus on a more restricted number of dimensions of the phenomenon. So, in a sense the research question influences the type of analysis that the researcher is adopting. If the goal is to place a ton of lead or cotton in a ship, then weight and perhaps volume certainly becomes central dimensions. On the other hand, other questions may require a different approach. For example, if you were forced to classify both substances as “good” or “evil” (i.e., the cultural understanding), the choice would be fairly obvious, at

⁶ I was later made aware that the English version of this riddle is “What weights more, a ton of feathers or a ton of lead?”. This is another example of the international character of some shared meanings.

least in western cultures. But to understand why these substances are so easily categorised in that way, several other dimensions of those substances would have to be taken into account: colour, applications (medicine), impact on human health, and so on.

If the research question implies an articulation between micro and macro dimensions, then the use of mixed methods becomes a natural choice (Mason, 2006). One problem with this is that qualitative and quantitative methods typically come from two different ontological and epistemological paradigms. Using the terminology of Guba and Lincoln (1994), quantitative approaches typically come from a postpositivist paradigm, while qualitative methodological typically imply a constructivist perspective. A consequence of this difference in paradigms is the assumptions made regarding the analyses. A quantitative self-report is seen as a tentative measure of something that is real – like depression or intelligence. A constructivist could argue that even if those concepts had some foundation in reality, their formulations and the formulations of their measures would be a perspective. Furthermore, it would be impossible to create a measure of any phenomenon (or at least a complex one) without it being filled with conceptual views. In this way using a measurement, as a neutral observation, to test a theory is impossible.

In qualitative analysis, the goal is not so much of testing theories or perspectives, but opening a dialogue between new and old meanings. These meanings can be scientific theories but also the perspectives of the people involved (e.g., researchers, therapists, and clients). One consequence is the fundamental differences that this carries. Quantitative methods typically seek an account of the reality through a conceptual construction that is considered an explanation. Qualitative methods typically seek to understand a phenomenon through a narrative that constitutes a perspective. “Truth” is not attained through verification against reality, but from the progressive interplay of meaning. The inherent interpretation that research implies is a part of this construction

of meaning rendering this process close to hermeneutics (Gadamer, 2004; Ricoeur, 1981).

Mixed methods designs are faced with the dilemma of either choosing one paradigm, adopting an eclectic approach and consider the analysis just a method or adopting a paradigm shifting or dialectical perspective (Hanson, Creswell, Clark, Petska, & Creswell, 2005). Another alternative to this dilemma is to simply consider that mixed methods follow a pragmatic philosophical approach (Teddlie & Tashakkori, 2003). Considering the non-structuralist approach to assimilation, the linguistic underpinning of the indices and the paradigm choice in designing the research, referred in the literature review, this research is situated fundamentally on a constructivist paradigm of research. Consequently quantitative data is used in a qualitative way (Creswell, Shope, Plano Clark, & Green, 2006; Mason, 2006). This was reflected on a number of specific choices such is the importance of the conceptual configuration of the indices in the quantitative adjustment of the dimensions (i.e., groups of the indices). Furthermore, it would be difficult to comprehend the use of empirical analytical procedures such as factor analysis, considering the eminent perspective nature of the conceptualization of the dimensions of the indices.

This progressive notion of science was consonant with the logical processes that underlined the qualitative analysis, namely with what Charles S. Peirce named as abductive reasoning (Reichertz, 2007). Abduction is close to induction in the sense that explanations are derived from particular instances and close to deduction in the sense that the hypothesis are then checked against new data and improved. This was reflected in the bottom up analysis for the first stages of the research. This constant perfection of theories would be seen by postpositivist theorists as ad hoc explanations (e.g., Popper, 2002) that render theories all encompassing. On the other hand, it is arguable that

science evolves in this way anyhow (e.g., Feyerabend, 1993; Kuhn, 1970; Lakatos, 1970) and “irrefutable” theories have not hindered progression, in the end.

The issue of incongruence between method and paradigm becomes relevant with the second stage of the research – still in the first study – of applying or assessing the indices empirically. However, the use of quantitative analysis could be seen as an assessment of specific arguments. This examination could be done using numbers due to the goals of the system of indices. Considering that the system of indices was judged to be not excessively interpretative, it is reasonable to expect interrater reliability. Considering that the indices were judged to interrelate with each other, they were expected to represent a dimension of assimilation in a manner that showed internal consistency. Finally, considering that the goal was to work on a concept that had other formulations, it was reasonable to expect an association with other measures of assimilation.

Nevertheless, following a constructivist paradigm, it is important to reflect about what numbers mean. This becomes particularly relevant in contemplating the relationship between qualia and quantity in the issue of frequency. If narrative indices were like pathognomonic symptoms (i.e., one symptom signals the presence of a disease) this question would not arise. But it is unreasonable to assume so and it was much more likely that the presence of a process was represented by several indices. Following the same reasoning it would be reasonable to expect that the presence of the same index several times was more informative than the presence of the same index only once. This justified the use of counting as a measure of the indices. However this choice is not straightforward. One strong metaphor may have much more impact than several feeble ones. More importantly, there may be differences in the indices according to this dependency on frequency. Some indices may be informative if present while others may be only through their quantity. These considerations were present during the

analyses of both studies and some have remained unanswered and are discussed in Chapter 5.

In conclusion, the quantification of the indices has some advantages but it must be considered with care and only as one of the dimensions in consideration. All quantitative analysis represent a rough and one-dimensional evaluation of the behaviour of the indices. This may help to understand why this research starts and ends qualitatively. Its design, with respect to its mixed method nature, follows a sequential way:

$$\frac{\text{Qual} \rightarrow \text{Quan}}{\text{Study I}} \rightarrow \frac{\text{Qual}}{\text{Study II}}$$

The quantitative elements had two functions in the first study. The inclusion of the self reports and the APES had the purpose of triangulating the results. The quantification of the system of indices, through the manual, had the goal of elaborating the system itself, by assessing dimensions of the indices that were deemed essential to the analysis: its usefulness to the clinicians (e.g., inter-rater reliability) and the relationship between the indices (e.g., internal consistency). In study two the self reports only served as a way to categorize and describe the clients and the goal was to qualitatively understand the system of the indices. However, the quantification of the dimensions also allowed observing in a simple way the assimilation throughout psychotherapy. The first study is more exploratory despite the goal of the quantitative analysis to have a corroboration value. The second study is an application of the findings of the first and serves as a validation of the system of indices.

Procedures to Enhance Validity and Reliability

This research is predominantly a qualitative inquiry, which brings a number of specific considerations regarding validity and reliability. The quantitative nomenclature

is kept here to facilitate communication. These considerations followed the guidelines of several authors (Creswell & Miller, 2000; Lincoln & Guba, 1986).

A group of procedures was used to observe the relationship between the narrative indices and other conceptualizations of assimilation. This was done through triangulation of methodologies. The qualitative analysis led to the construction of the manual, which was then studied empirically. This empirical study served to confront some of the assumptions of the qualitative analysis, such as the notion that the indices are observable elements of the narrative and that the indices correspond to particular processes. The indices were further triangulated with the results of the BDI and with the existing instrument to measure assimilation: the Assimilation of Problematic Experiences Sequence (Honos-Webb, Surko, & Stiles, 1998).

A different sort of triangulation was obtained by the nature of the research design. Considering that the second study was an application of the system of indices developed in the first, it constituted a validation of the first. If the indices were not applicable in the longitudinal analysis, as anticipated, then their value was questionable.

The system of indices was also validated by contrasting different perspectives. Such triangulation was obtained by comparing information from three sources and methods. The narrative indices constituted an observation by the researcher/observer although it is mainly focused on the client's narratives. The client provided information through self-reports. The involvement of the client was reduced to avoid interference in the therapy, considering that the observer/researcher was a stranger to the therapist-client relationship. The therapist's voice is more represented in the second study through an interview done at the end of the psychotherapy.

All these different types of information were then distilled into this report that sought to include a number of transcriptions to give a thick and rich description (Creswell & Miller, 2000) of the client's narratives and their indices. These transcriptions have been translated to English and adapted to ease reading. The original transcriptions of the segments are presented in Appendix A. This allows for other researchers to contrast their researches to this one and to add transparency to the qualitative analysis.

Another concern with regard to the transparency is the display of the researcher beliefs and assumptions that are present in section "Personal conceptual background" (Chapter 3). This allows for the reader to identify eventual bias, question the interpretation of the narratives or to provide different alternatives of interpretation based on this information.

The contrast of perspectives was also present by the member checking through the process of peer debriefing (Lincoln & Guba, 1986). This was done during the process of qualitative analysis that led to the development of the system of indices. The debriefing was done with a researcher who was experienced in the methodologies used and had the aim of raising questions relative to the interpretations that were being made. This is better described in section "The Qualitative Analysis" of the methodology of the first study.

Ethical Considerations

A research involving humans always raises ethical considerations and if the participants are in a moment of greater vulnerability or suffering, these considerations are even more important (e.g., McLeod, 2003; Stanton & New, 1988). Both studies

were approved by the departments of the Universities and by ethical committee of the hospital in which the data was gathered. All participants signed an informed consent that besides informing the purpose of the study, assuring anonymity and confidentiality, communicated the fact that the treatment that they were going to receive would be the same as otherwise and that they could stop participating at any time with no consequences for them. The informed consents for the two studies and for both the therapists and clients are shown in Appendix B.

The research was designed to be as little intrusive as possible. The therapists assumed an important role in this and most clients did not even have any contact with the researcher. The data gathering was also designed so that the participants had to fill the least amount of questionnaires possible and no interview for the client, in the second study, was designed because of this.

In the second study, the need to ensure that the psychotherapy was unaffected by the research also lead to the instruction to the therapists and clients that: the clients could abandon the research if they wished it and the therapists could terminate the research if they judged it was affecting the psychotherapy. None of these situations actually occurred, but the existence of this option was felt as reassuring.

Both studies required recordings of the sessions, which, in study one, were then transcribed. The recording was one of the issues that was judged to be more sensitive in this research. To deal with this, in the second study, therapists and clients were informed that the clients could pause the recording if they wanted to talk about a particular issue off the record. Again, no participant ever used this option.

In one session, of the first study, the issue of the recordings and confidentiality was raised, but it was raised by the therapist and with the goal of relating to the client's life.

T- [...] I was wondering about this issue of confidentiality, which makes complete sense to me, in the questions that you raise. We have started our session today with an issue of confidentiality, didn't we? The possibility of participating in this study and the recording of the session and the questionnaire. And the questionnaire is anonymous and the session has no identification, so it is anonymous. But there is a contradiction. You have to sign a consent in which you sign your name.

C- Exactly!

T- And I was wondering whether that left you a bit restless or questioning the contradictions that sometimes exist and whether if you worried about it also. Is it in really confidential? Or am I really wrong in doing this? Or did become a bit restless about this?

C- Well... I did not sign as the signature in my ID... and then, a recording is cannot be used as evidence. So you can say that I was here, as much as you like, that I will always deny it (laughs)

T- But it is something that bothers you, isn't it?

C- No, No!

T- The lack of privacy.

C- It does not bring me any discomfort.

T- Well, I was not thinking only about this. I was wondering... now extrapolating a little to your life... Because I believe that our session also centred in this issue of the confidentiality. Confidentiality in what sense? Even in the sense of your life. Because, in a way, also for you... You feel forced to leave the house to undertake your projects in an underground way [...]

Participant: A28

Great care was devoted to the materials gathered. The names of the clients only appeared in the informed consent and a code was devised to identify the particular cases. In the transcriptions, all information that could compromise the anonymity was not transcribed from audio.

Participants and Context

The goal of articulating both studies meant that the sample was required to be fairly similar. Participants in this research were considered both the therapists and the clients; all of whom were from Centro Hospitalar Psiquiátrico de Lisboa (CHPL). This is a psychiatric hospital that serves clients from Lisbon and surrounding areas. Depending on the department, clients can be referred from either the family doctor or the attending psychiatrist. Therefore, not all clients were followed by a psychiatrist or taking medication. This particular context, thus allows for diversity in terms of severity

and social contexts of the clients. The clients were invited to participate while attending psychotherapy, in the first study, and before initiating, in the second study.

A choice was made to anchor the research in the population with depression. This choice was made, since the goal was to have diversity in other dimensions such as severity, comorbidity, and theoretical orientation of the therapies. This has the consequence of limiting the generalizability of the research but strengthens the conclusions with respect to the dependability of the results. The judgment of whether a client, in the beginning of the therapy, was depressed or not was made by the therapist. The depression did not have to meet any diagnostic criteria. In the second study, the client had to meet a minimum score on the Beck Depression Inventory (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961), corresponding to “mild depression”. This last requirement was not adopted in the first study because clients could be invited to participate in later sessions of psychotherapy, in which the depression could have subsided. These choices allowed for the inclusion of a broad spectrum of cases in terms of depression. This was seen as essential for the understanding of assimilation, considering that a stricter criterion could narrow the variety of the process.

Three exclusion criteria were established for both studies. Clients with psychotic syndromes were excluded due to the specificity of the intervention. Clients with personality disorders were also excluded considering that the intervention with this population usually takes longer (e.g., Beck & Freeman, 1990). Finally, considering that the study was focused on narrative, clients with cognitive deficit were also excluded. The exclusion criteria were defined to allow the observation of the indices in the short research period (from the first to the 15th session) but, on the other hand, to have a broad and representative sample of real life clients. These criteria were assessed by the therapists in inviting the participants for the first study and in the first sessions of the second study.

The psychotherapy sessions were gathered from several therapists, none of whom was the author of this research. All therapists that participated in this study were either in psychotherapy training or had completed their training. Another requirement was that all therapists had to have more than three years of experience. The theoretical orientation of the therapists was not specified since assimilation is considered to occur in any successful therapeutic process (Shapiro et al., 1992). The theoretical orientations of the therapies are described in each study's method section. This lack of specification is also consonant with the fact that this research is in the field of "process research" (McLeod, 2003). This field of research, more than comparing different orientations, seeks understanding psychotherapy as a process or through the description of processes involved. Considering that assimilation is conceived in the context of the dialogue, it is conceivable that assimilation processes differently according to the theoretical orientation. Therefore, the inclusion of multiple orientations only enriches the analysis. All therapists were given a broad description of the study and had no particular training in the assimilation model.

Having discussed the general considerations with regards to the method, the next two chapters focus on the studies themselves. Chapter 3, outlines the first study which leads to the identification and establishment of the system of indices. Chapter 4 describes the second study and is the longitudinal application of the system of indices, with a greater emphasis on particular single cases.

Chapter 3: Study I – Identification of the Indices

“To see a world in a grain of sand,
And a heaven in a wild flower,
Hold infinity in the palm of your hand,
And eternity in an hour.”
William Blake⁷

Outline of the First Study

The first study was the initial stage of this research and was a predominantly bottom up analysis. The goal was to develop the system of indices through a qualitative analysis and examine it quantitatively. It was a cross-sectional analysis of psychotherapy sessions and can be thought in two phases.

The first phase is a qualitative analysis that was inspired by Grounded Theory (Strauss & Corbin, 1998). This analysis focused on the stylistic and content aspects of the narrative in establishing the indices. The goal was also to group the indices in dimensions, according to conceptual similarity.

Considering the assumptions made, regarding the indices, it was possible to do empirical testing. This constituted the second phase of this research study. A system of indices was developed and was applied by two independent and blind raters. The goal was to assess the reliability and validity of this system of indices. This included a contrast between the system of the indices and the Assimilation of Problematic Experiences Sequence (Honos-Webb et al., 1998).

This chapter represents these two phases in the research of the first study. After the method section, the qualitative analysis is going to be discussed. Finally, the empirical assessment of the indices is described both with regards to the analysis of the reliability of and validity the indices.

⁷ William Blake (1757-1827) from the poem “Auguries of innocence” in The Pickering Manuscript.

Method

Participants. Thirty three adult clients, that were in psychotherapy, were invited to participate in the study. The participants were attending psychotherapies at different points from the first to the 15th session. Of these 33 clients, 31 agreed to participate and in one case, the recording was damaged, so the case was excluded. Thirty clients were therefore included in the first study. The population was already described in “Participants and Context” (Chapter 3). The demographic characterization of the sample is presented in Table 3.1. The typical client would be female, 37 years old, married or co-habiting, working and with twelve years of formal education.

Table 3.1

Demographic Characterization of the Sample of Study One

Variable	Data
Sex	26 female; 4 male
Age	M = 37.0 (SD = 12.30); Min = 18, Max = 65.
Marital status	Married or co-habiting (11; 37%); divorced or separated (7; 23%); widowed (2; 7%); & single (10; 33%).
Working status	Working (full time: 15, 44%; & part time: 2, 6%); unemployed (7; 20%); student (6; 18%); retired (1; 3%); & in medical leave (3; 9%).
Education level	12 years (10; 33%); 9 years (8; 27%); licenciatura (5 year of graduate training; 8; 27%); 4 years or less (2; 7%); 6 years (1; 3%); mestrado (2 years of postgraduate training/MA) or higher (1; 3%).

Besides the demographical data, the therapists also reported on some clinical variables. This data is presented Table 3.2 and shows that the participants were assigned predominantly the rating of sub-clinical depression (i.e., depression that does not meet the diagnostic criteria), by their therapists. This suggests that, at the time of assessment, the severity of the depression was mild to moderate and this is supported by other

observations. First, most did not have an attending psychiatrist and only half were taking medication. Second, although the depression lasted on average slightly more than two years, it had no significant comorbidity, except in terms of concurrent anxiety. Finally, the results of the BDI pointed to a current level of depression that corresponds to “moderate depression”.

The therapist classifications and the client’s report of their own depression point to the observation that the present sample was diverse in terms of degree of depression, albeit predominantly mild to moderate in average. This is confirmed by the depression level that can be derived from the scores of the BDI. The frequency for each level was: minimal depression (7; 23%); mild depression (10; 33%); moderate depression (4; 13%); severe depression (9; 30%). With regards to the severity of the sample, this is not a representative sample of the clients of CHPL, but it is probably a representative sample of the clients that the psychologists follow in the hospital, particularly considering that one of the departments that participated had a direct referral route from the family doctor.

It is important to keep in mind that these participants were recruited during their therapies in a time frame that had a significant variation. It is possible that a depressed client, in a successful therapy, presented a depression score lower at the time of assessment, which could be as late as a 15th session. So it is likely that the overall severity of the sample could have been higher before starting psychotherapy.

Table 3.2

Clinical Characterization of the Participants

Variable	Data
Current clinical situation	Sub-clinical depression (18; 60%); major depressive disorder – single (4; 13%); major depressive disorder – recurrent (3; 10%); dystimia (5; 17%).
Duration of the present episode	M = 27.9 months; SD = 38.56; MIN = 2; MAX = 156
Significant concurrent anxiety	No (16; 53%); yes (14; 47%);
Concurrent psychiatric disorder	No (27; 90%); yes (3; 10%);
Attending psychiatry treatment	No (18; 60%); yes (12; 40%).
Psychiatric medication	None (15; 50%). Antidepressant (15; 52%); anxiolytic/sleep inducer (9; 31%); mood regulator (2; 7%); other (2; 7%); & anti-psychotic (1; 3%).
Previous psychotherapy	No (20; 67%); yes (10; 33%).

The sampling was done by the therapists, in the sense that they were invited to select clients that meet the criteria for entering the research. It is arguable that other idiosyncratic criteria may have influenced this selection. For example, it is possible that difficult clients or clients during a therapeutic relationship rupture may have been inadvertently excluded. Therefore, this choice may have made the sample less representative in terms of the population. On the other hand, it is arguable that this procedure may have made the sample more representative of the therapeutic work. By choosing clients with whom the therapists felt comfortable with, may have produced recorded sessions in which the therapist worked non-defensively and in which real therapeutic work was being done. If therapists had chosen clients that they were not comfortable with, then perhaps they would be defensive, considering that they knew that they were being observed.

Fourteen therapists were invited to participate in the study, of whom 11 accepted. The main reason advanced for non-participation was the discomfort felt with the recordings. The therapists also classified their sessions according to theoretical orientation. Fourteen sessions were rated as psychodynamic; 8 as integrative or eclectic; 6 as cognitive-behavioural; and 2 as systemic or family therapies.

Instruments. The only self-report instrument applied was the Beck Depression Inventory (BDI; Beck et al., 1961). The BDI was used to assess the severity of depressive symptoms (e.g., sadness, lethargy, loss of weight). It is a self report inventory with 21 categories of items that represent symptoms of depression, on an intensity scale from one to three. The psychometric properties of the BDI have been well documented (Beck, Steer, & Garbin, 1988).

This study used a Portuguese version of this measure that has shown good psychometric properties (Vaz Serra & Abreu, 1973; Vaz Serra, 1972) with regard both to validity and reliability. In the Portuguese version the intervals with regard to severity are: Mild depression (12-17); moderate depression (18-24); and severe depression (≥ 25) (Vaz Serra & Abreu, 1973).

The alpha for the current study was .86, which was considered an acceptable score, and is identical to the .86 average alpha for psychiatric samples (Beck et al., 1988). For the current sample, the mean score was of 17.9 (SD = 9.59) and ranged from 0 to 37.

Procedure. The therapists were asked to invite their clients that were between the first and the 15th session. A single session for each client was recorded and afterwards the participant was invited to fill the BDI. The choice of only recording the audio was to be the least intrusive as possible. This was seen as comfortable for the

participants and thus providing a less constricted record of the therapy. The average number of the session recorded was 7.0 (SD = 4.21), ranging from 2 to 15. The session number's distribution in the three phases considered was: 16 were between the 1-5th session; 6 from 6-10th and 8 from 11-15th.

The sessions were transcribed and qualitatively analysed. The rules for transcribing are presented in Appendix C and reflect the considerations of Mergenthaler and Stinson (1992). The main goal of the transcription rules was to preserve as much of the orality as possible, while keeping the transcriptions readable. During the qualitative analysis and the rating procedures, the researchers had access to the audio to complement the reading.

The qualitative analysis was done during the data gathering, but did not affect it, unlike what is suggested by Grounded Theory (e.g., Corbin & Strauss, 1990; Strauss & Corbin, 1998). This was due to the fact that the analysis was on recorded sessions of psychotherapy and not interviews, like most qualitative studies, and due to the goal of the research of being the least intrusive as possible. The analysis sought to identify the indices and group them into dimensions. The details of this analysis are further described in the next section.

The analysis led to the system of indices that was piloted in two sessions, which were not included in the study. After the revision of the system, it was applied to the entire sample of the first study by two independent raters. The grouping of indices was then refined to meet the internal consistency criteria.

Independently of the development and application of the system of the indices, all sessions were coded using Assimilation of Problematic Experience Sequence (Honos-Webb, Surko, et al., 1998). This was done by three raters who had no other participation in the research. The empirical analysis is more thoroughly explained in the section "Empirical Evaluation of the Indices", in this chapter.

The Qualitative Analysis.

The core of this research is the development of the indices. Unlike other semiotic systems, like traffic signs, the narrative indices are not completely created and unlike other signs, like animal tracks, it is not completely observed. In other words, the system of indices is not invented in the sense that they are features of the narrative that represent the assimilation and it is not discovered since they are tentative representations.

Therefore the goal of the analysis is both to hear the client's utterances to discover the indices and listen to the narratives to create the indices. This implies the use of the researcher as a tool in the analysis – which is a main characteristic of the qualitative methodologies.

Method. The analysis consisted of an adaptation of Grounded Theory (GT; Strauss & Corbin, 1998). GT was originally developed by Glaser and Strauss (1967) as a method for qualitative analysis and developing theories that were anchored in the data. It was meant to be a self-validating procedure, in the sense that theory emerged from data and was “confirmed” by subsequent cases in an iterative process. Some concepts, like constant comparison – i.e., the process of constantly comparing instances of, for example, a category or theme (Glaser & Strauss, 1967) – have now become generalized to other qualitative analysis. GT became popular and also criticized for systematizing the steps of analysis, which may have as a consequence the restriction of the analysis, but it makes it easier for applying and describing the process.

This research used an adaptation of GT. The flexible use of GT is not new, and it is even endorsed by some authors (e.g., McLeod, 2001). The main principles, like

constant comparison, were essential to the research and most analytical procedures were used. However, the goal was not a creation of a theory in itself, but only a conceptual framework. No core category was sought or found. Finally, the indices are in a level of abstraction lower than the typical categories of GT. In a sense they are more like sub-categories, significantly closer to the actual narratives of clients and therapists. Furthermore, although the researcher sought to minimize the influence of his beliefs, some presumptions were assumed – see section “Personal conceptual background”. Atlas Ti 5.0 was used to facilitate the analysis.

The qualitative analysis was done in 14 of the 30 sessions of the study. The choice of ending the analysis followed the theoretical saturation criterion (Strauss & Corbin, 1998). This meant that the analysis stopped when no new cases added substantially to the conceptualization derived from the cases. The choice between the available sessions was not completely random. There was a deliberate effort to include at least one session of each therapist and a reasonable amount of sessions of each time cluster – namely the beginning, middle and end stages of the therapy range considered. The goal was to have as much diversity as possible to enrich the analysis.

Doing qualitative analysis on recorded sessions is akin to documentary analysis, in a sense that the researcher is not involved in the process of producing the data. The choice of being less involved with the participants is suitable when studying naturally occurring processes. Furthermore, if the indices are considered to occur spontaneously then the more natural the context in which the narrative is produced, the better.

The analysis focused on the style and the content of the narrative. This meant that, although the coding was done using the transcripts, the audio was crucial in identifying the indices. The system of indices contemplates this and some definitions of the indices imply the consideration of the audio. The analysis was done in Portuguese to preserve the nuances of the data.

Two questions guided the analysis. The first was “when and how is the client showing assimilation?” and the second was “what in the narrative is indicative of assimilation?”. These questions corresponded to the goals of the first study outlined in the beginning of this chapter. Another crucial issue that influenced the analysis and was not emergent from the data was the need for the indices to be tangible. This was a consequence of the goal of clinical applicability of the research. An index that depended excessively on the interpretation of the observer would be less useful for a clinician. Additionally, it would be hard to have interpretative indices that were not dependent on the theoretical orientation of the psychotherapy.

A peer debriefing audit was arranged to validate the procedure (Lincoln & Guba, 1986). One independent researcher was invited to analyse the process of analysis. This researcher was not involved in any part of the research but was familiar with the methodologies used in the qualitative analysis. The audit was done, firstly, independently by the researcher, which had access to all the materials subjected to the analysis and, secondly, after a presentation of the project and the qualitative analysis. This was done so that the researcher had less influence from the researcher’s biases. The audition was done during the process of analysis, after eight sessions had been analysed. The choice of the audition being done halfway was because that time was judged to be early enough to permit changes and late enough to focus on substantial conclusions.

Several suggestions were made towards the elucidation of the procedure. First, the clarification of categories that were close to existing concepts including the assignment of the same name. Concepts like avoidance or action are kept with the same meaning as they have in other theories. Secondly, it was stressed the need to deliberately try to find as much diversity on the sample as possible. Thirdly, it was suggested to make explicit the lack of unit (i.e., core category) due to the objectives of the research. Finally, the structure of the categories was also reviewed and discussed.

The meaning of the indices, relative to the meta-categorization (content vs. process), was discussed within the notions of category as defined by the Grounded Theory.

At the end of the qualitative analysis, a system of indices was devised. The goal of this system was a balance between a need for concretization and richness. To this end, tangible definitions were sought but most of the dilemmas were integrated in the manual. The system of indices is not a dictionary to be blindly applied. It is dependent on the understanding of the context and some judgment of the rater.

Personal conceptual background. The goal of any qualitative analysis is to derive knowledge from particular data in a way that respects the complexity of the material. To this end, analysts are invited to suspend their beliefs. In phenomenological analysis this is called bracketing (e.g., Creswell, 2007), to highlight the impossibility of actually suppressing personal beliefs. However, the researchers doing the analysis are advised to be clear regarding the relevant personal beliefs that may have influenced the analysis (Creswell & Miller, 2000). This is a way to validate the analysis, by making it subjected to criticism. Two types of prior conceptual background are going to be considered. First, those considerations that were assumed prior to the analysis and that influenced it. Second, are those personal beliefs and background that may have inadvertently influenced the analysis.

In the first group of considerations are the notions of assimilation and the idea of indices outlined in the “What is the Meaning of a Narrative Index?” (Chapter 1). Assimilation was judged to play a role in any successful psychotherapy and was considered within the broad models of change. This broad conception meant that assimilation was both a cognitive, emotional and relational process. The idea of indices had underlined the notion of language as representing ideology in a Bakhtinian way. The fact that it was a social process, was the main reason for admitting the existence of

invariants in the expression of assimilation. Much in the same way as we use already made expressions, clichés, proverbs or even shared stylistic features (e.g., fake surprise). The indices reflected this. For example, one of the indices referred to irony. Irony implies a set of rules that are socially shared and it generally implies detachment. This is why in forbidden contexts for the use of irony (e.g., discussing an human tragedy) the social censorship refers to that detachment (e.g., coldness).

Another major assumed pre-condition was that the indices had to have practical applicability. This meant that the indices would have to be fairly consensually observable and in a language that was a-theoretical. This had a major impact in the degree of abstraction of the indices.

Regarding the second group of beliefs, my background is particularly relevant. I have had my training in Cognitive Behavioural Psychotherapy (CBT) and although I do not define myself as a CBT therapist in the strictest way, I have been influenced by it. It is perhaps no coincidence that, in the thematic grouping of the indices, the group of indices with largest amount is the “Thinking or elaborating”. I may have also have been affected by the fact that most of the literature of assimilation and most of the definitions of assimilation highlight this cognitive dimension. Furthermore, some indices may also reflect this background. For example, although avoidance, as a process, is not specific to CBT, it has been highlighted by it as a factor that maintains at least some disorders.

The fact that most indices are a-theoretical and that other indices would be considered closer to other theoretical orientations (e.g., “I3p01 Past as cause”; “I1e06 Externalized emotion”; “I2o08 Relationship seen as circular”) lessens the relevance of the influence of CBT. It can mean either a broad influence of several theoretical orientations and/or sensitiveness to the elements picked up by these schools of thought in psychotherapy.

A second major influence was naturally the Assimilation of Problematic Experiences Sequence (Honos-Webb, Surko, et al., 1998). It is possible to see parallels between the stages - Warded off/Dissociated, Unwanted thoughts/Active avoidance, Vague awareness or Emergence, Problem statement or Clarification, Understanding or Insight, Application or Working through, Resourcefulness or Problem solution, Integration or Mastery - and particular indices – “I4m04 Incapacity to assign meaning”, “I2i01 Do it unconsciously”; “I4v02 Egosyntonic non-thinking/speaking”, “I4m13 Sketch of underlying meaning”, “I4m10 Detailing a problem”, “I4v10 States a new awareness”, “I4v09 Actions to deal with the problem”, and “I2i17 Identity change”. But this influence is underplayed by two arguments. First, it would be very unlikely that a qualitative analysis would produce no element close to a model that has decades of research. Second, due to the goals of the research, the indices are situated on a lower level of abstraction. So there are a number of indices that can be related to particular stages without the stage being characterized by the indices. Finally, a significant number of the indices are difficult to relate to the model. Therefore, although the influence of the model may have been inevitable, it did not compromise the goal of rendering the analysis at a different level. This meant that the indices could be used to extend the model.

Finally, this research was inspired by previous research using indices (Neto, 2006; Neto & Baptista, 2010). This research sought to discriminate trauma from non-trauma narratives of clients with PTSD. However, the indices were in a lower level of abstraction and close to the linguistic dimensions advanced by Pennebaker (e.g., Pennebaker et al., 1997). This research may have been affected by the desire that arose from that research, to look into more complex indices of assimilation.

Results: The emergence of the indices. In this section, the outcomes of the qualitative analysis are going to be outlined. These results are a consequence of the three major dilemmas and associated issues that permeated the qualitative analysis. The last dilemma refers to the conceptual organization of the indices and its development along the qualitative analysis. To accompany the discussion a number of translated excerpts and memos are going to be presented. Memos are personal notes done during the analysis with several purposes which will be outlined (e.g., Strauss & Corbin, 1998).

When we listen to or read a transcript of a therapy session, the scope of meanings that can be derived is very large. Furthermore, the session itself is filled with complex variations. In some segments, the clients are reporting events, in others elaborating about them. Sometimes they speak about central issues, other times they wander about apparently irrelevant issues. Some therapists, on occasions, speak a lot and confront their clients, or in other occasions let their clients freely narrate their stories and just punctuate them. Even the simplest segment is filled with meaning. Let's consider for example this brief excerpt:

C- Today I am actually fine, but the day is helping. Saturday wasn't too easy for me because... I had a hard day. Sunday was good because I was in my parent's house and it was good to be there. But it hasn't been easy lately because... *It seems things have happened always one after the other* (laughs) in a manner of speaking. Friday, I had a meeting with the president of the Junta de Freguesia [similar to civil parish] about the issue of the house... of the noise and all. And besides finding out that they are not the least interested in the noise... Because, from what I understood, they haven't received the funding of the Câmara [similar to city council] and the Junta de Freguesia is starting with some of the construction. [...] Therefore, I want it to be more tranquil. But of course it isn't good, isn't it? *And that left me like this.*

Participant: A12

This excerpt is a description of events. The amount of elaboration about the events is small, relative to other moments of psychotherapy or other psychotherapies.

But segments such as these have raised a number of questions during analysis. Three major dilemmas that were present in the analysis are going to be addressed.

The first dilemma was the importance of the context in which the indices occur. This consideration was relevant in three types of context: descriptions vs. elaborations; main theme vs. secondary themes; and therapist vs. client. Regarding the issue of description vs. elaboration, it would be expectable that assimilation would occur in the moments of elaboration. However, as it is visible from the excerpt presented above, even when the client is not elaborating, the way the narration succeeds is informative of the elaboration done. In that passage, the events are narrated loosely and sequentially as if they had happen inexorably. This is given both by the pace of the narrative and some expressions that are italicized in the excerpt. Interestingly, although the client conveys this meaning in the style of the narration of events, she is able to elaborate on this later on. In the next excerpt the client is elaborating on how control is something that defines her and in trying to reflect upon the idea that she needs to lose control, she becomes confused as if that idea was strange to her.

C- [...] Because I feel that, right now, I am having very little control over things. And I know that the control is something that marks me and has a lot to do with me. And, in one way, knowing to lose control is also good. But it is not control in that way, it is the control of... Maybe it has a different name... It is the: "having to know what I'm doing".

Participant: A12

Examples such as this led, initially, to the separation between the assimilation indices and description codes. Description codes were those codes that were used to understand the narration of events or descriptions. They were called codes and not indices, because of the different nature of what was being coded. They were large classifications of narratives and not emergent segments of narratives like the indices. Three examples of these codes can be seen in the following utterance.

C- And there we went. I stayed with her until the kitten was cremated [C01 Narrative of what happened]. But... well... I easily attach myself to pets and it was a bit hard, because I used to go with her to visit it... because it would only eat when she was around [C05 Narrative of typical events]. And I have a bond with her and her pets. So I was a bit sad with the death of the kitten. And then came Wednesday, which was also a day to forget [C02 Narrative of what happens].

Participant: A05

These codes highlighted the need to differentiate between the regular description of a particular event; an abstract description of events that the person has experienced; and the experience of events as something that was imposed on the person. These codes were progressively eliminated and this reflected the fact that whatever in the description could be seen indicative of assimilation could also be seen as an index. The description codes ended up a broad categorization of the narratives, which due to its perceived lack of usefulness were dropped in the pilot phase. However these codes reflected the need for the indices to be not only a classification of elaboration, but be sensitive to the formal elements of the narrative.

Another issue of context was the possible consideration of the indices in particular themes, namely with the distinction of primary and secondary themes. This was reflected for example in the following memos:

Memo 1

The client A14 is a good example of an intermediate stage. She has changed and reflects about some gains, but also adds some commentaries indicative of little assimilation. Here, the separation between central themes wouldn't be good, considering that the secondary themes are related to her central theme (of her past relation). The inconsistency across themes is indicative of this "work in progress" character.

Memo 2

I keep bumping into the context!

The person may present a large amount of indices indicative of assimilation in an issue that doesn't matter at all! For example, A25 talks about all and all, except of what is relevant to her.

On the other hand, the indices themselves can be indicative of assimilation in one context and not in another. For example, "the report of how things typically happen", can indicate the identification of patterns or overgeneralizations (Reconsider the index?). The "what I stopped being" can be indicative of a positive or negative change. The "generalization to the past" can indicate an increased awareness or fatalism.

How do I get out of this? The subtleties are too many! Establishing criteria? Better definitions? Considering looking at the indices and wonder about ALL possibilities. If the indices are not consensual or simple, than they are useless! Consider axial coding in case the indices increase a lot.

The idea of separating central from peripheral themes was eventually discarded.

The idea behind the differentiation between particular themes was that assimilation could have some specificity in this respect. This distinction was discarded for several reasons. It was found to be quite hard to differentiate between themes, considering their interconnectedness. Two different themes could also be considered as one theme if the level of abstraction was increased. Furthermore, it seemed simplistic to consider different themes independently. One example is the fact that people represent themselves in the way they perceive and talk about events that did not happen to them. A client could be talking about an apparently irrelevant situation that had occurred to other people in his job and his judgments could bear some similarity to a personal relationship issue. Another example is the use of an irrelevant theme to hide a painful one. This can leave traces in the irrelevant theme, such as incongruences between the nonverbal and verbal. Finally, the idea of theme differentiation was contradictory to the notions of language outlined in the "What is the Meaning of a Narrative Index?" (Chapter 1). In communication, the expression of ideas communicates personal ideologies. In the above excerpt about the kitten's death, the client could also be conveying to the therapist the idea that she is a nice and caring person. If the main

theme were to be the unfairness of others, this secondary theme would be not secondary at all.

The final issue regarding context was the fact that, considering that the narrative of the client is framed within a dialogue, then the involvement of the therapist is crucial. To address this, two major categories were developed. First, the therapist utterances were coded with “therapist’s codes”. Therapist codes reflected whether the therapists were following the client – by clarifying, exploring the emotional or meaning dimension of the issue or validating – or whether they were leading – by proposing new meaning or action. The idea of suggesting does not have to be an actual suggestion, but an intervention that leads intentionally to a new understanding. After a while it became apparent that the immediate response to a leading intervention was very important. The “Client response indices” were then created to understand whether the clients had understood the intention and whether they had disregarded, accepted or build upon the therapist’s intervention.

The second dilemma related to the question of what exactly was an index. This question had several dimensions. First, what in the narrative was an index? This was partially answered by the idea that indices were supposed to be elements of the narrative that emerged. In a sense, the emergent character of the index was essential in assigning the indices. For example, while reading the next excerpt what emerged was the italicized section which ended up being assigned with “I4m05 Surprise with reaction”.

P- No! I don't live well with that. How do I... I know that I'm a very tender person and that I am very caring... *and why do I with my mother cannot be like that? It is like my inability to be caring towards my daughter. I want to, but I can't!* Maybe it has to do with other issues, but... This was one of the things that I would like to overcome.

Participant: A03

This excerpt raises a second issue in understanding of what is an index. The client reports the fact that she cannot be tender to her mother and daughter with some issues that she does not state and apparently avoids. It is possible to ask whether the surprise is actually genuine or not. It could be, for example, shame in assuming before her therapist that she feels no affection for her mother and daughter. During the analysis (and as an instruction in the manual), these considerations were actively avoided for several reasons. First, they would make the indices more interpretable than desirable for practical use. Second, and more importantly, the indices were supposed to be representations of processes. It was possible that surprise was a manifestation of another process, represented by other indices. However, only the consideration of surprise in its own right could allow the observation of the association with another process. Surprise could be seen as a way of not taking responsibility, which then relates to avoidance. But it is only by considering them independently that this relation can be found. So surprise was seen as always genuine, since no consideration was made as to what it was genuine of.

If an index had to be emergent, it did not mean that all emerging elements were indices. This led to a dilemma that was constant throughout the analysis, which was the choice between indices that were excessively abstract and indices that were excessively concrete. The idea was that excessively abstract indices would make the analysis too dependent on interpretation and theoretical orientation and therefore less useful for therapists. Excessively concrete indices (i.e., close to linguistic dimensions of the narrative) would raise the question of the difficulty in interpreting them as signs of assimilation, the issue of false positives and the problem of having to take into account the individual baseline (Neto & Baptista, 2010). Some indices ended up being excluded for being too concrete (e.g., “Crying” or “Own’s dialogue”) while others for being too abstract (e.g., “Idea of defect” or “Change to a parallel issue”). A balance was sought,

but it was a dynamic balance, in a sense the indices still reflect some differences in the degree of abstraction. The goal was that this difference was not excessive.

During the analysis, a group of indices, called “quantity indices” was developed. The indices of this group reflected assimilation not by the presence or valence of its indices, but from the quantity. For example, an index like “I am” would be assigned for any consideration about the self and only its amount would be indicative of elaboration. However this raised a number of questions. First, these indices were too concrete because they did not distinguish the nuances in the narrative. For example, discussing issues about the self could be either self-enhancing narcissistic justifications or actual elaborations about individual functioning. Secondly, it would be hard think of the emergent character on these indices. Finally, like linguistic features of the narrative, they could simply reflect individual differences or contextual variables, such as the orientation of the psychotherapy. These considerations led to the elimination of these indices.

The understanding of what an index meant was also present in addressing the relationship between indices. Consider for example the following memo:

Memo 3

What does it means the presence of incompatible indices in one session? Does it make sense to think about the indices as a whole across different levels? From coherently bad, through inconsistency, to coherently good? This would mean that inconsistency would be a good sign.

What is the implication of this in thinking the indices as quantities?

If indices could acceptably be inconsistent with each other, the individual indices would have less value. The indices represented processes that were described in the process categorisation of the indices. On the other hand, this generalization meant another loss in the complexity of the information. The dimensions of the indices (i.e., groups of indices that represent processes) would reflect the interconnectedness of the

indices but would lose the groundness of the indices to the narrative of the clients. The step of considering the dimensions was seen as a global view on elaboration, and the individual indices, the details that were essential in understanding the individual's elaboration process. Furthermore, since assimilation was not judged to be neat and mechanistic, the inconsistencies of the indices reflected the complexity of the process.

Another consequence of these considerations about the nature of the indices was the fact that the manual with the coding procedures was called "System of Indices" instead of something like "Indices Coding Manual". This was done to highlight this discrete and emergent nature of the indices. The system was not a set of codes to apply to a particular narrative, but a number of signals that could, or not, be used to represent particular processes in the narrative of the client.

The final dilemma was of a pragmatic nature. The final count of the indices was 79, a number that was higher earlier on. The large number of indices led to a provisional categorization in terms of theme. All groups that referred to a particular theme were grouped in one category. This analysis produced eight categories that were then grouped into four major categories of theme.

This categorization was for pragmatic reasons only because it was always clear that indices from different theme categories would relate with each other. For example, indices about emotion like "I1e02 Overwhelming emotions" would be closer to indices of other categories like "I4m04 Incapacity to assign meaning" than other indices of the same category like "I1e10 Detailing emotional experience". This proximity was judged to be a consequence of the same process being represented in both indices. The later categorization according to this similarity was called process categorization and was the aim of the research. This interconnectedness of indices of different themes becomes clear when we place them in the contexts of the narrative of clients. The next passage presents some examples of the indices in the context of a narrative.

P- Yes, also. But, I think that my reaction back then (...) was to stress out that things were not well. That something had to be done. And I feel that no matter how much I stressed that things weren't well and that I wasn't well [...], that he wasn't taking it in a serious way. And I feel that I was a bit stupid and a wimp [I2i05 Useless self-criticism]... or that I was that girl that went to cry in the corner [I4m15 Creation of a metaphor]... Because, even after it, for a long time, I felt guilty [I1e10 Detailing emotional experience]... I, the single one to blame. [...] And for a long time and even today, sometimes I think a bit like that [I3p02 Identification of a pattern]. Although not so much presently, because it doesn't make sense since I was the person that should have stayed more resented and probably should have stopped talking to him for months [I2i11 Self-assertion] and yet there was always a part of me that tried to ask for forgiveness for the bad things I had done [I2i12 Self seen as parts / I4m11 Ambivalence in meanings]. And I wasn't even considered by him then as I hadn't considered before, didn't I? And perhaps now, maybe it is time that I end up... I have thought about this... I end up feeling what I should have felt (laughs). The feelings that were appropriate for that situation... [I1e04 Criticism for emotion] for me... I don't know if this makes any sense.

Participant: A14

In this utterance there are elements of criticism that are present both towards the self and towards a past emotional response. There are elements of ambivalence that relate both to the domain of meaning or elaboration and the view of the self. These reflections are done by contrasting the past with the present and the differences between the relation then and her representation of it now. These ideas are reflected in the indices even considering their differences in terms of themes. This and other utterances led eventually to a conceptualization of assimilation in terms of process. Table 3.3 presents some examples of indices in which this correspondence is evident.

Table 3.3

Some Examples of the Transversality of the Indices Along a Theme

Common aspect	Emotion	Self/Other	Time	Thinking
External attribution	I1e08 Emotion of outside origin	I2o01 The other is wrong	I3p01 Past as cause	I4m08 External meaning
Strangeness		I2i03 Strangeness towards the self		I4m05 Surprise with reaction
Ambivalence	I1e12 Emotional ambivalence	I2i12 Self seen as parts		I4m11 Ambivalence in meanings

The first formulation of the indices with respect to the process of assimilation was done in terms of the “degree” of assimilation. A provisional ranking of the indices was created to help comparing indices from different themes. The only indices that were not categorised with respect to process were the general codes (e.g., therapist codes and client response indices). This one-dimensional grouping of indices was an uncomfortable first step, considering the goal of thinking assimilation as a complex process. The possibility of doing so could be seen as inconsistent with the view of assimilation proposed. However this rough scaling was not taken serious. If it had been, this realization would have become problematic. It is easy to think of earlier and latter indices of assimilation and hard to scale any index in the middle.

The evolution of the conceptualization both in terms of theme and process are exemplified in Appendix D. These snapshots of the analysis were taken from a document that served as a sort of log of the analysis and contains all the major conceptualizations, operations, memos and so on. The final categorization is presented in Table 3.4.

Table 3.4

Two Categorizations of the Indices

Theme categorization	Process categorization
1) Is the issue about emotion or is it an emotionally charged subject? Emotion indices Confusion/sameness indices	1 - Absence of elaboration 2 - Avoidance 3 - Pain from lack of elaboration
2) Is the issue about self or others? Identity/self indices Other indices	4 - Naming elements 5 - Crystallized or external explanations
3) Is the issue about time? Idea of phase Past & future indices	6 - Process of elaboration – Strangeness 7 - Process of elaboration – Sketches 8 - Elaboration through different views
4) Does the narrative reflect thinking or elaborating? Meaning construction indices Self-verbalizations and introspection	9 - Elaboration about thinking and action

The eight categories of theme were further divided into sub-groups according to guiding questions. In a sense this is the level that corresponds to a category of Grounded Theory (Corbin & Strauss, 1990). This theme structure was exported to the creation of the system, to facilitate coding. The system of indices did not contemplate the categorization of process. This had the advantage of validating an empirical grouping of the indices according to the process aspects of assimilation. Raters could not tendentiously rate according to processes that they were not explicitly aware of.

As it is advocated in GT, this analysis was accompanied by memos (e.g., Glaser & Strauss, 1967; Strauss & Corbin, 1998). Memos served for commenting on aspects of the analysis, keep a record of the conceptual organization of the indices and personal notes. Besides the examples given earlier, here is an example of an index regarding a validity issue.

Memo 4

I find myself thinking about a lot of action related processes (such as avoiding certain actions or events) as thought related processes. Maybe this is a psychological bias of thinking everything relevant, as psychological. It's not events but how those events are perceived that disturb people. Perhaps I can assume this bias, considering that the medium of study is conversation.

The system of indices was piloted, by the raters of study I, in two sessions that were recorded and transcribed only for this purpose. The piloting resulted in the clarification of some definitions and changing the name of some indices to highlight its meaning. For example the index “I2i07 Identification of vulnerability” was defined better to contrast with “I2i06 Enough (negative)” and was renamed to “I2i07 Identification of vulnerability (positive)” for the same purpose.

To ease coding, the group of “description codes” was eliminated. It was considered that the anticipated advantages of these codes did not justify their presence. Furthermore, the initial coding system had three moments of analysis: the free floating listening, the coding with general codes, and the coding with assimilation indices. With the elimination of “the description codes”, this analysis was condensed into the two stages: free floating listening and coding.

The final result of the qualitative analysis with respect to the grouping of indices is presented in Table 3.5.

Table 3.5

Final Categorization of the Indices According to Themes (Columns) and Processes (Rows)

	Emotion	Self/Other	Time	Thinking
Absence of elaboration	I1e05 Being good or bad	I2i13 Exterior change	I3f03 Not yet (not specified) I3f01 A time when it was different (not specified)	I4m01 Lapse I4m02 Contradiction I4m03 Laughter not congruent with what is said
Avoidance	I1e03 Strategy to avoid emotion I1e01 Emotional minimization I1e06 Externalized emotion			I4v03 Deliberate non-thinking/speaking I4v02 Egosyntonic non-thinking/speaking I4v04 Optimistic self-verbalizations
Pain from lack of elaboration	I1e02 Overwhelming emotions I1e04 Criticism for emotion I1s01 I am lost/confusion I1s02 Impotence I1s04 Hopelessness in change I1s03 Indifference/resignation	I2i02 Not knowing who I am I2i04 Self-contempt I2i06 Enough (negative)	I3p05 Uncontrollable future I3p04 Unknown future	I4m04 Incapacity to assign meaning I4v01 Inability to think
Naming elements	I1e10 Detailing emotional experience I1e11 Detailing the body	I2i07 Identification of vulnerability (positive) I2i08 Identification of goal/need (positive) I2i11 Self-assertion	I3f02 A time SOMETHING was different I3f04 Not yet TARGET I3p06 Controllable future	I4m10 Detailing problem
Crystallized or External explanations	I1e07 Emotion stated by symptom I1e08 Emotion of outside origin	I2i05 Useless self-criticism I2o01 The other is wrong	I3p01 Past as cause	I4m07 Emotional explanation I4m06 By chance I4m08 External meaning I4v05 Self-critical/motivating verbalizations
Process of elaboration – Strangeness	I1e09 Emotion of unknown origin	I2i03 Strangeness towards the self I2i01 Do it unconsciously I2o05 Strangeness towards the other		I4m05 Surprise with reaction I4m14 Situational explanation
Process of elaboration – Sketches	I1e12 Emotional ambivalence I1e13 Meaning underlying emotion	I2i10 Assuming responsibility I2i12 Self seen as parts I2o02 The other will not change I2o07 Explaining the other	I3f05 In this phase I3p02 Identification of a pattern I4p03 Exception to a pattern	I4m11 Ambivalence in meanings I4m13 Sketch of underlying meaning
Elaboration through different views		I2i09 I'm not the only one I2o03 The other is/reacts differently I2o06 Other's perspective I2o04 The other is/reacts similarly I2o08 Relationship seen as circular		I4m15 Creation of a metaphor I4m09 Irony I4m12 Alternative view I4v11 Reference to the therapy
Elaboration about thinking and action		I2i14 Non-specified change I2i15 Change in state/behaviour I2i17 Identity change I2i16 Idea of training.		I4v06 Verbalizations resulting from elaboration I4v07 Mentions thought I4v09 Actions to deal with the problem I4v08 Mentions a cognitive process I4v10 States a new awareness

The system of indices. The final version of the system of indices is displayed in Appendix E and F in the Portuguese and English versions. The system of indices is similar to a coding manual, in which the elements that are being coded are emergent from the narratives. This means that the codes are not categorizations of transcripts, but rather a set of elements that in the majority of cases will be absent. This is the reason that “Therapist codes” are not called indices, since they imply a categorization of the interventions according to particular categories. Coding is described not as the simple assignment of codes, since it implies a judgment on the context and stylistic aspects such as the tone of voice. On the other hand, the indices are elements that should not be excessively interpretative. An index should be something consensually observable.

Although the goal is to achieve a score for the entire session, the unit of analysis was the utterance. This was chosen to focus the raters, considering that the indices may be missed if a broader unit was chosen. For each index, a definition, examples and heuristics or potential problems are provided. Regarding the unit of coding, the definition of utterance is not as straightforward as other linguistic concepts (Traum & Heeman, 1997). In this system, the shift of speaker was chosen as the main criterion for defining an utterance. The coding referred to the presence of an index in a particular utterance.

The system of indices was built to be used with audio or video, although transcripts can be used to complement the analysis. The coding is done in two phases. The first corresponds to a typical free-floating listening of the session, which is particularly important given the emergent nature of the indices and the importance of intonation and other stylistic aspects. The second is a more analytical stage in which the indices are assigned. The indices are divided into two large groups: general codes and assimilation indices. The general codes include the therapist codes and the client response indices. The assimilation indices are divided into eight groups of indices. The

rater has to code at least one index per group of indices, but most will be “0” codes. No index could be assigned twice to the same utterance but the rater can assign more than one index per group of indices. The decision to force code the categories (albeit allowing “0” codes) is to influence the raters to continually look for indices.

To deal with the large quantity of indices, they are grouped in a tree like structure. The rater can read an utterance and eliminate indices according to the absence of themes, thus excluding groups of indices altogether. Each step is facilitated by a question or a statement. In the final version, the person has to choose only from a maximum of 17 indices and even then, there are a sub-set of guiding questions that help to chose between groups of a maximum of 7 indices per question. Figure 3.1 has a depiction of this tree-like structure.

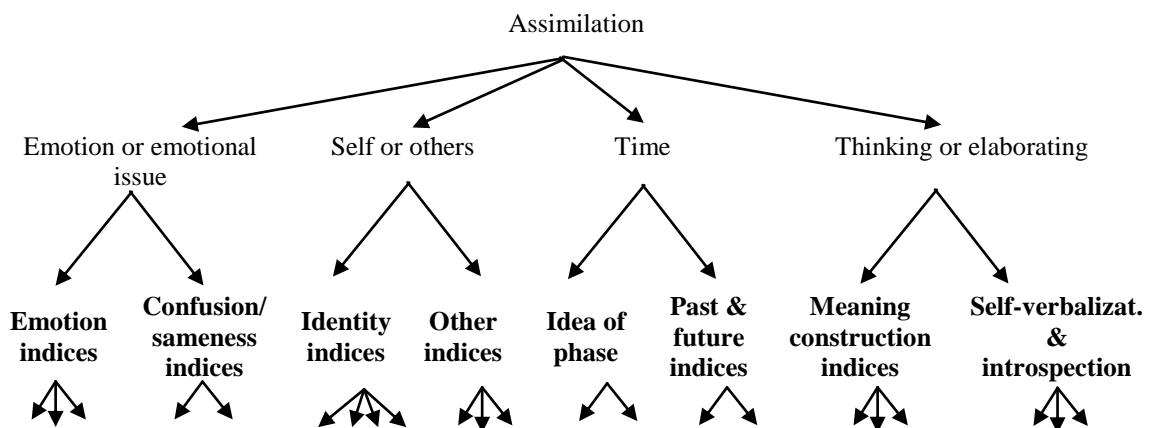


Figure 3.1. Tree-like structure of the system of indices

Empirical Evaluation of the Indices

The indices were developed through a qualitative analysis. The system of indices sought both to integrate the reflections of the analysis and tried to clarify what the indices meant, so that they could be used by other therapists. This system could produce a quantification of each index and each dimension. This quantification meant that an

evaluation could be done with regards to the agreement between raters, the consistency of the dimensions and the contrast with Assimilation of Problematic Experiences Sequence (Honos-Webb, Surko, et al., 1998).

Method. Two raters were recruited to participate in this study, neither of whom had any participation in the study prior to this. Both the raters had completed their academic training experience of one year. One of the raters had a psychology MA, while the other was in the last year of the same MA. This minimal professional experience was consonant with the choice of having naïve raters to further increase the strength of the system as an easy tool and with a pedagogical value.

The raters studied the system of indices thoroughly and there were four meetings, in a total of 20 hours of training. The training was done by analysing the two sessions that were used in the pilot. The raters had no access to any other information besides the session transcript and audio. They rated the sessions independently using the coding sheet that is shown in the end of the system of indices – Appendix E and F. Three meetings were done to prevent drift – which is the natural tendency to crystallize biases in coding. Although no interrater reliability was provided as feedback, these meetings served to contrast significantly divergent ratings and to review the coding procedures. The number of training hours and the number of meetings to prevent drift were higher than what is found in the literature (e.g., Detert et al., 2006; Rudkin et al., 2007). This was justified with the complexity of the coding system and the number of cases, which is almost four times higher than in the mentioned studies.

This application resulted in two independent ratings that were used to assess inter-rater reliability. The final score was an average both raters which is more reliable than the individual ratings. This final score was used in assessing the internal consistency and in comparing with the APES.

With the intention of validating the system of indices, all 30 sessions were coded independently with the Assimilation of Problematic Experiences Scale (APES; Honos-Webb, Surko & Stiles, 1998). The APES is an eight-point rating scale, applied to transcripts of therapy sessions. It adopts the “community of voices” conception of assimilation and the goal is to identify a set of markers in the passages. Since assimilation is considered in a continuum, the APES allows both to identify the stage (1, 2, etc.) of assimilation and to produce a continuous score along the stages (0-7). The APES classification is well established and provides results within the Stiles’ model (e.g., Detert et al., 2006). The APES and the System of Indices derive from two different conceptual views on assimilation. Nevertheless, it is expected that the results show some convergence.

The coding was done by three raters who did not participate in any other part of the research and were unaware of the self-report measures or any other information about the clients. The procedure for coding followed the manual and Detert et al. (2006) and can be described in two steps. In the first step, one of the raters formulated the main theme and identified the voices. The transcript was then segmented into five segments that were seen as representative of the themes and voices involved and the central theme. The number of segments chosen was based on Detert et al. (2006) which used 10 segments for two sessions.

The remaining two raters had only access to the voices formulation and the segments that were presented randomly for each client. The raters had to identify the presence of assimilation markers defined in the manual. Based on the presence of the markers the raters had to assign a grade for each segment. The grade was based both on the markers and the passage as a whole (Detert et al., 2006).

Table 3.6

Examples of Markers According to the APES (Honos-Webb, Surko, et al., 1998)

Level	Example
Warded off/Dissociated	Somatic symptoms marker
Unwanted thoughts/ Active avoidance	Fear of loss of control marker
Vague awareness/Emergence	Absence of reflexivity marker
Problem statement/ Clarification	Emergence from embeddedness marker
Understanding/Insight	Flexible use of voices marker
Application/Working through	Exploring possible solutions marker
Resourcefulness/ Problem solution	Sense of pride marker
Integration/Mastery	"Mastery"

All three raters received 15 hours of training in the APES. The training involved reading articles about the model (Detert et al., 2006; Honos-Webb & Stiles, 1998; Honos-Webb et al., 2003), studying the manual and applying it to pre-coded transcripts of psychotherapy. The segmentation and coding were done independently and so was the coding done by the two raters. The final score that was used to compare with the System of Indices was an average of the ratings of each passage and each rater. In this way a final score was obtained for that particular session that had more reliability than each individual's rating. Considering the large number of transcripts being analysed, two meetings were arranged to prevent drift. These meetings followed the same outline than the meetings arranged for the system of indices.

Adjusting the indices. In this section, the quantitative adjusting of the indices is going to be discussed. This adjustment is akin to a development of a scale, in which the items are selected to best represent the construct. In this case, the goal was to verify whether the indices represented the processes while adjusting the dimensions of the

indices in the analysis. Furthermore it was important to verify the interrater reliability of the application.

The analysis was done at a session level. The final score for the session was the sum of the scores of the individual utterances. This was in accordance with the notion that the index was not independent of the context and the notion that the session is a natural unit of the psychotherapy intervention. Additionally, this circumvented the natural agreement on absence of indices per utterance, considering the indices had a “0” score in most utterances. For the inter-rater analysis, the scores for each rater were considered, while for the internal consistency and the remaining analyses an average of both raters were used.

The analysis chosen for assessing the inter-rater reliability was the Intra-Class Correlation – ICC(1,1) – developed by Shrout and Fleiss (1979). This particular model of Intraclass Correlation follows a one way model with single measures. This means that raters’ effects are considered random and that the goal is to derive a reliable score for a single rater. The ICC (1,1) is considered a conservative estimate of reliability. To assess the internal consistency, Cronbach’s Alpha was used. For both, the threshold of .70 was considered to determine the significance of the scores. These choices made this research comparable with the existing literature on assimilation (e.g., Detert et al., 2006).

Table 3.7 presents the inter-rater reliability for each of the general codes. The therapist codes reach an acceptable intraclass correlation coefficient with the exception of “T2 Explore meanings” and “T3 Explore emotion”. This is perhaps due to the difficulty in agreeing in the decision between whether a phrase is an exploration of a meaning or an emotion or perhaps whether it is an exploration or a suggestion of new meaning. In the client response indices, three do not reach an acceptable level: “IZT3 Yes, but”, “IZT4 Partial agreement” and “IZT6 Emphatic agreement”. These codes

were omitted in later analyses. From the feedback of the raters, it seemed difficult to distinguish between a “IZT3 Yes, but” and a “IZT4 Partial agreement” – which according to the system was a matter of whether the person was acquiescing or actively agreeing with only a part of the suggestion – and whether the agreement was emphatic or not.

Table 3.7

ICC (1,1) for the General Codes

Code	Intraclass Correlation	Index	Intraclass Correlation
T1 Facilitate clarification	.93	IZT1 Does not understand	.95
T2 Explore meanings	.46	IZT2 Direct disagreement	.87
T3 Explore emotion	.59	IZT3 Yes, but	-.03
T4 Validation	.71	IZT4 Partial agreement	-.15
T5 Suggestion of meaning	.97	IZT5 Agrees without adding	.94
T6 Suggestion of action	.88	IZT6 Emphatic agreement	.19
		IZT7 Agrees and adds	.78

The results of the individual indices that reached significance are presented in Table 3.8 (the complete list is presented in Appendix G). The majority of the indices did not reach an acceptable level of agreement. One possible explanation is of statistical nature. Considering that the indices show a low dispersion associated with a low frequency, analyses that measure association will be affected.

Table 3.8

ICC (1,1) for the Assimilation Indices that Reached the Acceptable Level

Code	Intraclass Correlation	Index	Intraclass Correlation
I1e01 Emotional minimization	.71	I3f02 A time when SOMETHING was differ.	.74
I1e02 Overwhelming emotions	.75	I3f03 Not yet (not specified)	.88
I2i01 Do it unconsciously	.90	I4m01 Lapse	.73
I2i02 Not knowing who I am	.79	I4m03 Laughter not con. with what is said	.79
		I4m15 Creation of a metaphor	.83
I2o01 The other is wrong	.73	I4m11 Ambivalence in meanings	.70
I2o04 The other is/reacts similarly	.70		

The lack of interrater reliability for individual indices was seen as unproblematic considering that the goal was to use the indices grouped according to the dimensions or processes they represented. A particular expression like “I keep messing my relationships because I am depressed” could be coded by one rater with “I1e07 Emotion stated by symptom” and another with “I4m07 Emotional explanation”. Despite the lack of agreement of this example, they could be signalling the same process. It was as if a set of doctors were not agreeing on the prevalence of individual symptoms but were agreeing in the diagnosis. This was consonant with the reflections about the meaning of an individual index, expressed in “What is the Meaning of a Narrative Index” (Chapter 1).

The process of quantitatively adjusting the dimensions of indices – representing processes – was similar to the construction of a questionnaire, in which there are a significant amount of items in the beginning. A number of principles guided these operations that were consonant with the principles surrounding the quantitative evaluation of the qualitative analysis expressed in the section “Thinking Qualitatively about Numbers” (Chapter 2). These principles were: keep as close as possible to the qualitative analysis to avoid fiddling with the data; exclude indices freely to meet the empirical criteria (internal consistency and interrater reliability); and insert new indices only when necessary and only when they have face validity. A more detailed description of this stepped analysis is presented in Appendix G

The first step was the deletion of the indices to increase internal consistency of the dimensions. The results are presented in Table 3.9. The first three dimensions (“absence”, “avoidance” and “crystallized meanings”) did not reach an acceptable consistency level and were merged into “external distress”. “sketches” and “different views” also did not reach significance and were merged into “decentring”. “Naming” and “strangeness” despite having good internal consistency had poor inter-rater

reliability – in the case of strangeness – and had a low frequency with regard both to the number of indices and their frequency of occurrence – in the case of naming – and were merged into “noticing”. “Action” and “pain” were preserved after removing the indices. The choice of maintaining “action” was also due to its lesser conceptual relation to “decentring”.

Table 3.9

Alphas and ICCs after the Deletion of the Indices

Dimensions of indices	Intraclass correlation	Alpha	N	Indices
Absence	.60	.33	2	I1e05 I3f03
Avoidance	.13	.58	2	I1e06 I4v04
Crystallized	.71	.59	6	I1e08 I2i05 I4m06 I4m07 I4m08 I4v05
Pain	.85	.73	13	I1e02 I1e04 I1s01 I1s02 I1s03 I1s04 I2i02 I2i04 I2i06 I3p04 I3p05 I4m04 I4v01
Naming	.72	.71	3	I1e11 I2i07 I3f02
Strangeness	.56	.74	5	I1e09 I2i03 I2o05 I4m05 I4m14
Sketches	.15	.39	7	I1e12 I1e13 I2i10 I2i12 I3f05 I3p02 I3p03
Different views	.47	.40	2	I2o03 I4m09
Action	.60	.77	3	I2i14 I2i16 I2i17

A correlation was done with the remaining indices and the dimensions. When it made sense conceptually, they were added to the new dimensions of indices. The Table 3.10 presents the final dimensions of the narrative indices. It outlines both the indices from the original dimensions that were derived from the qualitative analysis and the indices that were added from the excluded indices.

Table 3.10

Old and New Dimensions with Added Indices

	Indices that resulted from the qualitative analysis	Added indices
External (Previously: Absence Avoidance Crystallized)	I3f01 A time when it was different (not specified) I4m03 Laughter not congruent with what is said I1e05 Being good or bad I4v04 Optimistic self-verbalizations I1e07 Emotion stated by symptom I2i05 Useless self-criticism I3p01 Past as cause I4m07 Emotional explanation I4m08 External meaning I4v05 Self-critical/motivating verbalizations	I1e02 Overwhelming emotions
Pain	I1e04 Criticism for emotion I1s01 I am lost/confusion I1s02 Impotence I1s03 Indifference/resignation I1s04 Hopelessness in change I2i02 Not knowing who I am I2i06 Enough (negative) I3p04 Unknown future I4m04 Incapacity to assign meaning	
Noticing (Previously: Naming Strangeness)	I1e10 Detailing emotional experience I1e11 Detailing the body I3f02 A time SOMETHING was different I3p06 Controllable future I2i01 Do it unconsciously I2o05 Strangeness towards the other I4m05 Surprise with reaction I4m14 Situational explanation	I3p02 Identification of a pattern
Decentring (Previously: Sketches Different Views)	I1e12 Emotional ambivalence I2i10 Assuming responsibility I4m13 Sketch of underlying meaning I2o03 The other is/reacts differently I4m09 Irony	I2i08 Identification of goal/need (positive) I4v10 States a new awareness I4v06 Verbalizations resulting from elaboration
Action	I2i14 Non-specified change I2i16 Idea of training. I2i17 Identity change	I3f03 Not yet (not specified) I3f04 Not yet TARGET

Table 3.11 presents the final results for the dimensions of indices with respect to the inter-rater reliability and internal consistency. All dimensions met the internal consistency threshold and with respect to inter-rater reliability. Only decentring does not reach the .70 standard, albeit by a small margin. Nevertheless, the interpretation of the results from this particular dimension should take this into consideration. The final configuration of the indices had an average of eight indices per dimension. The dimensions that correspond to processes that should be more present in successful therapies or in later stages of the therapy have fewer indexes. This could be a product of

the sample chosen and the hypothesis that is easier to generalize from poor than from richer elaborations.

Table 3.11

Inter-Rater Reliability and the Internal Consistency of the Five Dimensions

Dimensions of indices	intraclass correlation	Alpha	N	Indices
External Distress	.73	.77	11	I4m03 I4v04 I1e07 I2i05 I4m07 I4m08 I1e02 I4v05 I1e05 I3f01 I3p01
Pain	.76	.70	9	I1e04 I1s01 I1s02 I1s03 I1s04 I2i02 I2i06 I3p04 I4m04
Noticing	.73	.72	9	I1e10 I1e11 I3f02 I3p06 I2o05 I4m05 I4m14 I3p02 I2i01
Decentring	.69	.70	8	I1e12 I2i10 I4m13 I2o03 I4m09 I2i08 I4v10 I4v06
Action	.88	.80	5	I2i14 I2i16 I2i17 I3f03 I3f04

The system that resulted from these analyses was then composed of five dimensions. “External distress” condenses elements of absence of elaboration, avoidance and external meaning. This dimension represents both suffering that is avoided or even excluded or that emerged uncontrollably due to this. Furthermore, these elements could be sustained by a set of external meanings or theories, as if that suffering comes from the outside. “Pain” corresponds to suffering that is lived as an experience. This suffering can be either egodystonic in the case of the criticism for emotion or egosyntonic as reflecting hopelessness and can be the product of the inability to elaborate on an issue. “Noticing” is the process of paying attention and experiencing new elements. This process is often associated with strangeness towards elements that are not yet coherently integrated. “Decentring” goes beyond noticing in the sense that not only the person notices something, but is able to produce an elaboration or explanation that is new. The decentring can be a sketchy elaboration or the articulation of an ambivalence or a different perspective. “Action” is an elaboration

of an action or a reflection about change. This change could have already occurred or it can be a targeted action.

Results. The adjustment of the dimensions produced representations of process that had good enough psychometric properties to allow further analyses. To gain some understanding of what these dimensions meant, two types of analysis were done. First, the analysis of how these dimensions behaved. Second, the concurrent validity analysis using the APES.

Table 3.12 presents the descriptive statistics of the dimensions and the tests of normality. Only decentring presented a normal distribution so in future analysis no parametric test was used. This result is not strange for two reasons. First, the indices are supposed to be discrete and emergent elements and not codes that are always present. This is reinforced by the skewness and kurtosis of the dimensions. All dimensions showed positive skewness values suggesting a skew to the left – towards zero – and all the kurtosis are leptokurtic, thus showing a distribution that is slender than the normal distribution. Second, the assimilation, unlike variables like depression, is not likely to be normally distributed in the sense that most cases in most sessions along the therapy will show low assimilation. For example, in a sample of 50 clients in a therapy with 50 sessions; if half show significant assimilation and the progression is in half of the sessions, then there will be 625 sessions with assimilation and 1875 with little assimilation. Depression, on the other hand, will show random variations in unsuccessful cases and show perhaps an even descent (after smoothing all variations) in successful therapies, thus maintaining its normal distribution. In the current sample, the APES showed also a non-normal distribution unlike the BDI.

It is important to keep in mind that the zero, towards which these dimensions tend, may be an abstraction. There may always be some incidence of indices that

represent a sort of baseline and it is only above it that the dimensions have meaning. This could help to understand the exception of decentring. It could be that the way people elaborate and create new meanings could show some baseline variation that was enough to result in a normal distribution for decentring.

Table 3.12

Descriptive Statistics and Normality Evaluation of the Dimensions.

	Descriptive statistics			Tests of Normality (Shapiro-Wilk)	
	Mean & standard deviation	Minimum & maximum	Skewness & Kurtosis	Statistic	Sig.
External	M = 13.5 SD = 12.81	Min = 2.5 Max = 74.0	S = 3.82 (SD = 0.427) K = 17.86 (SD = 0.833)	.593	.000
Pain	M = 7.5 SD = 6.30	Min = 0.5 Max = 22.5	S = 1.05 (SD = 0.427) K = 0.12 (SD = 0.83)	.859	.001
Noticing	M = 7.5 SD = 6.24	Min = 0.0 Max = 34.5	S = 2.94 (SD = 0.427) K = 12.00 (SD = 0.833)	.729	.000
Decentring	M = 8.2 SD = 5.36	Min = 0.5 Max = 21.5	S = 0.70 (SD = 0.427) K = 0.02 (SD = 0.833)	.952	.197
Action	M = 1.5 SD = 3.05	Min = 0.0 Max = 16.0	S = 4.044 (SD = 0.427) K = 18.60 (SD = 0.833)	.492	.000

The global averages of the dimensions of the indices displayed the same variation than the number of indices per dimension: external being the most assigned dimension, while action being the least assigned dimension. This observation can be further reinforced if the average frequency is divided by the number of indices: 1.2 for external, 0.8 for pain, 0.8 for noticing, 1.0 for decentring and 0.3 for action. Later dimensions are represented by fewer indexes and in the case of action, these indices show 1/3 to 1/4 of the average frequency per index of earlier dimensions. Figure 3.2 presents a graph of the frequencies for each dimension and a normal distribution curve to use as a reference.

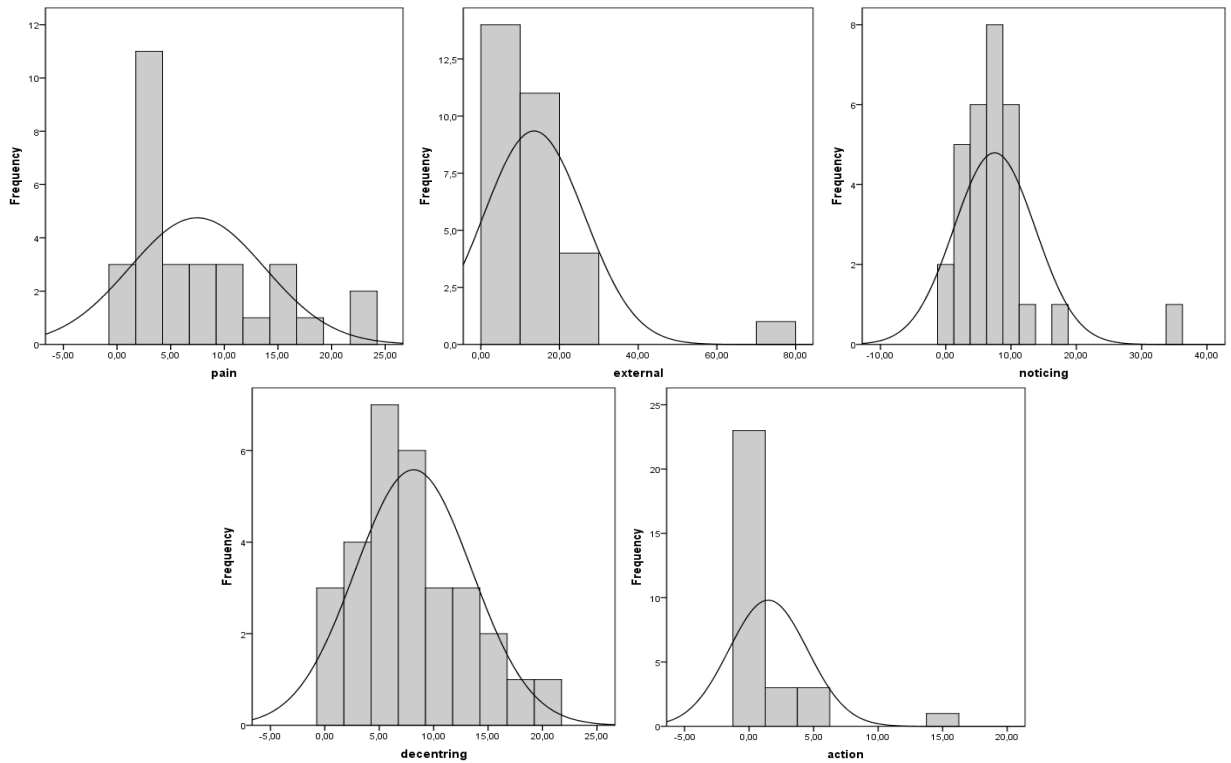


Figure 3.2. Graphical frequency distribution of the dimensions

In general, the dimensions were not independent of each other and showed small to moderate correlations (following the conventions of Cohen (1988)⁸), of which the moderate correlations reached significance. Table 3.13 present the correlations between the dimensions. One important observation is the pattern of association between dimensions. Figure 3.3 highlights the significant associations between dimensions and it is possible to observe that dimensions that are conceptually related are more correlated than conceptually unrelated dimensions. The exception is noticing that is independent of the remaining dimensions.

⁸ The intervals considered are: .1 to .3 weak correlations; .3 to .5 moderate correlation; and >.5 strong correlation.

Table 3.13

Correlation Between the Dimensions

Spearman's rho	External	Pain	Noticing	Decentring	Action
External		.373*	.287	.299	.158
Pain	.373*		.223	.481**	.127
Noticing	.287	.223		.071	-.025
Decentring	.299	.481**	.071		.396*
Action	.158	.127	-.025	.396*	

** Correlation is significant at the .01 level (2-tailed).

* Correlation is significant at the .05 level (2-tailed).

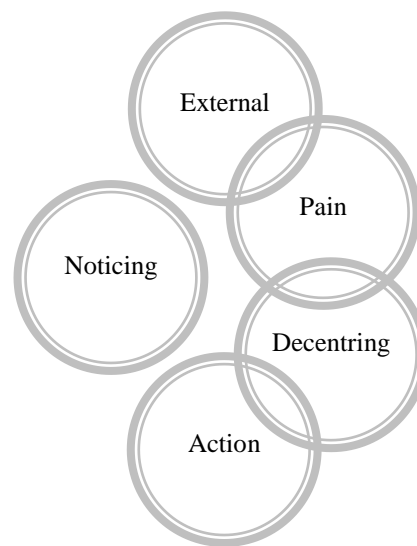


Figure 3.3. Graphical display of the association between dimensions

Another analysis that was useful in the understanding the indices was the relationship between the “therapist codes” or the “client response indices” and the dimensions. Table 3.14 shows these results. The grey variables are those that did not reach inter-rater agreement as shown in the previous sections. All significant correlations were moderate in strength.

With respect to the therapist codes it is interesting to see that the “T5 Suggestion of meaning” is associated with several dimensions of assimilation, unlike “T1 Facilitate clarification” which shows no significant correlation. This means that an increase in this intervention code is associated with an increase in the indices assigned. Of these moderate correlations, only external, pain and decentring were significant. This means that the effect is not really specific, at least when the entire sample is considered. “T4 Validation” is both associated with pain and unexpectedly with action. Interestingly, the “T6 Suggestion of action” is also not associated with any of the dimensions, which can suggest the lack of usefulness in some suggestions of action. Noticing does not associate significantly with any therapist code and its highest correlation is with “T1 Facilitate clarification”.

“Client response indices” are responses to the therapist intervention and are considered as a sign of how the therapist intervention – and more broadly psychotherapy – is being received by the client. “IZT7 Agrees and adds” is suggestive of an interaction that is truly collaborative in meaning building. Its association is not specific to each dimension and all dimensions show moderate to strong correlations, albeit “external” not reaching significance. “IZT5 Agrees without adding” implies much less elaboration, which is consonant with the associations with external and pain. The “IZT2 direct disagreement” is both associated with pain and noticing. Considering that, in general, direct disagreement implies a lessening of social politeness; it may be associated with the painful emergence of elements that the clients had not confronted themselves with.

One alternative explanation for the lack of specificity in some associations, like T5 or IZT7, is that it is a product of the non consideration of the success status of the cases or sessions. It could be that in unsuccessful cases these therapist codes associated with early dimensions as if the intervention promoted defensive elaborations. Following the same reasoning, unsuccessful interventions could indeed be associated client response indices like IZT7 that were themselves associated with early dimensions (e.g., criticism by the therapist that leads to agreement and victimization).

Table 3.14

Correlation between Therapist Codes or Client Response Indices and the Dimensions

Spearman's rho	external	pain	noticing	decentring	action
T1 Facilitate clarification	.136	.125	.344	-.181	.066
T2 Explore meanings	.298	.502**	.178	.299	.145
T3 Explore emotion	.146	.212	.233	.086	.108
T4 Validation	.232	.374*	.223	.295	.377*
T5 Suggestion of meaning	.365*	.458*	.301	.363*	.304
T6 Suggestion of action	.166	.329	.177	-.153	-.110
Spearman's rho	external	pain	noticing	decentring	action
IZT1 Does not understand	.210	.338	.221	.253	-.018
IZT2 Direct disagreement	.349	.481**	.415*	.300	.071
IZT3 Yes, but	.031	.411*	-.038	-.022	.265
IZT4 Partial agreement	.274	.357	.562**	-.088	-.257
IZT5 Agrees without adding	.370*	.436*	.240	.310	.286
IZT6 Emphatic agreement	.667**	.252	.423*	.400*	.334
IZT7 Agrees and adds	.306	.448*	.369*	.393*	.408*

* Correlation is significant at the .05 level (2-tailed). ** Correlation is significant at the .01 level (2-tailed).

Note: The variables in grey are those that did not reach an acceptable inter-rater agreement.

The Assimilation of Problematic Experiences Sequence (APES) was used to validate the system of indices. The application of the APES resulted in an interrater agreement of ICC (1,1) = .66 which is slightly below the acceptable level. The score for the average measures reached the ICC (1,2) = .80. Considering that the goal of this application was to use an average rating of both raters and contrast it with the dimensions, these results were deemed acceptable. The lack of interrater reliability was already present in the literature (Detert et al., 2006). These results are higher than in the study of Detert and colleagues and this is probably due to a greater emphasis on training, which in the present research was a choice that took into account that finding. The APES results in a score from 0.0 to 7.0 and this score corresponds to the seven stages of assimilation described in section “Is Psychotherapy all about Assimilation?” (Chapter 1).

Figure 3.4 presents the mean result of the system of indices grouped according to the stage of the assimilation model. To obtain this graph, all scores of the APES were rounded down to each stage they represent (e.g., both a 2.9 and 2.3 were rounded to 2). The interpretation of this graph must consider that the APES scale reaches seven and that there were fewer participants on stage three and five (two participants in each stage). Nevertheless, this graphs points to a differential progression of the dimensions along the stages of assimilation proposed by the APES. This could be an argument for the idea that the system of indices adds complexity to the APES.

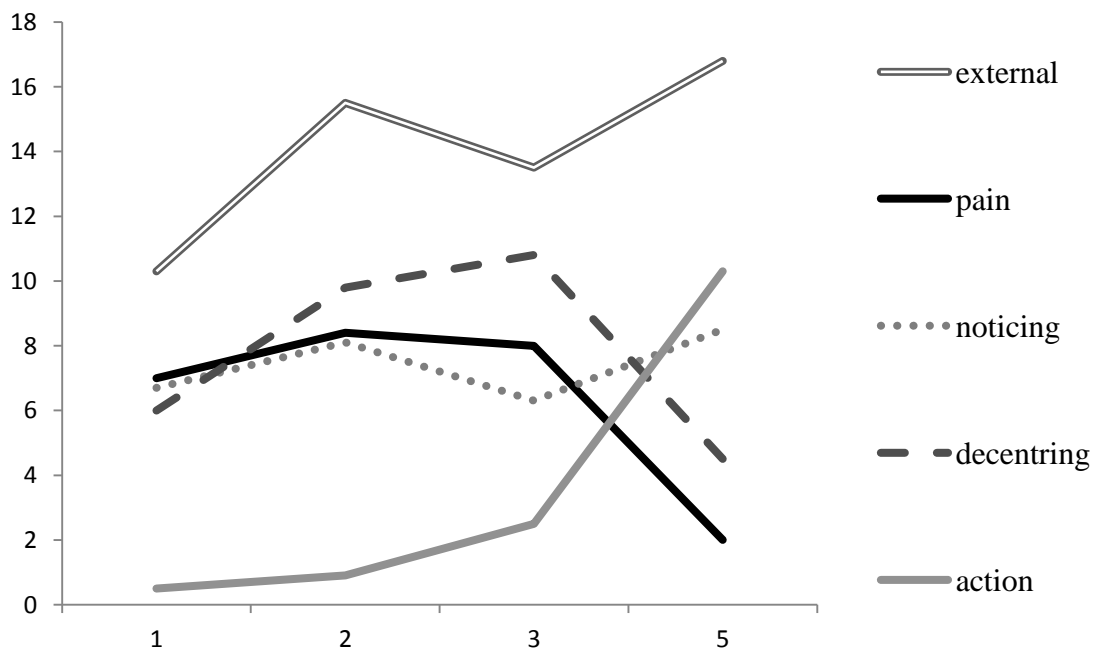


Figure 3.4. Mean score of each dimension for each APES's stage.

Table 3.15 presents the correlations between the dimensions and other scores. The APES shows a significant, but moderate positive correlation with both decentring and action. Considering that these dimensions could be seen as being more present in later stages of assimilation, the presence of a significant positive correlation is indicative of a convergence between the two systems. This convergence is not complete

in the sense that the remaining three dimensions did not correlate significantly with the APES. This could be the result of an over representation of early stages of assimilation in this sample. On the other hand, the fact that the both systems do not overlap can be seen as an argument for the idea that they represent assimilation differently.

Additionally, no correlation was obtained with the BDI. This is not a surprise considering the complex relationship that is usually found between process and outcome measures (Stiles & Shapiro, 1994). The same finding was also observed with the APES. Even the most straightforward dimensions such as pain, can have a complex interaction with the outcome as measured by symptoms of depression. It can be that depression is associated with no active expression of pain and that that expression of pain can be important in successful progression in therapy. In other words, depression could be associated both positively and negatively in the beginning and end of a successful therapy, respectively. Furthermore, it is important to keep in mind that this is a cross-sectional research. This means that an elevation on the BDI could be associated either to early work in psychotherapy or lack of success in the intervention.

Table 3.15

Correlation Between the APES or the BDI and the Dimensions

Spearman's rho	external	pain	noticing	decentering	action	APES
BDI	-.038	.114	-.058	-.237	-.231	-.336
APES	.101	-.103	-.050	.374*	.482**	

* Correlation is significant at the .05 level (2-tailed).

** Correlation is significant at the .01 level (2-tailed).

Discussion

This research consisted on different phases. The first phase was the qualitative analysis of a subset of the sample. From this analysis 79 assimilation indices and 13 general codes were identified and were conceptualized into nine dimensions. In the

second phase the indices were adjusted to assure internal consistency and to meet interrater reliability criterion. From this adjustment, 42 indices were grouped into five reliable dimensions and eight general codes were considered acceptable.

The succession of steps that constituted the first study represent both a decrease in the level of complexity and a progressive refinement of the indices. The original formulation of the system of indices, derived from the qualitative analysis, described the narrative with greater complexity but in a more interpretative way. The indices that ended up constituting the dimensions were reasonably observable and consistent, but represent a sub-set of that complexity. This process was akin to the development of a scale, so could it be said that the analyst as the tool of analysis was eliminated from the indices?

The original indices and the grouping of indices is eminently a perspective. It is a perspective that sought to be derived from the client's narratives and confirmed by subsequent data, but a perspective nevertheless. The adjusting of the indices, according to quantitative procedures did not remove this. It was based on a particular perspective on how the indices should be – observable and co-occurring. The quantitative adjusting reinforced, rather than removed the perspective nature of this research.

Another issue that permeated the research was “what was an index?”. This issue was discussed during the reflections of the qualitative analysis, but benefits from the observed results. Three observations are of notice. First, the organization of the indices is not completely balanced, perfectly logical or evenly defined with respect to abstraction level. This lack of tidiness was the consequence of the emergent development of the indices. To expect such indices was to expect an ideal representation of an abstract process. This was not expected considering the issues surrounding language discussed in the literature review. There is no context to justify the existence of the *parole* considering that no *langue* was assumed. In other words, since no

abstractedly pure langue is assumed, the untidy expression must be embraced. The second issue is of the non-existing indices. During the analysis some considerations were made regarding indices highlighting the absence of something. These indices never came to be, given their natural definitional problems. Furthermore, they could simply be the reflection of theory instead of the narrative of clients; although some were considered a by-product of constant comparison. Finally, fewer indices were found to what it could be described as representing narratives with absence of assimilation or completely assimilated narratives. This could be the result of the sample, particularly with regard to later phases, but also could be related to what assimilation is. What is an elaborated narrative? Or what is a non-elaborated narrative? How to look into something that is not there or that has ceased to be there?

During the quantitative evaluation, the dimensions behaved quantitatively in a manner that was expected. First, in the simple frequency analysis, the indices skewed left, showing that the emergent nature of the indices transposed to the dimensions. Most people, in most sessions, will show lower frequency in the dimensions of the indices. Second, the dimensions related to each other in a way that was globally predictable. External significantly correlated with pain, which significantly correlated with decentring which significantly correlated with action. Noticing did not correlate significantly with any dimension showing an unexpected independence. It could be that noticing does not represent assimilation or perhaps that it is a sine qua non condition (threshold) to all other dimensions.

This pattern of associations could lead to think of these dimensions as stages. But the differential evolution along the stages of the APES, rapidly dispels this idea. The dimensions seem to have different types of trends, with regards to the APES and no obvious step is found. Furthermore, it could be argued that the dimensions interact with each other – e.g., pain enhances decentring – or that there are different pathways for

elaborating – e.g., action before or after noticing. The fact that only action and decentring correlated with the APES, showed the complementarity and difference of these approaches. Decentring and action are the dimensions that correspond to the idea of new meanings and implementing those meanings and it is expected that they are present in later stages of the APES. The comparison with the APES globally suggests that the indices address the same phenomenon. However it is important to keep in mind that this sample presented more frequently lower scores on the APES. This suggests a sample with low assimilation, which is probably due to either an overrepresentation of cases in early sessions; the fact that a greater duration of therapy should have been considered; or the fact that this sample had both successful and unsuccessful cases and that no discrimination was done.

The results from association between the dimensions and therapist codes or the client response indices may have been affected by the same fact. Two important codes – “T5 Suggestion of meaning” and “IZT7 Agrees and ads” – showed an unspecific association albeit in the right direction. An increase in these codes was linked to an increase in the frequency of dimensions. The lack of specificity may also be due to the sample type. It could be that a good intervention enhanced elaboration in a successful case and enhance the defences in an unsuccessful one. An alternative idea is that those codes are indeed unspecific in the sense that they promote the processes of assimilation that are more present at the moment. While challenging a defence the therapist enhances it for a while; and while promoting an elaboration it gets increased. Furthermore, the therapist interventions are not independent of the client’s narratives. Therapists will be responsive to their clients, so for example a “suggestion of meaning” will have a very different meaning when a client is elaborating, expressing pain, presenting an external meaning and so on. This responsiveness affects a linear understanding of the process-outcome relationship (Stiles & Shapiro, 1994) and is applicable to the relationship

between therapist-dimensions if the former are considered as micro-outcomes. These questions and the specific associations observed render these speculations worthy of future research.

This research also had a number of limitations. Considering that this is a mixed research, these limitations will depend on the side of the postpositivist vs. constructivist debate. From the postpositivist side, it would be arguable that: the exclusion criteria were not controlled enough and should have been more stringent, that there should have been an assessment done at the beginning of the therapy, that the main inclusion criteria – depression – should have been subjected to a proper diagnosis. These arguments do not take into consideration that this was not a laboratory study, but rather research into a real-life context. Any system of indices derived in perfect conditions would only be applicable in those rare conditions. Another line of limitations is more conceptual. A post-positivist would argue that assimilation was not operationally defined and that the indices therefore can correspond to other processes. This would be close to the idea that the dimensions should be statistically independent if they represent different processes. Indeed, the definition of assimilation was exactly in the opposite direction. Assimilation was broadened to a global description of change. In this case the indices may represent a different process if assimilation is seen narrowly or as a part of assimilation if it is considered broadly. Summing up, not only would an operational definition of assimilation be impossible, it would be undesirable according to this perspective.

Finally, one limitation was the non contemplation of the success status of the cases or sessions. The second study was designed to understand this, but it nevertheless makes it difficult to understand the association between variables – for example therapist intervention vs. dimensions.

A constructivist, on the other hand, would argue that the pre-conditions imposed on the indices, even if consciously assumed, narrowed the analysis and disregarded

some meanings in the narratives of clients. Another criticism would be that making the indices both observable and countable would be a contradiction in itself; considering that the indices were supposed to be discrete signals. Finally, the process of adjusting the indices would be irrelevant, considering that whatever system of consensually observable indices would still be dependent on the contextual and cultural understanding of them. These arguments can be addressed in two ways. First, all the issues of quantification were seen as a reduction only worthwhile due to the pragmatic implications. Second, this system of indices is naturally assumed to be contextually, culturally and temporally bound. For example, the number of self-indices surpasses the number of other-indices. In another culture it may be more relevant elaborations that are done in relational terms. Another example is the issue of time. Perhaps if the context had not so many psychodynamic therapists, it would be less relevant. Behaviour therapists would probably promote less elaborations focused in the past or temporal dimensions of the issue.

One limitation from the constructivism side, did indeed affect the results. In qualitative research, diversity is a strength. The broad inclusion criteria allowed for the inclusion of a fairly diverse sample but the presenting problem still manifested as depression. This limited the indices to a representation of assimilation in that particular field. Furthermore, the disorder often is important in the choice of the intervention or the style of relating to clients. This meant that in an interactional level, the choice of a disorder also restricted the sample. This limitation can be circumvented by future research. It would also be interesting to observe how assimilation is similar and different in different disorders. This same contrast would also be interesting with respect to differences in therapies. Will different therapies, with different emphasis on insight or in promoting action, facilitate elaboration differently, for example, with respect to noticing or action? Despite the choice of asking for the orientation of the

therapy in this study, it would be difficult to compare orientations, considering that probably therapists used adjusted versions to their particular styles and the context of application.

The first study resulted in a system of indices that had good enough psychometric properties, both with regard to interrater reliability and internal consistency. In terms of validity, it behaved as globally as expected in terms of the association between dimensions and with regard to an existing coding system of assimilation. However, the major challenge comes in the second study in which assimilation is observed longitudinally and against the context of real successful and unsuccessful cases.

Chapter 4: **Study II – Applying the Indices**

“He who sees Karma (action) in Akarma (inaction) and Akarma (inaction) in Karma (action), he is wise among men and he is the performer of all actions.”

Bhagavad Gītā (Vyasa)⁹

Outline of the Second Study

In the previous study, the indices were identified through a qualitative analysis. The system was established through a quantitative process of revising the indices. This system was then analysed to observe whether it behaved as expected and whether it related with another measure of assimilation. These procedures resulted in a System that was considered reliable and valid. The question that remains is whether the indices are useful in representing assimilation along the psychotherapy. The answer to this question sheds light both to the validity of the system of indices and the understanding of how does assimilation evolve in psychotherapy.

The goals of this study are both to understand assimilation longitudinally and validate the system of indices. To this end, the system was applied to nine longitudinal cases and a contrast was made between successful and unsuccessful cases. This study can be seen in two phases. In the first phase, the indices are applied to all nine cases. The second phase follows a single case paradigm with multiple cases. The use of multiple cases allows choosing the cases that maximize the answer to the study's questions.

This study will provide both a description of the totality of the cases studied with regard to the indices and their evolution along the therapy. In a second phase, a subset

⁹ Bhagavad Gītā (date unknown); from Unknown (2004). *Bhagavad Gītā*. New Delhi: Prakash books (p.163).

of cases will be chosen according to criteria that will be presented. These cases will be analyzed with greater depth and detail.

In “Thinking Qualitatively about Numbers” (Chapter 2), the design of the research was described as: Qual → Quan (Study I) → Qual (Study II). This implies that the second study is eminently a qualitative application. Even considering that the analysis of the nine cases is done quantitatively, the goal is to choose the cases that will constitute the centre of the analysis of this study. The indices provide the process aspects while the case conceptualization provides a content understanding. This deepened understanding of the cases will further help to understand the indices in the context of real psychotherapies.

Method

Participants. Eighteen clients were invited to participate, of which nine were integrated this study. The remaining nine clients did not participate for several reasons: two declined participation; two were not included because they met the exclusion criteria (both with personality disorders); three constituted early dropouts (i.e., less than three sessions) and were not evaluated because the assessment at this point was assumed not to reveal change derived from the psychotherapy; one client changed psychotherapist, on the second session, to a therapist that did not meet the criteria of this study outlined in section “Participants and Context” (Chapter 2); and finally one client was excluded because the psychotherapy extended significantly beyond the expected period of data gathering. This happened because the client missed a significant number of sessions but did not abandon psychotherapy.

The sample derived from the population described in “Participants and Context” (Chapter 2) and was broadly similar to that of the study one. The sample gathering

procedures were similar to the first study with one important exception: the therapist had not met the clients. This meant that the clients were selected from the referral request. Unless the referral explicitly stated the presence of an exclusion criterion or unless the focus was explicitly on another disorder, the clients would be invited to participate. The demographic characterization of the sample is presented in Table 4.1. The data from the non-completers does not include the participants that declined and the clients that were excluded for not meeting the study's inclusion criteria. The typical client would be a female, 38 years old, married or co-habiting, working and with twelve years of formal education.

Table 4.1

Demographic Characterization of the Sample of Study Two

Variable	Completers (n = 9)	Non-completers (n = 5)
Sex	7 female; 2 male.	4 female; 1 male.
Age	M = 40.1 (SD = 14.12); Min = 24, Max = 66.	M = 34.0 (SD = 10.42); Min = 21, Max = 47.
Marital status	Married or co-habiting (5; 56%); & single (4; 44%).	Married or co-habiting (2; 40%); divorced or separated (1; 20%); widowed (1; 20%); & single (1; 20%).
Working status	Working (full time: 5, 56%; & part time: 1; 11%); unemployed (1; 11%); student (1; 11%); & retired (1; 11%).	Working (full time: 3, 60%); unemployed (1; 20%); & student (1; 20%).
Education level	12 years (3; 33%); BA/Licenciatura (3; 33%); 9 years (1; 11%); 4 years or less (1; 11%); & 6 years (1; 11%).	12 years (2; 40%); 9 years (8; 20%); 4 years or less (1; 20%); & 6 years (1; 20%).

The clinical data is also reasonably close to the observed in study one. An important difference is a somewhat higher severity in the diagnosis assigned. While, in study one, only 40% of the clients were assigned a formal diagnosis, in study two, this value raised to 64%. The greater severity of the sample is confirmed by the BDI which presents an average of 23.6 (SD = 10.07) and is on the upper limit of the “moderate

depression” level. Regarding the number of clients per level of the BDI: five had mild depression; two had moderate depression; and seven had severe depression. The BDI of completers (M = 24.2; SD = 11.17) was slightly higher than non-completers (M = 22.6; SD = 8.85). The remaining self report instruments showed the following results: the PWBS (well being) presented an average of 59.9 (SD = 15.20) and the BSI (general pathology) showed an average ISG of 1.7 (SD = 0.54).

These observations may reflect the fact that clients were assessed in the beginning of their therapies, while in the first study the assessment was done during the psychotherapy. Table 4.2 presents the clinical characterization of the participants.

Table 4.2

Clinical Characterization of the Participants

Variable	Completers (n = 9)	Non-completers (n = 5)
Current clinical situation	Sub-clinical depression (4; 44%); dystimia (2; 22%); major depressive disorder – recurrent (2; 22%); & major depressive disorder – single (1; 11%);	Major depressive disorder – recurrent (2; 40%); sub-clinical depression (1; 20%); major depressive disorder – single (1; 20%); dystimia (1; 20%).
Duration of the present episode	M = 27,8 months; SD = 41,35; MIN = 1; MAX = 120 (2 missing)	M = 27,5 months; SD = 25,82; MIN = 3; MAX = 60
Significant concurrent anxiety	No (5; 56%); yes (4; 44%);	Yes (4; 80%); & no (1; 20%).
Concurrent psychiatric disorder	No (9; 100%)	No (5; 100%)
Attending psychiatry	No (6; 67%); yes (3; 33%).	No (4; 80%); yes (1; 20%).
Psychiatric medication	None (6; 67%). Antidepressant (3; 100%)	None (2; 40%). Anxiolytic/sleep inducer (3; 60%); & antidepressant (2; 40%);
Previous psychotherapy	No (8; 89%); yes (1; 11%).	No (5; 100%)

All the 11 therapists that took part in the first study were invited to participate in the second. Four accepted to participate, though only three ended up with completed

cases. The reasons given for non-participating were the personal difficulty of having entire therapies recorded and fear of the impact in the psychotherapies for their clients. Therapists classified their therapies according to theoretical orientation. Six were rated as psychodynamic; five were rated as systemic or family therapies and three were rated as integrative or eclectic. The differences with regards to study one are a reflection of the narrowing down of the therapists involved.

Instruments. Three self-report measures were used in this study in the beginning and in the end of the psychotherapy or at the end of the considered range (1st to 15th session). Like in the first study, the Beck Depression Inventory was used. This instrument is thoroughly described in the method section of the first study. The remaining instruments were a measure of general psychopathology and well being:

The first was the “Brief Symptom Inventory” (Derogatis, 1993) which is general measure of psychopathology. It is the short version of the Symptom Checklist (SCL-90; Derogatis, 1975). The BSI is a self-report inventory with 53 items on a five-point Likert scale (0-4) that measures the frequency of symptom. In the American version it has obtained good results in terms of validity and reliability (Derogatis, 1993; Derogatis & Melisaratos, 1983) and although some authors question its use as a diagnostic tool (Boulet & Boss, 1991) it is still considered a good general measure of psychopathology. The indices are grouped into nine scales: somatisation, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism. The results from the scales were used to characterize the cases in detail. In the comparison between cases, only the Global Severity Index was used as a general measure of the severity of symptom.

The adaptation to Portuguese was done by Canavarro (1999) and in the Portuguese version it showed good psychometric properties. With regards to the internal

consistency, Canavarro (1999) found scores ranging from .62 to .79, with two subscales with a result below .70. In a sample of non-clinical participants, the GSI average was 0.48 ($SD = 1.430$) and test retest reliability of .79. In a clinical sample, this author obtained an average of 1.43 ($SD = 0.943$).

Finally, to assess psychological well-being, the short version of the “Psychological Well Being Scale” (PWBS; Ryff, 1989; Ryff & Keyes, 1995) was used. The PWBS is a scale with 18 items in a six-point Likert scale that follows Ryff’s conceptualization of happiness and well being (Ryff, 1989b). It measures psychological well being as defined by the following dimensions: positive relations with others, autonomy, mastery of the environment, goals in life, personal growth and self-acceptance.

The Portuguese adaptation was done by Novo and collaborators (Lima & Novo, 2004; Novo, Neto, Marcelino, & Santo, 2006; Novo, Silva, & Peralta, 1997) and showed good psychometric properties. The Portuguese sample obtained an average score of 86.1 and a standard deviation of 9.25 (Lima & Novo, 2004). In a clinical sample it obtained an alpha of .86 and the average for the population was 63.8 ($SD = 16.4$).

One interview was designed to assess the therapist perspective on change. It was done for all the nine completed cases and shortly after the psychotherapy had ended or after the 15th session. This was a short semi-structured interview and it was designed around four to six questions. The interview was done by another researcher that did not participate in the remaining analyses. This was done to avoid the therapist’s view to influence in the coding of the indices.

To guide the interview, a protocol was created. Besides the usual exploratory probes, some of the questions had a set of sub-questions designed to extend the therapist

response. This level of detail of the script was due to the fact that the interview was not done by the author. Furthermore, it followed the principle of starting with open questions and then closing them for issues that were considered essential. Nevertheless the interviewer was instructed to use the script flexibly.

The script also contemplated some interview issues like the warm up and whether the therapist considered it a successful or unsuccessful case. All the interviews occurred in a setting chosen by the therapist, which was for most cases the Hospital. Table 4.3 presents the major questions and themes of the interview. A more detailed description is presented in Appendix H.

Table 4.3

Brief Version of the Script of the Therapist Interview Protocol

Question & Goal
0- Could you tell me a bit about this client [<i>Warm-up question</i>]
A/1- What was the object or focus of the therapy? [<i>Identification of central themes or processes</i>]
B/2- Do you consider that the client has changed influenced by the psychotherapy? (<i>In the case of absence of change or circumstantial change (outside of therapy) please go to question C</i>)
3- How far do you think the client went, during these sessions, in the psychotherapy intervention? [<i>Degree of change</i>]
4- How did change occur in psychotherapy? [<i>Mode/Type of change</i>]
5- What, in the client, facilitated change? [<i>Client processes relevant in change</i>]
6- What, in the client, made change harder?
C- If no significant change (<i>use therapist expression</i>) what do you think that, in the client, made the evolution of therapy harder? [<i>Client processes relevant in change</i>]
D - What happened when, in therapy, new meanings emerged or new changes were promoted?

Procedure. The therapists that accepted to participate in this study were asked to invite clients that were about to start a psychotherapy to participate in this research. This invitation was done right before the first session and if the client accepted the first session would be recorded. If clients meet an exclusion criterion, they would be gently

removed from the research and continued their therapies. In these cases, the therapists were suggested to avoid statements like “you’re not suitable for this research” and focus their statements in the contextual aspects of the research like “the researcher is looking for participants with a different set of current characteristics”.

Clients that terminated prematurely their psychotherapies after three sessions were invited to fill the self-reports. The term drop out was avoided because it was considered that the clients could have met their personal goals. Nevertheless, this is an unscheduled termination of the therapy by the client. The final assessment of these cases had been contemplated and the contact telephone used was the one provided by the client in the informed consent. When the clients showed an interest to proceed with the therapy, they were invited to use the normal pathways for scheduling a session and the evaluation would be postponed. If the clients that had prematurely terminated therapy wished so, the assessment would be done in another context than the hospital. No questions were asked regarding the motive for the premature termination in order to respect the client’s decision and privacy. Two clients terminated their therapies prematurely, but completed the final assessment. One client moved away to another city without notifying the therapist. The other was referred to another therapist, because the therapist considered it uncompleted process, but declined. The reason for the referral were institutional aspects exterior to the therapy. Of the nine cases, three were completed cases, four maintained their therapies beyond the 15th session and two terminated the therapy prematurely. The average of the sessions of the therapies considered were 12.2 (SD = 2.86).

The completers that did not terminate prematurely were assessed either in the end of their therapies or at the 15th session. Table 4.4 presents the duration of the cases and their status. A total of 110 sessions were contemplated, of which two were not recorded – one due to therapist forgetting to start recording the session and another due

to lack of battery. One session was only partially recorded because the therapist only remembered to start recording near the end of the session (B05 – Session 10).

Table 4.4

Number of Sessions and Success Status of Each Case

	Number of sessions	Number of recorded sessions	Status of the case	Success (BDI)
B06	11	10	Completed	
B08	9	9	Premature term.	
B07	15	15	Ongoing	
B02	15	15	Ongoing	Success
B05	10	10	Completed	
B04	12	12	Premature term.	Success
B09	15	14	Ongoing	Success
B01	15	15	Ongoing	
B03	8	8	Completed	Success

This study contrasted successful with unsuccessful cases. In order to identify successful cases, the Reliability Change Index (Christensen & Mendoza, 1986; Jacobson & Truax, 1991; Jacobson, Follette, & Revenstorf, 1984) was used. This formula can be used to compare pre-post results of psychotherapy, taking into account the standard error of measurement. In the present study we used the adaptation done by Evans, Margison and Barkham (1998) which provides the Reliable Change Criterion below which there is 5% of the difference being due to error. This formula takes into account the reliability and standard deviation of the instrument.

$$RCI = \frac{x_2 - x_1}{\sqrt{2 \times (SD\sqrt{1 - Rel})}}$$

$$RCC = 1.96 \times SD\sqrt{2}\sqrt{1 - r}$$

For the BDI, the values from the standard deviation and reliability were taken from the first study. This had the advantage of using data that came from a sample that was similar to the one used in this study. The reliable change criterion was -9.99. This was the value above which the difference in POST-PRE was considered significant. For both the BSI and the PWBS, the data used came from the original studies. For the BSI, the reliable change criterion was -0.89 and the PWBS was 17.01. No case presented a significant improvement on well being. This last finding may suggest that even in the success cases, the extent of change could have been greater.

The sessions were not transcribed and the analysis was done on the audio recordings, using the same system of indices of study I. The same indices were used for the first and the second study to allow both the use of the dimensions that were found in the first study and to qualitatively use the remaining indices to attain a more detailed picture of the case. This coding procedure is more thoroughly described in the previous chapter.

The analysis was done by the author who was unaware of the status of the case, the results of the self-reports and the interviews of the therapists. The sessions were randomized using an online random number generator. The randomization of the sessions served to prevent confirmatory bias in the assignment of the indices. The randomization of the sessions is not perfect in the sense that most first sessions and ending sessions (in completed cases) are easily recognizable. Furthermore, some events sometimes hint the sequence of the psychotherapy. Nevertheless, most psychotherapies are varied enough to make randomization useful in controlling influence of confirmatory biases. Furthermore, considering that the coding is done at an utterance level, it would require a lot of biased coding in individual indices to produce an influence in the data that would impact the progression of the dimensions across sessions.

Another problem is the inevitable judgment on the success of the case while hearing the sessions. It could be argued that the perception of a good therapy or bad therapy could influence the coding of the data. Nevertheless, it is important to consider that the success of the case was assessed using the BDI. This means that it is defined by the clients' self-reported assessment of their symptom. This is different of what a therapist would consider success in observing another therapy. Finally, it would be difficult to imagine how such bias would effect, considering that the pathways for a successful case are unknown both with regards to assimilation and the indices.

The decision of blinding the actors in this research as much as possible was to ensure a triangulation of sources. The clients filled their self-reports unaware of the therapist stated views; the therapists presented their perspectives without being aware of the client's self reports and both were unaware of the ratings by the researcher. The researcher, as an observer, was for the same reason unaware of the client's success status or the therapists considerations about the therapy. The only thing that the observer had were the recorded sessions, in a random order. The blindness regarding the client's self reports ended when choosing the cases and the blindness regarding the therapist's perspective ended after qualitatively analysing the selected cases.

Analysis of the cases. This study is divided into two phases. In the first phase all nine cases were analysed. Afterwards a small subset of cases was chosen to be analysed in depth. When adopting the single case research, it is possible to think about the function of the case. Several cases can be used for different purposes. Bryman (2004) discusses several types of cases. An exemplifying case is the study of a case that is used to illustrate a theory or an intervention. Unique and revelatory cases are those that represents a variation or an exploration of an unknown case that is not contradictory with the theory or intervention. It can be an extreme case for a particular theory or a

case of an unsuccessful intervention. A critical case is a case that can question the theory or the intervention. It can be a case that a theory/intervention predicts that does not to exist (e.g., a CBT case in which there is cognitive change without mood alteration). Another example are the case studies in neuropsychology that seek double dissociations. If a neurological patient 1 presents the competence A' (e.g., reading syllabically) but not B' (e.g., reading entire words) and the patient 2 presents the competence B' but not A'; then the competences represent different cognitive processes.

Given the limitation with regards to space, the choice of the cases was done to maximize the gains. If the choice had been to analyze exemplifying cases – cases in which the indices behaved as expected – then the information that could be gathered would be small. The choice for unique cases (e.g., the most severe or with low education level) would be premature, considering that there is not yet an understanding on how these variables articulate with the dimensions. In this research the choice was the analysis of critical cases. These cases were those that did not evolve as expected, according to some principles that are going to be outlined.

Although these cases were not exemplifying cases, they did serve to exemplify the dimensions. This was consonant with the idea that the indices should be able to describe the complexity of the therapy. This could only be achieved if the cases analysed were not straightforward cases. This exemplifying-critical nature of this research renders these case studies close to what McLeod (2010) designates as theory building cases. The main different is that, at this point in the formulation of indices, no significant reformulation of the “theory” is expected, but rather an increase in complexity in the meaning of the indices and respective dimensions.

Considering this, a division between straightforward cases was done. Straightforward cases were those in which the criteria of success – a significant change in the BDI – was consonant with what was expected in the dimensions of successful

cases. Two principles were chosen. First and foremost, in successful cases there must be trends along the therapy. These trends do not have to be linear but in overall should represent an increase in latter dimensions of indices (noticing, decentring and action) and a decrease in initial dimensions of change (external and pain). Furthermore, while the decrease external and pain was judged to be permanent; the increase of noticing, decentring and perhaps action was judged to be transitory. This was due to the notion that a narrative that was assimilated should show little signs of assimilation.

The second principle was a consequence of the first. If the initial dimensions of indices showed a reduction it was expected that in overall, the dimensions of noticing, decentring and action would be more present in successful cases relative to the early dimensions. One problem of this principle was the how much was needed for this the relative difference to be informative. This was unknown considering that no such study was done before. Nevertheless, the comparison of all nine cases was judged to be informative with regards to this issue.

The presentation of the cases tried to contrast three different perspectives on the psychotherapy process: first was the blind assignment of the indices; second was a conceptualization of the case that was done in full knowledge of the indices; and third, the therapist perspective from the interview. The researcher was not aware of the interview until the completion of the qualitative analysis of the cases. Nevertheless, this separation is not to be understood in absolutistic terms, considering that therapists, during therapy, generally provide statements that convey their understanding of that particular psychotherapy. To fully represent the therapist view on the case, the transcription of the interview of the selected cases is presented in Appendix I.

The conceptualization was done as any psychotherapist would do. Furthermore, considering that psychotherapy generally involves a shared conceptualization; the

conceptualization of this research also sought to respect that. Whenever possible, the research used the concepts of the psychotherapy. This was judged as the best way to convey and depict the voices of the participants. The researcher's conceptualization naturally extended or even contradicted the shared conceptualization of the therapy; but acknowledging it.

This valorisation of what happened inside the sessions was also reflected on the names chosen for the cases. The names of the cases were created taking into account the metaphors that clients used or distinctive aspects of the client's narratives or presenting problems. For example, the name for B01, "Peter Pan's girl", was due to a metaphor the client used. B03's name, "The woman that strives to be normal", was chosen due to the recurrent use of the word "normal", by this client.

The conceptualization was not of the client; but of the therapy. This meant that anything that had little value in understanding the psychotherapy, as a process, would be less emphasized. Demographical or historical information and other considerations of other factors like personality; external circumstances and so on were less regarded. The only exceptions were when such elements were filtered through therapy (e.g., an outside event discussed or a therapist attribution to personality). This does not mean to say that those elements do not play a role; but that role was only considered relevant when mediated by the interaction.

Finally, the indices were analysed in three ways. First, like in the evaluation of the nine cases, the absolute and the percent frequencies were described. Absolute frequencies were seen as descriptive of the amount of elaboration while the percent frequencies were considered to reflect the quality of the elaboration due to its information about proportionality. Secondly, therapist codes and client response indices were considered. The same information for the remaining cases is presented in Appendix J. Finally, the indices that constituted decentring were analysed. Decentring

was chosen because it is the only latter dimension of assimilation that had enough frequency to allow a meaningful interpretation of individual indices.

Results

The results are going to be presented in two main sections. In the first section the quantitative results for all nine cases are going to be presented with a very brief description of the case. Further information about the cases is presented in Appendix K where the analysis log is presented. These results served to choose the cases that were further analysed. The thorough description of these cases constitutes the second phase of this analysis.

Using the Reliable Change Criterion, mentioned in the procedure, three levels of significant change were identified: BDI, 9.99; BSI, 0.89; and PWBS, 17.01. The status of success vs. non-success was defined using only the BDI. This was a consequence of focusing in a sample of clients with depression. The descriptive statistics for the results of the self reports are presented on Table 4.5 and Figure 4.1 shows the classification of the cases according to the criterion.

Table 4.5

Pre-Post Results of the Self-reports per Case

	BDI Pos	Pre	-	BSI Pos	Pre	-	PWBS Pos	Pre	-	Therapist Rating
B01	7	12	-5	1,13	1,68	-0,55	79	74	5	5
B02	17	29	-12	1,62	1,72	-0,09	56	52	4	3
B03	4	17	-13	0,21	1,09	-0,8	91	84	7	5
B04	8	20	-12	0,72	1,23	-0,51	69	62	7	3
B05	21	19	2	0,58	1,70	-1,11	63	69	-6	2
B06	36	40	-4	2,23	2,28	-0,06	36	31	5	4
B07	29	32	-3	0,98	1,77	-0,79	62	54	8	2
B09	2	12	-10	0,23	1,08	-0,85	85	71	14	4

Note: the therapist rating refers to a categorization done by the therapist: 1 little change/circumstantial; 2 change in terms of awareness; 3 some symptom or behaviour change; 4 significant symptom or behaviour change; 5 personality/structural change.

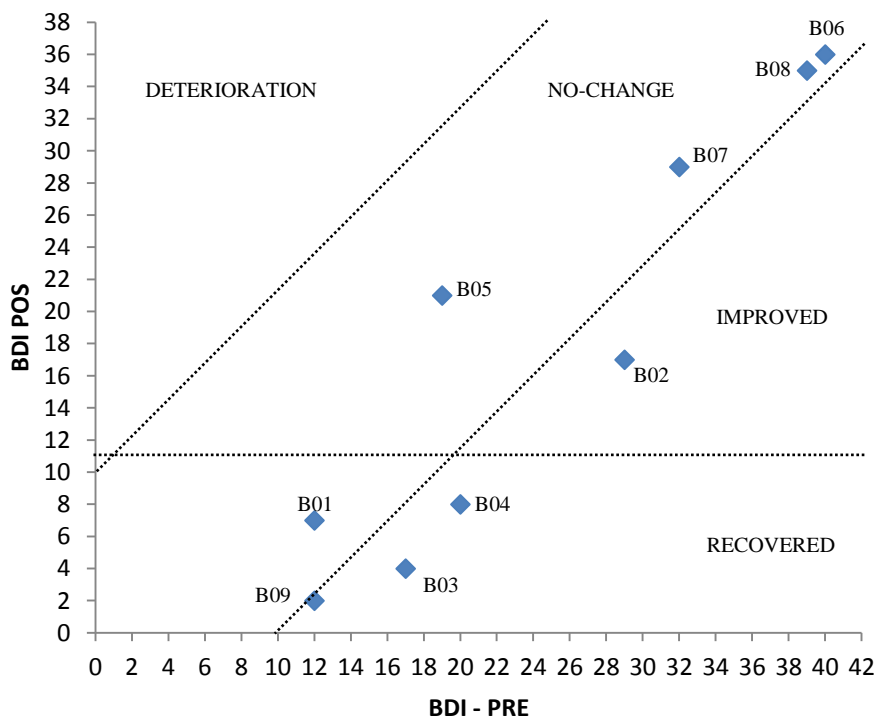


Figure 4.1. Classification of the cases according to the reliable change criterion of the BDI (RCC = -9.99; Minimal depression < 11)

In order to start to understand the relationship between the dimensions of the indices and the success character of a case, a global score was calculated for each client.

This score was the average of all the sessions for all the dimensions. Figure 4.2 shows a graph of these average ratings per client and below are the success status of the cases and the therapist ratings. The graph is presented in percentage (each client reaches 100%) so that the cases can be compared.

To ease interpretation, the clients were ordered according to their scores on the external plus pain dimensions. This ordering is useful in distinguishing between successful and unsuccessful cases in the sense that the successful cases tend to be on the right side of the graph. The graph also suggests that an increase in decentring may be an important factor.

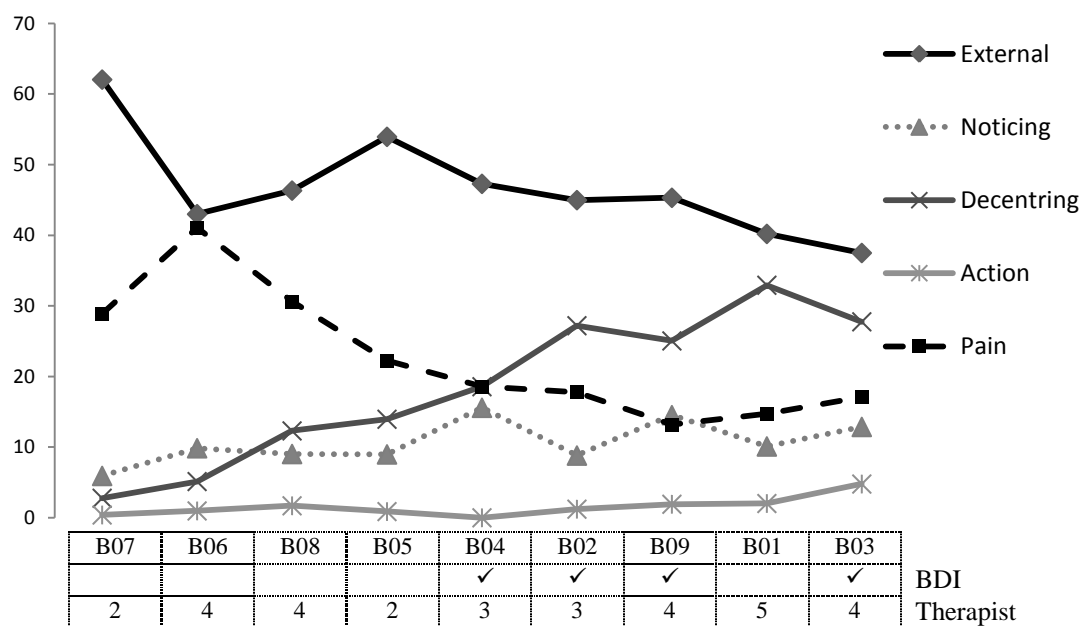


Figure 4.2. Average percent frequencies of the dimensions of indices per case. Note:

Data on success and therapist rating presented on the bottom

Figure 4.3 presents the graph that would be obtained if the absolute frequencies were considered. The correspondence with the success status disappears, suggesting that it is more important the proportion/quality of the elaboration than its quantity

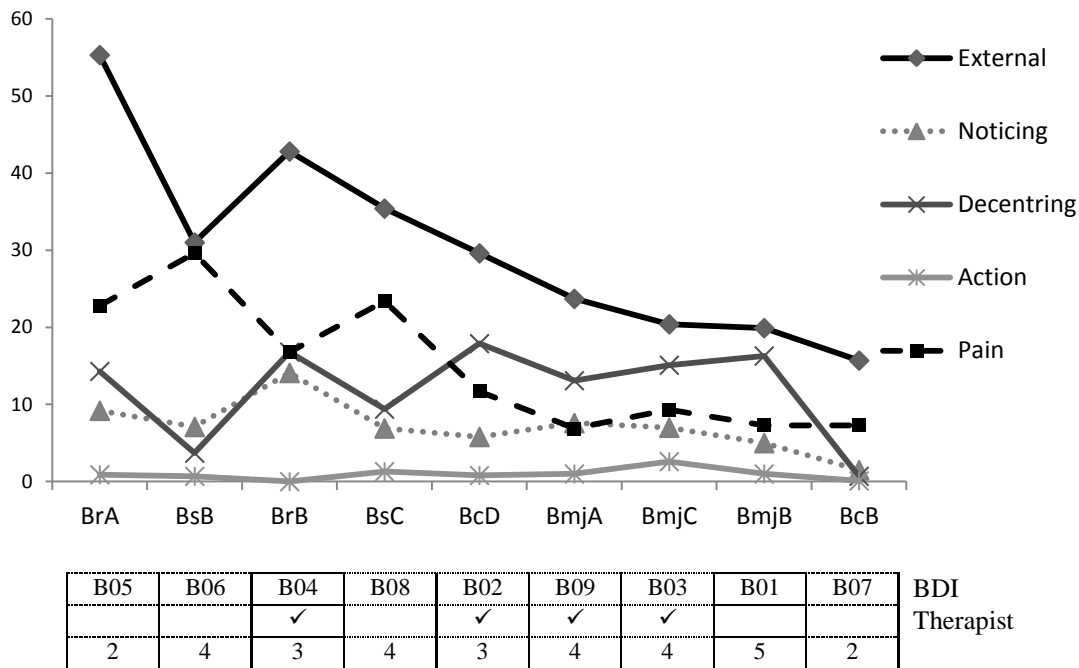


Figure 4.3. Average absolute frequencies of the dimensions of indices per case. Note: data on success and therapist rating presented on the bottom.

This analysis is nevertheless a major reduction from a rich longitudinal data. It can be interpreted as the result of the therapy but it can also be interpreted as being due to other factors that do not relate to the psychotherapy. For example, assuming that the most severe cases show less success and that severity will affect the indices; then a similar graph could be obtained even if no change is observed longitudinally for successful cases. If the dimensions are signalling assimilation, then they also must be useful in signalling this change.

Six straightforward cases against three. Having established the criteria for defining success both regarding the BDI and the dimensions of the indices, the cases are going to be grouped according to three categories: straightforwardly unsuccessful cases;

straightforwardly successful cases and non straightforward cases. The non-straightforward cases constitute the single cases that are analysed further.

The Appendix K shows the notes for each session and case, which can help to understand the cases that are not going to be thoroughly analysed. It is important to note, however, that by classifying the cases as straightforward or not, the goal is not to classify the cases themselves, but the relationship between the indices and outcome variables. If enough attention is paid, no case is straightforward, even in the description of the psychotherapy provided by the indices. In other words the straightforward character is only obtained if a rough overview is considered.

In the current presentation of the results of the narrative indices, two graphs of frequencies are shown. The first will show the frequency of each dimension as a percentage. This shows the proportion in the session of each particular dimension of indices; rendering the comparison between cases easier. The second graph shows the same data but display it according to the absolute frequency of occurrence. This allows observing the actual frequency of representation of the processes in the narratives of clients; but it is affected by elements such the discussion of off-therapy issues and issues like the data gathering (e.g., first sessions). The data for the session duration is also presented. It is interesting to observe that except for significantly short sessions, the session duration does not seem to have much influence in the amount of indices present.

To complement the data examination, a linear regression was done to test the significance of the trends observed. The independent variable was the session number and the dependent variable was each of the dimensions considered. For each case, a table with the results for the standardized slope (β) are presented. A significant positive slope represents a positive linear growth of the dimension across time. The assumptions of the regression model (Pestana & Gageiro, 2008) are also presented on the table: the Shapiro-Wilk (normality of the residuals), the Durbin Watson (independence of error),

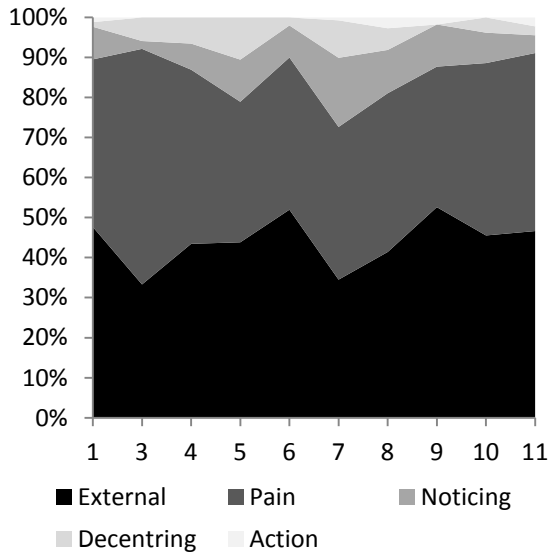
the correlation between standardized residuals and both time and standardized predicted values (homoscedasticity). If the test to any of these assumptions is significant, the model is not applicable and the significance level is omitted. The Durbin-Watson values were contrasted with significance tables for the corresponding n ; and when the score was greater than two, a 4 – d correction was applied (SPSS, 2006).

It would be possible to argue that a linear association is not the best relationship for all dimensions. However, considering the exploratory nature of the study and the lack of conceptual support, no other types of relationships were considered.

Six cases were judged to be straightforward cases. Of these, four were judged to be straightforwardly unsuccessful cases.

The case “B06 – Twicelly fallen women” is the case of a woman that became depressed after her family became insolvent. These financial problems were harder to experience for two reasons. First, since it was the second time that she had to start over from nothing, there was a sense of unfairness. Second, since she perceives herself as old, she felt that she had no strength to start over again. Listening to the therapy, there is the sense that the sessions repeat themselves.

This sameness along the sessions seems to be represented in the indices. Both “external distress” and “pain” constantly remain above the other dimensions; and apart from a small peak in session 7, the dimensions “noticing”, “decentring” and “action” present little change.



B06 – Twicelly fallen women

Client BDI (-4 > -9.99) – no change
 Client BSI (-0.06 > -0.89) – no change
 Client PWBS (5 < 17.01) – no change

Therapist: 4 significant symptom or behaviour change
 Status: Completed

Session duration: 1 (39'44"); 3 (39'20");
 4 (36'37"); 5 (43'13"); 6 (32'02");
 7 (40'56"); 8 (40'56"); 9 (32'06");
 10 (40'10"); 11 (34'09").

Figure 4.4. Stacked percentage of each dimension per session of “B06 - Twicelly fallen women”

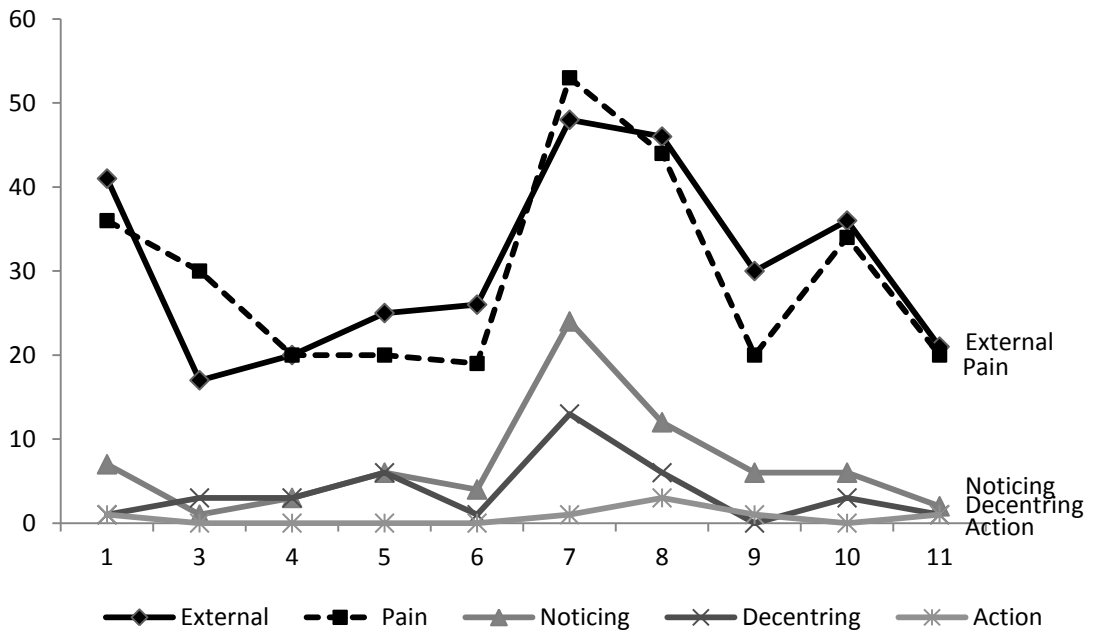


Figure 4.5. Frequencies of the dimensions along the therapy of “B06 – Twicelly fallen women”

Table 4.6 presents the inferential statistics for these observations. The two dimensions that can be tested present no change and those that cannot be tested present slopes (β value) with less inclination than action which showed no significant trend.

Table 4.6

Trend Analysis for “B06 – Twicelly fallen women”

	Shapiro- Wilk	Assumptions		Durbin Watson	Trend Analysis	
		Res//Time	Res//Pred		B	sig.
External	.898	.139	.139	1.493	.106	.771
Pain	.844*	.103	-.103	1.804	.033	-
Noticing	.786*	-.091	-.091	1.646	.112	-
Decentring	.815*	-.321	-.321	2.088	.011	-
Action	.855	-.079	-.079	1.622	.263	.463

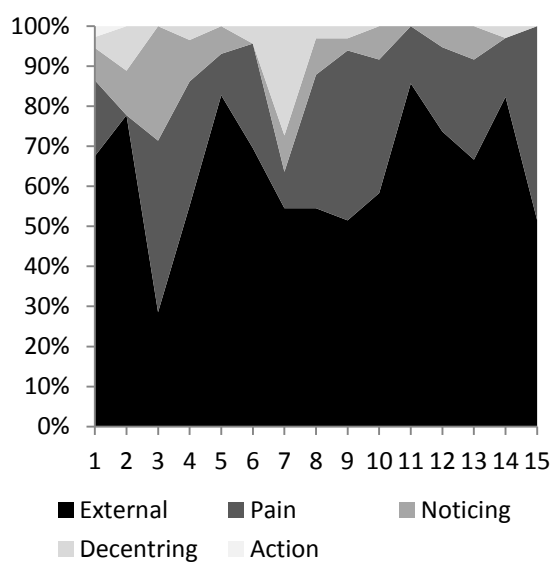
Note: * $p < .05$; ** $p < .01$; *** Inconclusive Durbin-Watson test

For the analysis of the slope to be interpretable all the assumptions scores must be non-significant. In case one of the three scores is significant, the significant level for β is not presented. A negative β shows a negative trend in the course of the psychotherapy, and the value shows the slope of that trend

The case “B07 - Mother with loving pain” is a case of a woman that presented complicated grief. This woman had lost her adult son a few years ago. The grief was complicated by guilt associated with the perception that she had abandoned her child when he was young, due to the need to emigrate. With this pain, she kept the memory of her son alive, not “abandoning” him again. The therapy was repetitive and there was what could be considered rumination on the episodes surrounding her son. So no narrative change seemed to occur in the narration of these episodes.

This observation is consonant with the seemingly random fluctuations of pain and external dimensions and the bareness with regards to the remaining dimensions: noticing, decentring and action. The graph of the percentage of the dimensions

completes this observation, by suggesting actually a worsening. Until session seven, there are a few session when the hegemony of pain plus external is not so overwhelming. For example, session three and seven seem exceptions. However the absolute frequencies show a marked lowering of elaboration that may have magnified small differences in the percent frequency graph.



B07 - Mother with loving pain

Client BDI (-3 > -9.99) – no change
 Client BSI (-0.79 > -0.89) – no change
 Client PWBS (8 < 17.01) – no change

Therapist: 2 change in terms of awareness
 Status: Ongoing

Session duration: 1 (38'30"); 2 (19'19");
 3 (40'47"); 4 (44'42"); 5 (46'02");
 6 (25'45"); 7 (17'44"); 8 (42'27");
 9 (43'07"); 10 (42'29"); 11 (29'17");
 12 (39'37"); 13 (37'13"); 14 (41'09");
 15 (24'59").

Figure 4.6. Stacked percentage of each dimension per session of “B07 - Mother with loving pain”

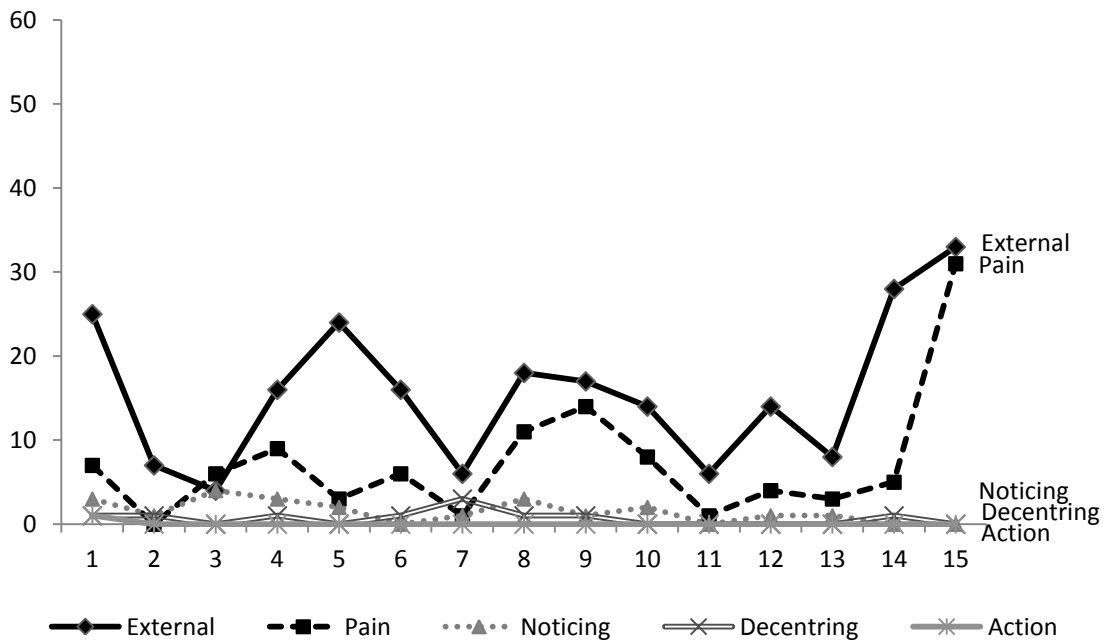


Figure 4.7. Frequencies of the dimensions along the therapy of “B07 - Mother with loving pain”

The trend analyses reinforce these observations. There is a global trend for no change and when change reaches significance – in noticing – it is in the direction opposite to what it was expectable in a successful case. Observing these trends it is possible to ask if this early noticing could have led to a different evolution, under other circumstances.

Table 4.7

Trend Analysis for “B07 - Mother with loving pain”

	Shapiro- Wilk	Assumptions		Durbin Watson	Trend Analysis	
		Res//Time	Res//Pred		β	sig.
External	.928	-.057	-.057	1.441	.267	.335
Pain	.878*	-.300	-.300	1.452	.365	-
Noticing	.974	-.046	.046	2.442	-.638	.011
Decentring	.848*	.057	-.057	1.751	-.293	-
Action	.708*	.625*	-.625*	1.264***	-.433	-

Note: * $p < .05$; ** $p < .01$; *** Inconclusive Durbin-Watson test

For the analysis of the slope to be interpretable all the assumptions scores must be non-significant. In case one of the three scores is significant, the significant level for β is not presented. A negative β shows a negative trend in the course of the psychotherapy, and the value shows the slope of that trend

The third straightforwardly unsuccessful case is the “B05 - Scared orphan”. Albeit being considered an unsuccessful case, the BSI (general psychopathology) showed a significant improvement. This improvement is however incoherent with the fact that both the BDI and the PWBS (well being) actually got worse, although not significantly.

In this therapy, the presenting problem is framed within the way she relates with significant others. She shows ambivalence between the desire of being taken care – in a dependent way – and the fear of other’s disappearing. This ambivalence seems to be associated to the death of her parents when she was young. In session six she announces that she is pregnant which is experienced in a very positive way – but in a manner that is close to her relational pattern. The child is seen as someone to love but also someone for which she will receive unconditional love and will not leave her.

This case has one major difference regarding the previous cases. The decentring and noticing are more prevalent – although less than the successful cases. However,

both pain and external are generally higher than the remaining dimensions, and more importantly there seems to be no reduction in their trends. This case, like the next, to a lesser extent, shows the dimensions of “noticing”, “decentring” and “action” consistently above 10% when taken together. Could this suggest that these cases had a greater potential in terms of improvement?

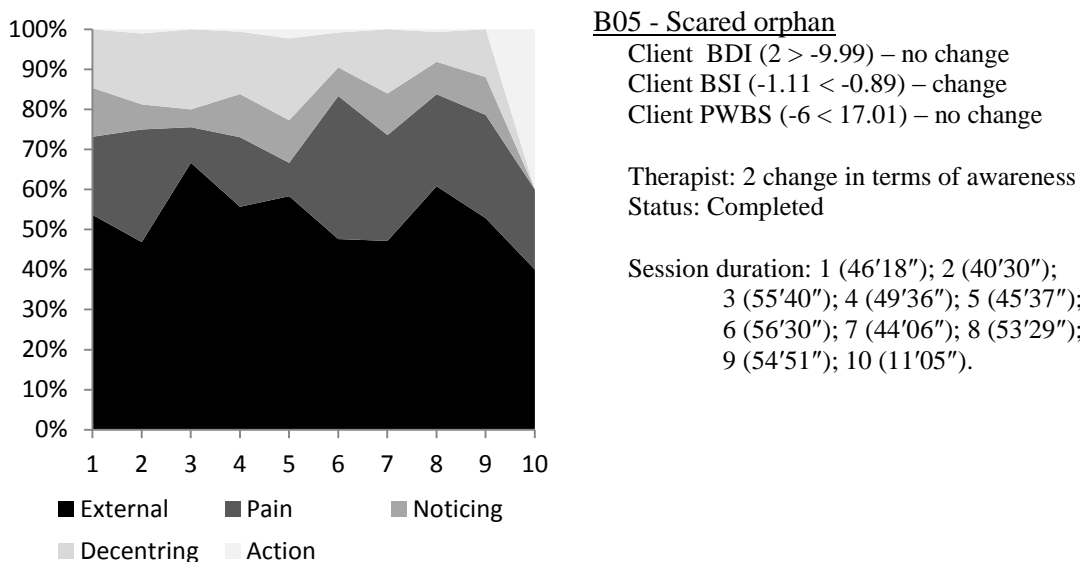


Figure 4.8. Stacked percentage of each dimension per session of “B05 - Scared orphan”

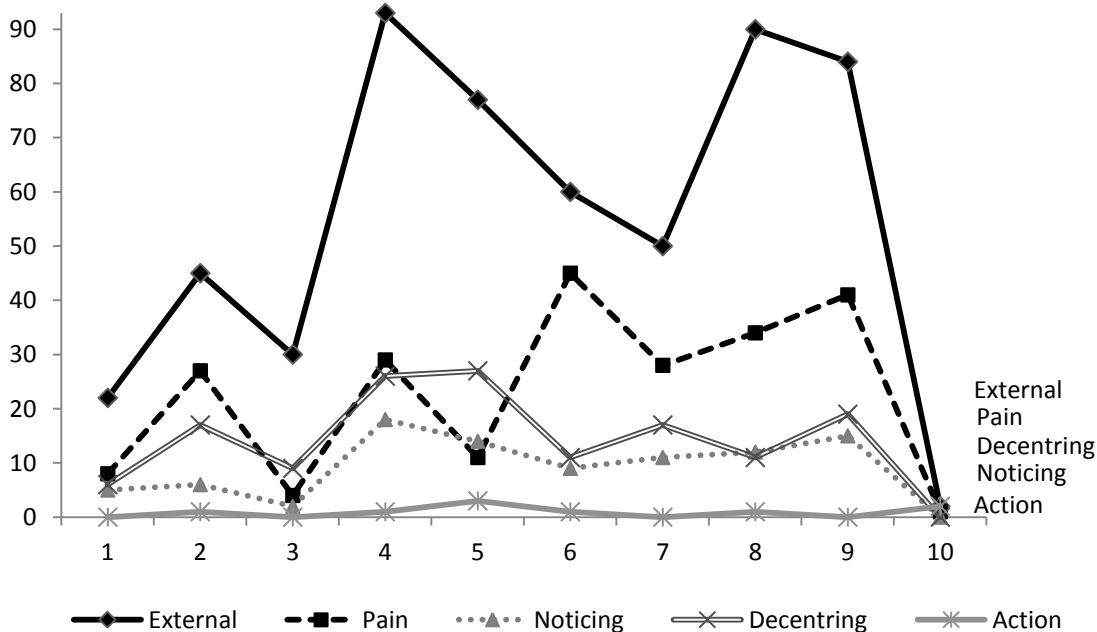


Figure 4.9. Frequencies of the dimensions along the therapy of “B05 - Scared orphan”

Another interesting feature of this case is that although the absolute frequencies hint a worsening trend, the frequencies in percentage show stability. In other words, despite that, in later sessions, the amount of elaboration (i.e., indices) is increasing; the proportion of the dimensions is not changing. This may mean that more important than the amount of elaboration, is the quality of it and the emergence of novelty. It is important to keep in mind that the last session, with 11 minutes may have affected these results.

Table 4.8

Trend Analysis for “B05 - Scared orphan”

	Shapiro- Wilk	Assumptions		Durbin Watson	Trend Analysis	
		Res//Time	Res//Pred		β	sig.
External	.955	.139	.139	1.628	.146	.687
Pain	.948	.006	.006	2.407	.252	.482
Noticing	.985	.115	.115	1.828	.131	.717
Decentring	.964	.018	-.018	1.907	-.157	.666
Action	.918	-.079	-.079	2.083	.203	.574

Note: * $p < .05$; ** $p < .01$; *** Inconclusive Durbin-Watson test

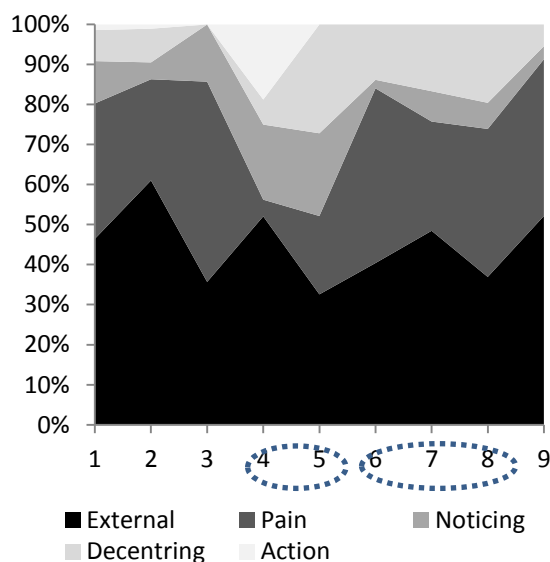
For the analysis of the slope to be interpretable all the assumptions scores must be non-significant. In case one of the three scores is significant, the significant level for β is not presented. A negative β shows a negative trend in the course of the psychotherapy, and the value shows the slope of that trend

The final straightforwardly unsuccessful case is “B08 – The mother that chose to be a woman”. This is the case of a woman that discovers that her husband had a sexually transmitted disease. In the beginning of the therapy she does not express any anger towards her husband which can be seen has having two reasons. First, the guilt that she felt for her husband’s betrayal because she attributed it partially to her lack of

sexual desire. Second, is her need to preserve her role as the carer of the family and her adoption of traditional gender roles.

The therapist is highly directive and action driven in addressing this issue. This stance probably promotes a change in the client's life. In session four her mood improves due to a visit from her mother and her husband finding a job (i.e., and needing her less?). Session five, she decides to take some time off from her husband. In session six, the client refers a mood worsening which she cannot assign an explanation. In session eight she decides to leave home which is not concretized before the end of the therapy. The client did go to live with her mother after the end of the nine sessions, which was the reason provided for the premature termination.

This evolution is apparent in the evolution of the dimensions. Sessions four and five represent the best sessions with regard the indices. The highest values for decentring and action are on session five. But from session sixth onwards (when she reports unexplainable mood worsening) she resumes gradually the original proportions of the dimensions. Two hypothesis can explain this. On one hand it could be that despite gaining insight, the decision has negative consequences that make her mood worsen. Another hypothesis is that the change in action was not preceded or followed by a more internal change.



B08 – The mother that chose to be a woman

Client BDI (-4 > -9.99) – no change
 Client BSI (-0.09 > -0.89) – no change
 Client PWBS (-8 < 17.01) – no change

Therapist: 4 significant symptom or behaviour change
 Status: Premature termination

Session duration: 1 (48'20"); 2 (42'31");
 3 (45'10"); 4 (45'35"); 5 (48'10");
 6 (47'44"); 7 (48'23"); 8 (44'43");
 9 (41'00").

Figure 4.10. Stacked percentage of each dimension per session of “B08 - The mother that chose to be a woman”

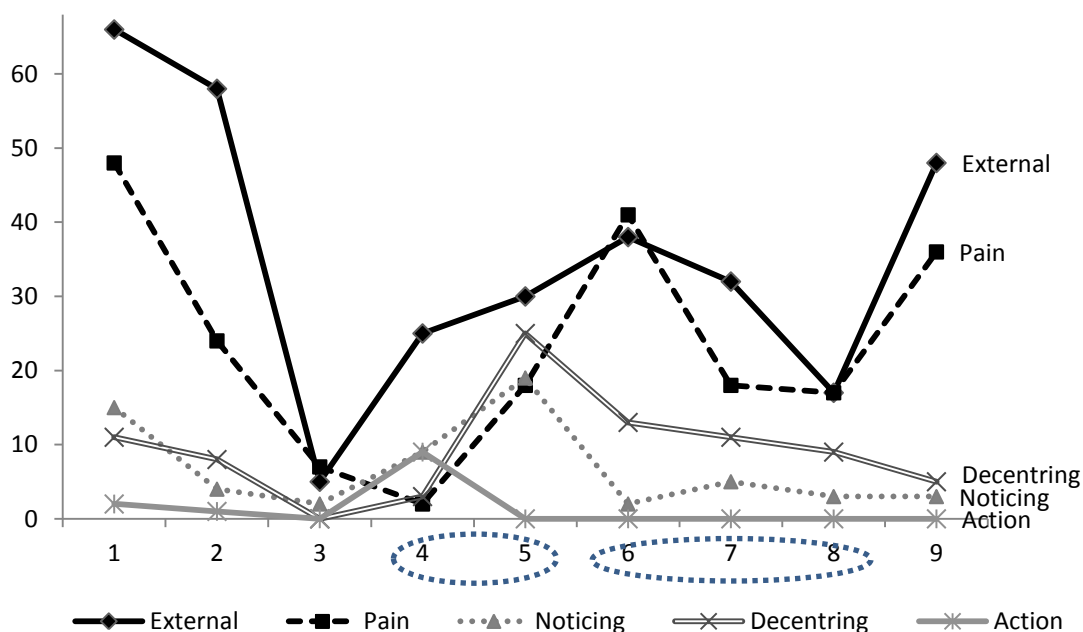


Figure 4.11. Frequencies of the dimensions along the therapy of “B08 – The mother that chose to be a woman”

This is a straightforwardly unsuccessful case because session four and five are exceptions in a case that shows little variation. To better understand this case it is

interesting to contrast it with “B01 - Peter Pan's girl” that was considered a non-straightforward unsuccessful case. B01 also shows no change in the BDI and presents a mixed evolution along the therapy sessions. But this evolution is both seen in the absolute and the percent frequencies, it is consistent across sessions and the latter dimensions (noticing, decentring and action) clearly surpass the early ones in several sessions (namely the later sessions).

Nevertheless, predictably both cases produce non-significant linear trends. The results for the current case are presented in Table 4.9.

Table 4.9

Trend Analysis for “B08 - The mother that chose to be a woman”

	Shapiro-Wilk	Assumptions		Durbin Watson	Trend Analysis	
		Res//Time	Res//Pred		β	sig.
External	.940	-.067	.067	1.652	-.300	.432
Pain	.943	-.067	.067	1.350	-.024	.952
Noticing	.913	.000	.000	2.143	-.383	.309
Decentring	.909	-.050	-.050	1.795	.070	.858
Action	.598*	.410	-.410	2.582	-.309	-

Note: * p< .05; ** p< .01; *** Inconclusive Durbin-Watson test

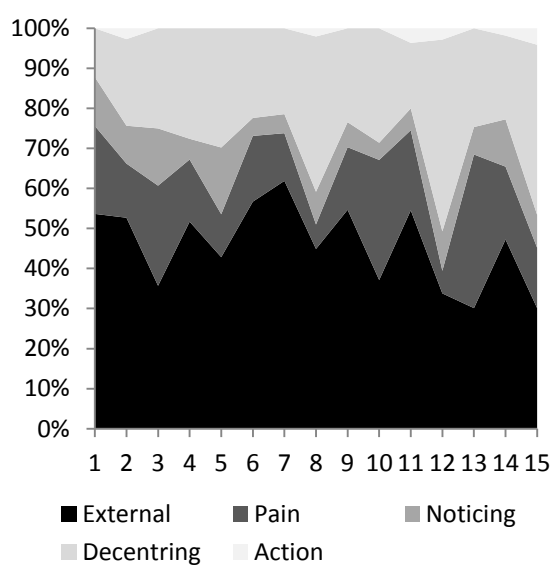
For the analysis of the slope to be interpretable all the assumptions scores must be non-significant. In case one of the three scores is significant, the significant level for β is not presented. A negative β shows a negative trend in the course of the psychotherapy, and the value shows the slope of that trend

Up to this point four cases were considered to be straightforwardly unsuccessful cases. Next, two cases that were straightforwardly successful are going to be presented. The first straightforwardly good case is “B02 – Butterfly eager to be touched”.

The case B02 is of a woman that presented a pattern of relationship marked alternately by abuse or unavailability of her partners. During the therapy several issues

were raised: her abusive father that was seen as a model; an idea of being unworthy or somehow defective; the dependency on being in love. Unlike the previous cases, a common conceptualization is shaped between therapist and client; although it is very incipient in the sense that is not coherently formulated and shows some inconsistencies at that point. Along the therapy she maintains some ideas like: “I am different from my mother because she didn’t divorced my father”; “I am special”; “I will never let man...”. These ideas are not articulated with the insights that she gains in therapy.

The evolution in this case is evident from both graphs. Decentring progressively increases and action emerges in the last five sessions of the researched period. “Pain” and “external” seem to be reducing, but only in relative terms (i.e., in their percentages).



B02 – Butterfly eager to be touched

Client BDI (-12 < -9.99) – change (improved)

Client BSI (-0.09 > -0.89) – no change

Client PWBS (4 < 17.01) – no change

Therapist: 3 Some symptom or behaviour change

Status: Ongoing

Session duration: 1 (27'22"); 2 (48'05"); 3 (44'22"); 4 (42'47"); 5 (48'17"); 6 (52'08"); 7 (32'44"); 8 (48'11"); 9 (45'02"); 10 (51'44"); 11 (45'47"); 12 (47'45"); 13 (44'45"); 14 (50'04"); 15 (45'18").

Figure 4.12. Stacked percentage of each dimension per session of “B02 – Butterfly eager to be touched”

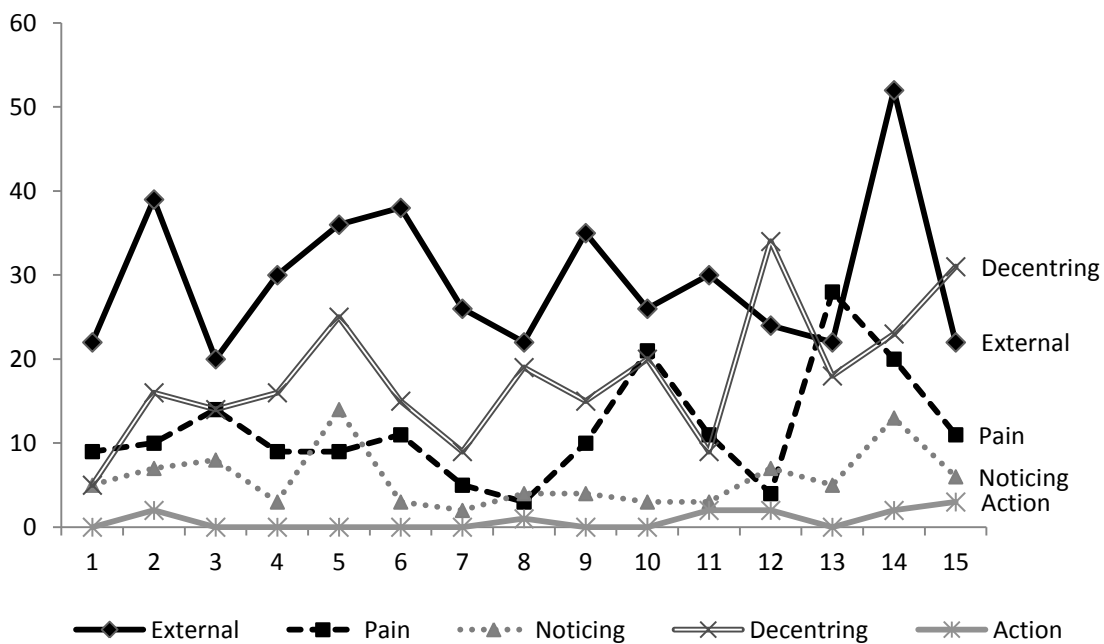


Figure 4.13. Frequencies of the dimensions along the therapy of “B02 – Butterfly eager to be touched”

These observations are confirmed by the trend analysis, presented in Table 4.10, which show a significant increase in decentring and action. One question that permeates this research is whether this trend would continue if further sessions were taken into account. Both straightforwardly good cases were continuing cases (i.e., that did not terminate at the 15th session). It is perhaps this fact that makes the observed trends so linear. If this client had developed a coherently new narrative, would there be any elevation in noticing, decentring or elaboration about action?

Table 4.10

Trend Analysis for “B02 - Butterfly eager to be touched”

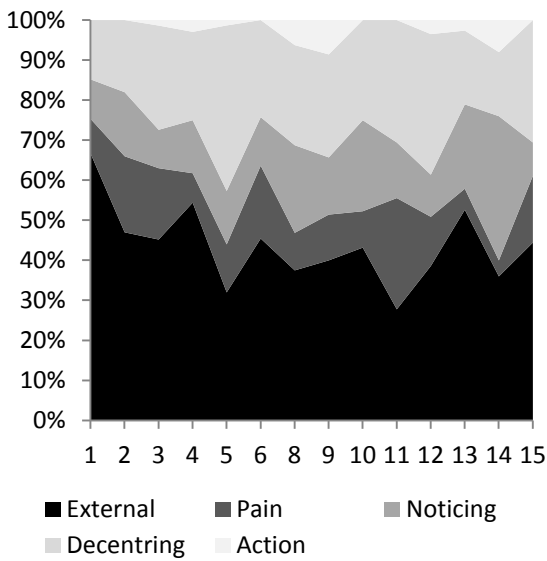
	Shapiro- Wilk	Assumptions		Durbin Watson	Trend Analysis	
		Res//Time	Res//Pred		β	sig.
External	.881*	-.139	-.139	2.757***	.056	-
Pain	.976	-.168	-.168	2.053	.367	.178
Noticing	.842*	-.064	-.064	2.286	.058	-
Decentring	.984	-.050	-.050	2.615	.573	.026
Action	.975	.036	.036	1.869	.516	.049

Note: * $p < .05$; ** $p < .01$; *** Inconclusive Durbin-Watson test

For the analysis of the slope to be interpretable all the assumptions scores must be non-significant. In case one of the three scores is significant, the significant level for β is not presented. A negative β shows a negative trend in the course of the psychotherapy, and the value shows the slope of that trend

The final straightforwardly successful case is “B09 – The lacking man”. This is a successful case only by a 0.01 difference, so it is reasonable to ask whether this is an actual success case. The remaining self-reports present the same trends. The BSI show no change, but with a 0.04 margin, which is very small. The PWBS shows for this case the greatest increase of all cases in well being, but still not significant. Therefore, from the self reports, this is a successful case, but probably a borderline case at the 15th session.

The B09 is a man that comes to therapy, reporting a diffuse presenting problem which is associated with performance issues, procrastination and depressive mood. These issues were associated with a negative self-view linked with a notion of self-defect and demandingness. Up to session eight there is a more practical (i.e., short term focus) emphasis, considering that the client is trying to enter into a BA; through an adult-student scheme. In session eight he receives the news that he has entered, and the therapy starts addressing more long-term goals.



B09 – The lacking man

Client BDI (-10 < -9.99) – change
 Client BSI (-0.85 > -0.89) – no change
 Client PWBS (14 < 17.01) – no change

Therapist: 4 significant symptom or behaviour change
 Status: Ongoing

Session duration: 1 (35'37"); 2 (56'06");
 3 (52'07"); 4 (49'12"); 5 (65'29");
 6 (62'26"); 8 (43'11"); 9 (48'35");
 10 (41'24"); 11 (62'49"); 12 (55'44");
 13 (40'06"); 14 (34'36"); 15 (29'83").

Figure 4.14. Stacked percentage of each dimension per session of “B09 – The lacking man”

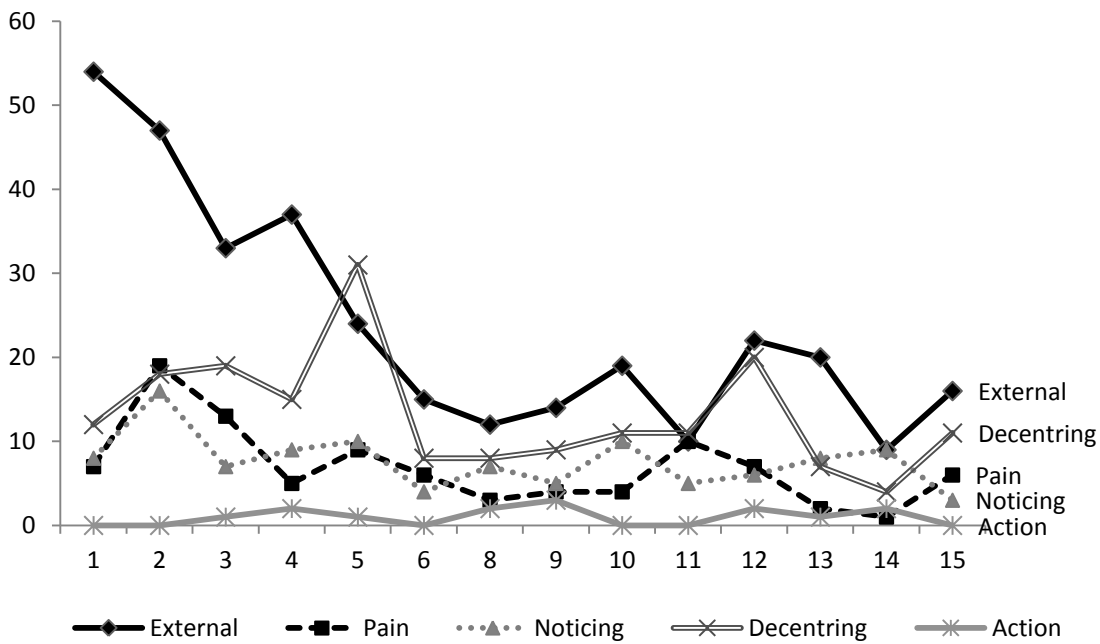


Figure 4.15. Frequencies of the dimensions along the therapy of “B09 – The lacking man”

The progression of the indices of this case is very close to the previous successful case. The percent frequency graphs are identical. There is however one difference. While in the previous case, the trend is due to an increase in decentring and action; here it is due to a decrease in external and pain. This difference could have been due to the emphasis on practical issues in the first half of the sessions or could simply be signalling different pathways for change. Could this be a case of a successful outside change without internal modification? Considering that this is a continuing case, it would be interesting to see how this case progressed after this time frame.

Table 4.11 presents the trend analysis for this case. Pain shows a significant decrease. The results regarding the significance of the obvious descent of external could not be presented due to significant auto-correlation of the residuals – as tested by the Durbin Watson – which meant the non-applicability of a linear regression in estimating the trend. Nevertheless, the slope and the visual inspection make this descent obvious even if not described by the linear regression model.

Table 4.11

Trend Analysis for “B09 - The lacking man”

	Shapiro- Wilk	Assumptions		Durbin Watson	Trend Analysis	
		Res//Time	Res//Pred		β	sig.
External	.945	-.029	.029	0.880*	-.788	-
Pain	.895	.165	-.165	1.927	-.579	.030
Noticing	.945	.033	-.033	2.687***	-.458	.099
Decentring	.859*	.130	-.130	2.289	-.450	-
Action	.928	-.160	-.160	2.054	.176	.547

Note: * p< .05; ** p< .01; *** Inconclusive Durbin-Watson test

For the analysis of the slope to be interpretable all the assumptions scores must be non-significant. In case one of the three scores is significant, the significant level for β is not presented. A negative β shows a negative trend in the course of the psychotherapy, and the value shows the slope of that trend

The next three cases are the non-straightforward cases. Due to this non linear understanding, they constitute the cases that are going to be more thoroughly analysed. In this section only the major quantitative trends are going to be outlined. These trends justified the decision of classifying these cases as non-straightforward. Table 4.12, 4.13 and 4.14 present the trend analyses for B01, B03 & B04 respectively.

Table 4.12
Trend Analysis for “B01 - Peter Pan’s girl”

	Shapiro- Wilk	Assumptions		Durbin Watson	Trend Analysis	
		Res//Time	Res//Pred		β	sig.
External	.982	-.104	.104	2.188	-.038	.894
Pain	.855*	-.068	-.068	2.231	.324	-
Noticing	.898	.046	-.046	2.792***	-.118	.675
Decentring	.859*	.218	.218	2.282	.270	-
Action	.926	-.004	.004	2.258	-.457	.087

Note: * $p < .05$; ** $p < .01$; *** Inconclusive Durbin-Watson test

For the analysis of the slope to be interpretable all the assumptions scores must be non-significant. In case one of the three scores is significant, the significant level for β is not presented. A negative β shows a negative trend in the course of the psychotherapy, and the value shows the slope of that trend

Table 4.13

Trend Analysis for “B03 - The Woman that Strives to be Normal”

	Shapiro- Wilk	Assumptions		Durbin Watson	Trend Analysis	
		Res//Time	Res//Pred		β	sig.
External	.867	.238	-.238	1.554	-.234	.577
Pain	.955	-.048	.048	2.035	-.110	.795
Noticing	.885	-.119	.119	1.887	-.225	.592
Decentring	.850	.024	-.024	1.242***	-.187	.658
Action	.939	-.024	.024	1.020***	-.470	.240

Note: * $p < .05$; ** $p < .01$; *** Inconclusive Durbin-Watson test

For the analysis of the slope to be interpretable all the assumptions scores must be non-significant. In case one of the three scores is significant, the significant level for β is not presented. A negative β shows a negative trend in the course of the psychotherapy, and the value shows the slope of that trend

Table 4.14

Trend Analysis for “B04 - The man who shelters under his understanding”.

	Shapiro- Wilk	Assumptions		Durbin Watson	Trend Analysis	
		Res//Time	Res//Pred		β	sig.
External	.927	.042	-.042	1.660	-.275	.386
Pain	.955	-.035	-.035	1.596	.152	.636
Noticing	.928	-.210	.210	1.951	-.426	.167
Decentring	.853*	.056	-.056	1.736	-.027	-
Action	-	-	-	-	-	-

Note: * $p < .05$; ** $p < .01$; *** Inconclusive Durbin-Watson test

For the analysis of the slope to be interpretable all the assumptions scores must be non-significant. In case one of the three scores is significant, the significant level for β is not presented. A negative β shows a negative trend in the course of the psychotherapy, and the value shows the slope of that trend. The dimension action does not present any data because it obtained a score of 0 in all sessions.

One case is an unsuccessful case (B01) while the remaining two (B03 & B04) are successful cases. The successful cases do not show any evidence of a significant linear trend. B04 shows an overall proportion of external plus pain that is the greatest of

all success cases but, more importantly, the dimensions show no variation observable both in absolute terms and in the percentages. B03, on the other hand is the case with the least proportion of external plus pain but again no linear trend is found. Decentring however shows an interesting inverted U shape.

The non-successful non straightforward case is particularly interesting. Looking into Table 4.12, this is technically a straightforward case – considering the lack of trends. However, a brief look into either the percent or the absolute frequency charts reveals a mixed trend. It is as if this therapy had two phases. In the first half there seems to be an actual proportional decrease in the later dimensions (noticing, decentring and action). In the second half, this trend stops and actually almost inverts. This is suggested by a consistent increase in the absolute frequencies of decentring. Furthermore, this case is the second case with fewer external plus pain ratings. So, although this case could technically be seen as straightforward, it clearly deserves a deeper analysis.

In the next sections, these three cases are going to be analysed more deeply. The same analyses are presented for the straightforward cases in Appendix J. However, one observation deserves further reflection. Two out of four successful cases were found to be non-straightforward, while one out of six of the unsuccessful cases were considered non-straightforward. The small n does not allow concluding with certainty; but it is possible to wonder whether successful cases would be in general less straightforward than unsuccessful cases. This is reasonable, considering that non-success in the indices was defined as stuckness. Perhaps there are a number of ways to evolve but only a limited array of ways of being still.

Table 4.15

Summary of the Trend Analyses per Groups of Cases

	Straightforward Cases	Non-Straightforward Cases
Successful Cases	B02 – Increase in action and decentring	B03 – No trends
	B09 – Decrease in pain	B04 – No trends
Unsuccessful Cases	B05 – No trends	B01 – No trends (mixed)
	B06 – No trends	
	B07 – Decrease in noticing	
	B08 – No trends	

This complex analysis of ways of being moving can only be understood by deepening individual cases. The order of presentation of the cases followed this idea. The unmoving case is going to be presented first, followed by the partially moved and ending with the case that moved into stillness again.

Case 1: B04 - The Man who Shelters Under his Understanding

The case of “The man who shelters under his understanding” is of a young man in early twenties who came to therapy to deal with panic attacks. The issue of the panic attacks rapidly becomes irrelevant, as if it was a pretext to seek help, and the focus is rapidly shifted to relationship and identity issues. The man who shelters under his understanding is unemployed at the start of the therapy and lives with his mother and grandmother. He has a long-standing relationship and satisfactory social net.

With regards to the self-reports, Table 4.5, in the beginning of this chapter, shows an initial depression level in the category moderate depression. The BSI scores for each dimension are presented in Figure 4.16 and reinforce the interpersonal dimension of the presenting problem. The anxiety scales present relatively smaller scores; while among the four highest scales, two are on an interpersonal level: interpersonal sensitivity and paranoid ideation.

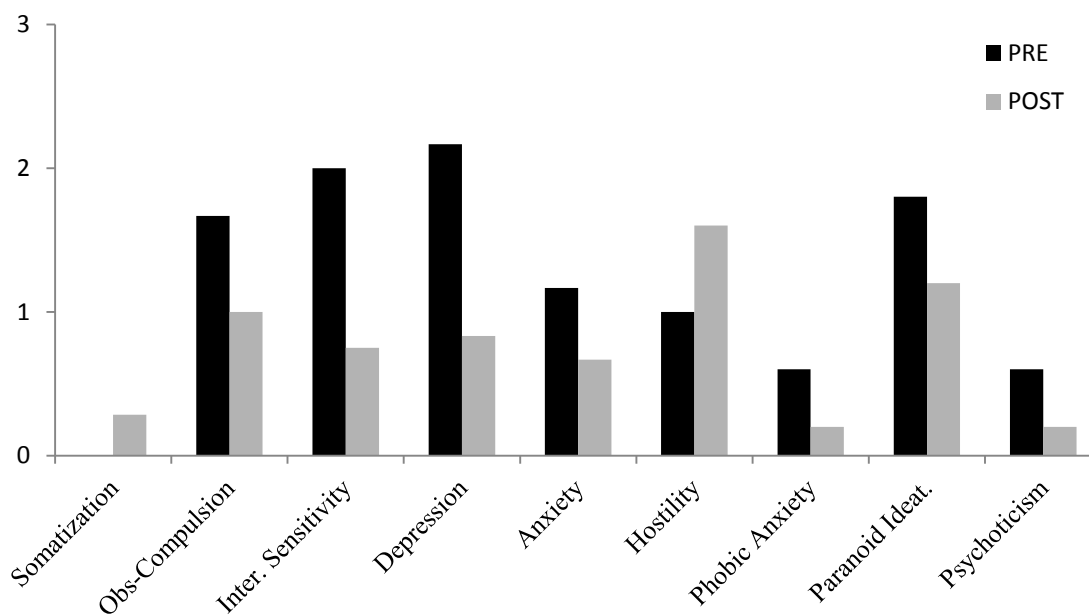
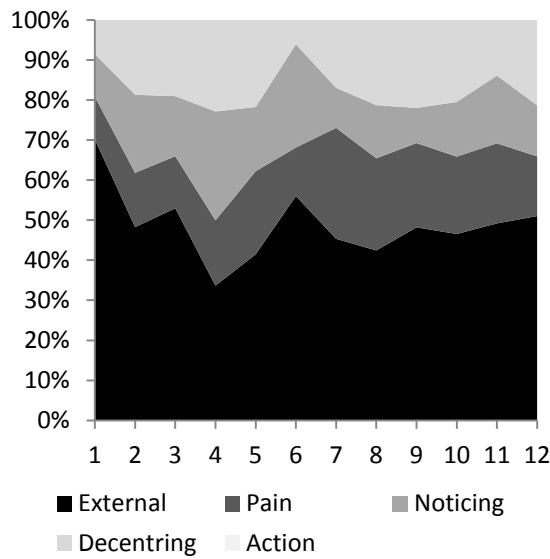


Figure 4.16. Results of the BSI sub-scales for “B04 - The man who shelters under his understanding”

The self reports suggest an improvement with regards to depressive and overall psychopathology. An exception is hostility which relates to one part of the presenting problem. With regards to the average dimension of every session (See Figure 4.2 in the beginning of the results section), this case is the last successful case according to the pain plus external criterion. There is however one important difference between this and previously straightforward unsuccessful cases. Taken together, the decentring and noticing represent, in overall, more that 30% of the indices. Therefore the average of all sessions suggests that this is a borderline case with regard to the dimensions.

However, as it was stated, the averaging of sessions does not reflect longitudinal evolution. Looking into the dimensions of the indices, there seems to be an overall stagnation. This stagnation is both seen from the graphs showing an absolute and percent frequencies.



B04 - The man who shelters under his understanding

Client BDI (-12 < -9.99) – change (recovered)
 Client BSI (-0.51 > -0.89) – no change
 Client PWBS (7 < 17.01) – no change

Therapist: 3 Some symptom or behaviour change

Status: Premature termination

Session duration: 1 (50'34"); 2 (55'04");
 3 (59'14"); 4 (51'59"); 5 (44'35");
 6 (44'05"); 7 (50'38"); 8 (48'15");
 9 (69'42"); 10 (51'57"); 11 (50'45");
 12 (32'25").

Figure 4.17. Sacked percentage of each dimension per session of “B04 - The man who shelters under his understanding”

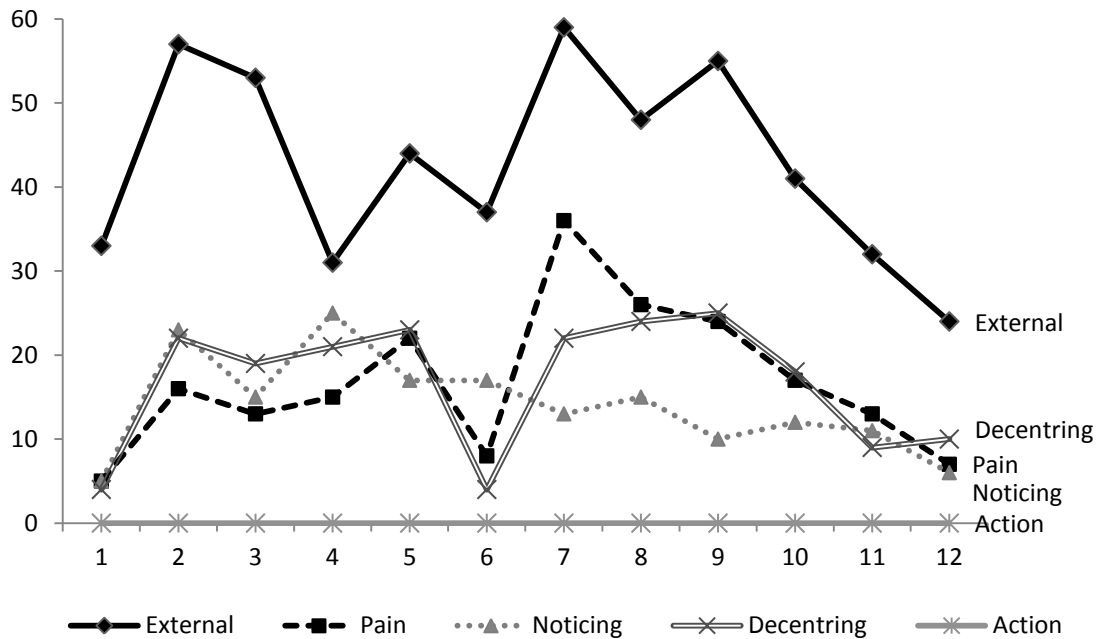


Figure 4.18. Frequencies of the dimensions along the therapy of “B04 - The man who shelters under his understanding”

Therefore the question that emerges from this discrepancy is whether the indices are being sensitive to change or whether there is any change happening at all. In other

words, whether the change observed in the BDI corresponds to change achieved in or due to therapy or whether it is better explained by other factors.

Conceptualization of the case B04. The man who shelters under his understanding presents two interconnected problems. First are performance issues associated with procrastination and indecision towards major decisions in his life. The second are family conflicts, particularly with his mother, and emotional issues regarding his family history. Considering that the client starts with the performance issues, and considering that in a sense the performance problems are more peripheral; they are a good entry point to this case.

The client considers that he was not a good enough student throughout his life. The issue only became a problem during his BA. During this period, he started to work and dropped out of his course. This is not seen as a choice, but rather as failing. The performance issues are inherently associated with the idea of having failed and being lost in life.

Session 1 (1'10"-1'43"¹⁰)

T- Ah, you studied COURSE.

T1 Facilitate clarification

C- COURSE.

T- Hum hum. But did you finish it?

T1 Facilitate clarification

C- I didn't... I tied my life really tight

I4m15 Creation of a metaphor

Session 7 (48'28"-48'47")

C- On the meantime I am AGE years old (laughs)... I am here playing guitar and the people who start... the people who really know how to play, start much earlier, it's true. Uhhh... I can't live like this... It is another... another thing I set aside.

IZT7 Agrees and adds
(P)I1s02 Impotence
(E)I2i05 Useless self-criticism
(D)I2o03 The other is/reacts differently

¹⁰ These time frames belong to excerpts that may have had to be cut for presentation purposes. They may be slightly longer than the actual excerpt, but they nevertheless situate it in the session. The excerpts on their original language are presented in Appendix L. In the excerpts presented here in English, the names of the clients were replaced with different English names to ease reading.

After dropping out of his course, he had a succession of employments that were considered lower jobs by him. In these jobs, he eventually quitted, seeking better prospects for his life. During the course of the therapy he tried to enter the same degree – in a different institution – and after “failing again” he started another “lower” job. It is as if the client was caught in a cycle, trying to achieve a “higher” job and “failing”; and dropping out of a “lower” job to aim “higher”.

This cycle was not elaborated as such. These shifts were presented in a somewhat confused way, with the client not showing a rational for what concretely happened. Below is one excerpt with the lack of explanation for dropping his course. The same reasoning is done for his previous job, in which he just got fed up and disappeared one day.

Session 7 (22'19"-23'05")

C- Yes, yes, it has to do with determination. For example, I was on my first year and the first year is the worst – at least I heard people saying that – the first year is the worst and people don't... many people get disappointed with the course. The second year requires more work but the person is supposed to have found itself. And even then... and I was studying... and basically cutting classes. But then... uhhh... then no... I simply lost myself.

IZT5 Agrees without adding
(E)I2i05 Useless self-criticism
(E)I4m08 External meaning
I4m06 By chance

Regarding the job that this client got during psychotherapy it is still seen as unsatisfactory. The idea of activity or job is associated with having a better life. But the plan of leaving is hindered by a difficulty in deciding what he likes. It is important to keep in mind that this is after failing to enter another degree. So in a sense this indecision has the consequence of postponing the confrontation with his own abilities.

Session 10 (23'31"-25'51")

C- But right now, I am not feeling... for two reasons. It is the question of stability in a job and... But this job is temporary and probably will be like this till the end of my life. It's all... The way things are going... everything is temporary, everything is... whatever... And the other thing that I think... is this... And it is this question of going back to studying... To study again or joining a course. I am... I am thinking about it.

T- What for?

C- (Muffled laugh) I guess to feel... to feel able to do something, at least to... to have a better life, professionally... To have...

T- (Overlapping) And what are you doing?

C- (Overlapping) Avoiding this... avoiding it a little, I guess. Uhhh... this issue of the call-centres' type of jobs and this all. It confuses me

T- But what would you like to do?

C- (Muffled laugh) I don't know. That's the part I get stuck. Because I don't know and I... With regards to that aspect I have a lot of difficulty... a lot of difficulty in deciding.

I3p05 Uncontrollable future
I1e08 Emotion of outside origin
I4m11 Ambivalence in meanings
(E)I4m08 External meaning

T1 Facilitate clarification

(E)I4m08 External meaning

T1 Facilitate clarification

(E)I4m08 External meaning
I4v02 Egosyntonic non-thinking/speaking
(P)I1s01 I am lost/confusion

T1 Facilitate clarification

(P)I4m04 Incapacity to assign meaning
I4v01 Inability to think
I4v08 Mentions a cognitive process

When these protections fail, the client becomes self-critical. Again this is not completely elaborated in the sense that it is presented almost as an intuition. However the fundamental idea that "he will fail" emerges during therapy.

Session 2 (44'36"-45'00")

C- I have many ideas but it is just that, ideas. That is the problem. I have ideas but... I never... end up taking them to serious (Muffled laugh)

T- Why?

C- I don't know, because...

T- Aren't those ideas to be taken seriously?

C- It is not because they aren't serious. I just think they could be taken more seriously.

T- So?

C- I don't believe I can put them into practice.

I4m10 Detailing a problem
(E)I4m03 Laughter not congruent with what is said
(N)I3p02 Identification of a pattern
(E)I2i05 Useless self-criticism
T2 Explore meanings
(P)I4m04 Incapacity to assign meaning

T5 Suggestion of meaning

IZT1 Does not understand

T2 Explore meanings

(P)I1s02 Impotence
(E)I2i05 Useless self-criticism

Session 8 (24'50"-25'54")

C- (...) I don't know anymore... This happens so many times... when things don't go my way, I no longer... (...)

T- If things don't go your way... what happens?

C- This happens, this reaction. I stay... I already knew this was going to happen.

T- You already knew?

(P)I4m04 Incapacity to assign meaning
(N)I3p02 Identification of a pattern
I2i03 Strangeness towards the self
(P)I1s01 I am lost/confusion
T2 Explore meanings
(N)I3p02 Identification of a pattern
(P)I1s02 Impotence
T1 Facilitate clarification
(E)I2i05 Useless self-criticism

C- In a sense... This is really stupid, but is true. That is how I feel, that's how I think.

T- But you already knew this was going to happen? But your hope was...

C- (Overlapping) I always have... I always have some... I always... I am very pessimistic about these things.

T- But earlier you were saying that you thought you'd past the exam.

C- I had hope, but at the same time I am pessimistic. (Muffled laugh). It doesn't make much sense to have both attitudes at the same time, does it?

(E)I4m07 Emotional explanation

T5 Suggestion of meaning

IZT1 Does not understand

I2i07 Identification of vulnerability (positive)

(N)I3p02 Identification of a pattern

T5 Suggestion of meaning

IZT7 Agrees and adds

(E)I2i05 Useless self-criticism

I2i07 Identification of vulnerability (positive)

(E)I4m03 Laughter not congruent with what is said

I4m11 Ambivalence in meanings

One question that is possible to ask is why does this client not accept his status as a “failure” and accepts the “lower” jobs? What is the other side that impels him towards “higher” goals? What would this client gained if he eventually succeeded? What is this standard that he uses to measure success? In a sense there is an inherent “being able to” that is sought and would be gained by achieving these goals.

To help answering these question two elements are important. In a sense what makes the challenge so important is what makes failing so inevitable. The demand of greatness is the demand of a weak self. If this client had confidence in himself, perhaps his standards of value would be less dependent of success. Secondly, this idea of failure has an important interpersonal side to this. Being successful is also being recognized as such; while failing is also disappointing others and feeling shame.

Session 2 (39'50"-41'41")

C- It was due to that.

T- (Overlapping) Due to what?

C- (Overlapping) It was not like “I couldn't to do this or I couldn't do that”. It was more like “What am I doing here?”. And while other people in the same situation asked themselves that, but... “To have a job is to make sacrifices”... which is what basically a job is. And people go on... And I there... I don't know how... I think it was lack of responsibility... I don't know. What I thought was “What am I doing here? No... this isn't for me, I...” And that happens at breaking points. It always happens with that... with those thoughts: “What am I doing here? How does it happens? How...” I guess it is something like an inferiority complex.

T1 Facilitate clarification

I2i11 Self-assertion

(E)I2i05 Useless self-criticism

(N)I3p02 Identification of a pattern

(E)I4m08 External meaning

I4m10 Detailing a problem

I4v07 Mentions a thought

Session 7 (24'18"-25'32")

C- I always heard... I always heard this sentence: "You can do this, you can do that...You..." That I can do a lot of things and "You have a lot of capacities". I always heard that, since I was a little boy. And yet (muffled laugh)... I don't know. Regarding the COURSE, I want... it is a little bit like wanting to finish what... what I didn't finish and prove and to be able to say that I can return and commit myself, and...

I2o06 Other's perspective
(P)I4m04 Incapacity to assign meaning
(E)I4m08 External meaning
I4m11 Ambivalence in meanings

And both this failure and this specialty are of an interpersonal nature. The specialty would be something recognized by others and the not "being able to" is shameful with regard to others. The client refers during the therapy that it is difficult for him to answer questions like "what have you been doing?" because he feels shame on describing his professionally irregular life. But perhaps this is more significant with regards to significant others, like his grandmother:

Session 9 (16'58"-17'40")

C- I think is a bit like that. She [his grandmother] calls me crazy, or something like that, and says: "Have fun". But I feel a bit like that, don't... because I don't... I feel that I didn't try... or that I am not up to the sacrifice that she... she did.

T – How would it be to be up that sacrifice?

C- It would be having a life like (laugh)... a life as it should be, as she'd like it to be. (laugh)

T- How would that be?

C- I'd be baptized... No, I am kidding. No, I don't know.

IZT4 Partial agreement
(E)I2i05 Useless self-criticism
I2o06 Other's perspective
(E)I4m07 Emotional explanation
(E)I4m08 External meaning

T2 Explore meanings

(E)I4m08 External meaning

T2 Explore meanings

(D)I4m09 Irony
(P)I4m04 Incapacity to assign meaning

One important consequence of this interpersonal perspective on success and failure is that it allows a route for relief. While the concrete situations are often accompanied by a lack of explanation or confusion, his current situation is abstractedly attributed to his past. If failure comes from his "inferiority complex" which comes from his past history; then his failure can be blamed on others, namely his mother. It is as if there were only two alternatives, either blaming himself or blaming others.

Session 2 (6'02"-6'33")

T- But do you end up investing in what you do? For example, when you start a job, do you invest in it?

C- (Overlapping) I don't... not much. I've noticed... The fact that I don't... I haven't... I haven't been investing in me, as others have not invested in me, when... I feel that lack of... of investment. And I also don't invest much. When I say investing it is not financially

T- You do not invest in yourself as others didn't invest in you.

T5 Suggestion of meaning
IZT2 Direct disagreement

(N)I3p02 Identification of a pattern
(E)I4m08 External meaning
(D)I4v10 States a new awareness
I2o01 The other is wrong
I4m10 Detailing a problem

T5 Suggestion of meaning

Session 10 (30'38"-30'55")

T- But these aren't fix ideas, right?

C- Yes, yes.

T- It is a movement that is done naturally.

C- It is obvious that if I... if I had stability at home... probably we wouldn't be talking about this. And it is normal that..

T5 Suggestion of meaning
IZT1 Does not understand

T5 Suggestion of meaning
IZT1 Does not understand
I2o01 The other is wrong
(E)I4m08 External meaning

This blaming of his mother is also part of the second presenting problem: his conflicts with her. The client mentions that whatever the argument it always ends on the issue of neglect or being abandoned in the past. To understand this dynamics it is important to review the client's history.

The client was born in an unsatisfactory marriage. The parents argued often and he listened to most of these arguments. He considers that his father was responsible for the bad marriage and attributes it to his character and upbringing. When he was about ten years old, his parents separated after a discussion that resulted in a physical aggression. After separating, his father disappeared and they had minimal contact since. This was for him the first abandonment.

They started to live with his grandmother in the end on his parents marriage. His mother had a few relationships afterwards. He mentions two as significant. The first was with a man that used to come to their house and with whom he had a good relationship. The second was a relative of his father. This relationship was more intense for his mother and in the course of it, she decided to leave home. She arranged a room for him to stay, but he angrily refused to leave home, arguing that he would not leave his

grandmother. The relationship eventually ended and his mother returned home. However, this marked the beginning of the conflicts between him and his mother. Considering this and the contents of the arguments, it is possible that this was seen as a second instance of abandonment. This is not fully assumed in the therapy in part due to his protections:

Session 4 (27'18"-28'21")

T- But who rejected you and who where indifferent?

C- My father, for example.

T- But you chose to talk about your mother

C- (Muffled laugh) (...) Because I think... I think that certain... in a certain way there was also... from my mother, there was... I don't say rejection... maybe not rejection... Indeed, even my father didn't reject me. It was me that rejected him at some point. He was... I was indifferent to him. He was absent and tried to get close again later and I didn't... I declined. Uhhh... Regarding my mother... I... Maybe I am pointing in the wrong person.

T1 Facilitate clarification

T5 Suggestion of meaning

IZT2 Direct disagreement

I4m02 Contradiction

I4m11 Ambivalence in

meanings

(D)I4m13 Sketch of underlying

meaning

So in the same way as there is the idea of speciality to counteract the idea of failure; so the idea of autonomy serves to counteract the idea of dependency. The inherent sense of failure can be seen as being associated with dependency and fear of abandonment; while the blaming is the expression of the anger for being abandoned. This is still present on the ambivalence towards his family. On the one hand, his anger leads him to act as if he did not need them. On the other hand, the desire not to show the need may reflect its underlying character (failure vs. special again).

The need to balance the anger towards abandonment – that could be seen to lead to separation – and the need to depend – that could lead to further abandonment – leads to further protection. In the case of the performance issues, this protection came from understanding his past (and blaming it). In the case of the appeasing the anger, it comes from the understanding of the players of his past. One way is to blame himself for his parents being married, which interestingly does not elicit guilt as if it was a rational

appreciation. The second is the understanding of his father through his past and characteristics. Both reduce his anger, but the reasons can only be guessed. If he was the reason for 10 years of an unsatisfactory marriage, than perhaps he is important for them. If his father is the consequence of his own past, the abandonment is not really personal.

Session 1 (7'29"-10'12")

C- I find the answers... I end up... And today I realize that... both my father and my mother... had... had personalities (muffled laugh)... XXXX... They are two completely different persons and they could have never worked out together. And I end up... end up... feeling a little... the result of that... that breakup.

I2o07 Explaining the other

Session 5 (25'24"-26'00")

C- This type of... (...) Or maybe nor... it has nothing to do with that. But this kind of feelings sometimes when we... we have to... Using the word "we"... But I feel... a little bit alone, etc. Not having support. So, this kind of feelings... Because... perhaps he also had already... already felt like this. But that... that is going to explain... that explains the... that is my attempt to explain what he did. Because I can't understand. I guess it is just because he is like that and he is not going to change.

I1e06 Externalized emotion
(P)I1s01 I am lost/confusion
I2o02 The other will not change
(E)I3p01 Past as cause
(P)I4m04 Incapacity to assign meaning
(D)I4m13 Sketch of underlying meaning

Regarding his mother, the same understanding is harder and anger pours out much more easily. Perhaps it is because his mother is presently more guaranteed not to leave. Perhaps it is because he expected more from his mother. Perhaps it is because he does not perceive his mother "abandonment" as serious as his father's. Or perhaps it is because anger is also a vehicle for approximation. Considering that the expression of the need is out of the question (e.g., fear of losing, failure, weakness), then conflict is the only available way.

Session 4 (21'17"-21'50")

C- But the relationship with my family has always been a bit strange. I need and I pretend that I don't need. I try to pretend that I don't need a... a family, I don't know why. I don't know where this comes from. But... if people do the same to me I cannot stand it.

T- What is the same?

C- I can't stand rejection, I can't stand... indifference. I prefer having people calling me names...

I2i07 Identification of vulnerability (positive)
(D)I2i08 Identification of goal/need (positive)
(N)I3p02 Identification of a pattern
(P)I4m04 Incapacity to assign meaning
I4m11 Ambivalence in meanings
I4v02 Egosyntonic non-thinking/speaking
T1 Facilitate clarification
I2i07 Identification of vulnerability (positive)
I4m10 Detailing a problem

This interpersonal function of the argument is also given by the fact that when his mother agrees with him with regard to having neglected him, he gets frustrated. He does not want to hear: "you're not really a failure because it was my fault for having abandoning you". He perhaps wants to either be convinced that there was no neglect, or that there was a good reason or even that she is willing to redeem herself by staying through the constant arguments to prove something. He does not want to be right; he wants to be cared for.

Session 7 (12'15"-12'34")

T- Ah, you didn't want her to say that you were right? Deep down, you didn't want her to say you were right.

C- Because deep down, I don't... It is not being right that I want.

T- Then what?

C- I don't know... I don't know if it is attention... an attempt... I don't know.

T- What do you want?

C- What I want is... peace of mind (muffled laugh).

T5 Suggestion of meaning
IZT7 Agrees and adds

T2 Explore meanings
(D)I2i08 Identification of goal/need (positive)
(P)I4m04 Incapacity to assign meaning
(D)I4m13 Sketch of underlying meaning

T2 Explore meanings
(D)I2i08 Identification of goal/need (positive)
(E)I4m03 Laughter not congruent with what is said

Another way to integrate the issues of performance and the interpersonal present and past is to consider that "The man who shelters under his understanding" is at an existential crossroad. If success is read as a synonym of autonomy, it would mean that as soon as he had completed his degree or found a good job, he would be able to leave and depart from his family and loose the possibility of being properly loved.

Furthermore, in the same way as he intuitively feels that he will eventually fail in a task, so is the capacity of living an autonomous life questionable.

Session 10 (20'16"-21'55")

T- I brought up this, the responsibility issue. Living alone, working...

C- Yes. Today I talked about responsibility also at work, I... I guess it has to do... I don't know, it must have been... I must have thought of that this week. Responsibility. But I guess it has a little to do with... (...)

T- Has to do with what?

C- With freedom, with the fact... I don't know if I am saying something... But I think... I've always associated freedom or... for example, If I wanted to leave home, rent a place... I want to be in a certain way... I want to be the owner of my... of my space, I want to own my... my destiny. That is also a big... is a big responsibility. And maybe I haven't had such...

T- And that scares you?

C- I guess it has scared me more in the past, but yes, it scares me a bit. Because I think there are small things that I have to do... uhhh... at least half... It takes a lot of... I guess it would be good for me, I don't know.

T5 Suggestion of meaning
 IZT5 Agrees without adding
 (P)I4m04 Incapacity to assign meaning

T1 Facilitate clarification
 (D)I2i08 Identification of goal/need (positive)
 (D)I4m13 Sketch of underlying meaning

T3 Explore emotion
 (N)I1e10 Detailing emotional experience
 (E)I4m08 External meaning
 I4m10 Detailing a problem

This question becomes confused with the issues of performance. He feels indebted to her grandmother for her having helped them and believes that should only leave when he has a sustained professional life and is ready to leave with his girlfriend. This chosen condition has two consequences in his life. One is that he never tests whether he is actually available to be autonomous. Secondly, by staying home, he remains available for the eventual acceptance and care of his parents. Below is an excerpt that discusses this process in the past. It is before failing in entering the BA and starting to repeat the cycle all over again.

Session 5 (37'44"-38'31")

C- But... I am looking and I had never been without work for this long. And I think that... I think I've learn my lesson a bit. And if... If I do not do it myself... nobody will. I can't count on anyone. I guess my biggest problem was that. It was laying back... and waiting... or thinking that someday someone could help me... I partially had that illusion. It is partially that illusion of... of family, that completely vanishes when you're an adult. Not completely... During Christmas that feeling comes again...

IZT3 Yes, but
 (E)I2i05 Useless self-criticism
 (D)I2i10 Assuming responsibility
 I4m15 Creation of a metaphor (Only in Portuguese)
 I2o02 The other will not change
 (N)I3f02 A time when SOMETHING was different
 I4m11 Ambivalence in meanings
 (D)I4m13 Sketch of underlying meaning

The movements that maintain stillness. The conceptualization of this case was presented in a progressive order but in a way that did not show progression. It is possible to observe, by looking to the number of the session of the excerpts, that even the most basic protections present in the narrative of the client remained throughout the psychotherapy. Change was situated in the clarification of meanings, to which helped the sophistication of the client (that was also his greatest weakness).

Interview with the therapist

Regarding change, I think so. He recognized... He had some conscience when we started the therapy that blaming the others didn't make much sense. And we started thinking about the meanings of not making choices or the impasse that he was living. I think he clarified some meanings. And I think this was the beginning of what could be a longer psychotherapy process – which I strongly suggested him to continue, because there were a lot of things still to work. I believe he was motivated and that he got involved in therapy. Our relationship, even in this short time, was interesting because at the beginning I thought he was too uninteresting, because I didn't feel he was really there. He was very rational and then I start thinking he was a person who could be there, get involved.

The therapist refers to one important factor that influenced therapy. Due to institutional factors, the therapy had to be shortened. This influenced the therapist to attempt a focus in more behavioural aspects of the presenting problem. This case is also classified as premature termination because the client was referred to another therapist but declined with the argument that he would not like to tell his story again. It would also have been interesting to explore whether this termination was seen as another abandonment.

Another important factor was the fact that the client goes through the cycle of hoping to meet his demands, failing and accepting a “lower” job. The term “accepting” is used here instead of “resigning” to highlight the short term relief that this implies. After getting the lower job, the client mentions that he is sleeping more tranquil because he does not have responsibilities. Considering the conceptualization, this makes sense

because failure is egosyntonic and allows him to remain dependent. But did this have any impact in the dimensions?

Session four is the session that the client announces his application to the university and session eight is the session in which he announces having “failed”. The Figure 4.19 suggests a minor variation according to these phases: progression, worsening and maintenance. However, it is important to consider that these are minor changes in a generally stagnant case. Second, the progression seems to go till session four and not three. Finally, there could be alternative explanations for these changes. For example, it is on the session eight that the therapist announces the early termination. Therefore, the stability of the indices and the global reduction in elaboration (shown in the absolute frequency) could be the result of the change in focus of the therapy.

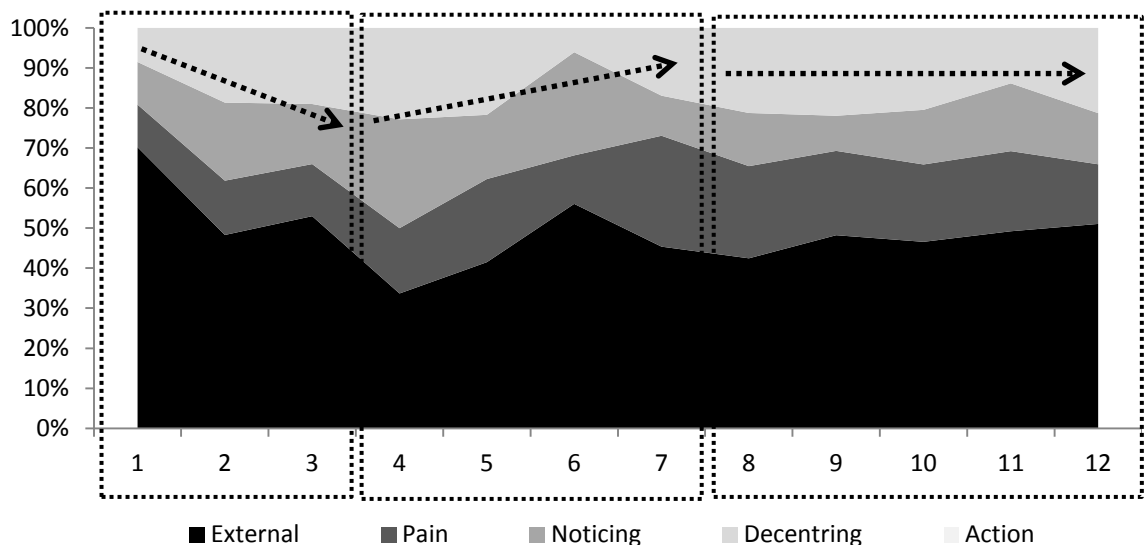


Figure 4.19. Stacked percentage of the dimensions in the three sections of “B04 - The man who shelters under his understanding”

Interestingly, a similar pattern is found in the interaction codes. While the therapist maintains coherence in the intervention; the way that intervention is received

by the client changes throughout therapy showing and increase receptivity till session four; a subsequent worsening and a stabilization or mild improvement after session eight.

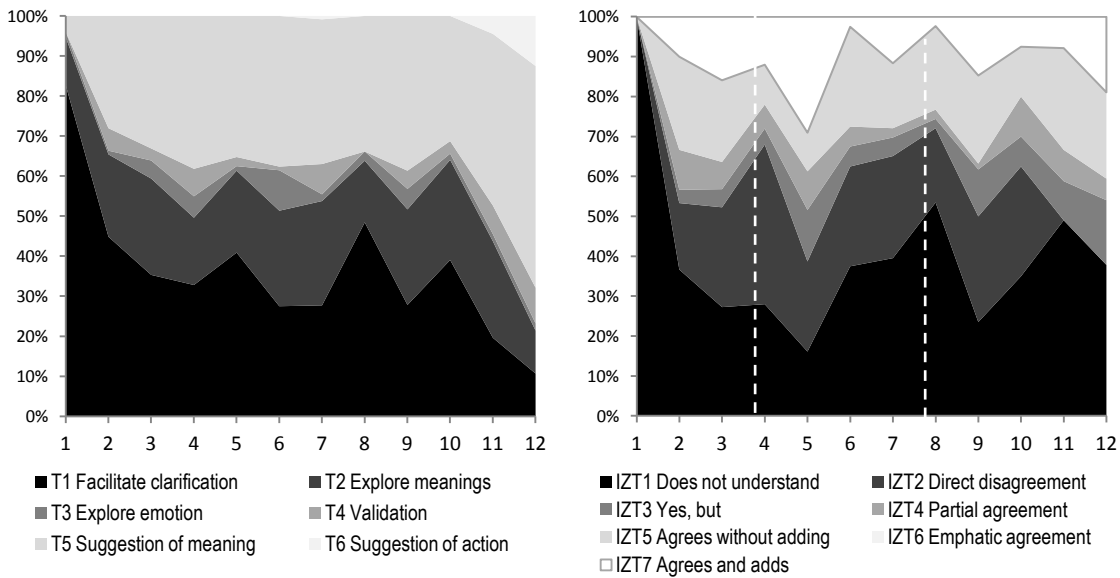


Figure 4.20. Stacked percentage of the therapist codes and the client response indices of “B04 - The man who shelters under his understanding”

With regards to the evolution of decentring, the composition of the dimension is expressed in the stacked percentage chart in Figure 4.21. It is possible to see that the evolution is mainly quantitative. The dimensions do not indicate a differential consistent evolution in the indices that make up decentring. This may suggest that the increase in elaboration does not bring newness in the narrative.

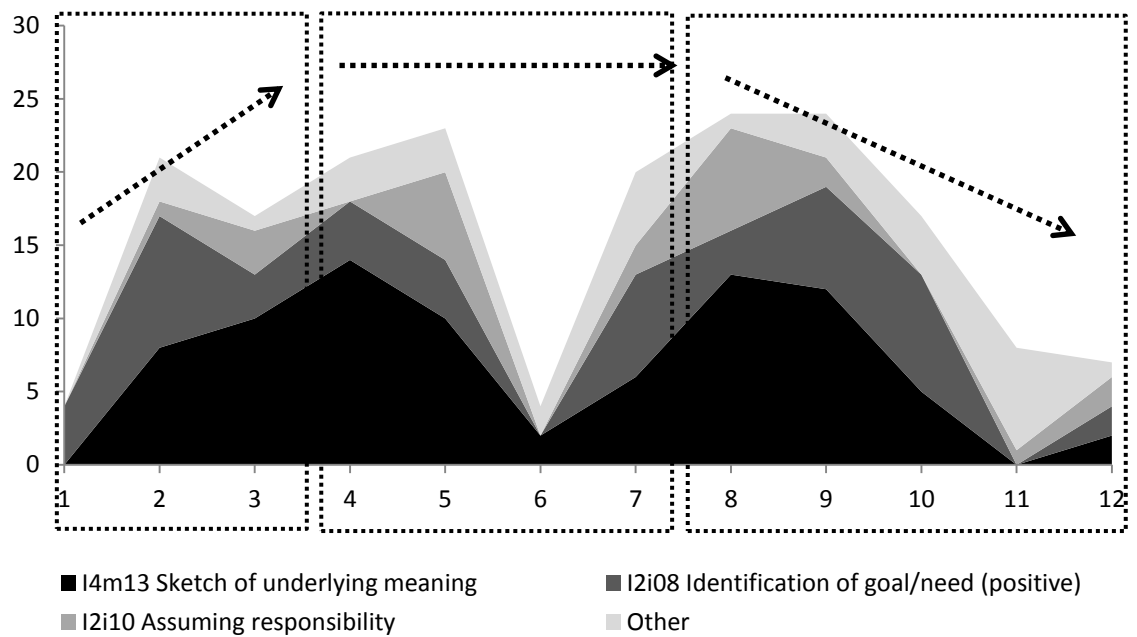


Figure 4.21. Stacked absolute frequencies of decentering of “B04 - The man who shelters under his understanding”

These observations remain speculations. One way to support these speculations is to return to the narrative of the interaction. These speculations imply that the therapist, perhaps because of the urgency, did not act in a manner that was countercyclical. In other words, in the critical moments, the client, for whatever reason, did not take anything new out of the therapy. If this was the case, then the decision of trying to enter the same degree would have to be seen as futile and the failing would have to be seen as predictable.

Session 4 (1'18"-1'40")

T- What are you applying?

T1 Facilitate clarification

C- COURSE.

T- But do you need to go that way? You've already been in COURSE...

T5 Suggestion of meaning
IZT3 Yes, but

C- I've already been in COURSE at UNIVERSITY NAME. Now, what I did... I did a presentation letter... a motivation letter. I had to write the letter.

T- Yes.

T1 Facilitate clarification

C-To... the Evaluation Committee...

T- But what for? What is it for? The adult application scheme?

T1 Facilitate clarification

Session 4 (2'22"-2'35")

T- So now you picked COURSE again, is that right? But your decisions are kind of impulsive.

T5 Suggestion of meaning

C- Maybe... (laughs) because it is hard for me... making a decision is hard... making a decision.

IZT4 Partial agreement
(E)I2i05 Useless self-criticism
(E)I4m03 Laughter not congruent with what is said

Session 8 (5'53"-6'40")

T- It is something you really wanted. But when the time comes, you don't study enough, you don't prepare like you should. Then things go wrong.

T5 Suggestion of meaning

C- I studied the night before... that's what...

IZT2 Direct disagreement

T- The night before? But is it always like that or do you think...

T2 Explore meanings
T5 Suggestion of meaning
IZT2 Direct disagreement

C- It isn't always like that.

T- Isn't it always like that?

T1 Facilitate clarification

C- At that time... at the time I got into the university or other situations, I used to study in advance.

(N)I3f02 A time when SOMETHING was different

T- So why haven't you done that this time?

T2 Explore meanings
T5 Suggestion of meaning
IZT1 Does not understand
(P)I4m04 Incapacity to assign meaning

C- I don't know.

T- Think a bit.

T6 Suggestion of action
IZT1 Does not understand
(P)I4m04 Incapacity to assign meaning

C- I don't know if I underestimated the... I don't know.

T- Undervalue what?

T1 Facilitate clarification
(E)I2i05 Useless self-criticism
I4m10 Detailing a problem

C- I thought it was easier to get in. And on the other hand... Uhhh... I was procrastinating. Anyway, I guess...

This interaction could have been perceived by the client as criticism. Considering that criticism was something sensitive to him, this may have presented a problem. The client generally did agree with the criticisms around him and felt guilty about them. When his grandparents (from his father side) said he was not competent to

take the degree; he stated that it was only in math that he was not competent. When his mother criticized him, he generally agreed, but blamed her for his being lost. So if some of the interaction in therapy was perceived as criticism it may have reproduced his own interpersonal style of being cared by being “beaten”:

Session 12 (4'38"-5'47")

T- She [mother] helps you out?

T1 Facilitate clarification

C- Yes. With some issues.

T- And you don't like it.

T1 Facilitate clarification

C- No, because I know that most things depend on me. For example, we were talking of the specific situation of... of a course that... and that now I have this job, I don't make a lot of money, to save and for... and she said “Ah, You could do like this”, and I “No... I am saying this because”...

I2o01 The other is wrong

T- But what do you think when she presents you some solutions to your problem?

T2 Explore meanings

C- Sincerely, they aren't solutions. I...

T- So?

T1 Facilitate clarification

C- My mother... she is too stressed out and... and she is like “You have to finish some course, you have to have something, you have...” and I “No. It has to be something I like”. I mean, is not a degree without prospective XXXX

I2o01 The other is wrong
I2o06 Other's perspective
I2o07 Explaining the other

T- But you are the one who chooses any course!

T5 Suggestion of meaning
IZT5 Agrees without adding

C- That's true (Muffled laugh).

T- Your mother is a worried person...

T1 Facilitate clarification
(E)I2i05 Useless self-criticism
(E)I4m08 External meaning

C- No, because I get a bit influenced by those... by it or even by what my friends tell me. I let them influence myself.

One way in which this interaction was most relevant was in the way the therapist dealt with the client protections. The protections that were discussed like the confusion and the avoidance were naturally present in the interaction. One was the superficial discussion of several issues (i.e., jumping from one theme to another).

Session 6 (23'46"-25'40")

T- Have you noticed that we lost ourselves?

T1 Facilitate clarification

C- Yes, we've got completely lost.

T- What happens?

T2 Explore meanings

C- This... this because I was talking... I was talking...

T2 Explore meanings

T- But what happens that makes us loose ourselves? What happens?	
C- Because I want to give an example.	
T- But it's not only that. Throughout the session, since we started, you were talking... For example, we are talking of some issue. And we start to deepen it a little, and you jump to another issue. Yes, through detailing, or another way. But you manage to jump to other topics. We go a little deeper, and you go to another issue: the argument with your girlfriend; the weekend with your mother; the guilt; the responsibility; the course; work; a meeting with another person; the confrontation with that person; the faculty; understanding the family history; your father, grandfather... Do you see the amount of things that you brought? But at the same time... that is the point. This is what happens, and that leaves me confused. And maybe also... I don't know what you feel, but maybe...	T5 Suggestion of meaning
C- I feel that.	IZT1 Does not understand
T- But, have you seen this... what you do? What is it for?	T5 Suggestion of meaning T2 Explore meanings
C- I don't know. I know that... I was giving... I was trying to give an example, but at the end maybe already... maybe we lost our...	IZT1 Does not understand (P)I4m04 Incapacity to assign meaning
T- We lost ourselves in our conversation a long ago. I think that this must have a sequence. But what happens for you to change issue? When we are... are trying to deepen something, and you change subject. What happens?	T5 Suggestion of meaning
C- (Muffled laugh) I don't know.	IZT1 Does not understand (P)I4m04 Incapacity to assign meaning

While the goal seems to be the elucidation of a protection, it seems to elicit a reaction on the side of the client that is similar to other conflicts/criticism that he has. He does not contest the claim, but justifies it. In other instances this acquiescence becomes more evident.

Session 4 (12'25"-12'34")	
T- I am not questioning you. I think that when I am asking this, you... you go around...	T5 Suggestion of meaning
C- I jump from one thing to another and don't answer your questions, don't I?	(E)I2i05 Useless self-criticism (N)I3p02 Identification of a pattern

One paradox here is that, if the goal is to promote autonomy, interventions that could be seen an active stance might have be seen as reinforcing dependency and being taken with ambivalence by the client – the same dilemma between being cared and fearing abandonment. The therapist reflects about this tendency in the interview:

Interview with the therapist

During his speech he would get lost and sometimes even not making any sense. Emotionally... I think he was numb... I think he was sad or in suffering but in an apathetic way, which didn't show much.

Because he was caught in a loop; he jumped from issue to issue so that he wouldn't stay on a theme. And when I drew his attention to that; he understood what he was doing, and was more conscious of what he was doing. Although he kept jumping till the end of therapy...

In sum, the BDI suggested an evolution in symptom that was attributed by this current conceptualization to changes in circumstances and the return to the "waiting to be cared" status. The therapist saw a change with regard to insight only and considered that the client needed more therapy. What did the client thought? The client presented hopelessness in association with the idea that he would inevitably fail. In session five, he presents the same intuition about change in therapy, and reflects about it in the last session.

Session 5 (0'26"-0'54")

T- How has it been coming here?

C- Up to now, I think it has... it has been fine.

T- Fine in what sense?

C- It has been fine. I guess regarding... some things that I sometimes... uhhh... feel and so on... I don't know how much... am I going to be able to fix it. Because, I always end up thinking in the same way.

T1 Facilitate clarification

T2 Explore meanings
(P)I1s04 Hopelessness in change
(N)I3p02 Identification of a pattern

Session 11 (47'27"-49'00")

C- I think I realized some things that I already suspected, in a manner of speaking. But... I didn't want to think, I didn't want to know. But deep down, deep deep down, I ended up... finding those answers for myself. But I guess... the fact that I realize that... which I do unconsciously... Now I don't know...what can I do with... I... I became aware of things. I have been becoming aware of some things. Now with those things... because I don't know what to do with them. It is good to... it is a starting point to be... aware of them. Now I have to... work them through, I has to be me that... I don't know how to do that. It isn't ... I not going to be here waiting it to... to go away.

T- (Overlapping) Will you continue... No, but you will continue. I think it makes sense for you to continue another therapeutic process. I even had said this earlier. Because I feel that the little time we spend together I was too... I tried to give back a lot of things to you, rushing, and hoping that you would take something from here. Maybe if we had more time together... maybe I would have waited for you to pick up things for yourself, because that's the way that we feel the...

I2i15 Change in state/behaviour
(N)I2i01 Do it unconsciously
(D)I4v10 States a new awareness
(P)I4m04 Incapacity to assign meaning

T5 Suggestion of meaning
T6 Suggestion of action

How were the indices useful in understanding this case? Firstly, by pointing to a non-variation in the proportion along the sessions, they hinted this to be an unsuccessful case. The proportion of later dimensions relative to early dimensions raises the question of whether, in other circumstances this case might have had a different evolution. The evolution of the first three sessions reinforces this; but the client seems to proceed, but in the same unsatisfactory cycle. This is highlighted in the dimensions by a return in the baseline in terms of proportion and an overall reduction in the later phase of therapy. The lack of change is also suggested by the non-evolution of client response indices and the proportional composition of decentring.

The next case presents the opposite trend. Although the client shows no significant reduction in the BDI, the indices show a greater variation.

Case 2: B01 - Peter Pan's Girl

Peter Pan's girl initiates therapy after a period of great suffering. This period starts when her mother goes through and survives a potentially fatal disease. During this process she supports her mother and after her recovery she finds a tumour in herself. The tumour is eventually found to be benign. Nevertheless, this period is experienced as a really hard period.

She decides to come to therapy after having dealt with the problem pragmatically and needs to address it emotionally. She is in early twenties, lives with her parents and is an only child. In the beginning of the therapy, she is in the final year of her degree and is completing her internship that brings about some interpersonal issues. In the middle of the therapy she finishes the internship successfully and is contemplating the next steps professionally. The therapy happens in a period of

developmental significance for her: the end of the formal education. This period corresponds in her case to the start of adulthood.

In her first assessment, the BDI presents a mild depression. The BSI presents an elevation in three scales besides depression: interpersonal sensitivity, paranoid ideation and psychoticism. This suggests anxiety, associated with social contexts, that is associated with anticipation of criticism and harm from others, which leads to a sense of alienation.

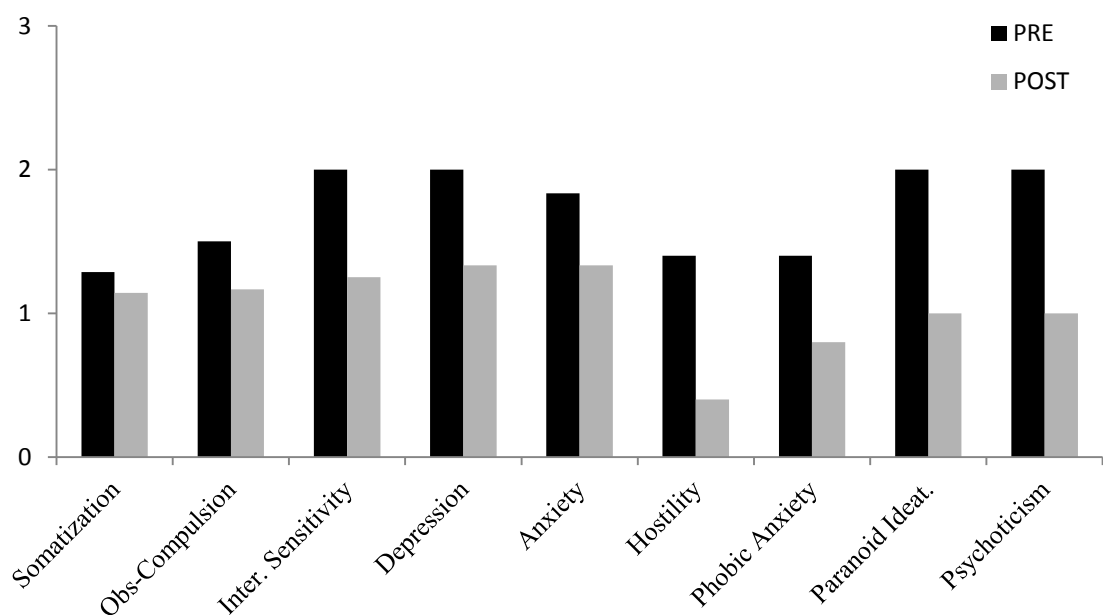
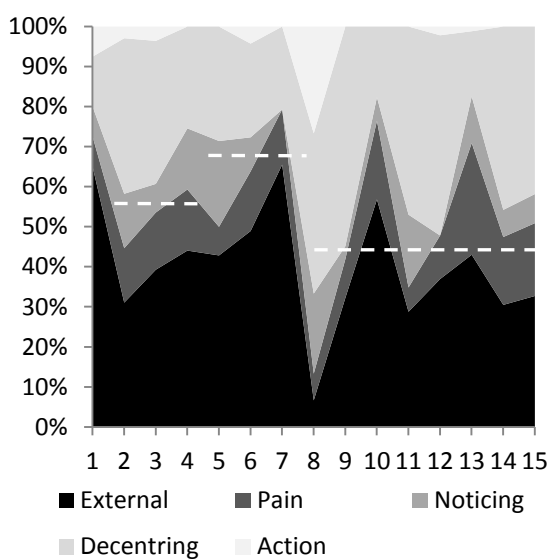


Figure 4.22. Results of the BSI sub-scales for “B01 - Peter Pan’s girl”

Peter Pan’s girl is a non-straightforward unsuccessful case. Even before considering the longitudinal evolution; the averaging of the dimensions of all sessions (see Figure 4.2 in the beginning of the results section) places this case in the second best place when all cases are ordered according to the pain plus external criterion.

Furthermore, the frequency charts are suggestive of non-linear but sustainable trends. In the absolute frequency it seems that there is a global tendency for elaboration to reduce (in all dimensions) until the eight session and increase afterwards. In the

percent frequency chart it is possible to see that this global quantitative variation is also reflected on the proportion of the dimensions of elaboration involved. To better represent this evolution, three phases were delineated: the first three sessions; from session four to session seven and from session eight onwards.



B01 - Peter Pan's girl

Client BDI (-5 > -9.99) – no change
 Client BSI (-0.55 > -0.89) – no change
 Client PWBS (5 < 17.01) – no change

Therapist: 5 personality/structural change
 Status: Ongoing

Session duration: 1 (39'59"); 2 (52'46");
 3 (32'01"); 4 (45'03"); 5 (36'22");
 6 (35'50"); 7 (29'45"); 8 (36'21");
 9 (35'16"); 10 (39'44"); 11 (50'58");
 12 (39'06"); 13 (43'54");
 14 (42'14"); 15 (46'03").

Figure 4.23. Stacked percentage of each dimension per session of “B01 - Peter Pan's girl”

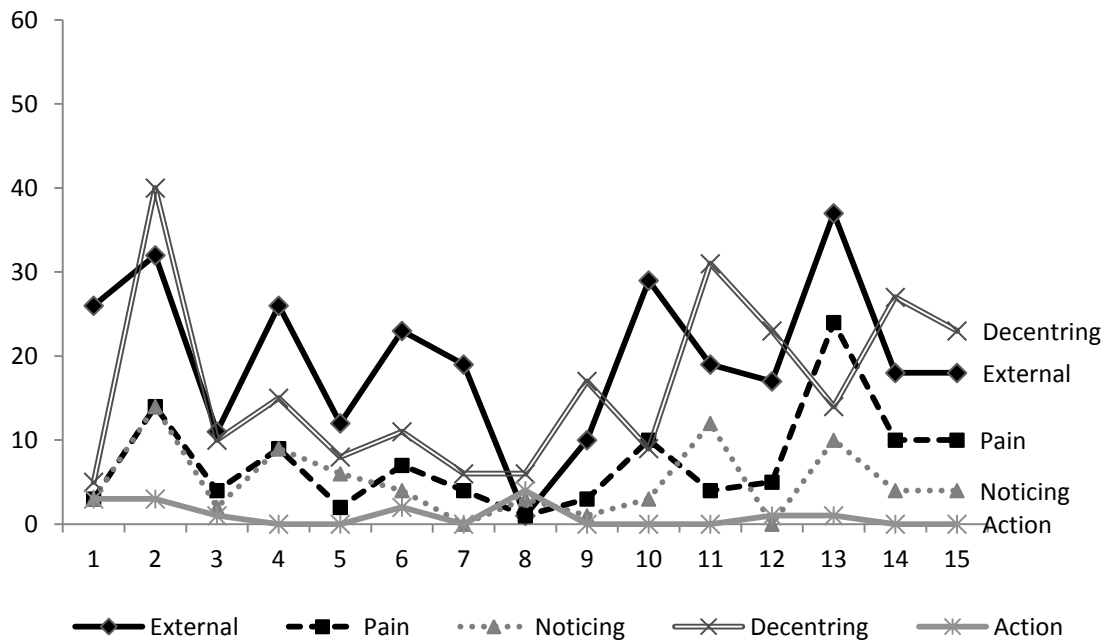


Figure 4.24. Frequencies of the dimensions along the therapy of “B01 - Peter Pan's girl”

The conceptualization of this case is going to be described in three elements: the grown woman, the little girl and the teen girl. This corresponds to some of the conceptualization done in therapy by the therapist and client. The grown woman’s stance is clearly contained in the first sessions. The little girl’s stance comes in after that and, without disappearing throughout therapy; she starts to share the narrative with the teen girl. Another interesting element is that often these postures are shown in the tone of voice with a sort of puerility. The excerpts capture this from the expressions used but it is more evident in the tone of voice.

The grown woman that has to escape. The first sessions start with a surprising maturity. The following excerpt captures what is going to be addressed throughout the psychotherapy with a complexity interesting enough for 30 minutes into the therapy.

Session 1 (34'23"-35'23")

T- So this apparently fragile girl is also a secure woman who has goals and certainties...

C- Yes, some times...

T- Do we have here a little Mary and a big Mary?

C- I think so, and think that what I need is to take the step of... linking them both.

T- Let's ask the big Mary to help the little Mary

C- I think so, she tries but... there's still Mary.

T- A threat hanging?

C- No, it's more that desire of not forgetting where Neverland is and where Peter Pan lives.

T- (laughs) Sometimes growing up is hard.

C- It is.

T- The hardships are many.

C- And... and then I've taking those blows when I least expect them... and one thinks "Well, it's better to keep being the daughter, to be taken care..."

T- (Overlapping) To remain a little girl...

C- "...by the parents, who may offer some protection"... But then after what happened to me I think that... there's no one who will protect us.

T- Let's take the chance of growing up?

C- I think so. It's also what I've been trying to do this year.

T5 Suggestion of meaning
IZT5 Agrees without adding

T5 Suggestion of meaning
IZT7 Agrees and adds
(D)I2i08 Identification of goal/need (positive)
I2i12 Self seen as parts
(D)I4m13 Sketch of underlying meaning

T5 Suggestion of meaning
IZT7 Agrees and adds
I4m11 Ambivalence in meanings

T4 Validation
T5 Suggestion of meaning
IZT7 Agrees and adds
I4m15 Creation of a metaphor
I4m11 Ambivalence in meanings
T4 Validation

T4 Validation
I2i07 Identification of vulnerability (positive)
I2i12 Self seen as parts
I4m12 Alternative view
I4v07 Mentions a thought
T5 Suggestion of meaning
IZT1 Does not understand
(P)I1s02 Impotence
(E)I4m08 External meaning
I4m11 Ambivalence in meanings
(E)I4v05 Self-critical/motivational verbalizations
T5 Suggestion of meaning
IZT7 Agrees and adds
I3f05 In this phase

But this mature side of her is lived as something that she has to do in order to cope both with work and caring for her mother

Session 2 (22'52"-26'41")

C- But I think that after all that happened there were some moments when... I think I saw more clearly what... Because, for instance, after what happened to my mother... the other day you were saying that maybe... the little Mary was a bit scared... but I think that... despite the fact that little Mary was a bit scared, it was the big Mary who took care of everything. Because I was the one who was always there for my mother and... I took care of her. I was a mother to her. It had to be me (laughs). And... I think I did... I did what I had to do... And then when it was me, despite everything I also couldn't... I couldn't just be the daughter. I also had to be strong for myself and for my parents. And so, at that time I showed more of what I was... it came out. Because I don't show it, sometimes it comes out (Muffled laugh).

T- In what way, Mary? In what way did it became more visible?

C- Maybe... the importance I really give to people... maybe I showed more, even with my parents. And... perhaps the fears I still have and... all that. And... and I showed that I can handle it on my own, because in spite of all this I was able to go on with my studies. So, I also proved... Well, I worked my socks off! (they both laugh) But I did it and I was happy with the result, in spite of everything.

IZT7 Agrees and adds
I1e01 Emotional minimization
(P)I2i02 Not knowing who I am
(N)I3p02 Identification of a pattern
(E)I4m03 Laughter not congruent with what is said
(D)I4m13 Sketch of underlying meaning
(N)I4m14 Situational explanation

T2 Explore meanings
I1e06 Externalized emotion
I2i07 Identification of vulnerability (positive)
(D)I2i10 Assuming responsibility
I2i11 Self-assertion
I3p03 Exception to a pattern
I4m11 Ambivalence in meanings

And... so I think that I am that person. A responsible person that offers a helping hand, who helps, who... but who also doesn't neglect her own things, who also goes on with that. I think... I think that's it. But in order to do that I also shut myself off a bit so I can have the strength to do that.

T- Go on, go on.

C- Because I think that otherwise it's... everything gets too scattered. I get a bit scattered and then... I don't... I end up not... not being able... to handle things.

T- And so we make an alliance with a part of you which is the capable part and we stay focused on a certain goal. What about the feeling part... the part of the emotions, of the desire, the part I named little Mary, what happens to that part?

C- She stays on stand-by. In that moment she has to be. But I think that's one of those moments in life when you have to... to take the wheel one way or the other... while in other moments you need to do a different thing, right? I think that when I'm faced with situation I have been managing them... well... and perhaps this one was harder because... maybe that growing-up click... that they were expecting... maybe this was the... it was a bit abruptly.

T- Yes.

C- Because... perhaps that separation... from the mother... instead of being gradual and for other reasons, it was a bit... all or nothing.

(D)I4m13 Sketch of underlying meaning
I4v03 Deliberate non-thinking/speaking

T1 Facilitate clarification

I4m11 Ambivalence in meanings

(D)I4m13 Sketch of underlying meaning

T4 Validation

T5 Suggestion of meaning

IZT1 Does not understand

I2i1 Self-assertion

(D)I4m13 Sketch of underlying meaning

T1 Facilitate clarification

(D)I4m13 Sketch of underlying meaning

This maturity and this representation of herself as mature disappears in the next sessions only to emerge in the final part of the therapy. This change coincides both with the progressive reduction of the importance of the issue of the cancer (with all the death connotations) and other events that emerge. The finalization of her degree and the social interactions that happen in the context of the internship become a greater concern. So it could be argued that the confrontation with the possibility of cancer fostered her growth and that the confrontation with her adulthood promoted the desire to remain young.

Therefore this adult self could be seen as unnatural. It was a fake self to deal with the challenges. However, it is impossible to fake without having a representation of what is being faked. This fake representation could be seen as representing an incipient adult side that is not strong enough to be sustained. This is reinforced by the fact that the conclusions presented in the previous excerpt will be revisited latter on.

After this first period, she resorts to the little girl positioning of herself. Adulthood is then seen as conforming to what is expected of her.

Session 4 (35'42"-36'58")

C- But my mother always thinks that I have to behave accordingly with my age and that I don't...

T- And what do you think?

C- (...) I always say that we must grow up but we must not forget. And... and the society likes... it thinks that at AGE... Now the girls at twelve or thirteen already dress like grown-ups. Next to them I'm the one who looks like a kid. And... but it's too much. But my mother thinks that... "Pay attention to the way you dress for work... Hey, you're wearing those trousers; they look so loose on you. Wear different ones! Just look at your t-shirt... will you be wearing that t-shirt with those cartoons... wear a different one! You should clean up your closet and give away those t-shirts you no longer use, with those cartoons and all that. You should dress up a bit more"... Damn! She talks as if I walk around with my clothes all ragged up! It is just like my father... he complained as if I used to get bad grades at school.

IZT3 Yes, but
I2o01 The other is wrong
(E)I4m08 External meaning

T2 Explore meanings

I2i11 Self-assertion
I2o01 The other is wrong
I2o06 Other's perspective
(E)I4m08 External meaning

This ambivalence of what represents being an adult stays present till the end of the psychotherapy. A paradoxical consequence is that being a little girl constitutes both an avoidance and an affirmation of herself. Not only it is a shelter but it is an assertion of her uniqueness. The weakness becomes reframed as resistance.

little girl vs. fake adult

weak vs. strong

what I am vs. what others want me to be

The little girl that needs to escape. The need to escape is best understood by considering her past. She is the only child and according to her own words, she used to play with her own imagination. This was associated with a lack of friends. She attributes this to the fact that she was different. This isolation got worse during puberty, when the girls became more feminine. During this period, she assumed – and perhaps reinforced – this childish style. This helped to reframe the other's rejection into her rebellion towards conformity. Below is an example of the puerility seen in the interaction.

Session 9 (32'21"-34'55")

T- Do we still have here inside you a fairy princess?

C- We have. I have three cartoon series that characterize me. One is Dragon Ball. Everyone heard of it.

T- Dragon Ball?

C- It's not... it's not for exactly for the fighting scenes, which were all that everyone saw in it. But it's more than that. It's about friendship, it is very centred around friendship and around surpassing ourselves... surpassing... ourselves so we can protect our owns. That's the way I saw it. And it was always fun when Son Goku tried to get a driver's license (laughs). [...] And then it's CARTOON. She was CHARACTER1, with that screechy voice as my mother used to say. This is really the most... I was really made fun of for watching this... That's why my nickname is NICKNAME, because that was one of the things they called her... CHARACTER2, the one who ended up staying together with her, used to call her that. Because in the beginning they didn't get along, they were always picking on each other, and he called her NICKNAME and... NAME. But I thought that NAME... "Wait a minute, better not!"... NICKNAME sounds a bit better. And so this is a real fairy tale, with magic, and a prince charming, and princesses, and all that. And then the other one is Evangelion, which is... it's about... introspection (muffled laughter)... it's... the famous hedgehog dilemma (muffled laughter)... Oh, it's... well, the hedgehog has spines...

T- Yes.

C- And there's that issue, one wants to get close to others... But the spines sting. So, if others get close to us, we... what do we do with the spines? We get a bit... And it's about those... and it's also about religious and philosophical things. And I always liked those things. It's about... who we are, where we come from and what we're doing here.

T5 Suggestion of meaning

IZT7 Agrees and adds

T1 Facilitate clarification

I2i07 Identification of vulnerability (positive)

T1 Facilitate clarification

Latter in psychotherapy, the little girl starts to emerge not as an idealized affirmation of who she is, but like a vulnerable side of her. This process is often very painful and clearly associated with avoidance.

Session 15 (6'05"-8'28")

T- You're having some difficulty in speaking...

C- About what?

T- About... how this manifests in your interaction with the world. You drift... we're already talking about the Easter Bunny. Now it's more the time for Santa Claus¹¹, but... maybe it would be more important...

C- Didn't they go together to the circus? By train?

T- Exactly. And so they went. What about we now talk a little about you and how...

C- Is there a place for me in the world?

T1 Facilitate clarification

T5 Suggestion of meaning

IZT1 Does not understand

T2 Explore meanings

T5 Suggestion of meaning

(D)I4m09 Irony

IZT1 Does not understand

T5 Suggestion of meaning

IZT1 Does not understand

T2 Explore meanings

¹¹ Reference to an old Portuguese children's commercial that used to pass during Christmas. The client also refers to the same commercial in the next utterance.

T- You in the world.	
C- Is there a place for someone like this...	T2 Explore meanings
T- I don't know, what do you think?	I2o01 The other is wrong
C- I don't know... things... are so trivial, that people... it seems that... everything that is different from... my theories are a bit... my way of...	T2 Explore meanings
T- Do you feel you don't have a place in the world?	
C- No, I actually... I am here, right? So...	T2 Explore meanings
T- Hum hum. And in what way are you here?	(D)I4m09 Irony
C- I'm here because my parents put me here.	T2 Explore meanings
T- And in what way are you here?	I2i11 Self-assertion (P)I4m04 Incapacity to assign meaning
C- I... well... right now I'm sitting here. No, but... I don't know, that's the problem. It's just that I have the feeling... and then my actions are seen as... childish because I'm not interested in the things that I supposedly should be. To me, those things are extremely ordinary! For instance, I love to mop the floor. Now this sounds... stupid. But I love to mop the floor because it's as if I was painting. Dusting and making the bed on the other hand... What a drag! What for? It has no purpose! Why should we make the bed if at the end of the day we pull the linen back and...? But I really enjoy moping the floor, I drop everything I'm doing to go mop the floor. It's like painting, it's fun, it's like a giant brush. And you see the wet floor, it's like it had ink, it's fun! I also paint in canvas, come on, I'm not that eccentric. Just a little, right?	T5 Suggestion of meaning (E)I1e07 Emotion stated by symptom (N)I3p02 Identification of a pattern
T- We started on the Easter Bunny, Santa Claus, moping the floor...	
C- (Overlapping) I've been accelerated. I've been accelerated.	T4 Validation
T- Is it because you sleep too much? How is it, Mary? Is it hard to talk about yourself, how you feel and how you feel about yourself and about other people? Do we still need to escape this much?	T5 Suggestion of meaning T2 Explore meanings IZT2 Direct disagreement (P)I4m04 Incapacity to assign meaning
C- No, I'm not... escaping, I'm just trying to understand.	

One thing that seems to be important in moving from this little girl stance is the attribution to the past. When she starts departing from a glorification of the little girl, it starts being associated with vulnerability and the need of being protected. During therapy she mentions that she still has fears, for example during the night, and resorts to her mother for protection. There is a sense of fragility that is compensated (and maintained) by the protection of significant others.

The excerpt below reflects the start of this acknowledgment. In the end of the eighth session, she refers that her mother suggested that her infantile style is due to her. Later on she states that her mother has difficulty in watching her little child grow. But the way that it is presented, in this session, is still incipient, still presented outside of her

and still presented as criticism. If her mother is to blame, then the client is what she has to be blamed for.

Session 8 (35'22"-36'14")

C- Oh, and about little Mary...

T- Yes.

C- The other day... I was telling my mother about that and she says she thinks that the problem of little Mary is hers. It's my mother.

T- (laughs) Can this be something we can still think about, here together?

T1 Facilitate clarification

12o06 Other's perspective

T1 Facilitate clarification

The teen girl that can escape. At session eight, the internship is finished. This marks a phase in the therapy. The issue that brought her to therapy is resolved. The client refers that the issue of the tumour is surpassed and although it still brings some emotions it is something that she can talk about with other people. Comparing with the previous phase, this phase in therapy brings more elaboration and with a greater representation or latter dimensions of assimilation.

With regard to the conceptualization; the fake grown woman lapsed into the little girl who began to open herself to her vulnerabilities and giving up an imaginary world. This implies an opening to the others and so the client creates a new character: the teen girl. It is important to state again that these two last stances co-existed after the first sessions. Furthermore, it is possible to see this teen stance as an approximation to the early grown woman that is achieved without the coercion of the circumstances. This unified understanding is important in the sense that all heteronyms face the same challenges and the same dilemmas. The way they address them is however fairly different.

Session 11 (8'24"-10'13")

T- Is it the grown Mary talking?

C- Yes, it is... I think there's another heteronym somewhere around here.

T- How so?

C- It's... I don't think that the fault is really little Mary's. Poor girl.

T- Introduce me to that person.

C- It's the teenager Mary The one who got hurt (muffled laughter)... not physically, not... No one made her go into the water nor threw her into the sea (muffled laughter). I really do have some kind of problem with water. Any water that reaches above the shower level is already too much water (laughs). I'm kidding... and... but it's... maybe it's the teenager Mary is the one who is a little atrophied.

T- Can you introduce that teenager Mary here?

C- Well, she's that poor girl who... poor girl (muffled laughter)... she is that...

T- That's quite an introduction... isn't it, Mary?

C- Poor girl (exaggerating tone; laughs)! No, it's just that gap between... some kind of void... Between... the childhood time, which I always say was a happy one... it was happy, in spite of everything... I always say "I had such a happy childhood!"... despite... And... and then... I reach the present and there is this void which... I think that my mind insisted on... erasing and hiding... and... that's why my mother sometimes says now I look like a teenager girl, now. I don't know, I think that... as I took so many blows during that time... bullying, as they call it now, right? And... I think I didn't have that... I had to suppress all those adolescent feelings. And maybe that's what sometimes shows up now (muffled laughter). Now I'm rebellious!

T2 Explore meanings

T2 Explore meanings

I2i12 Self seen as parts

T2 Explore meanings

I2i12 Self seen as parts

(D)I4m09 Irony

(D)I4m13 Sketch of underlying meaning

(E)I4m03 Laughter not congruent with what is said

I4m15 Creation of a metaphor

T1 Facilitate clarification

T5 Suggestion of meaning

IZT1 Does not understand

I2i12 Self seen as parts

(N)I3f02 A time when

SOMETHING was different

(E)I3p01 Past as cause

(N)I3p02 Identification of a pattern

(D)I4m09 Irony

I4m10 Detailing a problem

(D)I4m13 Sketch of underlying meaning

The newfound teenager version of the Peter Pan's Girl finally defines herself in relational terms. The challenges that lead her to run to a fantasy word now emerge as:

little girl vs. ~~fake~~ adult
weak vs. strong
~~what I am vs. what others want me to be~~
afraid of being hurt vs. afraid of being left aside

The same reading is done by her therapist and expressed in the interview.

Interview with the therapist

We talked about how to be with others and also about the existence of a child version of herself. This was a metaphor we used a lot, the existence of a child version of her that sometimes appeared. A part of her that was frightened and dependent. And she became conscious of this and started on her own to find metaphors to talk about this. And then she also showed a bigger acceptance of herself.

In interpersonal terms this fear of being rejected underlies a negative view of others as threatening. This is expressed frequently throughout therapy. For example, her friends in school were seen as rejecting or envying. Presently, the same perception was applied to the social contexts of her internship. Interns were seen as the “little fish” that were abused by the “big fish”. In other situations, other’s behaviours were seen as betrayals. So the initial tendency was to perceive the others using two assumptions: I am weak and the others are harming.

Session 11 (41'44"-43'13")

C- I don't know... maybe I'm too rational. But I had to be, because if I let something show... bang!

(D)I4m13 Sketch of underlying meaning

T- Do you still have to be, Mary? Do you still have to be? Let's think about it again. Do you still have to be?

T5 Suggestion of meaning

C- Well, the world outside is... it's a jungle (laughs).

IZT1 Does not understand
(E)I4m08 External meaning

T- The world outside is also the way we look at it.

T5 Suggestion of meaning
IZT2 Direct disagreement
I2o01 The other is wrong
(E)I4m08 External meaning

C- But despite everything we believe in people... until they pull the carpet from under our feet.

T- Do they always pull the carpet?

T5 Suggestion of meaning
IZT2 Direct disagreement
I2o01 The other is wrong
(N)I3p02 Identification of a pattern
(E)I4m08 External meaning
I4m15 Creation of a metaphor

C- They end up doing it, I think... sometimes I feel like those... like when we give a toy to a child. I am the toy. It's really neat... dear, cherished... “yeah, innovation, it's funny, it does this and that, and all that”... and suddenly, puff! It's left on a corner.

Another important element of this dilemma is that it is the assumption of a need to relate and feel integrated by others. This need is not easy to assume and sought because it implies being open to be hurt and rejected; which is seen as inevitable in the end.

One consequence of adopting the little girl stance in interpersonal context, that is never reflected in this therapy, is two potential pyrrhic victories. First, as a “freak” she never gets accepted and thus avoids rejection. In the eventual case that she is eventually accepted and then hurt, it is really not personal but rather what normal people do to special persons.

Session 2 (28'28"-28'55")

C- From society's point of view, I think they're within the normal standards. And sometimes I look at myself and I think "Hum... people always try to fit us somewhere, right?" It's logical...

T- I think that you try very hard to fit in somewhere. On the one hand because...

C- Maybe because I felt excluded, so I tried to fit in somewhere.

I2o06 Other's perspective
(E)I4m08 External meaning

T5 Suggestion of meaning

I2I7 Agrees and adds
I2i07 Identification of vulnerability (positive)
(D)I4m13 Sketch of underlying meaning

Her love life is also marked – and perhaps more strongly – by this dilemma. She mentions two persons during therapy. The first was a friend in her past. They were close friends for a number of years achieving complicity and intimacy. Everyone thought they were in a relationship. One day, a friend came and asked the client if she could start going out with him. The client said, “why not”; and they started dating and she felt really hurt. Paradoxically, all men after this started to be compared with him. The client maintained the idealized view that a relationship must start with that kind of friendship and complicity. It is as if she could not start a relationship unless she was sure that he would be faithful, in a broader sense. In other words, that she would not get hurt.

Another example came from the last boyfriend. When he and his family wanted the relationship to become more serious, she backed stating that she did not like to feel trapped. After she terminated the relationship, he started to see another woman. She felt this as a betrayal. The loving relationships show the same issues: her belief of herself as eminently rejectable and the belief of others as eminently rejecters. It also shows her typical escaping both through active avoidance of relating and idealization.

The process of starting to be aware of these patterns is a painful realization. She faces her new awareness and avoids like a “little girl”. In this excerpt she addresses the exclusion and her need to be suspicious and avoids it immediately in both times.

Session 15 (8'30"-9'48")

C- I just think that other people look... and... that's why I... I don't finish my sentences, it's not because I don't... I don't want to say it, it's because I've no idea of what I was going to say next (laughs). It's like on tests, we have those sentences and then we have the blank space and I... I lack the words to put there.

T- Maybe this is still difficult for you to be with this.

C- It would be easier to have those words on each side and link them. I would get there by exclusion of possibilities. But I don't like to do it that way. I talk about exclusion, I don't like exclusion (laughs).

T- Do you feel excluded?

C- Hum... a little, maybe. I think that thing of... of persecution, of the world being against me... Me against the world! (laughs)... I think it's just a matter of trying to find out... if someone who thinks a bit differently from what is... commonplace... can also be accepted.

IZT2 Direct disagreement
(P)I4m04 Incapacity to assign meaning
(D)I4m09 Irony
I4v01 Inability to think

T4 Validation

(D)I4m09 Irony

T3 Explore emotion**T4 Validation**

I1e01 Emotional minimization
(E)I4m08 External meaning

During later phases of psychotherapy she starts to begin to accept the impact of the others in her. Regarding her personal style, it is as if she was surprised by the fact that her childish clothes and infantile manners made others think of her as a little girl. This surprise comes not from the obvious relation but from the admission of the others. Her personal style is not only something of herself, but a way to interact with others.

Session 10 (38'26"-39'36")

C- I don't know if... But in the eyes of other people it always seems that... that they really do see me as a kid. And maybe that's the first impression I give off. That's not exactly what I want... I just want to convey... the idea of someone who is good-humored and... kind. I don't immediately start showing off. But maybe people look at me and they actually see me as... as a kid, but... Thanks to the gravity, I still don't have wrinkles! (laughs) So, everything is where it's supposed to be. I don't feel like I'm too young. My mother... doesn't... She's always telling me that people always think I look younger than what I am. "What do you want? I look younger just by my face. Even without the rest! It's not just because of my clothes". She says that it is because of my attitude... that I have the attitude of someone who's always... afraid or apologizing for being there. It's a little...

IZT2 Direct disagreement
I2i11 Self-assertion
I2o01 The other is wrong
I2o06 Other's perspective
(D)I4m09 Irony

The internalization of the relevant issues also applies to her history. Her past is not something that was imposed on her, but has something that she has been clinging to.

Session 10 (16'40"-17'35")

T- In what way does your mother say that? What is behind your mother saying that?

T2 Explore meanings

C- I don't know, maybe she thinks that... that she protected me too much or... I don't say that she spoiled me too much but... well, she served bit like a cocoon to me and I clung on to her too much. And perhaps she thinks it and maybe...

I2o06 Other's perspective

T- (Overlapping) As if that act is still a reflection from the past...

T5 Suggestion of meaning

C- And that I don't... I don't grow up because I'm always clinging to her in that way. I think... I think that's why she says that. That she's not letting me go, that she's the reason I... And no. I've always been very decided my own things (muffled laughter).

IZT7 Agrees and adds
I2i11 Self-assertion
I2o06 Other's perspective
(E)I4m03 Laughter not congruent with what is said

This internalization leads to a more complex understanding of her family. She reflects on her father's reaction to her mother and their illnesses. She reflects on his suppressing his emotions to deal with it. Even the mother's need for her to remain a child reveals a vulnerable mother. This contrasts with the view of her parents as her stronghold. Her father was seen as the demanding person that cared about her grades and neglected the rest while her mother was seen as the "saviour" who only demanded her to be more feminine (but promoted the opposite). Furthermore, she is not the person that is subjected to, but begins to be represented as a player in her family. She is able to reflect on the fragility and enmeshment of her family:

Session 13 (16'43"-19'00")

T- I don't know if this... apart from the natural exhaustion that comes with the situation, I wonder if you're not worn out exactly because of this imprisonment you all have with each other. Maybe instead of joining forces to help each other, you're joining forces to weary each other?

T5 Suggestion of meaning

C- Well, and who else may we resort to?

IZT1 Does not understand
(P)I1s01 I am lost/confusion

T- No, you may resort to each other but in a more agile way, right? Because you always present this as "We all have to go together... and there we went all together"... it seems like something that's very collective and once more the individual question is invisible. It seems there's a pattern here of group functioning... the needs from each of you don't exist...

T5 Suggestion of meaning

C- My... my father doesn't... he doesn't handle the situation well. Then my mother goes and tries to appease things.

IZT1 Does not understand
I2o01 The other is wrong

T- And then you go to try to appease things between them both.

T5 Suggestion of meaning

C- And then I go so I can see if... if they... don't... XXX (muffled laughter)

IZT1 Does not understand
I2o01 The other is wrong
(E)I4m03 Laughter not congruent with what is said

T- What if they get into an argument and they get angry at each other? Is this hard for you?

T3 Explore emotion

C- Oh... I also get angry.

I1e01 Emotional minimization

T- Why does everybody have to appease things between everybody? What if things get hot, what's the problem? (...) What could happen?

T5 Suggestion of meaning
T2 Explore meanings

C- I don't like seeing people fight. It's a waste of time.

IZT1 Does not understand
(P)I2i06 Enough (negative)
(E)I4m08 External meaning

Peter Pan's girl's growth in therapy. This case seems to be a case that has evolved but only partially during the assessment period. The case was divided into three phases that seemed to correspond to three phases in psychotherapy. The first phase that addressed the impact of the cancer and was the aftermath of the period of suffering that she had gone through. In this phase the avoidance of the strong emotions served to deal with the events. In this early phase she discussed in a very mature way how she had to suppress herself to deal with the events. The second phase corresponded to the period of the remaining duration of the internship and constituted an increase in the avoidance in the psychotherapy. This avoidance could be seen as the natural position of this client and not a reaction; or it could be seen as a reaction to an interpersonal context that was unfolding; or it could even be seen as the consequence of the deepening of the therapeutic relationship. The last phase, the therapist progressively advanced and the avoidance became more of a choice than a need. In other words, by progressing in psychotherapy, the client could give up the child mask. The gradualness of this process, suggests that this uncovering was very painful.

Session 12 (38'07"-38'57")

T- So, I'll see you next week?

T1 Facilitate clarification

C- Hum hum. This is just like physiotherapy, while I'm still warm... it's painless. But after that... tomorrow everything is going to hurt all over.

I4m15 Creation of a metaphor

T- What may hurt tomorrow?

T2 Explore meanings

I4m15 Creation of a metaphor

C- No, it's like physiotherapy... when I used to go there she...

T2 Explore meanings

T- (Overlapping) What may hurt tomorrow? I understood what you meant. What may hurt tomorrow?

(E)I1e07 Emotion stated by symptom

C- I always get a bit... my heads gets a bit... confused. It keeps... it, my head, keeps thinking about things.

(P)I1s01 I am lost/confusion
(E)I4m08 External meaning

T- And... isn't that our aim here?

T5 Suggestion of meaning
IZT4 Partial agreement

C- Yeah, but it's just like physiotherapy, it hurts!

T- What do you think about, next Friday, telling your physiotherapist... "Look, physiotherapist, this week it hurt here, here and there"... What do you think? (the client laughs) Does it sound like a good idea?

C- Yes.

(E)I1e02 Overwhelming emotions
I4m15 Creation of a metaphor
T6 Suggestion of action

IZT5 Agrees without adding

This painful uncovering, affected one important index that makes up the dimension of decentring: "I4m09 Irony". Figure 4.25 presents all the indices of decentring, highlighting the two most frequent: "I4m13 Sketch of underlying meaning" and "I4m09 irony". The remaining indices are grouped into the category "others" and are in overall less frequent.

Considering the three phases it is interesting to see that in the first phase, the sketches are more frequent and that in the latest phase when irony becomes more prevalent. Considering the evolution in the narratives of the client and considering the role of irony in avoiding suffering, already discussed, it seems that it played a dual role in this case. First it served to lower the suffering by detaching herself to what was being talked about and second, by reducing this involvement it allowed new meanings to emerge. It would be interesting to find out whether the elaboration could be done in latter periods without the overreliance on irony.

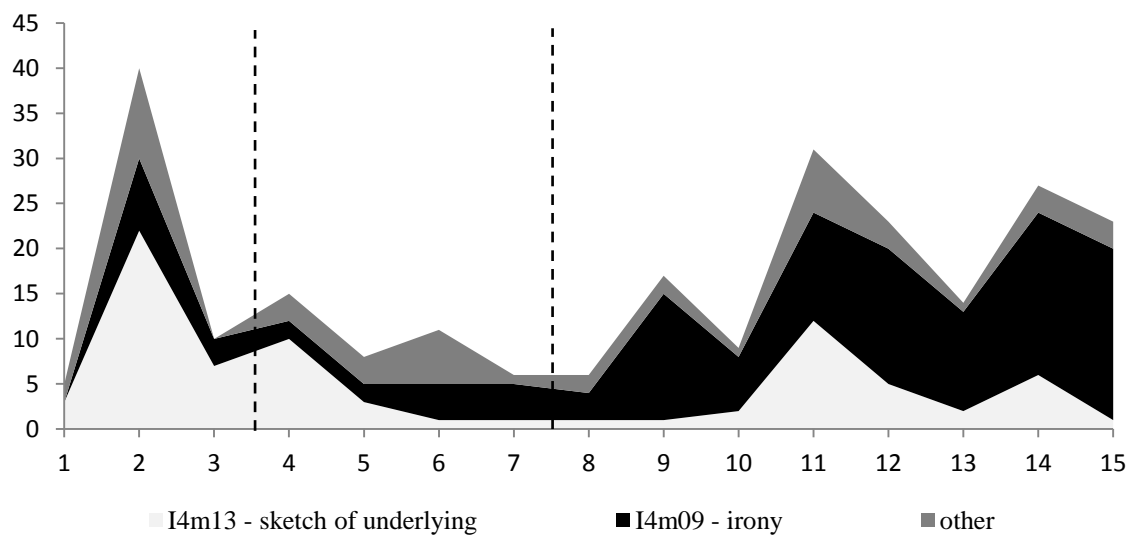


Figure 4.25. Stacked absolute frequencies of the individual indices of decentering for “B01 - Peter Pan's girl”

The presence of irony is so obvious, that client and therapist reflect about this on a few occasions.

Session 9 (4'35"-5'07")

T- This is a process that's obviously starting, even because yesterday you were still in the internship. So, let's not rush things nor overvalue them. But anyway, inside you, you are available to be with this waiting and...

C- Even because the weather is awful. (they both laugh)

T- And... This Mary, has these humour dribbles to deal with things, and these downplays: “and it's nothing it's all OK”

C- (overlapping) No... No... seriously, come on. (laughs)

T- Seriously, come on. Be serious! (they both laugh)

C- It's a bit hard. No, I'm joking.

T5 Suggestion of meaning
T4 Validation

IZT1 Does not understand
(D)I4m09 Irony

T5 Suggestion of meaning

IZT2 Direct disagreement

T5 Suggestion of meaning

IZT7 Agrees and adds
I4m02 Contradiction
(D)I4m09 Irony

This gentle pushing against the avoidance expressed in the excerpt is seen in the graph of the therapist intervention. Validation is a major response from this therapist and the suggestion of meanings gradually progresses throughout therapy. The reaction of the client, on the other hand, is much less smooth and seems to reproduce the

discussed phases. In the middle part the client is less receptive to elaborate on the therapist interventions and more reactant.

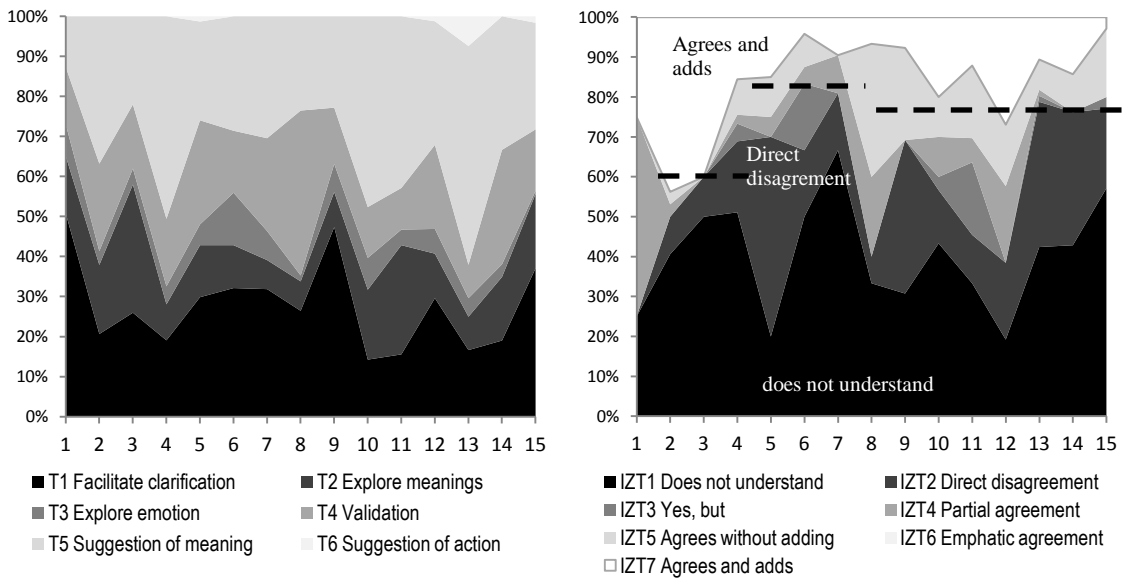


Figure 4.26. Stacked percentage of the therapist codes and client response indices of “B01 - Peter Pan's girl”

This reactance may be best understood in the context of the interaction with the therapist. Both the need of being accepted and the fear of being hurt are present. For example, in the 14th session, she allows the therapist to see her blog, which is both an opening and a request for the therapist to spend time outside the hospital thinking about her. Another example is the seduction or teasing in the way she relates with the therapist. For example, the discussion about the significant past boyfriend is done by introducing the subject in a previous session in a way as to create suspense. Even more broadly, her puerile manner can be interpreted as a request to be cared.

Session 5 (33'04"-34'18")

T- And when you made these choices you had that certainty... "I'm going to where I want to be and I'll make it"?"

T5 Suggestion of meaning

C- Exactly. And also because I wanted to distance myself from those people... uhhh... especially from one of them... who... who used to be my best friend. And that... he didn't cross the line and I did. And as he didn't, it was a bit... to bring that back (laughs). And...

IZT7 Agrees and adds
(E)14m08 External meaning

T- Just look at this little detail... you now just dropped...

T5 Suggestion of meaning

C- Ohhh... (laughs) I couldn't just tell you everything right on the first session (laughs). And... that's also one of the... one of the things that influenced my life a lot. And it still hurts me. A lot. And... since I wanted to distance myself from that person... then I was also able... I found the strength to move on with my life.

IZT5 Agrees without adding
11e06 Externalized emotion
11e08 Emotion of outside origin
12i11 Self-assertion
(E)13p01 Past as cause
(E)14m08 External meaning

T- Was it a choice or was it an escape, Mary?

T5 Suggestion of meaning

C- I first thought... I first thought it was an escape. But at the same time it was a reflected choice.

IZT4 Partial agreement
14m11 Ambivalence in meanings

The therapist refers to this importance of the relationship and the dilemmas faced by the client in the interview.

Interview with the therapist

So in the beginning the therapeutic relationship had a competitive tone in which she tested me, trying to assert whether I would be able to be with her or if I would eventually reject her.

(...)

And I also think she felt really understood and that someone was really seeing her emotionally. And this made it possible for her to take her mask off. So, the fact that she became in contact with her emotional and affective world and felt able to express desires and emotions without feeling criticized was really important. Experiencing the therapeutic relationship was a corrective emotional experience.

This current formulation however disagrees with the therapist's perspective in two elements: first the competitiveness did not start in the beginning, but rather in the second phase; perhaps as the result of the client getting closer. This is shown by the client response indices. The second disagreement is that although it is very likely that the relationship constituted a corrective experience; the taking out of the mask and trusting was not easy and these difficulties were present even in the later phases of the therapy. Furthermore, the therapist may have been affected by it.

The therapist sometimes resorts to a style of communication that could be heard as maternal and the client negatively reacts to this. In one occasion the therapist suggests that the client should register in the professional body that regulates her profession. The client argues that it is useless, but in a later session mentions openness to the idea. The next example is an advice on how to address her boss to which the client resists as if it was an intrusion by the therapist.

Session 13 (25'42"-27'05")

C- No, today I'm going to... I'll ask my boss how things are. And that's it. He will then say what he has to say.

T- Hum hum. (...) And where things are... asking... It just came to me this idea... Asking where things are is just asking where things are... Or you could broaden the conversation a little and ask if he has some suggestion or something you might do?

T6 Suggestion of action

C- No, I'm going to... I'll really say... that I would like to know where things stand, so I can organize my life... It's true! If I know that things are stuck there, I won't... I won't stay...

IZT2 Direct disagreement
I4v09 Actions to deal with the problem

T- You can put it that way and then you leave things on his hands. You can also say it differently and ask if he has any suggestions. Considering what he knows and considering the reality; if he has some suggestions for you. And if he says "Look, kid, maybe you should start looking in other places", he's already saying a lot, right?

T6 Suggestion of action

C- Yes. But... he is not... it's not like him to say those things...

IZT3 Yes, but

T- Just let him be! Just give others some space so they can speak (laughs).

T5 Suggestion of meaning

C- I let them, I let them... now, that's the problem, I usually let others speak and then I'm the one who does not.

IZT1 Does not understand
(E)I2i05 Useless self-criticism
(N)I3p02 Identification of a pattern

Another relationship feature is the relative time spent in some sessions with trivial issues (e.g., computer games). Considering the effort done by the therapist to counteract avoidance, this can only be understood as a strategy by the therapist to respect the client's need to escape or within the process of the relationship building. Considering that the therapist did not mention this, there is the possibility that this was done implicitly and yet in a responsive way.

Interview with the therapist

Clearly [she has changed]. She hasn't ended therapy and we are more than half way through the therapeutic process, but she herself says that she is now much more able to be with herself and with others and that the world is no longer threatening. This is something she already says. And she already feels at peace with the person she is. Of course there are still some aspects of immaturity and childness, but for that she needs time, chronological time. This growth won't happen in therapy.

Summing up, the BDI presents a decrease that is non-significant at the point of assessment. The therapist considers it a successful case but an ongoing case, nevertheless. The indices suggest a case that was challenging enough to present difficulties in the start and show a progression from the middle of the therapy onwards (in terms of absolute frequency). Furthermore, the indices also coincided with the conceptualization of the therapy. The three phases in terms of theme of the therapy – the tumour (the grown woman), the avoidance (the little girl) and the growing up (the teen girl) – corresponded to three phases in the proportion of the dimensions. Interestingly, even the response to the therapist follows the same three phases of the conceptualization. A final correspondence comes from the variation even inside decentring. The client is showing change in the elaboration involved in this dimension.

Considering the linear evolution in the final sections of the therapy, this case seems to correspond to a psychotherapy in progress. However, unlike the previous case, the transformations are enough to point to an evolution. The indices showed that they can also be used as entry points for the stances the client adopts during the therapy.

Case 3: B03 – The Woman that Strives to be Normal

The woman that strives to be normal is in her late twenties. She is recently married and lives with her husband. Her life is deeply disturbed by the news that she has chronic disease. This news is particularly devastating because it seems to affect

underlying vulnerabilities. Nevertheless, this case is best understood if framed within a process of adjustment.

The client presents at a first assessment a BDI that is situated on the upper limit of the category of mild depression. The BSI showed a marked anxiety component to this reaction – both in general symptoms of anxiety and avoidance of particular places. Interestingly, one scale increased after therapy – obsessive compulsion – which may hint some personality features.

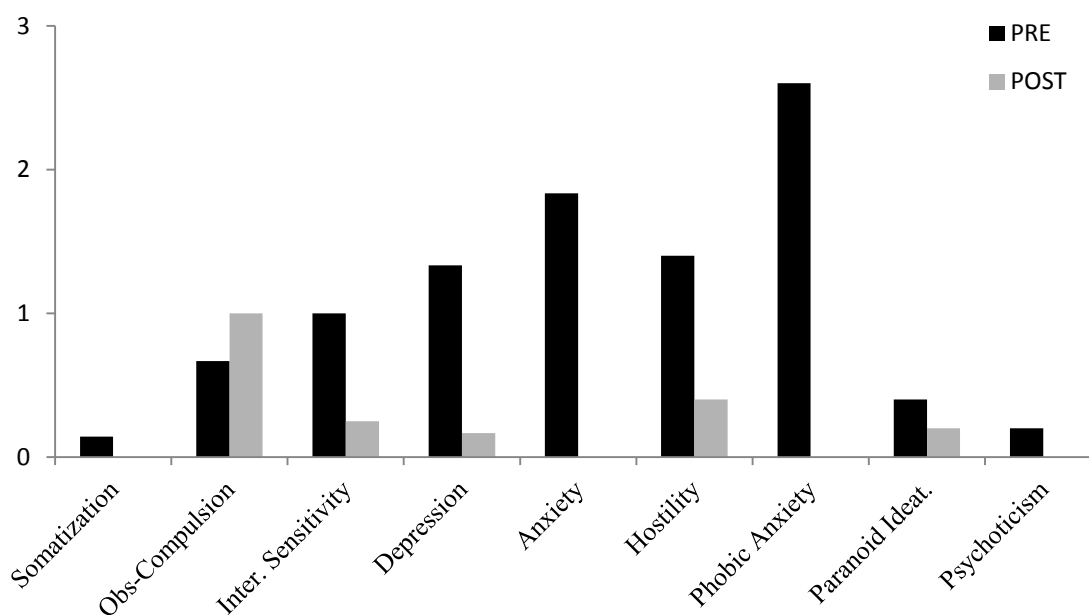


Figure 4.27. Results of the BSI sub-scales for case “B03 - The Woman that strives to be normal”

The woman that strives to be normal was a rapid success case, considering the short number of sessions. It was categorized as such by her therapist and is reflected on the BDI evolution. Furthermore, listening to the case, it is clear that this was an articulated client. Whether or not there was change in the narrative remains an open question. On one hand there seems to be a new narrative, but whether that narrative was elaborated using the same assumptions will be discussed. Even if no change was done

on the assumptions expressed on the narrative, there were certainly changes in the way those assumptions were expressed in the narrative. But is this expressed in the indices?

The average of all sessions with regards to the dimensions – Figure 4.2 on the beginning of the results section – show that this is the best case with regards to the overall proportion of later dimensions. With respect to the longitudinal evolution, in the percent frequency of the dimensions it is possible to observe what could be considered a relative regression of the early dimensions – external and pain – until session four and an inversion of this process beyond session five. The last session is an outlier session which can be attributable to both being the last session and having lasted less than half of the others.

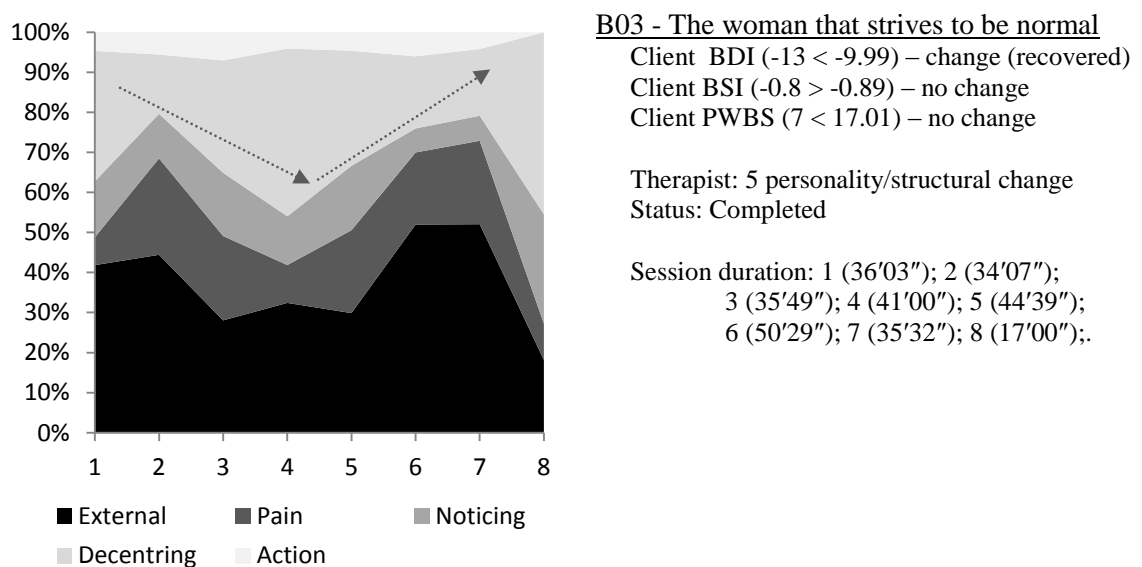


Figure 4.28. Stacked percentage of each dimension per session of “B03 - The woman that strives to be normal”

The absolute frequency shows a different picture. A clear inverted U is observed for decentering, while for the remaining dimensions, the safest observation is that they remain stagnant throughout therapy. Is this the inverted U that was anticipated as the

natural process of indices evolution in a successful case? Nevertheless, the results from the dimensions are mixed. Most dimensions show no change, while decentring presents a variation that constitutes a threefold increase in frequency and a return to the baseline.

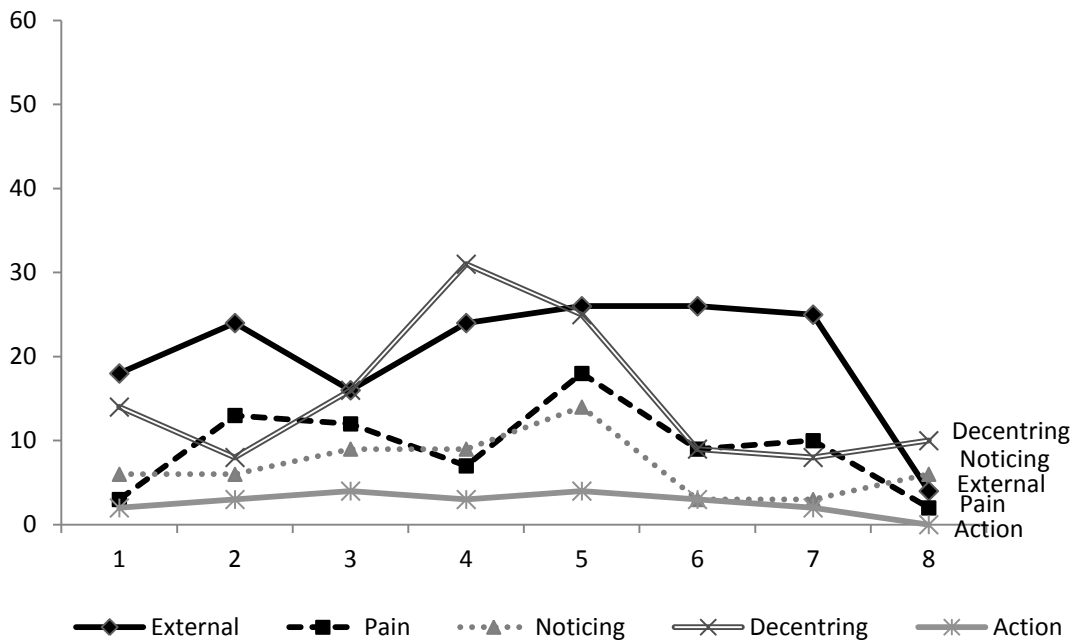


Figure 4.29. Frequencies of the dimensions along the therapy of “B03 - The woman that strives to be normal”

Furthermore, regarding the evolution, unlike the other two cases, the therapist signals one session as particularly relevant. For the therapist, session three is considered an important session after which the therapy progressed continuously.

Interview with the therapist

I – Was there any decisive moment during therapy?

T – The third session. The third session was really impressive.

I – So it was the session...

T – It was “the” session.

I – Ok. And, apart from that moment, how do you describe the client’s change throughout the sessions?

T – An increase of awareness.

I – Was it something gradual?

T – It was gradual from that third session on. The insight she then had was then confirmed in the remaining sessions, with the discussion of supporting examples. For her this was a process of self-discovery. She felt the excitement of releasing herself and realizing she could do things differently, feel differently and dare. So, I testified to a process of self-discovery on her part.

The next three sections outline the conceptualization of change in this case. To describe such evolution a metaphor was used: the making of a fortified wine. A fortified wine (e.g., port) is done by stopping the natural process of fermentation by adding a spirit drink (e.g., brandy). A fortified wine is stronger (i.e., more alcoholic), more stable (because the brandy impedes the deterioration of the wine) but less mature (because the fermentation was stopped). This metaphor is used with regards to this case, because it will be argued that the change in this case resulted in the return to a personal stance centred in the idea of strength or normality, which was nevertheless a return to a previous functioning.

Fermentation. The woman that strives to be normal came to therapy after having found out that she had a chronic disease. This disease implies change in the life style and constant monitoring for health complications that may happen. If managed, the person can have a normal life. At the onset of the disease, she was on medication for an unrelated problem and the medication masked the symptoms of the disease. When she finally went to the hospital she had to be admitted because the illness was in a severe stage.

The client starts therapy a while after receiving the diagnosis. After the news, she went to live temporarily with her mother. She had already pro-actively looked for support, for example joining an association that helped people in similar conditions. But psychologically, the illness was still very present and seen as a shock.

Session 1 (0'00"-4'20")

C- Yes... First of all, to me this came as a shock. Knowing that I had ILLNESS... Because I was not expecting it, I had never had a disease like this, and in that moment when they told me it was as if... (sobs). Because it was as if all my life had ended. It was like it was the worst disease of the world, I was limited in everything, because I had no knowledge of the disease. And the way they gave me the news was really... I had to be careful with everything, all the diseases I could develop... And I was alone, and I had no idea I had it, it came as a shock (sniffles). And well, I mean... I was pretty revolted with everything. Because it is one of those things we don't expect. I had already heard about this disease, sure. But, I mean, it were other people, it only happened to other people, and when it was me... For a week I wasn't even able to actually believe I had it... It was like a dream. It was only recently that I started to... how should I put it... to care about the treatment. Because at the beginning I didn't want a treatment, I wanted a cure. And so... I went on the web and I read it all... I kept broking down even more. Because it was as if... this wasn't living. It was just trying to stay alive. "You have to eat at certain hours, you have to"... everything like this. (sniffles)

T- It was as if emotionally you felt you had been given... I'm going to use this expression... a death sentence.

(E)I1e02 Overwhelming emotions
I1e06 Externalized emotion
I1e08 Emotion of outside origin
(N)I1e10 Detailing emotional experience
I4m12 Alternative view
(D)I4m13 Sketch of underlying meaning
(N)I4m14 Situational explanation
I4v08 Mentions a cognitive process
(D)I4v10 States a new awareness

T4 Validation

The illness seems to interfere with some vulnerabilities. It is made to signify that she is abnormal. Like in other circumstances in which this "abnormality" emerged, that were later discussed in psychotherapy, this was compensated with control. In the case of the illness, this manifested in two ways. First, by blaming herself for what happened as if she had control over it. She blamed herself for the medication that masked the symptoms and for not getting help sooner.

Secondly, by controlling every aspect surrounding the treatment and the hypothetical health complications. At some point she mentions having a rash which is immediately (and incorrectly) interpreted as a sign of the disease. Another example is the preoccupation with a future pregnancy, when she was not thinking about it.

One problem of this control is that it implies the confrontation to what is perceived as an abnormality. To manage the disease and to live a "normal" life with it means surrendering.

Session 2 (2'15"-4'04")

T- So... are you normal after all?

C- (laughs) Well, yes... I mean, I do feel that the days go as normally. But at the same time it is hard for me to say that things are normal because... because...

T- But that's it... because?

C- Because it feels that I'm forgetting... I feel those things are normal, but at the same time I don't want to forget... that I'm sick... and it's hard for me to say "Everything's normal, everything's alright" because it seems I'm devaluing... I don't know if...

T- Go on, go on!

C- I can't explain well. It seems I'm not giving it its importance, right? It seems... "Ok, I'm forgetting something important. I can't forget it because it's here." And at the same time... I actually didn't remember during the day. Even this morning I went to work, I left normally to go to the doctor, and now... But at the same time... well... things are normal... if you ask me, "Was your morning normal?", "Yes". I was actually full of energy, I had thought I would go easy... "Oh, I don't feel like thinking about work"... No, I was full of energy, already trying to do a million things at once, but at the same time... if somebody asks me "How was your day"... I always think I have to answer "No... Well, it went fine". I can't say "I'm happy" or "I'm normal"...

T5 Suggestion of meaning

IZT7 Agrees and adds
(E)I4m07 Emotional explanation
I4m11 Ambivalence in meanings

T2 Explore meanings

(P)I1e04 Criticism for emotion
I4m11 Ambivalence in meanings
(E)I4v05 Self-critical/motivational verbalizations

T1 Facilitate clarification

(P)I4m04 Incapacity to assign meaning
(N)I4m05 Surprise with reaction
I4m11 Ambivalence in meanings
(E)I4v05 Self-critical/motivational verbalizations

So the disease interferes with questions of identity or definition of self.

Furthermore, the magnitude of the emotional reaction suggests that this may reflect pre-existing vulnerabilities. Later in the therapy, the therapist reflects about these issues of control.

Session 7 (10'02"-12'00")

T- Exactly. And this health situation did bring up some things... and so this can also be used for your general process of growth.... Some of your personality features... Some of this rigidity, some issues with control... when you're dealing with important issues... you get more rigid, less flexible, you feel a bigger need to control, of not taking any chances, because that might bring on sanctions, consequences, "And what if things become worse"... And we've already discussed something similar for instance when we talked about your job and your career. When we talked about the time when you went to the university. About issues that are emotionally... that you feel engaged and implied in, for whatever reason... because it's your job, your career, it's a challenge, it's your health... whatever the reason, some features of rigidity come to the surface, and it's important to consider them and wonder "Wait a minute, but is there... Where is the threat? Why do I need to control things so much? Is there other way for me to know and have access to my limitations, other than being intransigent?" [...]

C- Yes, it's... that's it, it ends up... I end up punishing myself more than what the disease imposes. [...]

T5 Suggestion of meaning

IZT7 Agrees and adds
I2i07 Identification of vulnerability (positive)
(D)I2i10 Assuming responsibility
(D)I4m13 Sketch of underlying meaning

The abnormal versus striving dilemma manifests also at an interpersonal level. Her striving side wants others to treat her as normal and she does not want them to change their lives for her. During the therapy she mentions some annoyance with others – her husband and friends – for changing their lives for her. In session six, she reflects on the personal meaning of being confronted with her abnormality.

Session 6 (29'04"-29'46")

T- Or...if there's no constraint, no problem, people won't be avoiding to ask "So, how are you doing? How are your values? How are things going?"

C- Yes... it's... I don't want one thing or the other because... actually the opposite it's also... I can't take it anymore... I think I'm really feeling the need to be... to be seen as normal. I mean, I do have to worry because I have to move on with my life and I have this thing. But... ok, that's me, I know that. I don't need everyone else... to keep monitoring me asking if everything's alright, how the values are... and I also don't need them to avoid asking because I might be afraid to... to answer or I might feel bad.

T5 Suggestion of meaning

IZT7 Agrees and adds
 I1e13 Meaning underlying emotion
 (P)I2i06 Enough (negative)
 (D)I2i08 Identification of goal/need (positive)
 I4m12 Alternative view

The opposite tendency comes from the “abnormal” woman that needs care. This need for care is never completely expressed as such. For example, moving to her mother's house had a clear goal with regards to support which also makes the return to her own house difficult. But this difficulty is not situated at an emotional level. The striving woman only admits this comfort at a utilitarian level

Session 1 (21'47"-23'20")

C- I only go home every once in a while... and I also miss it, being there. But at the same time, I think that alone... But now... I will go back to work next week. So I think that this week would be a good time to at least start trying to stay. Because at the same time I make an effort to be able to stay at home at least for a day or two, because... Going back to work... my life will have to start... it will have to be normal once again. And... But, it's true, I haven't had the strength to stay there alone, but I know... I have to make an effort...

T- Is you mother at home?

C- Yes.

T- Are you feeling the need to be more protected?

C- Yes, because... in the beginning the part... she was also did cooking. I barely know how to cook something. XXXX. And when one is sick, with a flu or... something, being near to my mother is always... and now... I've been leaning on her.

(E)I2i05 Useless self-criticism
 I3f05 In this phase
 (N)I3p06 Controllable future
 I4m11 Ambivalence in meanings
 (D)I4m13 Sketch of underlying meaning
 I4v09 Actions to deal with the problem

T1 Facilitate clarification

T4 Validation

T5 Suggestion of meaning

IZT4 Partial agreement
 (N)I3p02 Identification of a pattern
 (D)I4m13 Sketch of underlying meaning

With her husband and her friends, this need is marked with complaints. In the one hand, the striving woman asks them to live their lives as nothing had happened. In the other hand, the “abnormal” woman complains when they actually do it.

Session 1 (24'00"-26'59")

T- Hum hum. And how do you feel about that?

C- When I'm alone I feel a little down. Sometimes, when I'm alone, I feel... I feel I'm really alone. Uhhh... I don't know, because... I know they are there when I need them, but at the same time... when they need to relax... “We have already been here for quite a while”... Or if there is some sort of invitation and “I'm not going, but”... Because my sister also insists on being there... very near. “You go and have fun, I'll join you later”, or “Tomorrow we'll do something else. Right now I can't go out”. And, I mean, they end up going. And I'm glad they do, but at the same time I think “But... I didn't go, I had to stay here”...

T- At the same time there is a part of you that wished no one went?

C- No, I mean, that's not it. The support I get from them is huge, but... for example, they say “this will be good for all of us, we'll all start to eat it”... but at the same time, after a while... no one resists. And I have to resist because I have this disease. [...]. It is not that I miss those things because even before I didn't eat them... The point is that they say “It's easy and it will be good for all of us, you'll see you'll get used to”, and then I look to everyone who says that to me...

T3 Explore emotion

- (E)11e05 Being good or bad
- 11e13 Meaning underlying emotion
- 12o01 The other is wrong
- 14m11 Ambivalence in meanings
- (D)14m13 Sketch of underlying meaning

T4 Validation

T5 Suggestion of meaning

- IZT2 Direct disagreement
- 12o01 The other is wrong
- (E)14m08 External meaning

One solution for this expressing need vs. assuming weakness dilemma is to expect others to anticipate her needs without her having to tell them. In session seven she reports an episode where she becomes angry with her husband in a manner that is confusedly narrated. After exploration by the therapist, the client assumes that she was still afraid of driving and that she was hiding this fear and trying to drive anyway. Her husband request was seen as neglect even though the need was not fully expressed in the first place.

Session 7 (14'52"-16'07")

T- We can talk about what happened... you don't feel like...

C- No, it's nothing... I think I'm also more sensitive, I react to everything. And... and it was a silly thing (muffled laughter)... I was... I don't know, I was having dinner with some of my friends and my husband and I said something... he asked “Will you drive the car home?” and I... well, I thought... I said “I'll do it” but I made a facial expression... sometimes I don't do it on purpose... He said

T1 Facilitate clarification

- (E)11e02 Overwhelming emotions
- (P)11e04 Criticism for emotion
- 11e08 Emotion of outside origin
- (P)11s02 Impotence
- (E)12i05 Useless self-criticism

“It seems that you’re always upset” and to me that was... “I’m always upset and you’ve never said anything? How am I always upset? If this entire week I’ve been”... and it was as if... I mean, I’m not upset and someone is telling me I look upset... And it took such proportions... I haven’t said anything but since yesterday I’ve been dwelling on all that. It’s almost as if... I mean, I’m not upset, how can someone tell me I look upset? I make an effort... And then everything comes to surface, you see? Which is, I make an effort everyday (laughs)... Everything is so intense that I was all right just now and now I’m already feeling like crying, I don’t... I can’t control things, it’s (muffled laughter)...

T- Lucy... Isn’t that precisely the issue?

I2o01 The other is wrong
(E)I4m08 External meaning
(D)I4m13 Sketch of underlying meaning

T5 Suggestion of meaning

In a sense the striving serves to deal with the abnormality but has one side effect.

In striving, she is setting the standard high and she is never able to reach it, thus confirming her abnormality.

Session 3 (11’54”-13’13”)

T- And we almost get in some sort of dichotomy, either I’m perfect and I react in the best way, whatever that means, or... I have to play the role of an incapable or sick person. As if we had two opposite extremes, having no right to your own pace and to a time, to let things be integrated as they happen. And so, the integration of both the capacities and the difficulties...

C- Yes, it seems there is no middle ground. That... either I’m not capable... and when I’m down I need all the support to pull me out... or if... on the other hand, if I try too hard... I immediately have to be... everything has to be... not exactly perfect, but the best I can do. I don’t think I can be normal... not enough. I can’t get there. I don’t know, because... I mean, I was never the best at anything, but... I always feel I try my best. That doesn’t mean I succeed in getting where I want, but I always try my best, I can’t...

T5 Suggestion of meaning

IZT7 Agrees and adds
(E)I2i05 Useless self-criticism
I2i07 Identification of vulnerability (positive)
I4m11 Ambivalence in meanings
(D)I4m13 Sketch of underlying meaning

During therapy they reflect on this dilemma in two other contexts. The first is in her job and the second is in her past. Regarding her job, she feels that she is not satisfied with her current job because it is below her skills and training. However, she has the fear that she may not succeed in another job. This materializes in the fear of not being updated enough in her knowledge or not having professional experience.

Session 3 (14’52”-15’48”)

C- For example, I’ve had this job for five years now. And... I mean, I feel that... I would like to try something else, I would like to achieve more. Because I there... well, the regular work things... It’s not... I like my colleagues, I like being there because I’m comfortable. But I would like to take a bigger leap. And

IZT1 Does not understand
(E)I2i05 Useless self-criticism
(D)I2i08 Identification of goal/need (positive)
I4m11 Ambivalence in meanings

I've already got some opportunities and I always try to find excuses... "No, but this is... I'm used to being there"... or "No, but I actually enjoy what I'm doing". When it's actually because I don't know if... if I'm prepared to take the leap to a different place... and what if I'm not capable?... Because where I am... I'm in a very comfortable position because...because, ok, I know that... if I make an effort, there are things that... how should I put it... I'm good there. I wonder if in Another place I would also be good? I end up...

The natural way she has to deal with this dilemma is again to resort to avoidance. She maintains the dream of changing, but she forgets to send the curriculums. The addressing of the advantages of not trying renders this avoidance impossible. Her response comes from the striving side through harsh criticism for being "lazy".

Session 5 (0'19"-2'17")

T- How are we?

T1 Facilitate clarification

C- I'm a wreck.

T- How?

T1 Facilitate clarification

C- I have a feeling of... of being lost, of emptiness. I don't know, it seems that... suddenly I got estranged from the world. Because... I got lost, I don't... I got nothing...solid. I'm...

(E)11e02 Overwhelming emotions
(P)11s01 I am lost/confusion
(E)14m08 External meaning

T- Then let's look at it together. What happened? We've moved from... a Lucy who was full of certainties, who had lots of material and objective things to hold on to. And in the moment we started to question those things, what happened? This Lucy who comes here today confused and lost?

**T2 Explore meanings
T4 Validation**

C- I don't know (muffled laughter). Last week I left here with the feeling that... I didn't had... those things I thought I had, when we spoke... I mean, I realized that I wasn't... I didn't even have everything I needed professionally... I didn't have everything I needed there, in the other place after all I also had... then I started to think "But I don't even do anything"... I don't know... I always think I would like to do a bunch of things... XXXX... And then suddenly I was left with nothing... I thought I had a bunch of stuff, but... I have nothing (muffled laughter).

11e09 Emotion of unknown origin
(P)11s02 Impotence
(D)12i08 Identification of goal/need (positive)
(E)14m08 External meaning
14m11 Ambivalence in meanings
14v11 Reference to the therapy

T- Maybe we went from one extreme to the other, didn't we?

T5 Suggestion of meaning

C- Yes, now that I'm speaking... well, it wasn't so bad, but it was... now I realize I actually... I'm not sure... of what I want and that made me feel kind of lost.

IZT4 Partial agreement
(P)11s01 I am lost/confusion
(E)14m08 External meaning

Another context, in which the dilemma between the striving and the abnormal positions manifests, is in the discussion of her past. She mentions another hard period in her life, when she entered her course and that implied leaving her home. She mentions

having panic attacks and seeking a doctor that suggested that the reason for the anxiety was that she was spoiled.

These panic attacks occurred in a period in which she left home and had to change friends. She considered her parents as protective. This protection is again defined on a functional level – picking her up when she got out at night – in the same way as the consequences of the panic attacks – not being able to use public transportation. But the dependence on the family must be more than utilitarian. The client feels guilt for leaving home to live autonomously close to the time when her sister also left. If separation is equated with harm, then perhaps the relationship is marked by dependency.

She eventually confronted her fears and surpassed the panic attacks. She remembers for example, going on a trip abroad even though she was afraid that something would happen to her. This overcoming – that can be equated as striving – was experienced with pride.

Incidentally, the periods in her life when she admitted her vulnerability and sought help, were moments of physical distress. Panic attacks were the physical manifestation of anxiety that reflected the loss of support. The illness was associated with suffering because it highlighted the same need (and internal prohibition) of support.

Session 3 (7'09"-8'48")

T- I was wondering if in any way this that was brought by the ILNESS, this little Lucy in need of care, is somewhat resembling to the Lucy from the time of faculty and to what happened then?

T5 Suggestion of meaning

C- Probably yes, I'm now wondering... to what point... I had gone to the doctor and he had said I was spoiled"... and I was so resented because I thought "What a silliness, I'm really feeling all this". But, looking at it more closely, it's not a matter of the faculty... not the faculty...

IZT4 Partial agreement

T- In itself.

T1 Facilitate clarification

C- But because I went alone, I didn't have colleagues nor... it was a new world. I had to make new friendships... it was a new place to which I wasn't used to... everything was really new. And in the beginning... it wasn't right at the beginning, but in the middle of the year, probably because I started feeling that... I missed the support from my old friends... the school environment, which I was used to... those routines... As I told you early, I didn't use to take the bus or anything, my father drove me... or I got a ride from someone who passed by when I was going home... And it was...ok, the transp... caring for myself... knowing at what time I had to take the train, if I missed it I had to take another, or when I had to take two I had to find a way... And probably, without realizing, I started to... Yes, it's always those times of change... that make me... without realizing it, be afraid and get... almost frozen because... I don't know, I think that...

(N)I2i01 Do it unconsciously
(E)I4m08 External meaning

During therapy, the client was able to clearly articulate her dilemma. This articulation was done in several dimensions: in the relationship with others and the satisfaction of her needs; and the identity issue and the satisfaction of her self-worth.

Session 3 (5'05"-6'25")

C- Why did it just take... I probably never thought I might... that... I mean, I probable hadn't really left the nest (laughs). And I needed attention. And I needed... to be taken care of. That's true. Because rationally I used to say "No, I don't want to be pitied", but that was actually what I wanted. And even when I meet people... and they ask me "Is everything ok?"... people who don't even know I have ILNESS... "Yes, everything's ok", and I don't need to... "Oh, you don't imagine what happened to me one month ago"... I don't...

I2i07 Identification of vulnerability (positive)
(D)I2i08 Identification of goal/need (positive)
I4m10 Detailing a problem
I4m11 Ambivalence in meanings
I4m15 Creation of a metaphor
(D)I4m13 Sketch of underlying meaning

Session 5 (16'19"-18'53")

T- Going back a little, to the beginning of our conversation, Lucy. When you left here, you suddenly started... summing up what you had and didn't have.

T2 Explore meanings

C- Yes, more or less... I mean, first it was... a feeling of... a feeling of emptiness, really. I wasn't even weighting what I had or didn't have. It was just a feeling of... of emptiness, of... that's it, emptiness. And then I started thinking... and I was trying to think "Concrete things!". And actually... even from the things... that I wanted or that I like... Because I try to... I don't know, to help or to be stronger, so... if someone is fragile, to be stronger. But I'm not actually like that. Uhhh... I'm not that strong. Uhhh... for example, I try to be more... I'm always laughing and... and I actually make friends easily, I'm outgoing, but at the same time I'm really shy and... and timid. That is, I seem to make an effort to... to be

(E)I1e02 Overwhelming emotions
I1e13 Meaning underlying emotion
(P)I1s01 I am lost/confusion
(E)I2i05 Useless self-criticism
I2i07 Identification of vulnerability (positive)
I4m11 Ambivalence in meanings
I4v07 Mentions a thought

more outgoing when actually I'm... I'm not like that. It was this sort of thing... I'm not so much like that. It's...

T- (Overlapping) But you're also like that.

C- Yes, I'm also, but just a little. But when I start to think... if I thought, for example, "I'm a strong, outgoing person"... I'm not like that, these are not... the words that describe me. It's more... I can be timid, but I make friends easily because I'm laughing and all that... but I'm not outgoing, I'm actually a bit shy until I... until I develop some trust with the person, I'm only then able to overcome that barrier. Uhhh... and when I got here, I thought I was all that. And when I left I realized... it was the other way around. That's why I felt... I felt empty that way... ok, I'm something but not... not the image... it's more the image I created for myself, what I thought I was or what I would like to be. I created an image of what I would like to be and I did everything to get there... so, I'm on that path, between being and not being, I'm in between. But I'm not so much as... all those aspects. It was more like this...

T5 Suggestion of meaning
T4 Validation
IZT4 Partial agreement
(E)I2i05 Useless self-criticism
(N)I3p02 Identification of a pattern
I4m11 Ambivalence in meanings
(D)I4m13 Sketch of underlying meaning
I4v07 Mentions a thought
(D)I4v10 States a new awareness

Finally, she was even able to articulate a goal: something between the striving to be a better person and the acceptance of her shortcomings. This is particularly important considering that for change, sometimes is as important to identify a goal formulated in a new way than as it is the identification of what is wrong.

Session 5 (41'14"-42'48")

C- But... my bigger problem is (muffled laughter)... it's that... I have no idea how to balance myself, you see? Because I really don't... I don't know what to do... what sort of exercise should I do or... And so... I'm also not strong at all in this matter, because I get... "Ok, I don't know what to think". And I get stuck here, I don't... I don't know... because I don't want to be strong, I also don't want to be fragile (laughs)... And I would like to find a middle ground, but I don't know how to get there.

T- Hum hum. Do you know the only thing I can think off? It's that you're already doing it.

C- Yes, probably inside.

T- (Overlapping) You're already doing it.

C- (Overlapping) Since the first day I got here I had no mask, no... I would come here... Well, sometimes I was here and I was thinking about something and then I would leave, think a lot and do it.

T- And you're not doing it just here, Lucy. Do you know why? Because last week you left here, you felt empty, and you questioned yourself. And so you allowed yourself to be you. Not strong, not fragile, just you. And you're questioning yourself and you're already doing it.

C- Hum... Yes... (laughs) I don't even realize it (laughs).

IZT7 Agrees and adds
(E)I2i05 Useless self-criticism
I2i07 Identification of vulnerability (positive)
(D)I2i08 Identification of goal/need (positive)
(A)I3f04 Not yet TARGET
(P)I4m04 Incapacity to assign meaning
(D)I4m13 Sketch of underlying meaning
I4v07 Mentions a thought
T5 Suggestion of meaning

IZT4 Partial agreement

T4 Validation
I4v11 Reference to the therapy

T5 Suggestion of meaning

IZT7 Agrees and adds
(D)I4v10 States a new awareness

Adding spirits. The excerpts provided, almost needed no explanation to highlight the rapid progression of this case. The client not only speaks through her

stances, but also is able to talk about them and almost reach equilibrium between the necessities of the abnormal and the striving positions. On the other hand, looking into the number of the sessions of the excerpts it is possible to see that some of the protections and harsh criticism were apparent in later sessions as well.

Even with respect to the illness, she relapses near the end of the therapy. Before session six she observes that her hair is falling. She attributes it to her illness and all the same narrative emerges and the same need to control. Even the impossibility of a transplant is reframed as a choice.

Session 6 (3'46"-5'30")

T- I was going to ask you if your hair didn't fall before.

C- It did... not as much, but actually... well, it can have other influences but... the doctor explained it to me "No. You can do the treatment... you can use the ampoules you want, you can do want you want"... And then there was that story again "I can't do any treatment because I have the ILLNESS"... I confused it all over again and...Then I got better, but I had a couple of days when... I felt that the resentment hadn't really gone away... it hadn't... because I was still angry because I thought about that all over again. But at the same time, well, I spoke with... with the doctor also because although I said I didn't I obviously still had some hopes about the transplant. I had also spoken with you... And when the doctor explained it all to me now, the advantages and disadvantages, I then made the decision that "No. In that case I actually think that it's easier to control... to have some limitations because of ILLNESS but to be reassured that I can be the one controlling things, than all the rest". And so I've taking it... Ok, when I look at it I'm already loosing less hair than before. Uhhh... because really if my values go a little off I can feel some effects. And I'm saying this because now things are all right, right? The next time something happens everything will probably fall apart again because...

T- Hum hum. But you know what, Lucy? That's not necessarily bad. Why? Because it's ok, we're still learning and it's natural that this may happen and that suddenly you're no longer you but your disease instead.

T5 Suggestion of meaning

IZT4 Partial agreement
 11e06 Externalized emotion
 11e08 Emotion of outside origin
 14m10 Detailing a problem
 14m11 Ambivalence in meanings
 (D)14m13 Sketch of underlying meaning

T5 Suggestion of meaning

So why did the therapy terminated when it did? The ending of the psychotherapy on that particular moment may have been due to two reasons. First, the goals in the beginning of the therapy were defined within the process of adjustment and those were achieved.

Session 1 (29'30"-31'46")

T- In that case, does it make any sense to you... let's even establish goals, I think it may help organize things... and even temporal goals. You'll be on vacation on the second half of July. We are in the beginning of June. Maybe we could settle as a goal... first, to help you to get hold of yourself again and to be able to be with the way you feel, with your things, to start to reduce the size of the forbidden, exactly by regaining yourself, by re-thinking yourself, by feeling... this before you go on vacation? Could this be a good goal?

T5 Suggestion of meaning

Session 4 (13'30"-14'31")

T- So, I think we can already conclude that... that we're already in the phase of integrating this new situation, which was the ILLNESS, but that is no longer "the ILLNESS", it is the integration of a new situation, and that you've already stabilized your pace and... and you've already adjusted to the reality you had to adjust.

T5 Suggestion of meaning

C- Hum hum.

During therapy, however, other issues emerged and the therapist was seen as supportive. The need to be heard that was present with her parents, husband and friends was also present in the therapeutic relationship.

Session 7 (32'20"-34'44")

T- And so I'll be on vacation for three weeks. What was my idea? We've had this time of absence in your vacation, we were still able to meet in the middle and discuss where things are, and now I'm the one going for three weeks. When I come back, I had thought that we might talk about where things are not only... how you're feeling with yourself and for instance these little rough edges that we've discussed today and that you've been working on... and this need to be worked... Maybe throughout you all life (laughs), isn't it? But... what I was thinking was that when we meet again, and even because we've had these periods of separation, we might also think about our process and once again see where things are... For how long should we continue to meet? To do what? See where things are. We've actually done this with the issue of ILLNESS, we've rapidly switched the focus from the disease to you, and now that you've been with yourself, which means you've been with everything, again we need to see where things are so we can think... about your discharge process.

T5 Suggestion of meaning

C- Alright. (muffled laughter)

T- Does it sound good?

IZT5 Agrees without adding

C- Yes (muffled laughter). I'm also going to miss you.

T2 Explore meanings

But the striving tendency was also present. For example, the work done with regards to her lack of satisfaction with her job (striving) and her fear of failing if she changed (abnormal) lead to suffering in the subsequent week. Since it was impossible to

avoid the issue, the criticism from the striving side emerged. In a sense, as soon as she expressed her vulnerabilities, her avoidances stopped working and she demanded a perfect change.

Session 5 (43'42"-44'15")

T- But you have already realized... maybe when trying to... to be ideal, to be with yourself in an ideal way, to be with others in an ideal way... but you're already questioning that also... because you're already realizing it. I mean, now let's not want an ideal process of change also (they both laugh). What else can we say, Lucy? You're allowing yourself, you're doing it. I can't tell you anything else.

T5 Suggestion of meaning

A fortified wine. In conclusion, the biggest question of this case is what did “The woman that strives to be normal” changed? Did she went through a modification in the way she defined herself, in her protections and the way she expressed her needs to others? Or did she resolve the issue in the same way as during the period of panic attacks? In other words, whether she did control enough to regain a sense of control; that allowed her to forget the fundamental perceived lack of control of herself.

When the client describes the process of change, reflects about it as partial – which is not unusual considering the number of sessions – but more importantly using terms that could either be seen as rigid themselves or self-critical. Furthermore, this is a captivating speech in the sense that the confidence associated with the striving side is there. The weakness is surpassed and she refers dealing with her demandingness in a much more relaxed way (without rendering it concrete).

Session 8 (3'20"-5'06")

T- But that was in part our aim today, Lucy, it was also... to do some sort of evaluation, a screening together. Even so we can think about us, the way we said goodbye in the last session was a bit... Lucy, all these absences we have been having, they also have a meaning, they say... that you no longer need this space, that it has already had its purpose, but that right now you've already got your life back. You've already... got a hold of it, that situation of unbalance has been resolved.

T5 Suggestion of meaning

C- It has. It has. Well, *there's always those little things, but it has, it's*

IZT7 Agrees and adds

overcame. And I think it's not only the ILLNESS situation... because... in the beginning what I brought was just the ILLNESS, but then I found out... I have experienced this situation in the same way I've experienced other situations more or less...

T- (Overlapping) There you go...

C- ...similar. And I think that in here... *when I'm aware of something... that doesn't mean I'll change*, but I can... I don't know how to deal with the unknown. And at the beginning the ILLNESS was also challenging because I didn't know anything about it. And when I started learning a few things... well, I can live with it. And it's also like this with that issue of being rigid with myself... It doesn't mean I'm no longer like that, but now I'm conscious that I am this way, and so instead of broking down or thinking... I already realize I act a certain way because I am like this. *And I try to do it differently. In a much more relaxed way...*

(D)I4m13 Sketch of underlying meaning

T0

I1e13 Meaning underlying emotion
I2i07 Identification of vulnerability (positive)
I2i15 Change in state/behaviour
I3f05 In this phase
(D)I4m13 Sketch of underlying meaning
I4v09 Actions to deal with the problem
(D)I4v10 States a new awareness

The therapist considers change to be manifested on the good outcome of the adjustment process and endorses the salutary position that perfect change is impossible and undesirable. But the question remains: was the demandingness of the client a desire of a perfect change? Or was it also the realization that she needed help in dealing with interpersonal issues?

Interview with the therapist

This client was eventually discharged. The integration of ILNESS was a quick process. It was easy to uncover the roots of the problem and help her integrate the disease, without it becoming her entire identity and taking over her life and several daily activities she initially had considered as lost. Besides this, she ended up going through a brief therapeutic process, which had a sharp focus on the questions related to change. In the end, she perceived this process as having been beneficial. The disease was no longer brought up in sessions, *and she found it rewarding to be able to address certain matters for which she probably wouldn't have sought help but that were subtly affecting her life.*

(...)

I – So, the consequences of the initial problem and those of the questions addressed later are somewhat linked. Her reaction to the disease is also very related to this question of control, isn't it?

T – It was actually from that connection that she gained consciousness of the way she reacted to change. That connection was made possible because she now had something very obvious and present in her life, her disease, which allowed her to pay attention to her reactions to change.

(...)

I – So, you think that there was some change due to that association of ideas. How far do you think the change went?

T – I don't believe that the therapeutic process ends when therapy ends. So, only time will tell how far the change went. I think she became conscious that she is able to change and that change is not risky.

This raises the question of what is good enough change. This question is particularly important for this case considering that for this client, good enough is hardly enough. This client is clearly a bright client who is able to elaborate deeply on her issues. The therapy is filled with constructive interactions that promote insight in the client. There is the identification of a goal of integration in the self and there are some changes in behaviour – first and foremost in dealing with the physical illness and second, by for example in sending curriculums to find a new job. The therapist codes and client response indices suggest this. There is evolution in the therapist interventions and the client response indices show a predominance of “IZT7 Agrees and adds” which suggests elaboration on the therapist intervention. Interestingly, the client response indices show the same progression/regression evolution of the indices.

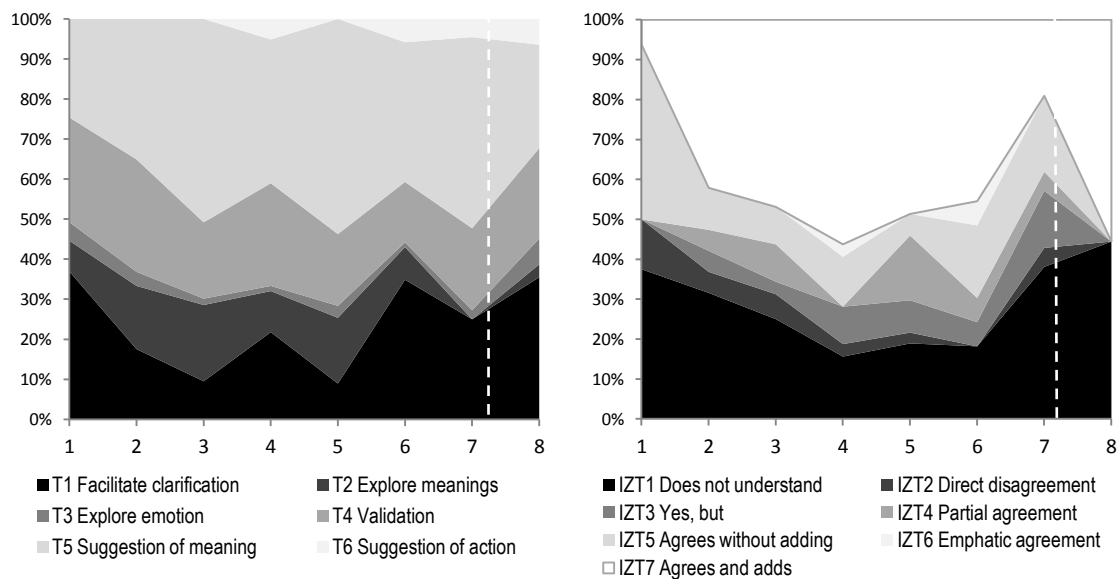


Figure 4.30. Stacked percentage of the therapist codes and client response indices for “B03 - The woman that strives to be normal”

But these observations only show that there was change and that perhaps the change followed the inverted U that is expected to be present in successful cases. The

therapist argues that the client changed as much as possible and that the remaining changes are developmental. However, it was argued that some elements of the therapy remained the same and that there were not new elements enough to create a new narrative.

Is it possible to use the indices to answer this question? Below is a chart with the all indices of decentring plus “I2i05 Useless self-criticism” (from the external dimension). Self-criticism was chosen because it was associated with the demandingness she presented.

The stacked areas show a mixed tendency. Most indices of decentring and self-criticism show a tendency to remain proportionality constant throughout therapy. This is close to “B04 - The man who shelters under his understanding” case in the sense that the evolution, according to the indices remains essentially quantitative. On the other hand, mainly in session four and fading out from the next sessions onwards; it is possible to see the emergence of “I2i10 Assuming responsibility”. Assuming responsibility, like self-criticism, implies internal agency. However, unlike self-criticism, assuming responsibility has a constructive character and is not self-oriented but rather reparation oriented. Is it possible that assuming responsibility implied a regaining control that was not based on the harsh demandingness of the striving woman? If so, would this be a good way to consolidate the adjustment?

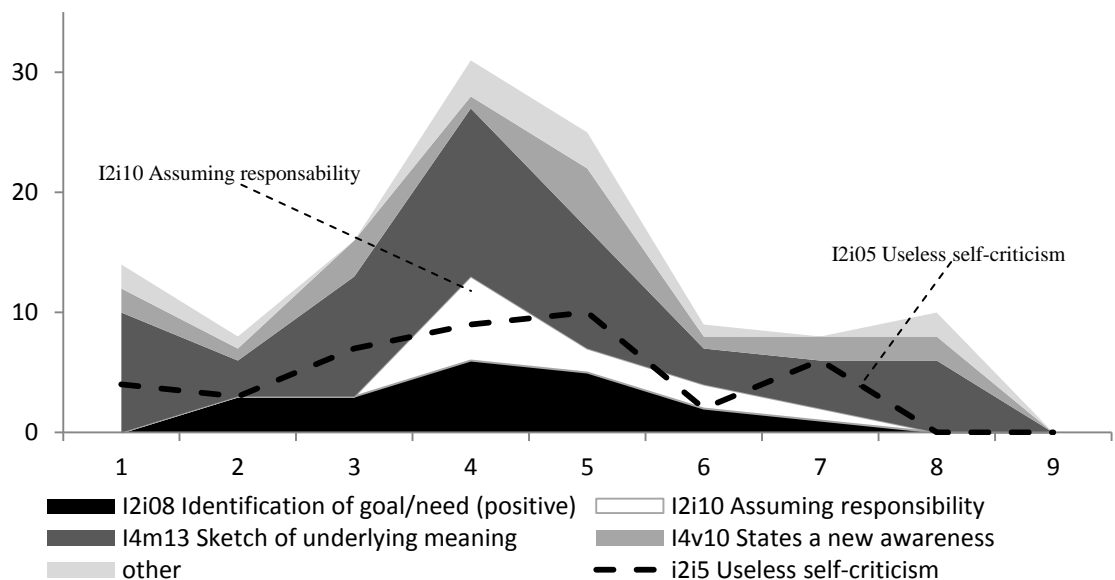


Figure 4.31. Stacked absolute frequency of the dimension of decentring plus the code “I2i05 Useless self-criticism”

What is the meaning of these variations? There were some changes in the narrative, which are shown by the variation of the graph. But some elements of externality remained (see also the absolute graphs of each dimension). So there are changes in the narrative, but important elements subsist.

One clue may help to understand the contrast between reported change and observed change. As the therapist said, the client would probably never come to therapy unless the illness had not appeared; like resorting to her mother only in the cases of physical need. This is because the striving part would never have allowed it. The therapist understood this and proposed a pragmatic approach. The client gradually moved to a state of accepting the support – with some dependency shown afterwards. The striving part however sought to be a good client. The therapist adhered to this and accepted the client’s change. The client became like a fortified wine: stronger and stable. Whether it will mature further depends on the future, as the therapist stated.

This case could be the confirmation of the expectations that for at least some dimensions changed followed an inverted U tendency. However, there is the possibility that this case was not such a case. It is possible that the fermentation process that occurred associated with the adjustment to the illness was stopped like it had been added spirits. The reason may have been the desire of the client to be strong. On the other hand it could be argued that the adjustment to the illness process is close to assimilation with a more extensive internal change. If so, the inverted U trend would appear in both. Future research may confirm this.

In sum the indices show the mixed nature of the evolution of this case. On the one hand, the absolute frequency of the indices suggests change in the evolution of decentring. Another sign of change is the qualitative variation in the composition of decentring in which “I2i10 Assuming responsibility” has an important role. On the other hand, the narrative of the client seems to retain some of the processes represented by indices such as “I2i05 Useless self-criticism”. The proportion of the dimensions along the sessions (percent frequencies) suggests a return to the baseline. This is reinforced by the client response indices which show the same evolution. In overall, this mixed behaviour of the indices is consonant with the idea that this was an adjustment process in which the vulnerabilities of the client remained unchanged.

Discussion

This study consisted on the application of the system of indices to describe longitudinal psychotherapies. The main question was whether the indices were useful in describing assimilation. This question had its answer in two phases. The first was in the overall application to all nine cases. Of these, six were considered straightforward in the application of the indices with regards to their success status. No significant trends were

found in the unsuccessful cases and in the straightforward successful cases significant tendencies emerged. Furthermore, all significant trends were in the anticipated direction. Earlier dimensions of assimilation tended to reduce in successful cases while later dimensions of assimilation tended to increase.

The first finding that emerged from the complete data set was that it was easy to find straightforward cases in the unsuccessful cases. Despite the variation in overall quantity of the indices or the variations associated to outside events found in case “B08 - The mother that chose to be a woman” the lack of consistent fluctuation seemed to be more straightforwardly understood than the presence of variation in successful cases. This was considered to be consistent with the idea that successful cases are more complex than unsuccessful ones. Perhaps even the straightforward success cases were only straightforward because they were ongoing while none of the non-straightforward success cases was ongoing. In the non-straightforward successful cases, the evolution observed in the dimensions was non-linear. In other words, the indices were not only useful in broadly classifying the cases but they were sensitive to the complexity of psychotherapy.

The indices also raise the question of how could these non-successful cases could have been better approached. Two hypotheses were raised as to what in the indices could have been seen as a window of opportunity for intervention. The first was the overall proportion of later relative to early dimensions of assimilation. It is possible that a client that resorts more often to elaboration that implies noticing, decentring and action may be more prone to change in psychotherapy. The second were those trends, particularly in early sessions, which suggested that the client could have evolved in a successful direction. These trends were not present in all of the unsuccessful cases and the question that remains unanswered is why did those early trends did not go on evolving like in a successful case. On the other hand, these early trends may be the

result of external events. But this leads to the same question. If these cases were due to external factors, why did they were not used to promote consistent change in psychotherapy?

The second argument case for the validity of the system of indices came from the cases that were analysed more thoroughly. To better reinforce the argument for the indices all the non-straightforward cases were analysed. These were the cases in which there was a discrepancy between the indices and the success status as measured by the BDI: “B04 - The man who shelters under his understanding” showed no tendency in the indices but a significant change in the BDI; “B01 - Peter Pan’s girl” showed no change in the BDI but the indices clearly showed a V like evolution; and finally “B03 – The woman that strives to be normal” showed both a change in the BDI and a mixed trend in the dimensions – a inverted U trend for decentring and an absence of distinct change in the remaining dimensions.

To understand these discrepancies, idiosyncratic case conceptualizations were done and the therapist perspective was included even when in disagreement with the case formulation. For “B04 - The man who shelters under his understanding” the dimensions suggested no internal change; the conceptualization suggested that the mood change could be the result of entering a new phase in his dysfunctional cycle; and the therapist argued for an incomplete change, based on insight alone. For “B01 - Peter Pan’s girl”, the dimensions showed a trend from half a session onwards (rendering this half close to the ongoing straightforward cases); the conceptualization described a mixed movement (avoidance vs. growth) that lead to an understanding of the case in three phases marked by the end of the internship halfway; and the therapist described an ongoing but successful change process. “B03 – The woman that strives to be normal” was considered a case with mixed progression according to the dimensions; the conceptualization considered it a case of adjusting an old narrative while keeping its

assumptions; and considered a success by her therapist (albeit non in the “perfect” way the client wanted).

The conceptualization was laid bare so that it could be subjected to scrutiny. The indices represented the processes involved and showed a match with the content conceptualization of the cases. Nevertheless, even not taking the conceptualization into account, of the three non-straightforward cases only in one there was a discrepancy between the therapist perspective and the dimensions.

Another interesting observation is that none of the successful cases showed an equal change process. Not even the straightforward success cases showed a similar evolution in proportion. In “B09 - The lacking man”, the improvement was due to reduction in early dimensions while in “B02 - Butterfly eager to be touched” it was accomplished by a raise in later dimensions. In other words, the indices were sensitive enough to describe different pathways for change.

One argument that could be set forward against this idea would be that these conclusions were derived from selective analysis of the dimensions of the indices. In other words, given the complexity of the indices, it would always be possible to find aspects of it that confirmed whatever hypothesis. Care was taken to avoid this. The broad conclusions were only taken from the dimensions that produced broad impacts. To avoid this biased coding all small effects were disregarded, even at the cost of losing some complexity in the analysis. No major conclusions were drawn from dimensions that had low frequency – like noticing and action – even if their understanding would have enriched the analysis. Furthermore, pain and external were tied together with the simplistic and provisional understanding as early dimensions. The main question was whether they receded both in absolute and percent frequencies. This again is a major simplification.

Only one dimension was elaborated further and its choice was due to pragmatically reasons. Decentring was the only later dimension that had high enough frequency to look back into the indices that composed it. The conclusions regarding this analysis were presented with care, but the question was whether the dimensions themselves could have qualitative differences throughout therapy. Did the way a person decentred vary along the therapy? The observations outlined in the cases suggest this may happen. Not only did some cases showed variation along the sessions, but the clients themselves varied in the proportion indices that composed this dimension. The same questions could be placed with regard to other dimensions. Would there be any content that was more relevant (e.g., emotional or historical) for noticing? Was the pain expressed with activation more useful than pain expressed in hopelessness or resignation?

Therefore, there are more questions raised from the results of this study, than questions answered: is external distress better understood as a style of elaborating? Does pain interact reciprocally with decentring or noticing? Does noticing precede decentring or what does action means when it is not associated with noticing and decentring? These questions would be quite interesting but they seemed premature at the current level of understanding of the indices and distracting with regards to the issue of validation. These questions would require a research on their own.

One interesting surprise was the apparent association between the trends of the client response indices and the dimensions. Considering that this coding is independent of the indices, this renders this association even more useful. Client response indices have been described as the reaction to the therapist suggestion of a new element. This response may reflect the suitability of the suggestion which in turn may reflect both its inherent suitability and the suitability with regards to aspects of the therapeutic

relationship – timing, reactance and so on. The association suggests that when the clients are receiving and working through those suggestions, they are assimilating them. Such obvious remark is only useful considering that, inadvertently, the client response indices served as a validation of the assimilation indices.

Another interesting observation was that the client response indices showed this association more closely than the therapist interventions. In other words, it is not how the therapist acts, but how the client receives such action, that is relevant. If therapists are aware of this, they will be more attentive to the impact of their interventions than the inherent quality of them. An alternative explanation is that despite the quantity of the intervention remaining the same, only when therapists produce good quality interventions does it lead to elaboration on the part of the client. In other words, client response indices could only reflect the quality of the suggestions. However, considering that the evolution of the client response indices sometimes reflected the phases of the conceptualization, it is more likely that this interaction is indeed more complex. A brilliant interpretation with the “wrong” client in the “wrong” time may be heard as invalidation.

The limitations of the study are on the two phases of the analysis and, like in the first study, can be seen from the constructivist or postpositivist side of the question. For a postpositivist, the coding that was done without resorting to transcripts would be a different type of coding altogether, even considering that the system of indices was designed for audio and being the transcripts an option. It would be interesting to study if there are indeed differences in coding in audio alone vs. audio plus transcript or even against video coding. A postpositivist would not be satisfied with the fact that a number of conclusions were drawn with visual inspection only. There are however few statistical instruments to deal with longitudinal data for $n=1$ sample with such a short number of observations (i.e., sessions). Even the trend analysis that was used with the

sole purpose of identifying rough trends has its inconsistencies. For example, it assumes two things that are highly questionable. The first is that time explains the variance of assimilation and the second is there is a linear association between the variables. Finally, a postpositivist would argue that besides the fact that this second study required at least one second rater to check for reliability of coding; that there was the fundamental difference between the codings of both studies. In the first, the coders were naive raters with little understanding of assimilation. In the second, it was the author of the research, who has greater experience as a psychotherapist and is familiar with the assimilation model. The lack of reliability check is indeed a limitation considering the reliance on quantitative analysis – in the analysis of the nine cases. The issue of the naivety of the raters, on the other hand, is questionable. It is reasonable to assume that what two naive raters find consensual is less dependent on expertise; thus rendering this a lesser issue. If it had been the other way – experts used in the adjustment phase and naive raters in the application phase – this difference would certainly have an impact.

A constructivist would point out that although the voices of the participants were included, this inclusion was very modest. Other case studies make extensive use of interviews and other innovative procedures such as shared analysis (McLeod, 2010). In some types of case studies, the participants are even invited to take part in the conclusion drawing process. These procedures would enrich this second study, but they were not done for two reasons. First, only after the analysis of the nine cases, were the three cases chosen. Secondly, considering that this research was done in a non-research context, a further collaboration with the client was considered intrusive.

Finally, with regard to future research, the application of the system of indices to other types of cases (e.g., exemplifying or unique) cases would be informative. Furthermore, it would also be interesting to consider other time spans. How do the

indices develop in a long therapy? How would be the evolution of those ongoing successful cases?

This chapter started with a verse from the Bhagavad Gītā that stated that the wise person was the one who saw action in inaction and inaction in action. This sentence highlighted that there is no movement without a reference and considering different referents an element may be seen as moving or standing still. This is valid for Hinduism, moving objects and perhaps for psychotherapy. “B04 - The man who shelters under his understanding” did move but he moved within its schema of behaving and he moved from depression to its absence. “B03 - The woman that strives to be normal”, on the other hand, perhaps did not move enough. Perhaps the moving in the dimensions was to reach another equilibrium between the striving and “abnormal” stances in her narrative. So what is the reference towards which the dimensions describe the movements?

All dimensions were describe in relation to each other and against the remaining dimensions. Standing still was seen as either not moving relative to previous sessions; or relative to other dimensions; or even in the composition of the indices of the dimension. Moving, is therefore associated with newness. However, some movements were seen as ways of remaining still. In a sense, some clients moved to maintain their narratives. Therefore movement is always defined against sameness and considering that there is a coherence in this sameness; then moving is departing from that coherence to reach another – marked by different trends, proportions, and perhaps composed from different indices.

Chapter 5: **Conclusion: Understanding the Indices and Assimilation**

“It is good to... it is a starting point to be...
aware of them. Now I have to... work them
through, I has to be me that...”

The man who shelters under his understanding
(Study II; S11; 42.27)

The story of this research is a story of conflict between the tendency to preserve the complexity and richness of the psychotherapy and the need to produce knowledge that is applicable, to some extent, by other people to other contexts. This story determined a good number of choices and is responsible for both the limitations and the strengths of this research. This research is framed within process research in psychotherapy. It seeks to understand assimilation through narrative indices, which are linguistic representations of it.

The research was divided into two studies. In the first study, the indices were identified and adjusted as to produce a consistent and reliable system of indices. This system of indices showed some convergence with an existent coding system for assimilation, the dimensions behaved globally as expected and there were some associations with the therapist codes and client response indices that suggested an association that would either be unspecific or dependent on the success status.

The second study was an application of the system of indices that sought both to validate the indices and understand the process of assimilation. This study could be further subdivided into two phases. In the first phase, the indices were qualitatively applied to all nine cases. Of these, six were considered straightforward in the sense that the indices matched the success status and three were considered non-straightforward. The three non-straightforward cases were then analysed and the indices were useful in understanding also the non-straightforward nature of the relationship between the

therapist perspective and the success status as defined by the BDI. Only in the last case could there be considered a non convergence – at least not entirely – between the indices, therapist, client and BDI.

Having completed both studies and described assimilation according to five dimensions, is it possible to say that a new model of assimilation was developed? The answer for this is an emphatic no. There is no ambition of a universality of these indices or the absolute rightness of these dimensions. In the same way that assimilation is seen as a general process of change, so are these indices seen as general descriptors of change. It would be interesting to find variations with regards other types of interventions and populations. For example, pain may not be expressed in the same way in anxiety, depression or substance dependency. The goal to keep this a process research and not the creation of a new model is also illustrated by the effort to keep the nomenclature close to the literature or practice of the psychotherapists. It is reasonable to expect that the dimensions themselves will be recognizable by other therapists. For example, external, pain or noticing should be easily apprehended and other concepts, like decentring, are discussed in the literature.

On the other hand, the ambition of this research was greater than the simple creation of a model. It was to develop a procedure to establish indices, use a system of indices to describe change and to provide therapists with a tool to guide their assessments and interventions. To this end, the indices had to be quantified and before discussing the results, this raised some issues that were discussed in Chapter 3. Nevertheless, the dimensions can be seen as entry points to a case. A dimension of indices is an overall process estimation of what is happening in the psychotherapy. To understand it further, the dimensions have then to be decomposed in the constituent indices and those have to be understood in the context of the narrative. Study II was

done just to achieve this – the understanding of the indices in real cases along the therapy – and to understand the cases through them.

Throughout the research these findings have been reflected with regard to the system of indices themselves. But how do the indices reflect assimilation? Several things are patent. First, assimilation is not linear. The only regularity found was relative to the lack of assimilation. Cases that do not change show a greater similarity in the evolution of the indices than cases that do change. Successful cases show progressions and regressions and stable periods. The meaning of those moments needs further exploration. Is it also something inherent to assimilation? Do the process, of looking into and avoiding or acting upon, is something that is inherently dialectical or simply takes time? Dimensions such as external represent assimilation as much as action and its impact is just as strong. The third case of study two – “B03 - The woman that strives to be normal” – was considered a partial success case because her old narrative emerged again after a process of adjustment. It was assimilation in the sense that she was adjusting to a new element, but this adjustment was obtained by a compromise with her externalized tendencies in meaning. Furthermore, this non-linearity will be influenced by the therapist. In future research it would be interesting to see how the therapist interacts with the process of elaboration of the client. With a greater amount of observations it would be possible to measure such associations. The only linear pattern consistently found was the absence of change. And even in this stagnation it was possible to observe fluctuations with regard to external circumstances, random variation or, in other words, windows of opportunity for successful inversion of that tendency.

A second observation about assimilation is that at any given moment all the tendencies are present: from external to action. All these dimensions play their role. Change in psychotherapy was considered a change in proportion and a change in amount. Both at an index level and at a dimension level, change is supposed to happen in

the narratives with regards to the proportion. With regards to the amount, the conclusions of the indices are less straightforward. The majority of the success cases as judged from the indices showed a consistent increase in later processes of elaboration. However, most of those cases were ongoing cases. This was the reason used to explain the fact that the expected inverted U curve was not observed in those cases. The only case that can be representative of that trend is “B03 - The woman that strives to be normal”. But it was classified as a partial success and so the regression to the baseline could be seen as simply a return to a previous functioning. However, if equated as an adjustment, this case could be seen as following the same trend as a deeper assimilation process.

This leads to the third observation on assimilation. Assimilation is seen in a micro and in a macro level. This means that assimilation is seen on the proportion or the quantity of the different dimensions of elaboration on a session or even an entire psychotherapy. In a more narrative level, the indices signal micro elaborations which give the qualitative character to that change. The indices here signal those changes in the style and content of the narrative that are associated with overall change in psychotherapy.

Finally, assimilation was considered a broad description of change – i.e., an result variable. But both studies included other outcome variables, such as the BDI. The relationship between assimilation and these outcome variables was not straightforward. In the first study, the BDI did not correlated with any dimension. This was not unexpected considering that an elevation in the BDI was supposed to be present both in success cases in early sessions and in non-successful cases and the first study did not distinguish these two situations. In the second study, the correspondence was much higher, considering the number of straightforward cases but it is still not complete. It

may be that assimilation *eventually* always leads to a significant reduction of depression, but that not all significant reductions are attributable to elaboration.

Limitations and Future Researches

The limitations of each study are contemplated in each discussion section. In this section, some of the limitations that result from the consideration of both studies are going to be outlined.

The first limitation derives from the choice of using mixed methods. In the first study, quantitative procedures were used to adjust the indices. These procedures were like those used for building a scale: a large pool of items is used, the items are selected and the scale is reformulated and tested. The main difference is that in study II, the same system of indices was used, despite maintaining the adjusted structure of the dimensions. A future research could use a shorter version of the system of indices that focused only on the “useful” indices. However, this process could not be done as in a scale development, since the indices relate to each other in terms of content. For example, “I4m11 Ambivalence in meanings” may have affected the coding of “I1e12 Emotional ambivalence” even considering that both could be assigned. Having a system only with the former index would make it necessarily different. The same is true for the coding within the same theme category like: “I3p05 Uncontrollable future” and “I3p06 Controllable future”. This lack of independence makes the system development different to some extent from a scale. It would be more like having a scale such as the BDI with multiple answers per question and then delete all but one or two answers; with the further complication of the questions being irrelevant. What makes this system interesting is the intricacy that derived from the qualitative analysis. This complexity is both a strength and a weakness in this sense. Nevertheless, given the findings it would

be interesting to develop a new and more parsimonious system of indices, even if contemplating some of the “non-useful” indices.

The second limitation derives from the studied sample. In the second study, if the “B04 - The man who shelters under his understanding” is removed, only three out of nine cases were successful cases in the time frame considered. Furthermore, no case showed a significant improvement in well-being. Extrapolating from this proportion, it is possible that the majority of the cases from the first study were unsuccessful cases. Furthermore, it is very likely that the successful cases may have “poor” sessions; which increases the likelihood of finding a “poor” session. One of the advantages of using a qualitative analysis is that the impact of this is not as linear as it may seem. Some cases were clearly more informative than others. However, it is possible that a shortness of success cases may have affected the system of indices. It was already mentioned that the early dimensions tended to have more indices and more frequency of indices than later dimensions. This could be a consequence of this over-representation of “poor” sessions. An alternative to overcome this would be to extend the qualitative analysis in a study that contrasted sessions that were perceived as good or stagnant by the participants involved.

Practical Implications

This research was designed specifically to have practical applicability, from the definition of indices, through the need for agreement between raters to the use of clinical cases also as an illustration in a medium that is valued by clinicians. The first clinical implication of this research is the reinforcement of a known statement: listen to your clients as a whole! The word listen is deliberately chosen to contrast with hear on one side and interpret on the other. The clients use expressions, tones of voice,

grammatical structures and so on that represent processes that are crucial to therapy. The indices are modest generalizations of a phenomenon that can be seen also in an idiosyncratic level. These signs tell clinicians also of interactional processes. In this research we focused on the immediate response to an intervention; but the same reasoning can be applied to other variables. The second very broad implication is a less known statement: listen to how your clients vary in expression along the therapy! Good therapies are marked by change: change in the interaction, change in the client, changes in the dialogue. Clients elaborate differently throughout therapy and such variation is represented in the client's expressions.

More specific implications are more tentative, but considering the results it is possible to advance some observations. Considering the contrast with the APES and the observation of success cases, therapists could pay attention to expressions that denote decentring and action. When clients are creating new meaning, contrasting old and new meanings or sides of that same meaning or even detaching themselves from the issue; they are likely to be changing. A less likely event, but still informative, are the reflections that clients produce about implementing action. It may be not enough just to create a new narrative that does not lead to action. If clients do not increase these dimensions, particularly decentring, something is not going well. Therapists should look into their own and the shared conceptualizations and look at the movements clients are doing to maintain their old coherence.

In a more global way, early dimensions may also be informative. Successful cases will have, in overall, proportionally less pain and external distress. But the longitudinal evolution is less clear than, for example decentring. It may be that pain may play an important role when combined with decentring (i.e., when it is productive) and that external may also represent a style of assigning meaning that is more stable than external as a process in psychotherapy. Furthermore, in this research these

dimensions have been considered proportionally in relation to the others. This means that the question may not be as much as whether these dimensions reduce, but what to they reduce for. Summing up, non-successful cases will be those in which this pain and this external distress do not associate with novelty. It may correspond to clients that are trapped in the same stories. But the fluctuation in these cases suggests that even in these cases the variation can constitute opportunities for interventions.

Finally, the client can be the best judge of the quality of the therapist's interventions. The immediate response to a suggestion of a new meaning or action is highly related to the way the elaboration process is evolving. If the client builds and elaborates on the therapist meaning, than it was probably a useful intervention. Therapists should not be satisfied with agreement and should be attentive to signs of non-understanding or direct disagreement. In these situations, therapists could reconsider their strategies with respect to the intervention.

A Final Reflection

This thesis constituted the final result of four years of researching, reading and listening to the participants. It is a provisional synthesis of all those meanings. It derived from previous research and hopefully will inspire future research. In the beginning of the thesis and in the end, quotations from participants were chosen to think about psychotherapy. In the introduction, the quotation reinforced the importance and usefulness of psychotherapy. In the conclusion, the quotation highlights the idea that change does not stop with the end of psychotherapy independently of its success. This transience of change and this transience of knowledge contribute for the challenge of changing and understanding. Assimilation will never produce the perfect change or the perfect understanding exactly because the perfect change and perfect understanding are

not liable to change. So the best goal for us is to keep moving and growing without expecting a perfect ending.

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Appendices

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Appendix A

Transcripts of Study I in the Original Language

Participant: A28

T- [...] Mas estava a pensar nesta questão da confidencialidade que a mim me faz todo o sentido estas questões que coloca. Porque para além da... Nós começamos a nossa sessão hoje também com uma questão de confidencialidade, não é? Que é a possibilidade do R. poder participar neste estudo, não é, e as coisas poderem ser... a sessão poder ser gravada, o questionário poder ser preenchido, o questionário é anónimo, a sessão não tem identificação, portanto é anónima... Mas depois há uma contradição. É que você assina um consentimento em que põe o seu nome.

P- Exactamente!

T- Não é? E estava a pensar até que ponto é que isso também o deixou um pouco inquieto ou pelo menos o fez também questionar estas contradições que às vezes existem... e não ficou preocupado também?! Se de facto será mesmo confidencial, não é? A sessão ou o questionário... ou se verdadeiramente também eu aqui, por exemplo, o posso estar a enganar, por exemplo... Ou se não ficou também um pouco inquieto com isto, não é?

P- Bem... Eu também não fiz uma... não fiz uma assinatura como tenho no bilhete de identidade. Ahhh... e depois, uma gravação não serve como prova. Portanto, por mais que diga que fui eu que estive aqui, eu vou sempre negar (risos).

T- Mas não deixa de ser algo que o inquieta, não é?

P- Não, não!

T- A falta da sua privacidade.

P- Não me traz qualquer desconforto.

T- Pois, eu não estava a pensar nisto concretamente. Estava a pensar, agora extrapolando um pouco para a sua vida. Porque a nossa sessão, eu penso que também se centrou nesta questão da confidencialidade, não é? Confidencialidade em que sentido? Até no sentido da sua vida! Não é? Porque de alguma forma, para o R. também ter a sua vida também mais confidencial, entre aspas, não é? Também quase que se sente obrigado a sair de casa para poder prosseguir os seus projectos de uma forma mais... ahhh... subterrânea. [...]

Participant: A12

P- Hoje até... até estou bem, mas o dia também está a ajudar. Ahhh... porque... ahhh... principalmente sábado, não foi muito fácil para mim porque... tive um dia assim um bocado complicado. O domingo foi... foi bom, porque estive na casa dos meus pais e... ahhh... e foi bom estar... estar lá. Mas... não tem sido assim muito fácil... ahhh... ultimamente, porque... parece que tem acontecido sempre umas atrás das outras (riso) entre aspas... ahhh, na sexta-feira tive uma reunião com o presidente da junta por causa da questão da casa... ahhh... da insonorização e tudo... daquilo tudo e... ahhh... além de... ahhh ter descoberto que eles não estão... não estão minimamente preocupados com a questão da insonorização... porque, daquilo que eu entendi, eles ainda não receberam o subsídio da câmara e a junta está a avançar com algumas obras. [...] Logo quero que aquilo seja mais tranquilo. Mas isto claro que não é nada bom, não é? Isto deixou-me assim...

Participant: A12

P- [...] porque... sinto que... que tenho, neste momento, estou a ter muito pouco controlo sobre as coisas. E eu sei que o controlo é uma coisa que... que... que me vinca e que tem muito a ver comigo. E que por um lado, o saber perder o controlo também é bom. Mas não é o controlo nesse sentido, é o controlo de...

ahhh... que se calhar tem outro nome, sem ser controlo, que é o... ter... saber o que é que estou a fazer, não é?

Participant: A05

P- E, lá fomos, não é... Eu acompanhei-a até ela estar com o gatinho e ser cremado. Mas pronto... eu sou ligada aos bichos e custou-me um bocadinho... porque eu ia com ela ver o bicho, porque ele só comia com ela. E eu tenho ligação com ela e com os animais dela. Pronto. Fiquei um bocadinho triste... com a morte do bicho. Depois veio a quarta-feira que foi um dia também para esquecer.

Participant: A03

P- Não! Não vivo bem com isso. Como por exemplo, sei que sou uma pessoa super meiga e que sou super carente e porque é que eu, por exemplo, com a minha mãe, não consigo transmitir isso. Como não consigo transmitir à minha filha. Tenho vontade e não consigo! Isso se calhar também já tem a ver com outras coisas, pronto, mas... Isso era uma das coisas que eu queria ultrapassar.

Participant: A14

P- Também, só que eu acho que a minha reacção nesses alturas [...] vincar de tal forma que as coisas não estavam bem... que... que algo tinha de ser feito! E a sensação que eu tenho é que, por muito que eu vincasse que as coisas não estavam bem, que eu não estava bem [...] Isso também nunca foi (suspiro), nunca foi realmente levado em conta por ele de uma forma muito séria, não é? E... e... e quando eu sinto que fui um bocado estúpida e fui... panhônha entre aspas, ou que fui aquela miúda que fui chorar para o canto... porque depois pa... mesmo depois disso, durante muito tempo, eu sentia-me sentia sempre culpada da coisa... s... eu sozinha culpada... (...) e... e parece que aí os papeis inverteram-se, porque... E durante muito tempo e mesmo hoje em dia, às vezes eu ainda penso dessa forma um bocado... Embora já... embora já não pense tanto, mas... mas as coisas não... não fazem sentido, porque... porque eu... eu fui a pessoa que devia ter ficado... E fiquei mais magoada com ele e... e... e provavelmente devia ter ficado sem falar durante meses e meses e no entanto havia sempre uma parte em mim que tentava pedir desculpa pelas coisas más que eu tinha feito... E que também não era minimamente levada a sério por ele nisso! Também não tinha sido levada antes, não é? E, pronto, e no fundo, se calhar agora nesta altura... ahhh... talvez seja uma altura em que eu... acabo por estar se calhar... eu já tenho pensado nisto... Acabo por estar a sentir realmente aquilo que eu devia ter sentido (riso surdo). Ou seja, o... os sentimentos... que se adequavam aquela situação para o meu caso (riso surdo), não se isto faz algum sentido...

Appendix B

Informed Consents Forms for Therapists and Clients for Both Studies

The following pages present the informed consents of both therapist and client. The translation is presented below:

Informed Consent – Study I and II (Therapist)

The following information is provided for you to decide whether you wish to participate in the present study. This participation is voluntary and you can decide to stop participating at any moment.

The purpose of this study is to observe and understand the process of assimilation throughout therapy. In order to address this issue we will use an analysis of the narratives of clients during psychotherapy.

You will be asked to participate concurrently in two studies. In a first study, you will be asked to record one individual session (from the 1st to the 15th) of some clients and apply the BDI. In a second study, you will be asked to record entire psychotherapies (from the 1st to the 15th session) and apply the BDI, BSI and the PWBS in the first and last session. The gathering of data from both studies can be done simultaneously.

If the therapy lasts more than 15 sessions, no recordings will be made after that session and the self-reports will be applied then. If, for whatever reason, the therapy lasts less than 15 sessions or if the client drops out (according to your criteria) the client will be contacted to fill in the questionnaire. This research will not interfere with the course and duration of the therapy.

There will be no assessment of the performance of the therapist and all gathered data will be confidential. Please sign your consent with full knowledge of the nature and purpose of the procedures. A copy of this consent form will be given for you to keep.

Informed Consent – Study I (Client)

The following information is provided for you to decide whether you wish to participate in the present study. Such participation is voluntary and you can decide to stop participating at any moment. This will not affect in any way your relationship with the hospital nor the treatment you receive.

The purpose of this study is to observe how people change in therapy. More specifically, how do people deal with experiences and change meanings in relevant issues. Because the goal is to study therapy as it is, the type of session you will receive will be exactly the same as you would receive otherwise.

This study implies that the present session will be recorded. Additionally you will be asked to fill one questionnaire. This research will not interfere with the course of this session.

All data you provide, including the recordings, will be treated with care and are confidential. In all reports of this research, no personal information will be revealed.

There are no risks or discomforts associated with this research. You will receive the same treatment as any other client. The expected benefits of this research are in terms of improving the assessment and interventions in psychotherapy.

In the future, if you have any question regarding this research, you may ask your therapist or contact the researcher through the telephone 999 999 999 (working days, from 17.30 to 20h).

Please sign your consent with full knowledge of the nature and purpose of the procedures. A copy of this consent form will be given for you to keep.

Informed Consent – Study II (Client)

The following information is provided for you to decide whether you wish to participate in the present study. Such participation is voluntary and you can decide to stop participating at any moment. This will not affect in any way your relationship with the hospital nor the treatment you receive.

The purpose of this study is to observe how people change in therapy. More specifically, how do people deal with experiences and change meanings in relevant issues. Because the goal is to study therapy as it is, the type of therapy you will receive will be exactly the same as anyone would receive in the same circumstances.

This study implies that from the present to the 15th session, all sessions will be recorded. Additionally you will be asked to fill three questionnaires in the first and last session. If your therapy lasts more than 15 sessions, no recordings will be made after that session. If, for whatever reason, your therapy lasts less than 15 sessions you will be contacted to fill in the questionnaires. This research will not interfere with the course and duration of your therapy. Please provide a phone contact for this last assessment:

Phone: _____

All data you provide, including the recordings, will be treated with care and are confidential. In all reports of this research, no personal information will be divulged. If you want to address any issue that you consider too personal, you can ask your therapist to pause the recording for as long as you consider necessary.

There are no risks or discomforts associated with this research. You will receive the same treatment as any other client. The expected benefits of this research are in terms of improving the assessment and interventions in psychotherapy.

In the future, if you have any question regarding this research, you may ask your therapist or contact the researcher through the telephone 999 999 999 (working days, from 17.30 to 20h).

Please sign your consent with full knowledge of the nature and purpose of the procedures. A copy of this consent form will be given for you to keep.

Consentimento Informado – Estudo I e II (Terapeuta)

Título da Investigação: “Sinalizar a Assimilação: Compreensão da assimilação através de índices narrativos”

Investigador: David D. Neto

Orientadores: Prof. Doutor Telmo M. Baptista (FP-UL)

Prof. Doutor Kim Dent-Brown (University of Sheffield)

A informação que se segue é fornecida para que decida se pretende participar no presente estudo. Esta participação é voluntária e pode decidir desistir em qualquer momento.

O objectivo deste estudo é observar e compreender o processo de assimilação ao longo da terapia. Para se alcançar este objectivo irá recorrer-se à análise das narrativas de clientes ao longo da terapia.

Caso aceite, será convidado(a) a participar concorrentemente em dois estudos. No primeiro, será solicitado(a) a gravar **uma sessão individual** (da 1ª à 15ª) de alguns clientes e a aplicar o BDI. Num segundo estudo, será solicitado(a) a gravar **da 1ª à 15ª sessão** de psicoterapias e a aplicar o BDI, BSI e a PWBS na primeira e última sessão. A recolha de ambos os estudos pode ser realizada simultaneamente.

Caso a terapia dure mais de 15 sessões, não serão realizadas mais gravações e os instrumentos serão aplicados nessa altura. Se, por qualquer motivo, a terapia durar menos de 15 sessões ou caso o cliente desista (de acordo com o seu critério), o cliente será contactado para preencher os questionários. **Esta investigação não interfere com o curso ou duração da terapia.**

Adicionalmente, não será realizada nenhuma avaliação do desempenho do terapeuta e todos os dados obtidos são **confidenciais**.

Por favor assine o seu consentimento, com conhecimento pleno da natureza e propósito dos procedimentos. Uma cópia deste consentimento ficará consigo.

Lisboa, _____

Assinatura do investigador

Assinatura do(a) terapeuta

Gostaria de receber uma carta com os resultados e conclusões deste estudo?

Não gostaria

Gostaria de receber a carta com os resultados e conclusões para a seguinte morada: _____

Consentimento informado – Estudo I (Participante)

Título da Investigação: “Sinalizar a Assimilação: Compreensão da assimilação através de índices narrativos”

Investigador: David D. Neto – Faculdade de Psicologia e Ciências da Educação – Universidade de Lisboa

Esta informação é para que decida se pretende participar no presente estudo. Esta participação é voluntária e pode desistir a qualquer momento, **sem que fique afectada de alguma forma a sua ligação ao hospital** ou o tratamento que recebe.

O objectivo deste estudo é observar como as pessoas mudam em terapia. Mais especificamente, como é que as pessoas lidam com experiências e mudam os significados em assuntos relevantes. Como o objectivo é estudar a terapia tal como ela é, **o tipo de sessão que vai receber será a mesma** que qualquer outra.

Este estudo implica que a presente sessão seja gravada e vão lhe pedir que preencha um questionário. **Esta investigação não irá interferir com o decurso da sessão.**

Todos os dados que forneça, incluindo as gravações serão tratadas com cuidado e são **confidenciais**. Em todos os relatos desta investigação, **nenhuma informação pessoal será divulgada.**

Não há riscos ou desconforto associados a esta investigação. Irá receber o mesmo tratamento que outro cliente. Os benefícios esperados desta investigação serão em termos da avaliação e intervenções em psicoterapia.

No futuro, caso tenha qualquer questão relacionada com este estudo, pode perguntar ao seu terapeuta ou ao investigador, através do telefone 999 999 999 (dias úteis das 17.30-20).

Por favor assine o seu consentimento, com conhecimento pleno da natureza e propósitos da investigação. Uma cópia deste consentimento ficará consigo.

Lisboa, _____

Nome do participante em maiúsculas

Assinatura do participante

DAVID NETO

Nome do investigador

Assinatura do investigador

Gostaria de receber uma carta com as conclusões **globais** do estudo? Note, no entanto, que isto só será possível daqui a uns anos.

Não gostaria de receber

Gostaria de receber a carta para a seguinte morada: _____

Consentimento Informado – Estudo II (Participante)

Título da Investigação: “Sinalizar a Assimilação: Compreensão da assimilação através de índices narrativos”

Investigador: David D. Neto – Faculdade de Psicologia e Ciências da Educação – Universidade de Lisboa

Esta informação é para que decida se pretende participar no presente estudo. Esta participação é voluntária e pode desistir a qualquer momento, **sem que fique afectada de alguma forma a sua ligação ao hospital** ou o tratamento que recebe.

O objectivo deste estudo é observar como as pessoas mudam em terapia. Mais especificamente, como é que as pessoas lidam com experiências e mudam os significados em assuntos relevantes. Como o objectivo é estudar a terapia como é, **o tipo de terapia que vai receber será a mesma** que qualquer outra pessoa nas mesmas circunstâncias.

Este estudo implica que sejam gravadas as 15 primeiras sessões e que preencha 3 questionários agora e na última sessão. Se, por qualquer motivo, a sua terapia durar menos de 15 sessões, será contactado para preencher os questionários. **Esta investigação não irá interferir com o decurso da terapia.** Por favor forneça o seu número de telefone para contacto para a última avaliação:

Telefone: _____

Todos os dados que forneça, incluindo as gravações, serão tratadas com cuidado e são **confidenciais**. Em todos os relatos desta investigação, **nenhuma informação pessoal será divulgada**. Se, no entanto, pretender abordar uma questão que considere demasiado pessoal, pode solicitar ao seu terapeuta que suspenda a gravação durante o período que julgue necessário.

Não há riscos ou desconforto associados a esta investigação. Irá receber o mesmo tratamento que outro cliente. Os benefícios esperados desta investigação serão em termos da avaliação e intervenções em psicoterapia.

No futuro, caso tenha qualquer questão relacionada com este estudo, pode perguntar ao seu terapeuta ou ao investigador, através do telefone 999 999 999 (dias úteis das 17.30-20).

Por favor assine o seu consentimento, com conhecimento pleno da natureza e propósitos da investigação. Uma cópia deste consentimento ficará consigo.

Lisboa, _____

Nome do participante em maiúsculas

Assinatura do participante

DAVID NETO

Nome do investigador

Assinatura do investigador

Gostaria de receber uma carta com as conclusões **globais** do estudo? Note, no entanto, que isto só será possível daqui a uns anos.

Não gostaria de receber

Gostaria de receber a carta para a seguinte morada: _____

Appendix C

Translation of the Instructions for Transcription

The main goal of the transcription is to capture the narrative in a way that is the closest to what is said as possible. The punctuation, namely the use of “!”, “,” and so on, should translate the orality of the speech. Every hesitations and pauses should be respected resorting to “...” or “(...)”. Incomplete words (e.g., “incomp...”) should be included.

Secondarily, the transcription should have the structure and morphology of a text. In other words, it should resemble a text, like the script of a movie or a play. If in doubt between “I’d” or “I would”, you should opt for the former. In the same way, if there is doubt on whether to place the full stop, you should choose the option that grammatically makes more sense.

The inaudibly parts of the speech should be highlighted with “XXXX” (e.g., “And yet no XXXX, not yet”).

A template will be provided, with headlines, formatting of the dialogue and pagination. You should use this template in the transcription.

Speech details to include

Dimension	Example
Interjections	- It is not... it is... hum... - Yes... yes... yes... uhhh... uhhh... and so it is...
Pauses in speech	- So, my daughter in law is of the... authoritarian type...
Repetitions	- She... she does not have any friends
Overlapping in speech that have influence in the dialogue.	T- You told that she was cold... that... C- (Overlapping). It is... it is... Even in her illness...
Dialogues or thoughts in direct speech	So, if she said “Mrs. B, have a merry Christmas”
Grammatical or semantic errors	- She didn’t left anyone, stay in the coffin.
Incomplete words	- I didn’t know she was import... essential.
Numbers	- Write alphabetically the numbers except dates (1974)

Other details to include

Dimension	Example
Hesitations	- Even in the illness of my son... uhhh (sobs)... She...
Stutters	- When I was a little girl, my mother tal... talked too loud.
Agreement	- Hum hum
Other para-verbal sounds	- As close as possible to what is said
Silences clearly longer than pauses	- No... I couldn't go to the cemetery (...) Bu my husband went
Non-verbal sounds (laughter, cries, coughs, etc.)	T- How was your Christmas Mrs H.? C- (Muffled laughter) My Christmas wasn't good
Exterior sounds relevant to the communication	- She came to pick XXairplaneXX [in case there it affects the audibility of the speech] - She came to pick the (phone rings) coat.
Impressions that are clear but not expressed in the speech	- She never gave me any present (indignation tone)

Details to remove due to confidentiality (place in CAPITAL LETTERS)

- All details that are indicative, as names, places, institutions, etc, should be removed and placed in CAPITAL LETTERS. For example: "My GRANDSON1 has nine years old" or "He had to be admitted a month ago in HOSPITAL"

Details that may not be included

- Every overlapping that do not affect the speech of the client; including the "hum hum" of the therapist
- In the case of the inflections, place the complete words, except if it is meaningful. For example: "With the utmost disregard, she said to me "I'm gonna any way!"".
- In case of doubt, with regards to the punctuation, place what the person wants to say. For example, instead of writing "I thanked the gift I sent to the daughter [referring to the aunt] and she [referring to the daughter in law] as the mother of my grandsons" write "I thanked the gift I sent to my daughter. **And** she as the mother of my grandsons".

References:

Mergenthaler, E., & Stinson, C. H. (1992). Psychotherapy transcription standards. *Psychotherapy Research*, 2(2), 125-142.

Appendix D

Evolution of the Conceptual Grouping of the Indices

This appendix describes the evolution of the conceptual grouping of the indices according to theme and process. Each section is either entitled “A” or “B” according to whether it refers to theme or process categorizations respectively. This does not represent an exhaustive description of the stages in the analysis, which was recorded in a larger document. However, it tries to be representative. All indices were translated, which can influence the lack of naturalness of some indices’ names.

The stages of analysis chosen to represent the analysis are:

- A1 – The first group of indices according to theme, done in a simple way.
- A2 – The first grouping of indices with the first delineation of meta-categories of content per index.
- B1 – The first reflection on the indices in terms of process. This is in Portuguese, because it is an output of the Atlas Ti. It displays the indices in a continuous and imagined “degree” of Assimilation. The indices circled were those, judged to represent assimilation, not by their presence, but rather by their quantity.
- A3 – Provisional ranking of the indices according to theme and the “degree” of assimilation. To this end, each index was given a number to differentiate indices in the same category of theme according to this degree. This allowed to pair indices from different themes, and think of them in terms of process.
- B2 – This was the first categorization according to process with the first tentative labelling of categories.
- A4 – Revision of the categorization according to theme.
- B3 – The first cross-tabulation between process and theme categorizations.
- A5 – The first categorization according to theme, with guiding questions and grouping according to four major themes.
- A6 – Indices according to theme with General Codes included.
- B4 – Revision of the cross-tabulation of process and theme categorizations.
- A7 – Categorization according to theme. The General Codes are restricted to three and the groups are distributed in their final version with respect to the four major themes.

Note: In the system of indices, the final categorization according to theme is provided

A1) Grouping of indices according to theme

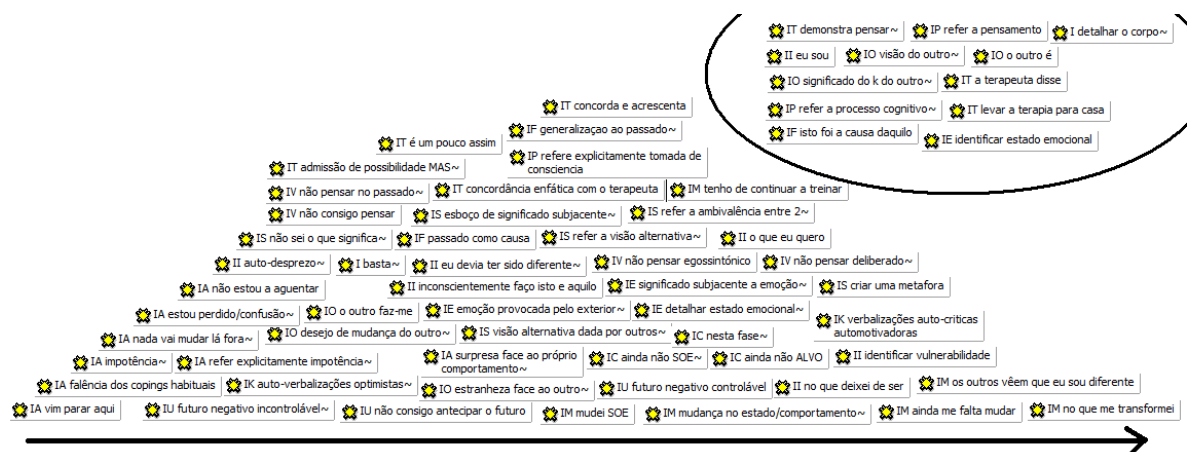
I Optimistic self-verbalizations	I I don't know what it means	I Mentions change in the emotional state
I Self-critical/self-motivational self-verbalizations	I Mentions alternative version	I What I've become
	I Alternative version given by others	I The others see that I'm different
I Impotence	I Detailing emotion	I Surprise about own's behaviour
I Nothing's going to change outside	I Emotion of outside origin	I I have to keep training
I With no solution	I Meaning underlying emotional state	I I still lack change
I I'm lost	I Sketch of underlying meaning of action	I Mentions thought
I Failing of the usual coping	I Inferring things that underlie behaviour/emotion	I Mentions cognitive process
I I'll fall in the same trap		I Explicitly stated increased awareness
I Mentions impotence about life/events	I In this phase	I Creation of a metaphor
I I'm not standing	I Not yet	
	I Refers ambivalence	I Deliberate non-thinking
I This was the cause of that		I Non-deliberate non-thinking
I Past as cause		I Not thinking of the past
I Generalization to the past	I I ended up here	
IT The therapist said	I I am	I The other is
IT Admission of the possibility BUT	I What I stopped being	I Other's view
IT Agrees and ads	I I should've been different	I Re-classification of the other's behaviour
IT Emphatic agreement with the therapist	I Identification of vulnerability	I Uncertainty about the other
IT Shows thinking	I Self-contempt	I Strangeness towards the other
IT It is a bit like that	I Unconsciously I do this and that	I Desiring change in the other
I Taking the therapy home	I What I want	
	I Enough	I Thinking about future action
I Detailing the body	I I will not allow it	I Negative consequence of negative behaviour
		I Negative anticipation

A2) Grouping of indices according to theme

- Lack of meaning/confusion/sameness – IA
 - Idea of phase– IC
 - Emotion indices – IE
 - Indices of causation/influence of the past - IF
 - Identity/self indices – II
 - Self verbalization indices – IK
 - Change indices - IM
 - "Other" indices - IO
 - Indices about meta-cognitions - IP
 - Meaning construction indices – IS
 - Future indices - IU
 - Avoidance indices – IV
- A – Audio Indices
 C – Content Indices
 I – Indices not assigned

A Cries	IF Generalization to the past	IS Creation of a metaphor
A Hopelessness and helplessness	IF This was the cause of that	IS Sketch of underlying meaning
A Emotional emphasis	IF Past as cause	IS I don't know what it means
A Anger		IS Mentions ambivalence between two
A Irony	IC No yet TARGET	IS Mentions alternative view
A Strange words	IC Not yet WOS	IS Alternative view
A Breaking voice	IC In this phase	IS Alternative view given by others
A Assertion tone		
A Flat tone	IE Detailing emotional state	
A Childlike tone		
	II Self-contempt	IP Mentions thought
C General beliefs	II I should have been different	IP Mentions cognitive process
C General emotional state	II I am	IP Explicitly states increased awareness
C Lack of memory	II Identification of vulnerability	
C Report of things that happen	II Unconsciously I do this and that	IT The therapist said
C Report of how thing typically happen	II What I stopped being	IT Admission of possibility, but
C Report of what happened	II What I want	IT Agrees and adds
		IT Emphatic agreement with the therapist
I Enough	IK Optimistic self-verbalizations	IT Shows thinking
I Detailing the body	IK Self-critical/self-motivational verbalizations	IT It is a bit like that
		IT Taking the therapy home
IA I am lost/confusion	IM I still lack change	IU Controllable negative future
IA Failing of usual coping	IM Change in state/behaviour	IU Uncontrollable negative future
IA Impotence	IM I changed WOS	IU I can't anticipate the future
IA Nothing's going to change outside	IM What I've become	
IA I am not standing	IM The other's see that I'm different	IV I can't think
IA Mentions explicitly impotence	IM I have to keep training	IV Deliberate non-thinking
IA Surprise about own behaviour		IV Egosyntonic non-thinking
IA I ended up here	IO Desiring change in the other	IV Not thinking about the past
	IO Strangeness towards the other	
IE Emotion cause by the exterior	IO The other is	T Exploring the meanings of what happened
IE Identification of emotional state	IO The other does to me	T Facilitating clarification
IE Meaning underlying emotion	IO Meaning of the other's behaviour	T Proposal of alternative meaning
	IO Other's view	T Reflecting about the emotion
		T Therapist picks client's expressions
		T Validation

B1) Grouping of indices according to process



A3) Grouping of indices according to theme

I Detailing the body I Mentions dialogue	IZT The therapist said IZT Admission of the possibility, BUT IZT Agrees and adds IZT Emphatic agreement with the therapist IZT Outright disagreement IZT It is a bit like that IZT Taking the therapy home IZT Does not understand IZT Do you understand? IZT Answer behind the point	ZA Cries ZA Hopelessness and helplessness ZA Emotional emphasis ZA Anger tone ZA Irony ZA Strange words ZA Strange words repeatedly said ZA Words not said ZA Breaking voice ZA Nervous laughter ZA Surprise ZA Assertion tone ZA Flat tone ZA Childish tone
T Exploring meanings of what happened T Facilitating clarification T Proposal of alternative meaning T Reflecting on the emotional T Suggestion of action T Therapist picks client's expressions T Validation		
C00 Description of non-events C00 General emotional state C00 Report of what happened C01 Report of things that happen C03 Report on how things typically happen C05 General beliefs	IA01 Slip of tongue IA03 I'm lost/confusion IA05 I'm indifferent to every thing IA05 I ended up here IA09 Failing of usual coping strategies IA09 Impotence IA09 Nothing's going to change outside IA09 I'm not standing it IA11 Explicitly refers impotence IA15 Surprise about owns behaviour	IB01 Change to a related issue IB03 I can't think IB05 Egosyntonic non-thinking/speaking ↓ IB07 Deliberate non thinking/speaking
IC01 Not yet WOS ↓ ↓ ↓ ↓ ↓ IC05 Not yet TARGET IC05 In this phase	ID00 I am ID01 Self-contempt ↓ ↓ ↓ ↓ ID03 Unconsciously I do this and that ID05 I should've been different ID07 Identification of vulnerability ID09 What I stopped being ID09 What I want	IG00 General beliefs said to other IG00 The other is IG01 Desiring change in the other IG01 I do what you don't IG01 I made the other do IG01 I don't want the other to become like me IG01 The other does to me IG03 Strangeness towards the other IG05 Meaning of the behaviour of the other ↓ IG09 Other's view
IM00 Identification of emotional state IM01 Overwhelming emotions IM01 Being good or bad IM03 Emotion stated by symptom IM03 The emotion that I have IM03 Minimization of emotional state IM05 Emotion of unknown origin IM05 Emotion caused by the exterior IM07 Actions to avoid emotion IM11 Detailing the emotional state ↓ ↓ IM13 Meaning underlying emotion	IS01 Contradiction with what has been said ↓ IS03 Superficial/diffuse causes/meanings IS03 It is as I feel ↓ ↓ IS05 Cause is defect in me IS05 Sketch of underlying meaning IS05 Overlying meaning IS07 I can't give meaning IS09 Ambivalence between two IS09 Mentions alternative view IS09 Alternative view given by others IS11 Creation of a metaphor	IU00 Mentions thought IU03 Mentions cognitive process ↓ IU05 Explicitly states increased awareness
IV01 Optimistic self-verbalizations IV01 Self-critical/motivational verbalizations ↓ IV03 Enough	IW01 Generalization to the past IW01 This was the cause of that IW01 Past as cause	IX01 I can't anticipate the future ↓ ↓ IX03 Negative uncontrollable future IX03 Fear/worry about unknown future IX05 Negative controllable future
IZ01 I am accommodating/resignation IZ01 I have no goal IZ03 I still lack changing IZ03 I changed WOS IZ05 Change in state/behaviour IZ05 The others see that I'm different IZ05 I have to keep training IZ07 What I've become		

Lack of meaning/confusion/sameness – IA; Avoidance indices – IB; Idea of phase– IC; Identity/self indices – ID; “Other” indices – IG; Emotion indices – IM; Meaning construction indices – IS; Indices about meta-cognitions – IU; Self verbalization indices – IV; Indices of causation/influence of the past – IW; Future indices – IX; Change indices - IZ

B2) Grouping of indices according to process

Absence of elaboration

IS01 Contradiction with what was said
IS01 By chance
IA01 Slip of tongue
IM01 Being good or bad
IC01 Not yet WOS
ID03 Unconsciously I do this and that
IM03 Emotion said by symptom
IM07 Actions to avoid emotion

Naming elements

IS01 Detailing the problem
IC01 Identification of a worsening
IC01 A time it was different WOS
IZ01 External solutions for the problem
IZ03 I still lack change
IM03 The emotion that I have
IC05 Not yet TARGET
IT05 Negative controllable future
IM07 Detailing the body
ID07 Identification of vulnerability
IM11 Detailing emotional state

Meta-cognitive indices

IU01 Optimistic self-verbalizations
IU01 Self-critical/motivational verbalizations
IU03 Mentions cognitive process
IU05 Explicitly states increased awareness
IC05 In this phase

Quantity indices

IM00 Identification of emotional state
ID00 I am
IG00 The other is
IG00 General beliefs said to other
IC00 Localization of a beginning
IU00 Mentions thought

Lack of elaboration pain

IM01 Overwhelming emotions
ID01 Self-contempt
IZ01 I have no goal
IT01 I can't anticipate the future
IT03 Fear/worry of an unknown future
IA03 I am lost/confusion
IU03 Enough
IA05 I'm indifferent to everything
IA09 I can't deal anymore
IA09 I'm not standing it

Crystallized explanations

ID01 I've un-grown
IS03 Superficial/diffuse causes/meanings
IS03 It is as I feel
IM03 Minimization of emotional state
IT03 Uncontrollable negative future
ID05 I should've been different
IM05 Emotion of unknown origin
IS05 Cause is defect in me
ID07 I'm not the only one
IA09 impotence
IA09 Nothing is going to change outside
IA11 Explicitly states impotence

Reflections about change

IZ03 I've changed WOS
IZ05 Change in state/behaviour
IZ05 The other's see that I'm different
IZ05 I have to keep training
IZ07 What I've become

Avoidance

IB01 Changes to a parallel issue
IB03 I can't think
IB05 Egosyntonic non-thinking/speaking
IB07 Deliberate non-thinking
IB07 We never spoke this in session

External explanations

IS05 Overlying meaning
IM05 Emotion caused by the exterior
IG01 Desiring change in the other
IG01 I do what you don't
IG01 The other does it to me

Process of elaboration - Strangeness

IG03 Strangeness towards the other
ID05 Strangeness towards the self
IA15 Surprise about the behaviour

Process of elaboration - Sketches

IT01 Generalization to the past
IT01 Past as cause
IS05 Sketch of underlying meaning
IG05 Meaning of the other's behaviour
IS07 I can't assign meaning
ID09 What I've stopped being
ID09 What I want
IS09 Mentions ambivalence between two
IS11 Creation of a metaphor
IM13 Meaning underlying emotion

Elaboration through different views

IG03 The other reacts differently from me
IS09 Mentions alternative view
IS09 Alternative view given by others
IG09 Other's view

A4 – Grouping of indices according to theme

Lack of meaning/sameness

IA01 lapse
IA03 I'm lost/confusion
IA05 I'm indifferent to every thing
IA09 impotence
IA09 I can't deal with it
IA09 nothing's going to change outside
IA09 I'm not handling it
IA11 explicitly mentions impotence
IA15 surprise about own behaviour

Avoidance indices

IB01 change of subject
IB03 I can't think
IB05 Egosyntonic non-thinking
IB07 deliberate non-thinking
IB07 We've never discussed this before

Idea of phase

IC00 locating the start of something
IC01 not yet (not-specified)
IC01 time it was different (not-specified)
IC01 identification of a worsening
IC05 not yet (target)
IC05 in this phase

Identity/self indices

ID00 I am
ID01 self-contempt
ID01 un-grown
ID03 unconsciously I do this or that
ID05 strangeness towards self
ID05 I should have been different
ID07 identification of vulnerability
ID07 I'm not the only one
ID09 what I no longer am
ID09 what I want

"Other" indices

IG00 general conviction said to other
IG00 the other is
IG01 wishing change in the other
IG01 I do what you don't do
IG01 the other does it to me
IG03 strangeness towards the other
IG03 the other reacts differently
IG05 meaning of the other's behaviour
IG09 other's view

Emotion indices

IM00 identification of emotional state
IM01 overwhelming emotions
IM01 being good or bad
IM03 emotion said by symptom
IM03 emotion that I have
IM03 minimization of emotional state
IM05 emotion of unknown origin
IM05 emotion caused by the exterior
IM07 actions for avoiding emotion
IM07 detailing the body
IM11 detailing emotional state
IM13 meaning underlying emotion

Meaning construction indices

IS01 contradiction
IS01 detailing problem
IS01 by chance
IS03 cause/meanings diffuse or superficial
IS03 I feel as it is
IS05 cause is defect in me
IS05 sketch of underlying meaning
IS05 overlying meaning
IS07 I can't attribute meaning
IS09 ambivalence between two views
IS09 mentions alternative view
IS09 alternative view given by others
IS11 creation of a metaphor

Past and future indices

IT01 generalization to the past
IT01 I can't anticipate the future
IT01 past as cause
IT03 uncontrollable negative future
IT03 fear/worry about unknown future
IT05 controllable negative future

Self verb. & meta cog. indices

IU00 mentions thought
IU01 optimistic self-verbalizations
IU01 self-motivating and self critical verbalizations
IU03 enough
IU03 mentions cognitive process
IU05 explicitly states insight

Change indices

IZ01 I have no goal
IZ01 external solutions for the problem
IZ03 I still lack changing
IZ03 I changed (not-specified)
IZ05 change in state or behaviour
IZ05 others see that I'm different
IZ05 I have to keep trying
IZ07 What I've become

B3 – Grouping of indices according to process

	IA	IB	IC	ID	IG	IM	IS	IT	IU	IZ
Absence of elaboration	IA01	-	IC01	ID03	-	IM01 IM03 IM07	IS01 IS01	-	-	-
Lack of elaboration pain	IA03 IA05 IA09 IA09	-	-	ID01	-	IM01	-	IT01 IT03	IU03	IZ01
Avoidance	-	IB01 IB03 IB05 IB07 IB07	-	-	-	-	-	-	-	-
Naming elements	-	-	IC01 IC01 IC05	ID07	-	IM03 IM07 IM11	IS01	IT05	-	IZ01 IZ03
Crystallized explanations	IA09 IA09 IA11	-	-	ID01 ID05 ID07	-	IM03 IM05	IS03 IS03 IS05	IT03	-	-
External explanations	-	-	-	-	IG01 IG01 IG01	IM05	IS05	-	-	-
Process of elaboration – Strangeness	IA15	-	-	ID05	IG03	-	-	-	-	-
Process of elaboration – Sketches	-	-	-	ID09 ID09	IG05	IM13	IS05 IS07 IS09 IS11	IT01 IT01	-	-
Elaboration through different views	-	-	-	-	IG03 IG09	-	IS09 IS09	-	-	-
Meta-cognitive indices	-	-	IC05	-	-	-	-	-	IU01 IU01 IU03 IU05	-
Reflections about change	-	-	-	-	-	-	-	-	-	IZ03 IZ05 IZ05 IZ05 IZ07
Quantity indices	-	-	IC00	ID00	IG00 IG00	IM00	-	-	IU00	-

A5) Grouping of indices according to theme

<p>1) IS THE ISSUE ABOUT EMOTION OR AN EMOTIONALLY CHARGED ELEM. ?</p> <p>a) The person expresses the emotion? (Emotion indices)</p> <ol style="list-style-type: none"> 1) The person is not comfortable with the emotion <ul style="list-style-type: none"> I1E1 Overwhelming emotions I1E3 Minimization of emotional state I1E7 Actions to avoid emotion 2) The person does not know the emotion. <ul style="list-style-type: none"> I1E1 Being good or bad I1E3 Emotion stated by symptom I1E3 The emotion that I have 3) The person details emotional experience <ul style="list-style-type: none"> I1E7 Detailing the body I1E9 Detailing the emotional state 4) The person elaborates on the emotion <ul style="list-style-type: none"> I1E5 Emotion of outside origin I1E5 Emotion caused by the exterior I1E9 Meaning underlying emotion <p>b) The emotion is inferred from content? (Lack of meaning/ confusion/ sameness)</p> <ol style="list-style-type: none"> 1) The is person lost or unable to deal with experiences <ul style="list-style-type: none"> I1S3 I am lost/confusion I1S9 I can't deal with it anymore I1S9 Impotence I1S9 I'm not standing it 2) The person has given up <ul style="list-style-type: none"> I1S5 I'm indifferent to everything I1S8 Nothing's going to change outside I1S9 Explicitly states impotence 3) The person is surprised about something <ul style="list-style-type: none"> I1S9 Surprise about the behaviour <p>c) Is the emotion avoided? (Avoidance indices)</p> <ol style="list-style-type: none"> 1) The person is not explicit about avoidance. <ul style="list-style-type: none"> I1V1 Changes to a parallel issue I1V3 I can't think 2) The person is explicit about avoidance. <ul style="list-style-type: none"> I1V5 Egosyntonic non-thinking/speaking I1V7 Deliberate non-thinking I1V7 We've never spoke about this in session <p>2) IS THE ISSUE ABOUT SELF OR OTHERS?</p> <p>a) The issue is about self? (Identity/self indices)</p> <ol style="list-style-type: none"> 1) The person is not aware of elements of self <ul style="list-style-type: none"> I2I3 Unconsciously I do this and that I2I5 Strangeness towards the self I2I7 I don't know who I am 2) The person is self-critical or aims to be different <ul style="list-style-type: none"> I2I1 Self-contempt I2I1 I've un-grown I2I5 I should have been different I2I7 Identification of vulnerability I2I9 What I want 3) The person shows self-acceptance <ul style="list-style-type: none"> I2I7 I'm not the only one <p>b) The issue is about others ("Other" indices)</p> <ol style="list-style-type: none"> 1) The person desires change in the other <ul style="list-style-type: none"> I2O1 Desires change in the other I2O1 I do what you don't I2O1 The other does to me I2O3 Strangeness towards the other 2) The person de-centres her/his position in face of the other <ul style="list-style-type: none"> I2O3 The other reacts differently from ME I2O9 Other's view 3) The person explains the experience of the other <ul style="list-style-type: none"> I2O5 Meaning of the other's behaviour 	<p>3) IS THE ISSUE ABOUT TIME?</p> <p>a) Is time described in the present or as a phase? (Idea of phase)</p> <ol style="list-style-type: none"> 1) There is an actual time-frame <ul style="list-style-type: none"> I3F0 Location of the beginning of something I3F1 A time it was different WOS I3F1 Identification of a worsening 2) The phase is not specified and the time is the Present <ul style="list-style-type: none"> I3F1 Not yet WOS I3F5 Not yet TARGET I3F5 In this phase <p>b) Does time constitutes the future or the past? (past and future indices)</p> <ol style="list-style-type: none"> 1) The person speaks about the future <ul style="list-style-type: none"> I3P1 I can't anticipate the future I3P3 Negative uncontrollable future I3P3 Fear/worry of an unknown future I3P5 Negative controllable future 2) The person speaks about the past <ul style="list-style-type: none"> I3P1 Generalization to the past I3P1 Past as cause <p>c) Is time described in terms of personal change? (Change indices)</p> <ol style="list-style-type: none"> 1) The person is not aware of a particular target of change <ul style="list-style-type: none"> I3Z01 I have no goal I3Z01 External solutions to the problem I3Z03 I've changed WOS 2) The person is aware of the target of change <ul style="list-style-type: none"> I3Z03 I still lack changing I3Z05 I have to keep training 3) The person is describing change <ul style="list-style-type: none"> I3Z05 Change in state/behaviour I3Z05 The other's see that I'm different I3Z07 What I've become <p>4) IS THE INDEX ABOUT THINKING OR ELABORATING?</p> <p>a) Is the issue about explanation? (Meaning construction indices)</p> <ol style="list-style-type: none"> 1) There a lack of explanation for the issue. <ul style="list-style-type: none"> I4M1 Contradiction to what was said I4M1 By chance I4M3 Diffuse/superficial causes/meanings I4M7 I can't assign meaning 2) The explanation is outside <ul style="list-style-type: none"> I4M3 It is as I feel I4M5 Cause is defect in me I4M5 Overlying meaning 3) The person sketches the explanation <ul style="list-style-type: none"> I4M1 Detailing the problem I4M5 Sketch of underlying meaning I4M8 Mentions ambivalence between two I4M8 Mentions alternative view I4M8 Alternative view given by others 4) The person has an integrated explanation <ul style="list-style-type: none"> I4M9 Creation of a metaphor <p>b) Is the issue something meta-cognitive? (Self verbalizations and meta-cognitive indices)</p> <ol style="list-style-type: none"> 1) The person uses self-talk <ul style="list-style-type: none"> I4V1 Optimistic self-verbalizations I4V1 Self-critical/motivational verbalizations I4V3 Enough 2) The person talks about cognitive processes. <ul style="list-style-type: none"> I4V3 Mentions cognitive process I4V5 Explicitly states increased awareness
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A6 – Grouping of indices according to theme

<p>1) IS THE ISSUE ABOUT EMOTION OR AN EMOTIONALLY CHARGED ELEMENT?</p> <p>a) The person expresses the emotion? (Emotion indices)</p> <ol style="list-style-type: none"> 1) The person is not comfortable with the emotion I1e1 Overwhelming emotions; I1e2 I shouldn't feel this; I1e3 Minimization of emotional state; I1e7 Actions to avoid emotion 2) The person does not know the emotion. I1e1 Being good or bad; I1e3 Emotion stated by symptom; I1e3 Externalized emotion; I1e5 Emotion of unknown origin; I1e5 Emotion caused from the outside; 3) The person details emotional experience I1e7 Detailing the body; I1e8 Emotional ambivalence; I1e9 Detailing emotional state 4) The person elaborates on the emotion I1e9 Meaning underlying emotion <p>b) The emotion is inferred from content? (Lack of meaning/confusion/sameness)</p> <ol style="list-style-type: none"> 1) The is person lost or unable to deal with experiences I1s1 Slip of tongue; I1s3 I'm lost/not standing; I1s7 Impotence/I can't deal with; I1s8 Explicitly states impotence; 2) The person has given up I1s5 I'm indifferent to everything; I1s7 Nothing's going to change outside; 3) The person is surprised about something I1s9 Surprise about the behaviour <p>c) Is the emotion avoided? (Avoidance indices)</p> <ol style="list-style-type: none"> 1) The person is not explicit about avoidance. I1v3 I can't think; I1v5 Egosyntonic non-thinking/speaking 2) The person is explicit about avoidance. I1v7 Deliberate non thinking/speaking 	<p>3) IS THE ISSUE ABOUT TIME?</p> <p>a) Is time described in the present or as a phase? (Idea of phase)</p> <ol style="list-style-type: none"> 1) There is an actual time-frame I3f0 Localization of the beginning of something; I3f1 A time it was different; I3f1 Identification of a worsening 2) The phase is not specified and the time is the present I3f1 Not yet WOS; I3f5 Not yet TARGET; I3f5 In this phase <p>b) Does time constitutes the future or the past? (past and future indices)</p> <ol style="list-style-type: none"> 1) The person speaks about the future I3p3 Negative uncontrollable future; I3p3 Fear/worry of unknown future; I3p5 Negative controllable future; 2) The person speaks about the past I3p1 Generalization to the past; I3p1 Past as cause I3p7 Identification of a pattern <p>c) Is time described in terms of personal change? (Change indices)</p> <ol style="list-style-type: none"> 1) The person is not aware of a particular target of change I3z1 I have no goal; I3z1 External solutions to the problem; I3z3 I changed WOS; 2) The person is aware of the target of change I3z3 I still lack change; I3z5 I have to keep training 3) The person is describing change I3z2 It is difficult to change; I3z5 Change in state/behaviour; I3z5 The other's see that I'm different; I3z7 What I've become 		
<p>2) IS THE ISSUE ABOUT SELF OR OTHERS?</p> <p>a) The issue is about self? (Identity/self indices)</p> <ol style="list-style-type: none"> 1) The person is not aware of elements of self I2i3 Unconsciously I do this and that; I2i5 Strangeness towards the self; I2i7 I don't know who I am; 2) The person is self-critical or aims to be different I2i1 Self-contempt; I2i5 I should've been different; I2i7 Enough (negative); I2i7 Identification of vulnerability I2i9 What I want (positive); 3) The person shows self-acceptance I2i7 I'm not the only one; I2i9 Self seen as parts <p>b) The issue is about others ("Other" indices)</p> <ol style="list-style-type: none"> 1) The person desires change in the other I2o1 I do what you don't; I2o1 The other does/must change 2) The person de-centres position in face of the other I2o3 Strangeness towards the other; I2o5 The other reacts/is different; I2o9 Other's view 3) The person explains the experience of the other I2o5 Meaning of the other's behaviour; I2o5 The other is the same as me; I2o7 Relationship seen as tango 	<p>4) IS THE INDEX ABOUT THINKING OR ELABORATING?</p> <p>a) Is the issue about explanation? (Meaning construction indices)</p> <ol style="list-style-type: none"> 1) There a lack of explanation for the issue. I4m1 Contradiction to what was said; I4m3 Bewildered/I don't know why; I4m7 I can't assign meaning 2) The explanation is outside I4m1 By chance; I4m3 It is as I feel; I4m5 Cause is defect in me; I4m5 Overlying meaning; 3) The person sketches the explanation I4m1 Detailing the problem; I4m5 Sketch of underlying meaning; I4m8 Mentions ambivalence between two; I4m8 Mentions alternative view; I4m8 Alternative view given by others; 4) The person has an explanation I4m9 Creation of a metaphor <p>b) Is the issue something meta-cognitive? (Self verbalizations and meta-cognitive indices)</p> <ol style="list-style-type: none"> 1) The person uses self-talk I4v1 Optimistic self-verbalizations; I4v1 Self-critical/motivational verbalizations; I4v5 Verbalizations to deal with vulnerability 2) The person talks about cognitive processes. I4v1 Mentions a thought; I4v3 Mentions a cognitive process I4v5 Explicitly states increased awareness 		
<p>CONTENT INDICES</p> <p>C00 Descriptions of non-events; C00 Account of what happened; C01 Account of things that happen; C03 Account of how things typically happen</p>	<p>AUDIO INDICES</p> <p>ZA Crying; ZA Irony; ZA Strange words; ZA Strange words said repeatedly; ZA Breaking voice; ZA Nervous/not congruent with verbal laughter; ZA Surprise; ZA Anger/assertion tone</p>	<p>THERAPIST CODES</p> <p>T0 Unrelated interventions; T1 Hum hums; T2 Facilitating clarification; T3 Exploring meanings of what happened; T3 Reflecting on the emotion; T3 Validation; T4 Proposal of alternative meaning; T5 Suggesting action</p>	<p>CLIENT RESPONSE INDICES</p> <p>IZT The therapist said; IZT Admission of the possibility, BUT; IZT Agrees and adds; IZT Agrees without adding; IZT Emphatic agreement with the therapist; IZT Outright disagreement; IZT It is a bit like that; IZT Taking the therapy home; IZT Does not understand the question; IZT Do you understand?; IZT Answer beyond the issue</p>

B4 – Grouping of indices according to process

Absence of elaboration	11s1 lapse			14m1 contradiction with something said earlier
Avoidance	11e3 minimization of emotional state 11e7 actions to avoid emotions 11v3 I can't think 11v5 Egosyntonic non-thinking 11v7 deliberate non-thinking/talking			14v1 optimistic self-verbalizations
Pain from lack of elaboration	11e1 overwhelming emotions 11s3 I'm lost/I can't handle it 11s5 everything is indifferent 11s7 impotence/I can't deal with it	12i1 self-contempt 12i5 I should have been different 12i7 enough (negative) 12i7 I don't know who I am	13f1 not yet WOS 13p3 uncontrollable negative future 13p3 fear/worry about unknown future 13z1 I don't have a goal	14m3 confused/I don't know why 14m7 I can't give meaning to it
Naming elements	11e7 detailing the body 11e9 detailing the emotional state 11s8 explicitly mentions impotence	12i7 identification of vulnerability 12i9 what I want (positive) 12o5 the other is like me	13f0 location of the beginning of something 13f1 time it was different WOS 13f1 identification of a worsening 13f5 not yet TARGET 13p5 controllable negative future 13z3 I still have to change 13z5 I have to keep practising	14m1 detailing the problem 14v1 mentions a though
Crystallized or External explanations	11e1 being well/bad 11e3 emotion said by symptom 11e3 externalized emotion 11e5 emotion caused by the exterior 11s7 nothing is going to change out there	12o1 I do what you don't 12o1 the other does/ought to change	13p1 past as cause 13z1 external solutions to the problem	14m1 by chance 14m3 it is as I feel 14m5 cause is defect in me 14m5 overlying meaning 14v1 self-critical/motivating verbalizations
Process of elaboration – Strangeness	11e2 I should not feel this 11e5 emotion of unknown origin 11s9 surprise about the behaviour	12i3 Unconsciously I do this and that 12i5 strangeness towards the self 12o3 strangeness towards the other		
Process of elaboration – Sketches	11e8 emotional ambivalence 11e9 meaning that underlies the emotion	12i9 self seen as parts 12o5 meaning of other's behaviour	13f5 in this phase 13p1 generalization to the past 13p7 identification of a pattern	14m5 sketch of underlying meaning 14m8 mentions ambivalence between two 14m9 creation of a metaphor
Elaboration through different views		12i7 I'm not the only one 12o5 the other is/reacts differently than me 12o7 relationship seen as tango 12o9 other's view		14m8 mentions alternative view 14m8 alternative view given by other
Meta-cognitive indices				14v3 mentions cognitive process 14v5 mentions explicitly awareness of something 14v5 verbalization to deal with vulnerability
Elaboration about change			13z2 it's hard to change 13z3 I changed WOS 13z5 change in state/behaviour 13z5 the others see I'm different 13z7 what I've become	

A7 – Grouping of indices according to theme

<p>1) IS THE ISSUE ABOUT EMOTION OR AN EMOTIONALLY CHARGED ELEMENT?</p> <p>a) The person expresses the emotion? (Emotion indices)</p> <ol style="list-style-type: none"> 1) The person is not comfortable with the emotion <ul style="list-style-type: none"> 11e1 Actions to avoid emotion 11e1 Emotion minimization 11e1 Uncontrolled emotions 11e1 Self-criticism for emotion 2) The person does not know the emotion. <ul style="list-style-type: none"> 11e2 Emotion of unknown origin 11e2 Emotion stated by symptom 11e2 Externalized emotion 11e2 Emotion of outside origin 11e2 Being good or bad 3) The person details emotional experience <ul style="list-style-type: none"> 11e3 Emotional ambivalence 11e3 Detailing emotional state 11e3 Detailing the body 11e3 Meaning underlying emotion <p>b) The emotion is inferred from content? (Lack of meaning/confusion/sameness)</p> <ol style="list-style-type: none"> 1) The is person lost or unable to deal with experiences <ul style="list-style-type: none"> 11s1 I am lost/Confusion 11s1 Impotence 2) The person has given up <ul style="list-style-type: none"> 11s2 Its hard to change; 11s2 Not having a goal 11s2 Indifference 	<p>3) IS THE ISSUE ABOUT TIME?</p> <p>a) Is time described in the present or as a phase? (Idea of phase)</p> <ol style="list-style-type: none"> 1) There is an actual time-frame <ul style="list-style-type: none"> 13f1 A time when it was different WOS 13f1 Identification of a beginning/worsening 2) The phase is not specified and the time is the present <ul style="list-style-type: none"> 13f2 Not yet TARGET 13f2 Not yet WOS 13f2 In this phase <p>b) Does time constitutes the future or the past? (past and future indices)</p> <ol style="list-style-type: none"> 1) The person speaks about the past <ul style="list-style-type: none"> 13p1 Generalization to the past 13p1 Identification of a pattern 13p1 Past as cause 2) The person speaks about the future <ul style="list-style-type: none"> 13p2 Negative controllable future 13p2 Uncontrollable negative future 13p2 Unknown future 	
<p>2) IS THE ISSUE ABOUT SELF OR OTHERS?</p> <p>a) The issue is about self? (Identity/self indices)</p> <ol style="list-style-type: none"> 1) The person is not aware of elements of self <ul style="list-style-type: none"> 12i1 strangeness towards the self 12i1 Do it unconsciously 12i1 Not knowing who is his/herself 2) The person is self-critical or aims to be different <ul style="list-style-type: none"> 12i2 Self-Contempt 12i2 Enough! (of the negative) 12i2 Self-criticism 12i2 Vulnerability identification 12i2 goal/need identification (positive) 3) The person shows self-acceptance <ul style="list-style-type: none"> 12i3 Self-Assertion 12i3 Assume responsibility 12i3 self seen as parts 12i3 I'm not the only one 3) The person describes personal change <ul style="list-style-type: none"> 12i4 exterior change; 12i4 non-specified change 12i4 Change in state and behaviour 12i4 Identity change 12i4 Change seen by others 12i4 Idea of training. <p>b) The issue is about others (“Other” indices)</p> <ol style="list-style-type: none"> 1) The person desires change in the other <ul style="list-style-type: none"> 12o1 The other is wrong 12o1 The other will not change 2) The person de-centres position in face of the other <ul style="list-style-type: none"> 12o2 Strangeness towards the other 12o2 The other reacts/is different 12o2 Other's view 3) The person explains the experience of the other <ul style="list-style-type: none"> 12o3 The other reacts/is the same 12o3 relationship seen as tango 12o3 Explanation of the other 	<p>4) IS THE INDEX ABOUT THINKING OR ELABORATING?</p> <p>a) Is the issue about explanation? (Meaning construction indices)</p> <ol style="list-style-type: none"> 1) There a lack of explanation for the issue. <ul style="list-style-type: none"> 14m1 Lapse 14m1 Contradiction 14m1 Incapacity to attribute meaning 14m1 laughter incongruent with verbal 14m1 Surprise about behaviour 2) The explanation is outside <ul style="list-style-type: none"> 14m2 Idea of defect 14m2 It is as I feel 14m2 randomly 14m2 Overlying meaning 3) The person sketches the explanation <ul style="list-style-type: none"> 14m3 Creation of a metaphor 14m3 Detailing problem 14m3 Sketch of underlying meaning 14m3 Exception to a pattern 14m3 Irony 14m3 Situational explanation 14m3 Meaning ambivalence 14m3 Alternative view 14m3 Alternative view given by others <p>b) Is the issue something meta-cognitive? (Self verbalizations and meta-cognitive indices)</p> <ol style="list-style-type: none"> 1) The person talks about avoidance <ul style="list-style-type: none"> 14v1 Incapability of thinking 14v1 Deliberate non-thinking/speaking 14v1 Egosyntonic non-thinking/speaking 2) The person uses self-talk <ul style="list-style-type: none"> 14v2 Optimistic self-verbalizations 14v2 self-critical/motivating verbalizations 14v2 self-verbalizations to deal with vulnerability 3) The person talks about cognitive processes. <ul style="list-style-type: none"> 14v3 Actions to deal with the problem 14v3 Mentions thought 14v3 Mentions Cognitive Process 14v3 Explicitly states gained awareness 	
<p>CONTENT INDICES</p> <p>C00 Absence of description</p> <p>C01 Account of what happened</p> <p>C01 Account of what happens</p> <p>C03 Related outside events</p> <p>C03 Account of typically happens</p>	<p>THERAPIST CODES</p> <p>T0 Absence of interventions</p> <p>T2 Facilitate clarification</p> <p>T3 Explore meanings; T3 Explore emotions</p> <p>T3 Validation; T4 Proposal of alternative meaning</p> <p>T5 Proposal of action</p>	<p>CLIENT RESPONSE INDICES</p> <p>I2T yes, but; I2T agrees and adds; I2T agrees without adding; I2T emphatic agreement</p> <p>I2T outright disagreement; I2T it's a bit like that</p> <p>I2T reference to the therapy; I2T does not understand; I2T Do you understand?</p>

Appendix E
Sistema de Índices de Assimilação (Português)

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Introdução

Este manual descreve os procedimentos de codificação para avaliar a assimilação. Assimilação é o processo através do qual se atribui ou se altera o significado associado a um evento, comportamento, memória ou qualquer outro elemento psicológico. Assimila-se quando se tem de integrar algo (e.g., um evento, uma ideia) ou quando nos mudamos a nós próprios ou mudamos significados previamente estabelecidos para nos ajustarmos a uma circunstância.

Este manual é parte de uma investigação que pretende avaliar a assimilação através de índices narrativos. Os índices são elementos da narrativa dos clientes que são tidos como manifestações do processo de assimilação. Os índices têm valor porque a narrativa é interpretada como tendo camadas de significados. Quando dizemos algo estamos a expressarmo-nos tanto no estilo como no conteúdo do que dizemos.

Um sistema de índices pode diferir de outros sistemas de codificação que já tenha usado. Os índices são elementos que emergem da narrativa. Como consequência, nem todas as expressões terão um índice. Na realidade para cada subgrupo de índices irá aperceber-se de que existem mais expressões em que não está presente o índice do que aquelas que o têm. Além disso algumas sessões de terapia ou alguns clientes irão apresentar um grande número de índices. **Isto não constitui problema.**

Este manual divide-se em duas secções principais. Na primeira, apresentam-se os aspectos gerais da codificação. São referidos os passos principais na avaliação dos índices e discutidos os problemas que poderão ocorrer. A segunda parte apresenta a definição de Códigos Gerais e de Índices de Assimilação. Existe uma secção, para cada índice, com uma definição, exemplos específicos e ainda algumas heurísticas ou problemas que possam ocorrer (identificados com o símbolo “>”).

Os exemplos são baseados em transcrições reais. Todos os elementos que pudessem ser identificativos foram substituídos pelo tipo de elemento em letras MAIÚSCULAS. Por exemplo se a filha de um cliente se chamasse Maria, o nome seria substituído por FILHA.

Aspectos gerais da codificação

A codificação dos índices não deve ser encarada como uma simples atribuição de códigos. O codificador deve estar ciente do contexto e o atribuir de um índice implica um julgamento por parte do codificador. Por outro lado, o sistema de índices foi criado para que quem atribui os índices não tenha de ser muito interpretativo. **Os Índices devem corresponder a algo que seja consensualmente observável** numa expressão em particular. O que significa que se houver dúvida não atribua o índice à expressão.

A unidade de análise do sistema de codificação é a expressão, que é um segmento da narrativa representativo de uma expressão vocal completa da pessoa num diálogo. A definição de expressão não é tão linear como outros conceitos linguísticos (Traum & Heeman, 1997). Neste sistema, vamos utilizar a

mudança de interlocutor como critério principal para definir a expressão. As expressões variam substancialmente em dimensão, mas representam a unidade natural do diálogo. Para cada expressão do cliente, irá atribuir um mínimo de oito ou nove índices enquanto para cada expressão do terapeuta irá atribuir pelo menos um código.

Este sistema de codificação foi criado para ser utilizado com gravações de sessões de terapia em áudio ou vídeo. Com o áudio ou vídeo, terá acesso a informação sobre a tonalidade que é crucial na atribuição dos índices. Podem ser usadas transcrições da terapia para complementar a análise. Se utilizar apenas áudio/vídeo, pode utilizar a folha de codificação, em apêndice, para atribuir os índices. Para identificar as expressões, recorra à definição explicitada no parágrafo anterior. Em caso de dúvida sobre se deve ou não atribuir uma expressão a um dos interlocutores (e.g., preenchedores de discurso como “uh uh”) considere o impacto dessa verbalização no outro interlocutor. Se a verbalização tem impacto (e.g., a outra pessoa diz: “Sim. Eu sei o que está a pensar”) ou a outra pessoa claramente recomeça depois da verbalização deve assinalar como expressão. Se não (ex. o “uh uh” serve apenas para facilitar a conversação), ignore-a. Isto não significa que uma expressão é definida pelo impacto que produz no outro. Por exemplo, caso um dos interlocutores interrompa o outro dizendo algo, mesmo que tal não tenha aparente impacto na narrativa do outro, essa interrupção deve ser considerada como uma expressão.

Se estiver a utilizar transcrições utilize a definição de expressão definida na transcrição. Isto significa que a expressão será o segmento da narrativa que corresponde a uma parte do diálogo tanto do terapeuta como do cliente.

Outra implicação da utilização da expressão como unidade é que o índice pode não corresponder à unidade inteira, mas a um fragmento e pode ainda estender-se a várias expressões. **A atribuição de índices deve reflectir a presença de um índice numa expressão em particular.** Portanto deve assinalar a presença do índice mesmo que não corresponda a uma expressão inteira. No caso de este se estender à expressão seguinte, deve atribuí-lo a ambas. Observe os exemplos adiante.

Além disto, um índice pode aparecer numa parte da expressão e novamente mais à frente na mesma expressão. Como a **codificação é o julgamento da presença/ausência de um índice em particular, apenas pode assinalá-lo uma vez por expressão.**

Breve enquadramento de cada grupo de Índices

Este manual descreve dois tipos de índices. O primeiro é o “Códigos Gerais” e é constituído por dois grupos de índices:

1 – Códigos do Terapeuta

Esta é uma simples categorização das intervenções do terapeuta.

2 – Índices de Resposta do Cliente

A forma como o cliente responde a intervenções ou afirmações, quando o terapeuta está a facilitar um novo significado, é considerado indicativo de como o cliente assimilou o assunto.

Apenas atribua um destes índices quando na expressão anterior do terapeuta assinalou “T5 Propor significado” ou “T6 Propor acção”.

O segundo tipo de índices é o dos Índices de Assimilação. Para facilitar a codificação, os índices estão organizados em categorias de conteúdo. Há **quatro** categorias principais de índices:

3 – Índices de Emoção

Os índices emocionais são índices de uma narrativa emocionalmente carregada ou índices sobre emoções. Estes índices vão desde estar avassalado ou não encarar uma emoção, a estar apto a reflectir sobre uma emoção em particular.

4 – Índices sobre o Self ou Outros

Os Índices sobre o Self ou Outros são sobre o self do cliente ou sobre a sua relação com as outras pessoas. Estes índices vão desde ser demasiado auto-crítico ou culpabilizar-se excessivamente até ser capaz de aceitar o próprio e descentrar-se face às perspectivas dos outros.

5 – Índices sobre o Tempo

Estes índices correspondem a reflexões sobre o tempo. Pode ser a consideração de determinada fase, a narrativa sobre o passado ou sobre o futuro ou o cliente a situar-se no presente.

6 – Índices de Elaboração/Pensamento

Os Índices de Elaboração/Pensamento correspondem a um esforço para encontrar uma explicação ou pensar sobre um assunto. Este índice pode ir desde evitar um assunto específico a estar apto a elaborar profundamente ou criar auto verbalizações para lidar com o assunto.

Passos na atribuição dos índices

O processo de codificação segue a seguinte sequência:

- 1) Ouça as gravações e deixe-se entrar na sessão/caso. Se achar conveniente escreva, na transcrição ou numa folha branca, notas sobre o que pareça relevante, o que pareça estranho ou outra consideração que considere relevante. Deve estar atento às entoações emocionais, pois providenciam informação útil – sublinhe na transcrição se o entender. Deve ainda prestar atenção aos novos elementos, trazidos pelo terapeuta. A resposta do cliente pode ser indicativa da assimilação de um tema em particular. Nesta fase, tente ler com uma postura reflexiva em vez de uma atitude analítica. Não pense nos índices nesta fase e deixe apenas que os elementos relevantes sobressaiam. Se achar útil pode tirar notas pessoais (ex. reacções ou interpretações).
- 2) Codifique a sessão integralmente com os Códigos Gerais e de Assimilação. Relativamente aos Códigos Gerais, cada expressão do terapeuta deve ser codificada com pelo menos um código e cada expressão do cliente pode ser codificada com um Índice de Resposta do Cliente na eventualidade de ter codificado na expressão do terapeuta: “T5 Propor significado” ou “T6 Propor acção”. Relativamente aos Índices de Assimilação, cada expressão deve ter pelo menos 8 índices (que podem ser códigos “0”).

Apesar de ter de atribuir pelo menos nove índices por expressão do cliente (1 ou 2 gerais e 8 índices de assimilação); pode atribuir mais se o entender. **Pode atribuir mais do que um índice por subgrupo. No entanto não deve atribuir os dois índices do mesmo grupo ao mesmo segmento da expressão. Mas pode fazê-lo para dois índices de diferentes subgrupos.**

Por exemplo, o segmento “Sinto-me desolado pelo que ela me fez”, pode ser codificado com um “Índice Emocional” e um “Índice sobre o Outro”, mas não mais do que um índice de cada categoria. No entanto, na restante expressão pode utilizar outros “Índices Emocionais” e “Índices sobre o Outro”.

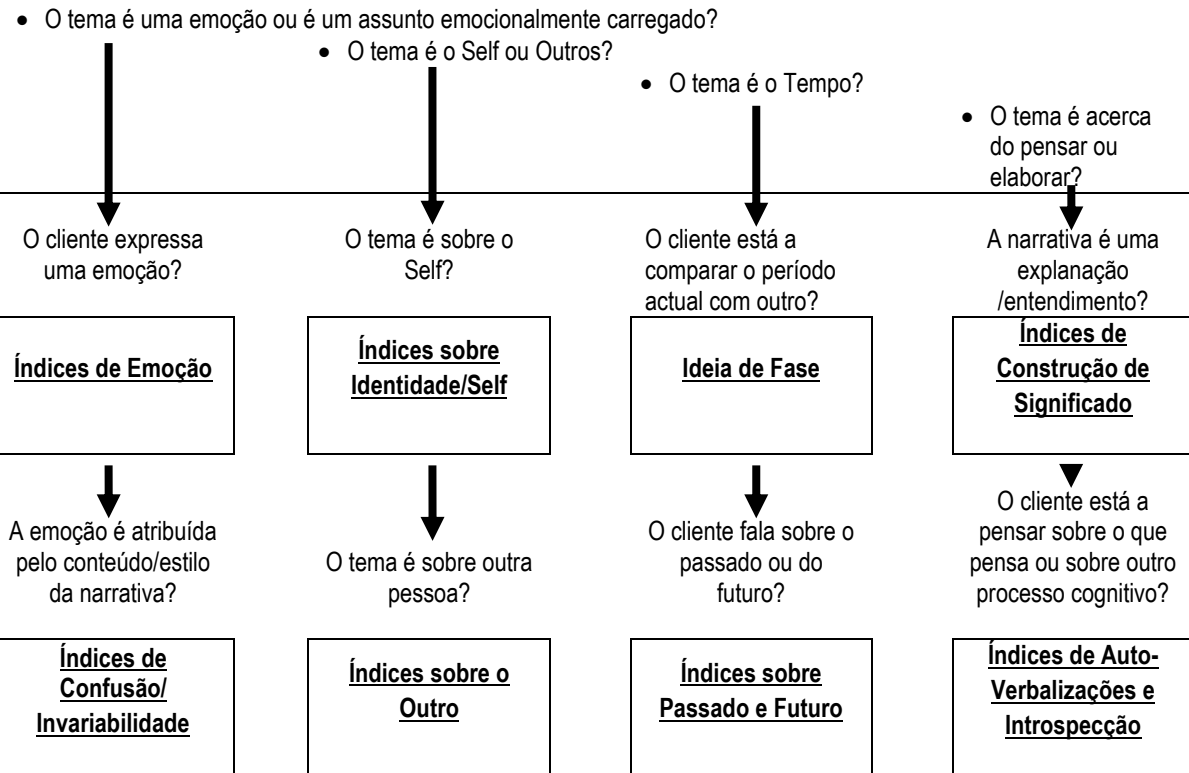
Escolha dos grupos de índices

Para facilitar a codificação, os índices estão organizados hierarquicamente para poder excluir grupos de índices ou seleccionar apenas alguns. Utilize as seguintes questões para guiar a sua análise.

Códigos Gerais:

- A todas as expressões do terapeuta serão atribuídas pelo menos um **Código de Terapeuta**
- Ao atribuir “T5 Propor de significado” ou “Propor de acção”, tem de assinalar um **Índice de Resposta do Cliente**. Caso opte outro índice do terapeuta, não deve assinalar índices desta categoria.

Índices de Assimilação:



Se a resposta for “Sim”, atribua o índice que considera ser mais adequado. Se a resposta for “Não” atribua um índice “0”. Encontra informação mais detalhada na secção “Sistema de Índices: Sumário”.

Exemplos

Exemplo 1

T- Como se sentiu quando ele parou de discutir consigo?

C- Ele faz isso porque não quer ser incomodado. E o idiota faz-me isso a toda a hora. Ele não tem consideração alguma por ninguém a não ser por ele mesmo. Até quando estamos a falar sobre algo que lhe diz respeito... até aí ele se distrai com as suas próprias coisas.

T- Sente-se ignorada quando ele se distrai não é?

C- Sim. E ele faz isso a toda a hora. Ainda ontem preparei-lhe um jantar especial e ele não tirava os olhos da TV. Não é estranho? Como é que ele pode ter ignorado? Foi como se eu nem existisse. Senti-me tão merdosa. Disse para mim mesma "estou realmente sozinha... não valho nada." (choro)

T- É difícil falar sobre estas coisas, não é? Vejo que esta negligência que sente a faz ficar triste.

C- É como se me sentisse muito pequenina... Muito barata... Muito... muito sem valor. E eu sei que isso só tem parcialmente a ver com ele. Mas nesses momentos é a única coisa em que acredito.

Análise I	Análise II
T3 Explorar emocional	I2o01 O outro está errado *
T4 Validação	I2o05 Estranheza face ao outro I1e2 Emoções assoberbadoras I2i04 Auto-desprezo *
T4 Validação	
	I2i4 Auto-desprezo I2i10 Assumir de responsabilidade I4m14 Explicação situacional *

* Atribua códigos 0 às categorias não utilizadas

Exemplo 2

C- A COLEGA veio ao meu gabinete no outro dia para me pedir que lhe entregasse o relatório com espaçamento simples para poupar papel. (riu-se suavemente).

T- Sim. Essa é uma ótima ideia. Talvez aqui devêssemos tentar poupar papel entregando-os em metades de lenços. O que acha? (ambos riem)

C- Continuando. Consegui explicar que o duplo espaçamento tinha a intenção de facilitar a leitura e que o cliente era bastante importante e que poderia parecer sovina entregar o relatório dessa forma.

T- Parece feliz com isso?

C- Siimm... Foi diferente.

T- O que quer dizer?

C- No passado iria ver a mesma situação com lentes diferentes. Penso que me tornei numa pessoa mais tolerante. No passado se a minha patroa me pedisse uma coisa tão estúpida eu teria fingido que acedia e simplesmente não o fazia.

Análise I	Análise II
	*
T0 Ausência de intervenção	
	*
T3 Explorar emocional	
	I2i15 Mudança no estado/Comportamento *
T1 Facilitar Clarificação	
	I2i17 Mudança identitária *

* Atribua código 0 às categorias não utilizadas

Resolução de problemas e heurísticas

- Com a prática irá identificar por vezes elementos que parecem relevantes mas não os enquadra logo no índice a que corresponde. Preste atenção a esses palpites! Tente pensar sobre o que esse elemento, em particular, significa ou tem implícito. Há algum índice que se refira a esse palpite? Se mesmo assim não consegue identificar um índice, não se preocupe. Podem existir índices que simplesmente não foram identificados neste sistema.
- Preste atenção ao tempo do assunto sobre o qual o cliente fala. Se um cliente fala de um evento passado e, por exemplo, expressa que no passado sentiu-se perdido/a ou confuso/a; não atribua um índice de assimilação se o assunto está claramente resolvido.
- Por vezes pode ficar com dúvidas se o índice reflecte o que acredita sobre o cliente. Por exemplo, se o assunto é apenas uma questão de expressão no contexto da sessão (ex. um homem que recorre a uma linguagem dicotómica para descrever uma emoção devido a crenças sobre género). Neste caso, deixe de lado as suas considerações! Atribua os índices em função do que aparece na narrativa, independentemente do seu significado.
- Índices diferentes correspondem a diferentes “níveis” de assimilação. Isto tornar-se-á claro à medida que se aprende o sistema. Se tiver dúvidas sobre a atribuição de um índice, a uma expressão em particular, utilize este conhecimento para esclarecer a sua imagem acerca da expressão.
- Complementar a esta ideia está a noção de que algumas pessoas no processo de mudança podem mostrar inconsistências entre perspectivas antigas e novas formas de pensar. Esta inconsistência pode reflectir-se na presença de vários índices para o mesmo assunto que podem diferir nos “níveis” de assimilação. Por isso, é aceitável haver discrepâncias na atribuição dos índices (ex. Auto-crítica e Auto-afirmação).

Sistema de Índices: Resumo

<p>1) O TEMA É 1 EMOÇÃO OU UM ASSUNTO EMOTIVO? a) O cliente expressa a emoção? (Índices de Emoção)</p> <ol style="list-style-type: none"> 1) O cliente não está confortável com a emoção <ul style="list-style-type: none"> I1e01 Minimização emocional I1e02 Emoções avassaladoras I1e03 Estratégia para não se emocionar I1e04 Crítica por emocionar-se 2) O cliente não conhece a emoção <ul style="list-style-type: none"> I1e05 Estar bem ou estar mal I1e06 Emoção externalizada I1e07 Emoção dita por sintoma I1e08 Emoção de origem exterior I1e09 Emoção de origem desconhecida 3) O cliente detalha a experiência emocional <ul style="list-style-type: none"> I1e10 Detalhar experiência emocional I1e11 Detalhar o corpo I1e12 Ambivalência emocional I1e13 Significado subjacente a emoção <hr style="border-top: 1px dashed black;"/> <p>b) A emoção é dada pelo conteúdo? (Confusão e Invariabilidade)</p> <ol style="list-style-type: none"> 1) O cliente está perdido ou incapaz de lidar com as experiências <ul style="list-style-type: none"> I1s01 Estou perdido/confusão I1s02 Impotência 2) O cliente desistiu <ul style="list-style-type: none"> I1s03 Indiferença/resignação I1s04 Sem esperança na mudança 	<p>3) É O ASSUNTO SOBRE O TEMPO? a) O presente é contrastado com o passado ou o futuro? (Ideia de fase)</p> <ol style="list-style-type: none"> 1) Há um período de tempo definido <ul style="list-style-type: none"> I3f01 Altura em que foi diferente (não especificado) I3f02 Altura em que ALGO foi diferente 2) A fase não é especificada e o tempo é o presente <ul style="list-style-type: none"> I3f03 Ainda não (não especificado) I3f04 Ainda não ALVO I3f05 Nesta fase <hr style="border-top: 1px dashed black;"/> <p>b) O ênfase é no futuro ou no passado? (Índices sobre o passado ou futuro)</p> <ol style="list-style-type: none"> 1) O cliente fala do passado <ul style="list-style-type: none"> I3p01 Passado como causa I3p02 Identificação de um padrão I3p03 Excepção a padrão 2) O cliente fala do futuro <ul style="list-style-type: none"> I3p04 Futuro desconhecido I3p05 Futuro incontrolável I3p06 Futuro controlável
<p>2) O ASSUNTO É SOBRE O SELF OU SOBRE OUTROS? a) O assunto é sobre o self? (Índ. sobre identidade)</p> <ol style="list-style-type: none"> 1) O cliente não está consciente de elementos do self <ul style="list-style-type: none"> I2i01 Fazer inconscientemente I2i02 Não saber quem se é I2i03 Estranheza face a si 2) O cliente é auto-crítico ou ambiciona ser diferente <ul style="list-style-type: none"> I2i04 Auto-desprezo I2i05 Autocrítica inútil I2i06 Basta (negativo) I2i07 Identificar vulnerabilidade (positivo) I2i08 Identificação de meta/necessidade (positivo) 3) O cliente mostra auto-aceitação <ul style="list-style-type: none"> I2i09 Não sou o único I2i10 Assumir responsabilidade I2i11 Auto-asserção I2i12 Eu visto como partes 4) O cliente descreve mudança <ul style="list-style-type: none"> I2i13 Mudança exterior I2i14 Mudança não especificada I2i15 Mudança no estado/comportamento I2i16 Ideia de treino I2i17 Mudança identitária <hr style="border-top: 1px dashed black;"/> <p>b) É o assunto sobre outros? (Índices sobre o outro)</p> <ol style="list-style-type: none"> 1) O cliente deseja mudança no outro <ul style="list-style-type: none"> I2o01 O outro está errado I2o02 O outro não vai mudar 2) O cliente descentra-se em face do outro <ul style="list-style-type: none"> I2o03 O outro reage/é diferente I2o04 O outro reage/é igual I2o05 Estranheza face ao outro 3) O cliente explica a experiência do outro <ul style="list-style-type: none"> I2o06 Visão do outro I2o07 Explicação do outro I2o08 Relação vista como circular 	<p>4) REFLECTE A NARRATIVA O PENSAMENTO OU A ELABORAÇÃO? a) O assunto é uma explicação/compreensão? (Índices de construção de significado)</p> <ol style="list-style-type: none"> 1) Existe uma falta de explicação sobre o assunto <ul style="list-style-type: none"> I4m01 Lapso I4m02 Contradição I4m03 Riso incongruente com verbal I4m04 Incapacidade de atribuir significado I4m05 Surpresa face a reacção 2) A explicação é exterior <ul style="list-style-type: none"> I4m06 Por acaso I4m07 Explicação emocional I4m08 Significado externo 3) O cliente esboça uma explicação <ul style="list-style-type: none"> I4m09 Ironia I4m10 Detalhar problema I4m11 Ambivalência de significados I4m12 Visão alternativa I4m13 Esboço de significado subjacente I4m14 Explicação situacional I4m15 Criar uma metáfora <hr style="border-top: 1px dashed black;"/> <p>b) O assunto é algo metacognitivo? (Índices de auto-verbalizações e introspecção)</p> <ol style="list-style-type: none"> 1) O cliente fala de evitamento <ul style="list-style-type: none"> I4v01 Incapacidade de pensar I4v02 Não pensar/falar egossintónico I4v03 Não pensar/falar deliberado 2) O cliente fala consigo mesmo <ul style="list-style-type: none"> I4v04 Auto-verbalizações optimistas I4v05 Verbalizações auto-críticas/auto-motivadoras I4v06 Verbalizações resultantes de elaboração 3) O cliente fala sobre processos cognitivos <ul style="list-style-type: none"> I4v07 Refere um pensamento I4v08 Refere um processo cognitivo I4v09 Acções para lidar com problema I4v10 Refere tomada de consciência I4v11 Referência à terapia
<p>CÓDIGOS DO TERAPEUTA</p> <p>T1 Facilitar clarificação; T2 Explorar significados T3 Explorar emocional; T4 Validação T5 Propor significado; T6 Propor acção</p>	<p>ÍNDICES DE RESPOSTA DO CLIENTE</p> <p>IZT1 Não percebe; IZT2 Discordância directa; IZT3 Sim, mas; IZT4 Concordância parcial; IZT5 Concorda sem acrescentar; IZT6 Concordância enfática; IZT7 Concorda e acrescenta;</p>

Nota: A síntese que se segue é constituída pelas definições dos índices. Esta mesma definição, acrescida das heurísticas e exemplos encontra-se na secção seguinte.

Códigos Gerais

Índices do Terapeuta	<p>T1 Facilitar clarificação: Este índice reflecte a intenção do terapeuta em clarificar um aspecto do que o cliente disse, ou procurar nova informação. Pode ser uma pergunta, uma paráfrase ou um sumário. Pode ser simplesmente uma afirmação como "Não entendi...". Mesmo que conduza a novos significados, não tem como objectivo essa facilitação. Do mesmo modo, este índice implica que a expressão não é melhor descrita pelos dois próximos índices.</p>
	<p>T2 Explorar significados: Este é um tipo de clarificação direccionada especialmente aos significados. Pode implicar uma generalização ou o enquadrar de um elemento ou evento nas crenças do cliente. O terapeuta não avança um novo significado.</p>
	<p>T3 Explorar emocional: Neste caso, o terapeuta pretende clarificar ou facilitar elaboração no aspecto emocional do assunto. De novo esta exploração não precisa de ser feita em forma de questão mas pode ser uma paráfrase.</p>
	<p>T4 Validação: Este código reflecte a intenção do terapeuta em expressar empatia verbalmente. Isto pode ser feito simplesmente reflectindo a experiência de forma a mostrar entendimento ou demonstrando conhecimento da experiência actual do cliente em termos de experiência passada, circunstâncias, ou qualquer outra explicação. Este índice inclui normalização e comentários reforçadores feitos pelo terapeuta.</p>
	<p>T5 Propor significado: Este código descreve as tentativas do terapeuta de introduzir ou directamente facilitar a emergência de um novo significado. Pode incluir intervenções clássicas do terapeuta como interpretações, confrontações, reenquadramentos, etc. Também se inclui aqui a psico-educação e dar informação. De novo, a atribuição deste código não reflecte a acuidade e adequação da intervenção. Deve atribuir este código se pensa que a intenção do terapeuta era fazer emergir um novo significado. Incluir questões que são claramente orientadas para promover um insight.</p>
	<p>T6 Propor acção: Quando o terapeuta convida o cliente a pensar sobre acções particulares atribui-se este código. Pode ocorrer numa fase da intervenção em que o foco está na implementação da acção; pensar sobre estratégias de coping, ou discutir alternativas no processo de escolha/tomada de decisão. Atribui-se este índice mesmo que não exista uma sugestão directa de implementação de acção por parte do terapeuta.</p>

Índices de Resposta do Cliente	<p>IZT1 Não percebe: O cliente não entende o que o terapeuta diz. A resposta pode ser a expressão directa da não compreensão ou uma resposta que revele incompreensão. Esta falta de compreensão pode ser devida a simplesmente não ter escutado; ao evitamento após uma intervenção do terapeuta ou uma falta de entendimento de um conceito expresso por este.</p>
	<p>IZT2 Discordância directa: O cliente discorda directamente do terapeuta. Pode ser reflexo de uma quebra na relação ou a procura do entendimento. Pode significar que o terapeuta atribuiu um significado que era inadequado ao que o cliente havia dito ou que o cliente não está preparado para pensar sobre esse significado.</p>
	<p>IZT3 Sim, mas: O índice "IZT3 Sim, mas" demonstra uma concordância claramente superficial. Frequentemente acompanhado pela expressão "sim..., mas" ou por uma descrição de ideias semelhante.</p>
	<p>IZT4 Concordância parcial: Neste o cliente concorda parcialmente com o terapeuta. Esta concordância parcial pode dever-se a aquiescência, à inclusão de outro elemento significativo ou simplesmente como uma fase no processo de elaboração.</p>
	<p>IZT5 Concorda sem acrescentar: Este índice reflecte concordância, sem construção posterior. Pode ser o caso de que aquilo que o terapeuta diz seja óbvio para o cliente ou que não tem importância suficiente para causar contra-resposta ou acrescentar.</p>
	<p>IZT6 Concordância enfática: Neste caso, o cliente expressa enfaticamente a sua concordância com o terapeuta. A ênfase pode ser inferida quer do verbal quer do não verbal. Preste atenção ao áudio/vídeo, para o índice.</p>
	<p>IZT7 Concorda e acrescenta: Ao contrário do índice anterior, neste índice, há uma concordância seguida de elaboração do que foi dito, ou algo se constrói a partir da intervenção do terapeuta. Incluir neste índice quando o cliente simplesmente reafirma o que o terapeuta disse com diferentes palavras.</p>

Índices de Assimilação	
<p>1) É O TEMA SOBRE EMOÇÃO OU UM ASSUNTO EMOCIONALMENTE CARREGADO?</p> <p>a) O cliente expressa a emoção? (Índices de Emoção)</p>	<p>1) O cliente não está confortável com a emoção</p> <p>11e01 Minimização emocional: Este índice reflecte a minimização ou desvalorização de um estado emocional específico. Incluir e prestar atenção a estados emocionais classificados como "um bocadinho" (ex. um bocadinho triste) e a descrição ou entoação sugerem reacções mais fortes. Incluir termos vagos sobre emoções (como chateado) que são claramente menos descritivos do que a reacção emocional descrita ou inferida pelo áudio. Pode ser difícil atribuir o índice independentemente do contexto e da informação do vídeo/áudio. Por isso deve prestar atenção a ambos.</p> <p>11e02 Emoções avassaladoras: Deve atribuir-se este índice quando o cliente expressa uma emoção que é descrita como esmagadora ou quando há dificuldade em geri-la. Incluir emoções fortes como aterrorizado, miserável, desespero e outros. Preste atenção às classificações das emoções (ex. terrivelmente triste, incrivelmente assustado). Este índice pode por vezes reflectir o carácter chocante de uma reacção em particular.</p> <p>11e03 Estratégia para não se emocionar: Quando o cliente fala sobre uma acção ou estratégia para evitar ou minimizar uma emoção, atribui-se este índice. Tenha cuidado para evitar sobrepor com os índices de evitamento (I4V01-03). Não atribua este índice se a acção que o cliente diz fazer é "não falar/pensar" sobre determinado assunto durante a sessão. Neste caso deve atribuir os índices de evitamento. Pode atribuir ambos os índices se além de evitar pensar ou falar, o cliente faz alguma coisa (ex. não recorrer a amigos para falar/pensar sobre eventos dolorosos).</p> <p>11e04 Crítica por emocionar-se: Este índice é atribuído quando os clientes se auto-criticam por terem certas emoções. Incluir aqui críticas subtis, como comentários sarcásticos sobre a emoção. Preste atenção às semelhanças entre este índice e o "I2i05 Autocrítica inútil". Neste caso, a crítica é específica à experiência emocional. Se a crítica se estende explicitamente ao self atribua ambos os índices.</p>

2) O ASSUNTO É SOBRE O SELF OU SOBRE OUTROS?	b) A emoção é dada pelo conteúdo? (Confusão e Invariabilidade)	2) O cliente não conhece a emoção	<p>I1e05 Estar bem ou estar mal: Neste índice, o cliente descreve o estado emocional através de uma dicotomia. Isto pode ser feito com expressões como “bom”, “mal”, “bem”, “não muito bem”, “em baixo” entre outros. Pode não reflectir uma ausência de discriminação mas uma dificuldade em expressar-se. Deve atribuir o índice em qualquer dos casos.</p> <p>I1e06 Emoção externalizada: O nome deste índice pode ser enganador. A ideia é que o cliente descreva a emoção como se fosse algo fora da pessoa. Preste atenção às expressões como “aquela tristeza”, “a minha ansiedade” ou a utilização de pronomes para se referir a emoções. A emoção é referida como um objecto e não como um elemento subjectivo.</p> <p>I1e07 Emoção dita por sintoma: Este índice corresponde ao rotular uma experiência emocional como um sintoma. O cliente utiliza termos como “deprimido” ou utiliza uma consequência sintomática como o sentir-se “cansado” (para se referir à tristeza) ou descreve a emoção através das suas consequências, como “chorar”. Este índice pode ser visto como uma forma particular de externalização da emoção que é menos subtil e centrada num aspecto psicopatológico.</p> <p>I1e08 Emoção de origem exterior: Atribuir este índice se o cliente mencionar uma emoção ou uma experiência emocional, mas que a atribui completamente a acontecimentos externos. Inclui os circunstâncias em que os clientes atribuem a experiência emocional ao corpo, como se fosse algo externo a si mesmo.</p> <p>I1e09 Emoção de origem desconhecida: Neste caso o cliente não está ciente de onde provém a emoção. Atribuir este índice quando os clientes afirmarem explicitamente que não conseguem nomear a sua emoção.</p>	
		3) O cliente detalha a experiência emocional	<p>I1e10 Detalhar experiência emocional: Atribuir este índice se o cliente for capaz de narrar a experiência emocional em detalhe e com complexidade. Não deve atribuir se o mesmo segmento da narrativa for melhor descrito por: I1e11 Detalhar o corpo; I1e12 Ambivalência emocional e I1e13 Significado subjacente a emoção. Atribuir este índice se o cliente conseguir falar de sequências de emoções, múltiplas emoções (não contraditórias), diferenciando aspectos da situação e elicitando diferentes emoções.</p> <p>I1e11 Detalhar o corpo: Este índice refere-se à presença de descrições corporais que acompanham a emoção.</p> <p>I1e12 Ambivalência emocional: Presença de duas emoções ou sensações para a mesma situação ou elemento. Estas emoções são explicitamente ou implicitamente referidas como estando em conflito ou pelo menos de forma não complementar. Portanto se o cliente diz “primeiro senti-me zangado, e depois triste”, isto não é indicativo de ambivalência.</p> <p>I1e13 Significado subjacente a emoção: Este é um índice de fronteira entre índices de emoções e de significados. Acontece quando o cliente explica um sentimento em particular. Repare que “I1e08 Emoção de origem exterior” também implica explicação. A diferença é que mesmo que provocada por eventos externos, a emoção aqui é explicada internamente (ex. o significado é associado com o acontecimento) e não explicada pelo acontecimento em si.</p>	
		1) O cliente está perdido ou incapaz de lidar com as experiências	<p>I1s01 Estou perdido/confusão: Este índice corresponde à ideia de estar perdido ou confuso que se pode manifestar no não saber o que fazer, pensar ou sentir. Tem de envolver a sensação de angústia ou outra emoção igualmente intensa e pode inclusivamente envolver confusão no discurso.</p> <p>I1s02 Impotência: Deve atribuir-se este índice se o cliente experienciar desamparo ou a sensação de incapacidade direccionada a um assunto. Pode ser a ideia de que é impossível agir ou que não vale a pena fazê-lo. Pode envolver o sentimento de desespero. Preste atenção a instâncias em que os clientes expressem falta de controlo. Este índice pode ser confundido com o “I1s03 Indiferença”. Mas enquanto que neste o cliente está a lutar contra algo, no próximo a inação faz sentido para o cliente.</p>	
		2) O cliente desistiu	<p>I1s03 Indiferença/resignação: Quando um cliente é indiferente em relação a um determinado assunto, deve atribuir-se este índice. Esta não é a indiferença habitual. Implica sentimentos tais como resignação, indiferença ou dormência. Este índice pode ser confundido com o anterior. Atribua este índice se a percepção da situação é consonante com o cliente – ou seja, se o cliente acredita que não há outra forma ou não quer saber. Atribua o índice anterior “I1s02 Impotência” se o cliente estiver dissonante – ou seja, o cliente não vê solução mas continua a tentar ou a lutar contra algo.</p> <p>I1s04 Sem esperança na mudança: Quando a falta de esperança é abordada em termos de falta de objectivos ou de mudança, este índice deve ser atribuído. Note que aqui a mudança não se refere necessariamente aos objectivos da terapia. Deve ser prestada atenção ao sentimento de desesperança quando o cliente está a descrever perspectivas de mudança.</p>	
		a) O assunto é sobre o self? (Ind. sobre identidade/self)	1) O cliente não está consciente de elementos do self	<p>I2i01 Fazer inconscientemente: Este índice refere-se à ideia de que o comportamento da pessoa é influenciado pelo inconsciente. Isto pode funcionar quase como uma atribuição externa ou como um reconhecimento inicial de um novo significado (e.g., “talvez inconscientemente eu tenha algum ressentimento”).</p> <p>I2i02 Não saber quem se é: Quando a narrativa é acerca da falta de conhecimento acerca de si próprio, deve ser atribuído este índice. Esta falta de conhecimento deve ser em relação à identidade e não acerca de uma reacção particular. Se a narrativa for acerca de um comportamento ou de uma reacção particular, atribua um índice de significado.</p> <p>I2i03 Estranheza face a si: O principal foco deste índice é o sentimento de estranheza em relação ao eu ou a algum aspecto dele. O cliente não só manifesta uma falha de compreensão, como esta falha de compreensão é aversiva e provoca estranheza. Deve ser prestada atenção a experiências de perplexidade. Pode existir confusão entre este índice e o “I4m05 surpresa face a reacção”. Note que, neste caso, o índice refere-se a mais do que um comportamento ou uma reacção. Mesmo que seja mencionada uma reacção particular, para assinalar este índices, esses casos particulares têm de ser generalizados em termos de identidade.</p>
			2) O cliente é auto-crítico ou ambiciona ser diferente	<p>I2i04 Auto-desprezo: Este índice implica um forte sentimento de auto-desprezo. Se esse sentimento não estiver presente, deve ser atribuído o próximo índice, de auto-crítica. O índice de auto-desprezo pode envolver expressões que manifestam uma perspectiva de desdém ou sarcasmo em relação ao eu.</p> <p>I2i05 Autocrítica inútil: A palavra “inútil” na designação deste índice pretende realçar a natureza improdutivo da apreciação negativa do eu e contrastá-la com outros índices deste grupo em que a crítica é útil no sentido de acentuar vulnerabilidades ou direcções de mudança.</p>

		<p>I2i06 Basta (negativo): “Positivo” e “Negativo” não se referem a prazeroso ou doloroso, mas sim à presença ou ausência de algo. Positivo é quando um cliente é capaz de identificar ALGO, enquanto que negativo implica o desejo de que algo que já está identificado desapareça. Por exemplo, a frase “Eu gostava que esta dor desaparecesse” é uma afirmação negativa; enquanto que “eu gostava de sentir a dor com a morte do meu avó” é uma afirmação positiva.</p> <p>Atribua este índice se o cliente expressa saturação em relação a um comportamento ou sentimento negativo. Este índice é acompanhado por uma entoação enfática e pode manifestar-se em expressões como “Estou farto” ou “Estou cansado de”.</p> <p>I2i07 Identificar vulnerabilidade (positivo): Ao contrário do índice anterior, neste caso o que é identificado é ALGO que constitui uma susceptibilidade. Desta forma, este índice tem um carácter de positivo, embora aqui sejam sempre elementos insatisfatórios para a pessoa. Vulnerabilidade significa uma susceptibilidade que pode ser vista como alvo da psicoterapia. Assim, é geralmente algo que emergiu recentemente e que, apesar de ser formulado de uma forma negativa (i.e., algo que está em falta), tem um carácter construtivo. Este índice implica o julgamento sobre se o elemento em causa é impossível de mudar (crítica inútil); se o elemento não é identificado e a sua consequência é activamente rejeitada (basta) ou é a identificação de algo novo a mudar (uma vulnerabilidade).</p> <p>I2i08 Identificação de meta/necessidade (positivo): Atribuir este índice se o cliente expressa uma necessidade ou meta. Enquanto que os índices anteriores correspondem à identificação de algo que está errado, aqui o que é identificado é aquilo que o cliente quer. Não atribuir este índice se o cliente deseja que a mudança ocorra noutra pessoa. Nesse caso, assinale “I2o01 O outro está errado” ou “I2o02 O outro não vai mudar”. Este índice pode estar associado à identificação de uma vulnerabilidade, mas aqui a formulação é feita sobre aquilo o cliente pretende.</p>
	3) O cliente mostra auto-aceitação	<p>I2i09 Não sou o único: Este índice é um indicador de auto-aceitação. Aqui a auto-aceitação é alcançada através da comparação com outros. O cliente reconhece que outras pessoas são semelhantes ou têm as mesmas reacções. Pode implicar a auto-validação.</p> <p>I2i10 Assumir responsabilidade: Se o cliente assume a responsabilidade por um comportamento, por uma reacção ou por uma consequência de uma acção, atribuir este índice. Não atribuir este índice se o cliente se culpa e se sente culpado. A ideia é que, ao assumir culpa, o cliente está acima de tudo a adoptar uma postura auto-crítica (“I2i05 Autocrítica inútil”). Ao assumir responsabilidade, uma pessoa pode sentir arrependimento, mas adopta uma postura reparadora e está disposta e capaz de mudar.</p> <p>I2i11 Auto-asserção: Este índice deve ser atribuído a narrativas em que o cliente se afirma a si próprio/a. Pode existir um sentido de orgulho e os conteúdos podem ser de auto-valorização.</p> <p>I2i12 Eu visto como partes: Este índice corresponde a uma visão do self como sendo constituído por diferentes partes, lados ou vozes. Pode estar associado a uma ambivalência de identidade ou a novas formas de ser relativamente a formas antigas. Pode também corresponder a uma contextualização feita em termos de identidade (e.g., Sou um herói para os meus filhos e um covarde para o meu chefe), mas não a uma contextualização em termos de acção ou significados particulares (e.g., Sou assertivo com o meu chefe e passivo com o meu irmão). Nestes casos, atribuir “I4m10 Detalhar problema”, “I4m11 Ambivalência de significados” ou “I4m14 Explicação situacional”.</p>
	4) O cliente descreve mudança pessoal	<p>I2i13 Mudança exterior: O índice “I2i13 Mudança exterior” refere-se a uma descrição de mudança no contexto circundante, nas outras pessoas ou devida a factores externos. Considere as variáveis biológicas como factores externos. Tendo em conta que as mudanças exteriores não dependem da pessoa, o cliente pode estar a falar de mudanças que ainda não ocorreram.</p> <p>I2i14 Mudança não especificada: Quando um cliente descreve uma mudança, mas não especifica o que é que mudou, atribuir este índice. Inclua expressões que poderiam implicar mudança interna (e.g., “crescimento”, “maduro”, “curado”) se o que mudou não foi especificado.</p> <p>I2i15 Mudança no estado/comportamento: Este índice deve ser atribuído quando a mudança descrita se dá no comportamento ou no estado emocional. A distinção entre traço e estado pode ser utilizada para pensar acerca destas mudanças. Este índice refere-se a mudanças no estado, enquanto que índices como “I2i17 Mudança identitária” se referem a mudanças em traços pessoais.</p> <p>I2i16 Ideia de treino Este índice refere-se à ideia da mudança como envolvendo o desenvolvimento de competências ou uma sequência de passos. Pode também referir-se a uma mudança que ocorreu mas que ainda não foi consolidada.</p> <p>I2i17 Mudança identitária: A mudança descrita por este índice é uma mudança na identidade, no self ou na personalidade. Mais uma vez, mesmo que seja considerado que a mudança não é verdadeira ou legítima, este índice deve ser atribuído se o cliente assim acredita.</p>
b) É o assunto sobre outros? (índices sobre o outro)	1) O cliente deseja mudança no outro	<p>I2o01 O outro está errado: Atribua este índice em narrativas que implicam que o outro está errado. Isto pode traduzir a ideia de que o outro necessita de mudar ou que a pessoa é culpada de alguma coisa. Pode ainda corresponder a uma postura de vitimização. Esta culpabilização do outro pode implicar que a pessoa não tem controlo sobre um acontecimento específico, o que pode ser ou não verdade.</p> <p>I2o02 O outro não vai mudar: Ao contrário do índice anterior, neste índice existe uma resignação/aceitação em relação à ideia de que o outro não vai mudar. Este índice ainda implica que a pessoa deseja essa mudança, mas existe o reconhecimento de que ela não é possível ou desejável.</p>
	2) O cliente descestra-se em face do outro	<p>I2o03 O outro reage/é diferente: Este índice corresponde ao reconhecimento de diferenças no outro. Isto pode implicar uma aceitação dos outros através do respeito das diferenças. Pode também dar-se o caso de a pessoa desejar ser como o outro.</p> <p>I2o04 O outro reage/é igual: Este índice é o oposto do anterior no sentido em que a comparação é realizada para salientar as semelhanças. Neste caso, este índice pode reflectir aceitação, mas é formulado no outro, ao contrário dos índices de auto-aceitação. Pode também corresponder a um exemplo de descentração.</p> <p>I2o05 Estranheza face ao outro: Quando um cliente expressa perplexidade perante a reacção de outra pessoa, considerar a atribuição deste índice. O tom emocional da expressão é muito importante na atribuição deste índice. Ao contrário dos índices do eu, aqui não existe distinção entre o que está relacionado com o eu da outra pessoa e com o comportamento da outra pessoa. Tudo deve ser incluído aqui caso o sentimento de estranheza se manifeste.</p>

		3) O cliente explica a experiência do outro	<p>I2o06 Visão do outro: Este índice deve ser atribuído quando a pessoa está a descrever a perspectiva de outra pessoa em relação a um determinado assunto. O cliente pode ou não concordar com essa perspectiva, mas é capaz de a identificar. Incluir aqui as descrições do cliente feitas por outras pessoas.</p> <p>I2o07 Explicação do outro: Este índice é semelhante ao anterior, mas aqui o cliente, em vez de expressar a visão do outro, procura explicar o seu comportamento. Assim, este índice reflecte uma crença do cliente sobre o outro. Incluir também aqui a identificação de determinadas necessidades nas outras pessoas. Não é necessário assumir que as explicações estão correctas para atribuir este índice.</p> <p>I2o08 Relação vista como circular: Quando o cliente reflecte sobre a relação considerando os efeitos mútuos das pessoas envolvidas, atribua este índice. Este índice pode também ser utilizado para descrever a mudança nas reacções/significados do cliente em face do outro (e.g., "Ela é muito sensível, por isso tenho de ser mais cordial com ela"). Este índice envolve sempre uma circularidade.</p>
3) É O ASSUNTO SOBRE O TEMPO?	a) É o presente contrastado com o passado ou o futuro? (<u>Ideia de fase</u>)	<p>1) Há um período de tempo definido</p> <p>2) A fase não é especificada e o tempo é o presente</p>	<p>I3f01 Altura em que foi diferente (não especificado): Neste índice existe a referência a um período de tempo sem que seja especificado exactamente o que é que era diferente. Pode constituir afirmações gerais como "Era pior" ou "Sentia-me óptimo" sem ser enquadrado o que era diferente. Tal como o próximo índice, este pode referir-se a momentos positivos ou negativos.</p> <p>I3f02 Altura em que ALGO foi diferente: Ao contrário do índice anterior, aqui o cliente refere-se a uma altura em que um elemento particular (e.g., significado, comportamento, reacção) era diferente. Em vez de ter uma concepção difusa daquilo que era diferente, aqui o cliente tem um entendimento claro do que é que mudou.</p> <p>I3f03 Ainda não (não especificado): Ao contrário dos índices anteriores, aqui os clientes colocam-se a si próprios no presente. Neste índice e no seguinte, os clientes contrastam este presente com o futuro, afirmando que actualmente alguma coisa está em falta. No "I3f03 Ainda não (não especificado)", aquilo que o cliente ainda não alcançou não está especificado e a descrição do que está em falta é vaga. Este índice também se aplica quando o que é desejado se encontra fora do controlo do cliente.</p> <p>I3f04 Ainda não ALVO: Ao contrário do índice anterior, aqui os clientes estão conscientes da meta que ainda não foi alcançada.</p> <p>I3f05 Nesta fase: "I3f05 Nesta fase" refere-se à ideia do presente enquanto fase, que pode não ser contrastada quer com o passado, quer com o futuro. Neste caso, os clientes falam especificamente do presente enquanto um período das suas vidas. O cliente não procura algo ou fala de um período no passado em que foi diferente. Este índice pode estar presente quando o cliente está a descrever um processo de mudança ou está a descrever contextos temporais. Este índice pode reflectir uma descentração do cliente no espaço de tempo.</p>
4) REFLECTE A NARRATIVA O PENSAMENTO OU A ELABORAÇÃO?	b) O ênfase é no futuro ou no passado? (<u>Índices sobre o passado ou futuro</u>)	<p>1) O cliente fala do passado</p> <p>2) O cliente fala do futuro</p>	<p>I3p01 Passado como causa: Quando o cliente se está a referir a um acontecimento do passado como sendo a causa de uma reacção ou situação presente, deve ser atribuído este índice. Preste atenção à sequência da narrativa e a associações temporais. A causalidade não tem de estar explicitada, mas deve julgar que o cliente está a fazer a associação (e.g., ver o primeiro exemplo). Note que não é necessário concordar com a causa para se atribuir o índice.</p> <p>I3p02 Identificação de um padrão: Neste caso o passado não é explicitamente visto como uma causa, mas o cliente é capaz de identificar um padrão. Pode ser a constatação de que uma forma particular de reagir ou pensar tem ocorrido no passado. Um padrão apenas necessita de duas ocorrências se o cliente for capaz de generalizar a partir delas. Finalmente, a identificação de um padrão não implica causalidade. Se a causalidade estiver presente, atribuir o índice anterior.</p> <p>I3p03 Excepção a padrão: Este índice refere-se a quando os clientes quebram um padrão. Normalmente esta quebra deu-se no passado recente e pode ser resultado da terapia.</p> <p>I3p04 Futuro desconhecido: O índice "I3p04 Futuro desconhecido" deve ser atribuído se o cliente fala acerca de desconhecer o futuro. Para além disso, este índice implica angústia, desespero, preocupação intensa, inquietação ou apreensão. Não atribuir este índice se os clientes têm uma ideia do que os espera no futuro. Neste caso atribuir os dois índices seguintes.</p> <p>I3p05 Futuro incontrolável: Atribuir este índice se o cliente acredita que uma ou várias coisas vão ou podem acontecer que não podem ser controladas ou geridas. Este índice implica a presença de sentimentos como preocupação, inquietação ou apreensão. A diferença entre este índice e o anterior é que, aqui, há ALGO que o cliente teme.</p> <p>I3p06 Futuro controlável: Ao contrário dos índices anteriores, este refere-se a uma narrativa do futuro que é conhecido e controlável. Incluir aqui a antecipação de um futuro positivo ou de um futuro negativo que é suportável ou pode ser gerido (quer em termos de acções quer em termos de aceitação ou gestão emocional). Ao contrário dos índices anteriores, não deve existir emoção negativa intensa associada a este índice. O futuro, mesmo que seja um futuro negativo, pode ser aceite enquanto tal.</p> <p>I4m01 Lapso: Aqui, lapso significa um erro ou deslize no contexto da fala. Pode ser uma palavra mal utilizada. Não utilizar este índice se for claro que o erro é devido a falta de conhecimento ou de instrução. Atribuir este índice mesmo que o cliente esteja consciente do erro que cometeu. A atribuição deste índice é independente da natureza do lapso. Atribuir este índice mesmo que se pense que o lapso não tem nenhum significado.</p> <p>I4m02 Contradição: Atribuir este índice se o cliente se contradiz a si próprio. Esta contradição não necessita de ser dentro de uma determinada expressão mas pode referir-se a afirmações anteriores. Este índice refere-se a contradições que revelam incoerência. Não atribua este índice a casos em que as contradições não revelam incoerência. Por exemplo, um cliente pode mudar de opinião devido à intervenção do terapeuta. Outro caso é o de um cliente que expressa ambivalência ou várias perspectivas acerca de uma questão. Se o cliente expressa consciência do conflito ou assume a diversidade de visões, isso não constitui uma contradição neste sentido. Nestes casos deve considerar a atribuição de: "I4m11 Ambivalência de significados"; "I4m12 Visão alternativa"; "I4m13 Esboço de significado subjacente"; ou "I4m14 Explicação situacional". Este índice implica algum grau de julgamento da sua parte, embora não deva ser demasiado interpretativo. O índice deve ser atribuído se acreditar que outros cotadores também iriam ver a contradição.</p> <p>I4m03 Riso incongruente com verbal: Este índice refere-se a um riso que não é congruente com a informação verbal. Pode ser um exemplo de riso nervoso. Não deve ser atribuído este índice se o riso estiver associado com ironia. Neste caso atribuir "I4m09 Ironia". Naturalmente, deve ser prestada atenção a situações de riso presentes no vídeo/áudio ou referidas na transcrição.</p>
	a) É o assunto uma explicação/compreensão? (<u>Índices de construção de significado</u>)	1) Existe uma falta de explicação sobre o assunto	

		<p>I4m04 Incapacidade de atribuir significado: Se o cliente expressa incapacidade para compreender uma questão particular ou para dar uma explicação para uma reacção, atribuir este índice. Isto pode incluir a expressão da necessidade de identificar uma razão ou um desejo de compreender algo. Prestar atenção a expressões relativas a estas questões, como "compreender", "perceber", "porque", "razão", "explicar", "entender".</p> <p>I4m05 Surpresa face a reacção: O elemento central deste índice é o sentimento de surpresa em relação ao comportamento, pensamento ou sentimento do cliente. Este índice pode ser confundido com o "I2i03 Estranheza face a si". Mas neste caso aquilo que é inesperado não está especificamente relacionado com o self (e.g., não é um traço ou algo definidor do eu) mas sim com uma reacção específica. Preste atenção ao grau de abstracção. Este índice refere-se a instâncias específicas de reacção.</p>
	2) A explicação é exterior	<p>I4m06 Por acaso: Este índice refere-se a situações em que um determinado acontecimento ou uma determinada reacção é atribuída ao acaso. A ideia por detrás deste índice é que as pessoas geralmente atribuem um significado ou uma explicação aos acontecimentos e às reacções. Assim, este índice não deve ser atribuído a coisas que são consensualmente vistas como aleatórias. Prestar atenção a expressões de acaso (e.g., "inadvertidamente"; "simplesmente aconteceu"; "por acaso"; "por coincidência; ou "sorte").</p> <p>I4m07 Explicação emocional: Atribuir este índice a situações em que a justificação para a reacção é uma emoção ou um estado emocional. Este índice pode implicar que uma determinada reacção ou um determinado comportamento é causado por uma emoção que depois não é enquadrada. Explicação emocional não é a explicação da emoção, mas antes a explicação usando a emoção: "Como sinto, é..."</p> <p>I4m08 Significado externo: Este índice corresponde a uma atribuição externa. Utilizar este índice para caracterizar todas as outras explicações de reacções ou significados que utilizam justificações baseadas em factores externos. Não utilizar julgamentos pessoais sobre a adequação das atribuições para atribuir este índice. Pode ainda atribuir este índice a explicações internas que são apresentadas de forma externa, como explicações biológicas (e.g., "Eu reagi dessa forma por causa da minha depressão").</p>
	3) O cliente esboça uma explicação	<p>I4m09 Ironia: Quando um cliente transmite uma ideia utilizando uma expressão que é divergente com aquilo que significa e o faz com humor ou sarcasmo, atribuir este índice. A "I4m09 Ironia" está fortemente dependente do tom de voz emocional, por isso deve ser prestada atenção a isso. Este índice pode ser um exemplo de descentração ou de evitamento.</p> <p>I4m10 Detalhar problema: Atribuir este índice se a narrativa é um detalhar do problema. Isto pode ser feito através de uma definição efectiva, pensando no problema em termos de dimensões ou através de uma contextualização. O "I4m10 Detalhar problema" pode ser confundido com o "I2i07 Identificar vulnerabilidade (positivo)" e o "I3p02 Identificação de 1 padrão". Este índice distingue-se desses dois porque aqui a questão não é o eu/identidade nem uma variação temporal.</p> <p>I4m11 Ambivalência de significados: Este índice refere-se a uma dúvida entre posições, significados ou escolhas. Deve envolver pelo menos duas ideias, significados ou escolhas. Não atribuir este índice se a ambivalência é discutida como o conflito entre duas emoções. Neste caso atribuir "I1e12 Ambivalência emocional". Se os dois significados conduzirem a duas emoções, atribuir os dois índices (e.g., Sinto quer zanga por ser humilhado, quer tristeza por querer ser aceite de qualquer forma).</p> <p>I4m12 Visão alternativa: Atribuir este índice se os clientes expressam uma visão alternativa àquilo em que acreditam. Por vezes a "I4m12 Visão alternativa" surge em narrativas acerca de uma mudança de crenças ou de significados. Por este motivo, a visão alternativa pode ser atribuída mesmo que não seja completamente formulada. Atribuir também este índice se a visão alternativa tiver sido dada por outra pessoa. Não atribuir "I4m12 Visão alternativa" se a perspectiva alternativa é dada num contexto de ambivalência. A diferença é que, ao contrário do caso da ambivalência, aqui a visão alternativa ainda é alheia à pessoa.</p> <p>I4m13 Esboço de significado subjacente: Este índice implica que nenhum dos índices anteriores foi atribuído ao mesmo segmento. Deve ser atribuído quando a narrativa é uma tentativa de compreender ou uma quase-explicação. O "I4m13 Esboço de significado subjacente" deve também ser atribuído no caso de explicações tentativas. Prestar atenção a expressões que reflectem este processo, como: "Estou a começar a pensar" ou "agora que penso nisso dessa forma" e a expressões de dúvida sobre uma compreensão.</p> <p>I4m14 Explicação situacional: Atribuir este índice quando uma pessoa apresenta uma explicação que é específica a um contexto particular. A "I4m14 Explicação situacional" está frequentemente presente na explicação de acontecimentos do passado em relação com um entendimento mais recente.</p> <p>I4m15 Criar uma metáfora: Uma metáfora aqui é uma imagem ou ideia que é utilizada para descrever ou representar uma outra ideia. Atribuir este índice mesmo se as metáforas foram comuns e culturalmente partilhadas (e.g., Senti-me como um peixe na água).</p>
b) O assunto é algo metacognitivo? (índices de auto-verbalizações e introspecção)	1) O cliente fala de evitamento	<p>I4v01 Incapacidade de pensar: O presente índice corresponde à expressão de incapacidade para pensar acerca de um assunto. Ao contrário dos dois seguintes, este índice está associado a perturbação. Preste atenção a afirmações directas da incapacidade para pensar, imaginar, reflectir ou sentir (usado como sinónimo de intuição).</p> <p>I4v02 Não pensar/falar egossintónico: Atribuir este índice se o evitamento de pensar ou falar faz sentido para o cliente. Pode ser visto como útil, funcional ou razoável. Apesar de não ser dissonante, pode provocar desconforto, especialmente se o assunto tiver sido levantado pelo terapeuta.</p> <p>I4v03 Não pensar/falar deliberado: Existe uma diferença subtil entre este índice e o anterior. Neste, o evitamento é visto como uma forma de lidar com uma determinada questão. O cliente pode reconhecer que o confronto é necessário, mas não neste momento. Aqui pode ser importante fazer uma avaliação sobre a utilidade do evitamento como um estilo de coping. Atribuir este índice apenas a situações em que o evitamento fosse consensualmente admitido como útil. A excepção é quando o cliente descreve o evitamento como algo temporário. Aqui, atribuir sempre este índice. Atribuir também se o evitamento é visto como uma coisa negativa (porque isso implica que o cliente deseja abordar a questão).</p>
	2) O cliente fala consigo mesmo	<p>I4v04 Auto-verbalizações optimistas: Atribuir este índice se o cliente expressa uma auto-verbalização, uma afirmação reguladora ou uma instrução de natureza positiva. Estas frases podem ter como objectivo tranquilizar, podem ser explicações positivas ou instruções optimistas. Este índice também pode ser aplicado ao que alguns terapeutas designam como racionalizações, mas apenas quando estas explicações são claramente optimistas.</p> <p>I4v05 Verbalizações auto-criticas/auto-motivadoras: Este índice refere-se a auto-verbalizações que são auto-criticas. Note que estas podem assumir um carácter motivacional.</p>

		<p>I4v06 Verbalizações resultantes de elaboração: Este índice refere-se a verbalizações que são o resultado de uma nova compreensão ou do processo de elaboração. Incluir aqui verbalizações que são o resultado de uma nova perspectiva ou que têm um valor de coping. Não atribuir este índice a afirmações motivacionais que são auto-críticas. Nesse caso atribuir o índice anterior.</p>
	3) O cliente fala sobre processos cognitivos	<p>I4v07 Refere um pensamento: Atribuir este índice sempre que o cliente refere um determinado pensamento. Não atribuir este índice se ao pensamento tiver sido atribuído outro índice deste subgrupo. O pensamento deve ser descrito como um objecto sobre o qual o cliente está a pensar. Prestar atenção à utilização de aspas.</p> <p>I4v08 Refere um processo cognitivo: Quando o cliente está a referir-se a um processo cognitivo que não o insight ou o planeamento de acção (e.g., memória, atenção, ou percepção) atribua este índice.</p> <p>I4v09 Acções para lidar com problema: Este índice refere-se ao planeamento de acções para lidar com um assunto ou em resultado de alguma compreensão. Não é necessário que a acção seja funcional ou útil. A acção pode já ter acontecido mas o índice deve de qualquer forma ser atribuído se tiver sido uma acção premeditada para lidar com uma determinada questão.</p> <p>I4v10 Refere tomada de consciência: Atribuir este índice se o cliente menciona explicitamente um insight ou uma consciência recém-descoberta. Prestar atenção a expressões como "Apercebi-me"; "consciência"; "compreendi"; "entendi"; "ganhei consciência"; etc.</p> <p>I4v11 Referência à terapia: Este índice está presente quando o cliente se refere a algo que o terapeuta disse; algo que o cliente pensou ou fez como consequência da terapia; ou sobre um tema particular já discutido. Pode ser referente à sessão presente (excepto se for algo que esteja a ser discutido no momento) ou a uma sessão anterior. Este índice reflecte uma iniciativa espontânea do cliente. Por isso não é aplicável quando a referência é feita pelo terapeuta. Por exemplo, não inclui uma referência a uma sessão anterior, feita pelo terapeuta, ou a trabalhos de casa.</p>

Sistema de Índices - Descrição dos Índices: Códigos Gerais

Códigos do Terapeuta

- Este grupo divide-se em duas categorias centrais. A primeira – “T1 Facilitar clarificação”; “T2 Explorar significados”; “T3 Explorar emocional” e “T4 Validação” – não há nenhum significado novo ou perspectiva diferente da parte do terapeuta. O segundo grupo corresponde a índices em que um novo significado ou acção é sugerido pelo terapeuta: “T5 Propor significado” e “T6 Propor acção”.
- O primeiro grupo de índices (T1-T4) reflecte a intenção do terapeuta de explorar os significados do cliente. Em relação ao grupo de índices deve colocar-se esta questão: o que é que o terapeuta procura? Se a resposta for “explorar os significados atribuídos às experiências do cliente”, “explorar a dimensão emocional” ou “expressar empatia pela experiência do cliente”, então deve atribuir respectivamente “T2 Explorar significados”; “T3 Explorar emocional” e “T4 Validação”. Se o terapeuta está meramente a tentar encontrar alguma coisa sobre um assunto em particular (mais conteúdos), então deve atribuir-se “T1 Facilitar clarificação”.
- O segundo grupo de índices (T5-T6) implicam a proposta ou sugestão de um novo significado, quer em termos de uma ideia ou interpretação quer em termos da sugestão de uma acção. Por outras palavras, há algo de novo que é introduzido pelo terapeuta. Assinalar um destes índices implica a atribuição de um índice de resposta do cliente.

T0 Ausência de intervenção

Este é o código “0” para os Códigos do Terapeuta. Pode incluir comentários não relacionados com o que o cliente está a dizer (ex., “estamos a chegar ao final da sessão”) ou encorajamentos verbais e não verbais (ex. “sim, sim”).

T- Quando desci, antes do meu anterior cliente, vi-o. Deve estar à espera há pelo menos uma hora.

T- E agora está aqui no conforto do gabinete.

T- Está quase a partir de férias.

- Preste atenção ao início e final da sessão ou quando há uma mudança de tema que é irrelevante para a sessão (ex. o telemóvel do cliente toca) e o terapeuta comenta.

T1 Facilitar clarificação

Este índice reflecte a intenção do terapeuta em clarificar um aspecto do que o cliente disse, ou procurar nova informação. Pode ser uma pergunta, uma paráfrase ou um sumário. Pode ser simplesmente uma afirmação como “Não entendi...”. Mesmo que conduza a novos significados, não tem como objectivo essa facilitação. Do mesmo modo, este índice implica que a expressão não é melhor descrita pelos dois próximos índices.

C- Tenho tanta coisa na minha mente que não consigo decidir o que hei-de fazer.

T- O que é que tem para fazer?

C- As pessoas costumavam gozar comigo.

T- Gozar?

T- Então ela mudou-se para longe de casa.

C- Não. Ele é que se mudou.

T- Sente-se verdadeiramente abandonado. Quem é que se mudou então?

(Todas estas expressões correspondem a clarificações. A terceira intervenção corresponde não a uma questão mas o objectivo é na mesma uma clarificação. Na última deve atribuir adicionalmente “T4 Validação”, devido à primeira frase.)

- Não se esqueça que este código só é atribuído se “T2 Explorar significados” e “T3 Explorar emocional” não forem adequados a uma expressão ou frase.
- Preste atenção às palavras “o quê”, “como”, “quando” e à formulação das questões. Esteja atento a nova informação que o cliente exponha ou elaborações de informação prévia.
- Preste atenção às questões enviesadas. Por vezes os terapeutas colocam questões, quando na realidade estão a tentar promover novos significados: “qual era a sua responsabilidade no assunto?” (quando o cliente não mencionou qualquer pensamento sobre isso). Se tiver a certeza que estas questões têm uma agenda, atribua “T5 Propor significado”. Se não tiver a certeza, mas pensa que as questões exploram assuntos causais ou exploratórios, atribua “T2 Exploração de significados”. Se não tiver a certeza e não encontrar direcção na questão do terapeuta atribua “T1 Facilitar clarificação”.

T2 Explorar significados

Este é um tipo de clarificação direccionada especialmente aos significados. Pode implicar uma generalização ou o enquadrar de um elemento ou evento nas crenças do cliente. O terapeuta não avança um novo significado.

T- Vamos pensar um pouco sobre o que me disse. Mencionou um número de coisas que a perturbaram durante aquela semana. O que pensa que essas coisas têm em comum?

T- Mencionou uma mudança na relação com as sua irmãs. O que acha que mudou?

T- O que acha que se está a passar convosco?

(Nestas três exemplos, o terapeuta tenta explorar significados. No primeiro ao tentar relacionar eventos separados; no segundo, ao pedir uma explicação e no último ao questionar o que significa um determinado evento.)

- Preste atenção a expressões como “o que significa...” ou palavras como “porquê” “com que fim”.
- Procure explorações em termos de significado que usem a palavra “sentir”. Por vezes os terapeutas (e clientes) utilizam a palavra “sentir” como sinónimo de “pensar” ou “intuir”.
- Cuidado com as questões enviesadas. Ver nota no índice anterior.

T3 Explorar emocional

Neste caso, o terapeuta pretende clarificar ou facilitar elaboração no aspecto emocional do assunto. De novo esta exploração não precisa de ser feita em forma de questão mas pode ser uma paráfrase.

C- Os miúdos costumavam escrever coisas depreciativas sobre mim na casa de banho. Às vezes na sala de aula, um ou outro miúdo costumava provocar-me e chamar-me nomes.

T- E como era isso para si?

T- Que sentimentos associa a essa frase?

C- Aquele pequeno sacana ainda está cá dentro.

T- O sentimento de culpa?

C- Culpa, sim.

(estas três expressões são explorações de emoções. Na primeira e segunda perguntando directamente e na terceira ao atribuir um rótulo emocional à experiência.)

- Preste atenção às palavras sobre emoções (e.g. nomes de emoções) tanto no terapeuta como no cliente.

T4 Validação

Este código reflecte a intenção do terapeuta em expressar empatia verbalmente. Isto pode ser feito simplesmente reflectindo a experiência de forma a mostrar entendimento ou demonstrando conhecimento da experiência actual do cliente em termos de experiência passada, circunstâncias, ou qualquer outra explicação. Este índice inclui normalização e comentários reforçadores feitos pelo terapeuta.

T- Parece sentir-se desgastado com estes fins e recomeços da relação.

T- É muito difícil estar nessa situação.

T- É natural ter dificuldades. Está a tentar isto pela primeira vez. Mas fez isso na semana passada. Conta para alguma coisa, não é?

C- Não tenho satisfação nenhuma quando estou com o meu filho. Não posso ser natural com ele e sinto-me mal com isso. Os pais não são supostos amarem os filhos? Sinto... eu não devia ser assim.

T- Às vezes, quando os pais se sentem culpados, têm dificuldade em sentirem-se relaxados com os seus filhos, porque estão sempre a tentar reparar o que pensam ter feito.

(Todas estas expressões devem ser codificadas com o índice. As primeiras duas são reflexões da experiência do cliente. As duas últimas envolvem alguma naturalização ou expressão de conhecimento da experiência do cliente.)

- Diferente dos outros índices deste grupo, a validação não tem uma intenção explícita de adquirir informação ou mudar significados. Isto pode ser útil na identificação do índice porque (apesar de aprofundar da experiência ou fortalecimento da relação) não se espera nenhuma resposta específica do cliente.
- Esteja ciente de que a validação pode não ser adequada ou formulada da forma que pensa ser a correcta. No entanto, deve atribuir o índice, se considerar que existia a intenção de validar.

T5 Propor significado

Este código descreve as tentativas do terapeuta de introduzir ou directamente facilitar a emergência de um novo significado. Pode incluir intervenções clássicas do terapeuta como interpretações, confrontações, reenquadramentos, etc. Também se inclui aqui a psico-educação e dar informação. De novo, a atribuição deste código não reflecte a acuidade e adequação da intervenção. Deve atribuir este código se pensa que a intenção do terapeuta era fazer emergir um novo significado.

Incluir questões que são claramente orientadas para promover um *insight*.

T- Vejo que se auto-recrimina pela sua reacção na altura. Mas estava a pensar se você, em criança, teria as competências que tem agora... e se isso lhe permite julgar-se a si mesma.

T- Você diz isso. Mas eu não vejo mudança alguma na tristeza, estou correcto?

T- Diz que ele nunca vai mudar. O que pensa que teria de acontecer para ser mais feliz?

T- Não consegue ver que ele a está a manipular?!

(Em todas estas expressões do terapeuta, deve atribuir o presente código. Na primeira, além do carácter validante, a frase proporciona uma alternativa à explicação associada à culpa. Na segunda, o terapeuta reflecte a discrepância no cliente. Na terceira, a questão é claramente direccionada para a mudança de foco, de fora para dentro. Na última, é o rotular directo, pelo terapeuta, do comportamento de outra pessoa.)

- Atribuição deste código implica atribuir um “Índice de Resposta do Cliente” na expressão seguinte. Por outro lado, a resposta do cliente também pode ser utilizada como indicador para atribuir “T5 Propor significado”. Se vir que o cliente reage a alguma coisa, verifique se o terapeuta não estará a intervir de acordo com a definição deste código.

T6 Propor acção

Quando o terapeuta convida o cliente a pensar sobre acções particulares atribui-se este código. Pode ocorrer numa fase da intervenção em que o foco está na implementação da acção; pensar sobre estratégias de *coping*, ou discutir alternativas no processo de escolha/tomada de decisão. Atribui-se este índice mesmo que não exista uma sugestão directa de implementação de acção por parte do terapeuta.

C- Pela primeira vez consegui dizer a mim mesma “que se lixem” e dizer-lhe o que eu estava a pensar.
T- talvez seja importante manter essa postura com ele.

T- Tenho um exercício para lhe propor. O que pensa de construirmos um plano para lidar com a procrastinação? Deixe-me explicar...

T- Que outras estratégias poderia usar para lidar com os jantares de família?

Índices de Resposta do Cliente

- “Índices de resposta do cliente” são índices que reflectem a resposta a uma intervenção ou afirmações do terapeuta. Devem ser atribuídos sempre e apenas quando se cotou com “T5 ou T6”.
- “Índices de Resposta do Cliente” diferem relativamente aos níveis de concordância e aceitação de um significado proposto. Nas primeiras duas – “IZT1 Não percebe” e “IZT2 Discordância directa” – o cliente ou não percebe ou não concorda com o terapeuta. Os próximos índices – “IZT3 Sim, mas”, “IZT4 Concordância parcial”, “IZT5 Concorda sem acrescentar”, “IZT6 Concordância enfática” e “IZT7 Concorda e acrescenta” – são graus de concordância.

IZT1 Não percebe

O cliente não entende o que o terapeuta diz. A resposta pode ser a expressão directa da não compreensão ou uma resposta que revele incompreensão. Esta falta de compreensão pode ser devida a simplesmente não ter escutado; ao evitamento após uma intervenção do terapeuta ou uma falta de entendimento de um conceito expresso por este.

T- Qual foi o seu papel na situação?

C- O meu papel?

T- Sim... Pensa que a sua reacção desempenhou um papel na dela?

T- Parece estar preso nessa situação. Detesta que as pessoas decidam por si, mas deixa as grandes decisões para os outros...

C- (sobrepondo-se) Sim! É isso. As pessoas estão sempre a decidir por mim.

T- Quer que ele seja mais cuidador para não se sentir tão sozinha e... por vezes... é mais fácil pedir aos outros do que mudarmos nós próprios, não é?

C- Sim. Seria mais fácil que ele mudasse. Ele não precisa de fazer muito. E eu mudei... tornei-me menos crítica com ele. Mas não resultou.

(As três expressões, do cliente deveriam ter este índice atribuído. Na primeira, o cliente pede claramente uma explicitação. Na segunda o cliente responde como se não tivesse ouvido o terapeuta. E no último exemplo ela ouviu, mas não entendeu o conceito de mudança proposto pelo terapeuta.)

- Por vezes a expressão seguinte, dada pelo terapeuta, pode facilitar a avaliação da pertinência de atribuição do índice. O terapeuta deve repetir ou reformular a intervenção ou pode aperceber-se que foi prematuro e retrair-se, validando a posição do cliente.
- Por vezes esta incompreensão acontece quando o terapeuta interrompe o cliente que depois recomeça no que estava a falar.

IZT2 Discordância directa

O cliente discorda directamente do terapeuta. Pode ser reflexo de uma quebra na relação ou a procura do entendimento. Pode significar que o terapeuta atribuiu um significado que era inadequado ao que o cliente havia dito ou que o cliente não está preparado para pensar sobre esse significado.

T- Disse que tem tido mais discussões com a sua filha. Talvez seja porque tem sido mais exigente com ela.

C- Não. O meu filho é simplesmente mais reservado e sossegado.

T- Portanto, se tivesse de escolher entre jantar com a sua irmã ou a sua mãe, escolheria a sua mãe.

C- Não. Tentaria equilibrar ambas as visitas para ir às vezes a casa da minha mãe e outras a casa da minha irmã. Mas a minha mãe vai sempre à casa da IRMÃ.

IZT3 Sim, mas

O índice "IZT3 Sim, mas" demonstra uma concordância claramente superficial. Frequentemente acompanhado pela expressão "sim..., mas" ou por uma descrição de ideias semelhante.

T- Descreveu essa relação como uma forma de preencher o espaço deixado pela anterior.

C- Sim, eu estava sozinha nessa altura mas foi mais do que isso.

T- Não tem sintomas alguns de cancro, pois não?

C- Não, não tenho. Mas o meu marido também não tinha.

- A melhor forma de distinguir este índice de uma concordância parcial é que neste índice não parece haver acordo algum, enquanto no outro há pelo menos uma concordância parcial com o terapeuta.

IZT4 Concordância parcial

Neste o cliente concorda parcialmente com o terapeuta. Esta concordância parcial pode dever-se a aquiescência, à inclusão de outro elemento significante ou simplesmente como uma fase no processo de elaboração.

T- Estava a pensar se você em criança teria outra forma de se defender.

C- Bem... Talvez... não sei... Provavelmente.

T- Talvez a melhor forma de estarmos bem é sendo capaz de expressar os sentimentos negativos que temos cá dentro.

C- Sim... talvez possa admitir que é um pouco como diz.

T- Portanto estava a pedir-lhe que a tratasse como uma pessoa. Gostava que ele fosse uma espécie de porto seguro?

C- Bom, talvez um pouco... talvez eu espere demais. No entanto ele é que devia estar a tratar-me bem.

(Na terceira expressão poderia ter incorrectamente atribuído o código “Sim... mas”, devido ao formato da frase do cliente. A forma como este fala das suas excessivas expectativas é indicativo de concordância parcial, mais do que de um entendimento superficial.)

- Ao contrário do índice anterior, neste há uma forma de entendimento, mesmo que incompleto. Ao contrário do próximo índice, este ainda é ambivalente.
- Preste atenção às expressões que demonstram esta parcialidade: “um pouco”, “talvez”, “possivelmente”.

IZT5 Concorda sem acrescentar

Este índice reflecte concordância, sem construção posterior. Pode ser o caso de que aquilo que o terapeuta diz seja óbvio para o cliente ou que não tem importância suficiente para causar contra-resposta ou acrescentar.

T- Talvez possamos pensar nesses sintomas como parte da depressão.

C- Sim. É verdade.

T- O sonho do seu sobrinho teve impacto em si porque se vê a si mesmo nele, não é?

C- Bom. Sim.

(Em ambos os exemplos o cliente concorda sem adicionar material. Torna-se difícil neste tipo de expressões pensar sobre o significado deste acordo imediato.)

IZT6 Concordância enfática

Neste caso, o cliente expressa enfaticamente a sua concordância com o terapeuta. A ênfase pode ser inferida quer do verbal quer do não verbal. Preste atenção ao áudio/vídeo, para o índice.

T- Foi como se os eventos tivessem mexido consigo. Como se os seus suportes tivessem sido retirados. Como se, de repente, todas as certezas que tinha sobre a relação subitamente colapsaram.

C- (Sobrepondo-se) Sim... sim... Sim... Sim...

T- Quando diz “tive de”, parece ser uma expressão pesada.

C- Sim... É isso... É... é mesmo assim.

- Preste atenção ao áudio e à repetição nas palavras que exprimem concordância.

IZT7 Concorda e acrescenta

Ao contrário do índice anterior, neste índice, há uma concordância seguida de elaboração do que foi dito, ou algo se constrói a partir da intervenção do terapeuta. Incluir neste índice quando o cliente simplesmente reafirma o que o terapeuta disse com diferentes palavras.

T- Fala do seu casamento como se fosse uma luta. É para a maioria das pessoas, é suposto ser uma fonte de força e calma.

C- Exactamente. E eu não sou o tipo de pessoa que espera imenso de um casamento. Eu só quero essas coisas básicas.

T- Sim. Por vezes gosta de ser mais como uma criança outras vezes gosta de ser mais séria. Por vezes gosta de estar alegre, outras vezes precisa de estar triste ou sozinha.

C- Sim e isso não significa que eu esteja a ser incoerente.

(Em ambos os exemplos o cliente adicionou palavras suas ao que o terapeuta disse. No primeiro por construir sobre o que o terapeuta havia dito e no segundo por ter reenquadrado a aceitação demonstrada pelo terapeuta no conceito de coerência.)

Descrição dos Índices: Índices de Assimilação

1.1) Índices de Emoção

- “Índices de Emoção” podem ser confundidos com os “Índices sobre o Pensamento ou Elaboração”. Se achar que uma expressão tem as indicações para um “Índice de Emoção” atribua-o. Se a expressão também envolve uma explicação ou uma auto-verbalização, também pode atribuir um “Índice de Pensamento ou Elaboração”. Ver por exemplo a secção sobre o índice “11e12 Ambivalência emocional”.
- Enquanto atribui um “Índice sobre Emoção” questione-se se: o cliente está desconfortável com a emoção? Se sim pode assinalar: “11e01 Minimização emocional”; “11e02 Emoções avassaladoras”; “11e03 Estratégia para não se emocionar”; ou “11e04 Crítica por emocionar-se”. O cliente sabe/expressa as emoções envolvidas? Se não, pode atribuir “11e05 Estar bem ou estar mal”; “11e06 Emoção externalizada”; “11e07 Emoção dita por sintoma”; “11e08 Emoção de origem exterior”; e “11e09 Emoção de origem desconhecida”. O cliente está consciente, elabora ou dá detalhe sobre a sua experiência emocional?. Se sim, então assinale: “11e10 Detalhar experiência emocional”; “11e11 Detalhar o corpo”; “11e12 Ambivalência emocional”; e “11e13 Significado subjacente a emoção”.
- Preste atenção às palavras que expressam emoções, incluindo nomes de emoções. Deve-se ainda estar atento à entoação emocional do áudio/vídeo.

11e00 Código “0” para “Índices de Emoção”

Este é o código para a ausência de “Índices de Emoção”.

11e01 Minimização emocional

Este índice reflecte a minimização ou desvalorização de um estado emocional específico. Incluir e prestar atenção a estados emocionais classificados como “um bocadinho” (ex. um bocadinho triste) e a descrição ou entoação que sugerem reacções mais fortes. Incluir termos vagos sobre emoções (como chateado) que são claramente menos descritivos do que a reacção emocional descrita ou inferida pelo áudio. Pode ser difícil atribuir o índice independentemente do contexto e da informação do vídeo/áudio. Por isso deve prestar atenção a ambos.

C- A morte do primo do meu amigo foi... ahhh... delicada... para mim. Eu tinha uma boa relação com ele... Lembro-me de quando costumávamos ir pescar... (...) E o meu amigo estava devastado.

C- Eu estava um pouco assustado quando o meu tio morreu. Se ele podia morrer talvez outras pessoas próximas de mim também pudessem.

- Este índice, como outros, pode reflectir não uma dificuldade da experiência mas a dificuldade em expressar-se. Não se deve preocupar com esta distinção e atribuir o índice, independentemente da explicação.

11e02 Emoções avassaladoras

Deve atribuir-se este índice quando o cliente expressa uma emoção que é descrita como esmagadora ou quando há dificuldade em geri-la. Incluir emoções fortes como: aterrorizado, miserável, desespero e outros. Preste atenção às classificações das emoções (ex. terrivelmente triste, incrivelmente assustado). Este índice pode por vezes reflectir o carácter chocante de uma reacção em particular.

C- Não consigo parar de tremer. Estou terrivelmente assustada.

C- E quando comecei a juntar as coisas senti-me horrível... e não podia aguentar isso. Não conseguia pensar com clareza.

C- Eu estava terrivelmente triste. Estava devastada.

(Como pode ver pelo segundo exemplo, o nome da emoção não tem de estar explicitada)

- Por vezes a ideia de perder o controlo pode ser uma indicação de uma emoção esmagadora. Preste atenção para averiguar se a emoção está a ser expressa nestas circunstâncias.

I1e03 Estratégia para não se emocionar

Quando o cliente fala sobre uma acção ou estratégia para evitar ou minimizar uma emoção, atribui-se este índice. Tenha cuidado para evitar sobrepor com os índices de evitamento (I4V01-03). Não atribua este índice se a acção que o cliente diz fazer é “não falar/pensar” sobre determinado assunto durante a sessão. Neste caso deve atribuir os índices de evitamento. Pode atribuir ambos os índices se, além de evitar pensar ou falar, o cliente faz alguma coisa (ex. não recorrer a amigos para falar/pensar sobre eventos dolorosos).

C- Não falei com ele porque se o fizesse, iria ficar demasiado zangada para me controlar.

C- Só quero ir para casa, beber qualquer coisa e esquecer. Não quero sentir isto.

(Em ambos os casos há uma acção que é realizada/evitada para evitar uma dada emoção. No primeiro caso é o evitar de uma conversa, no segundo é uma actividade que pretende ser uma distracção.)

- Este índice distingue-se do “I4v09 Acção para lidar com problema” por ser específico a uma reacção emocional. Atribua ambos os índices se a emoção que é evitada se insere numa reacção problemática mais geral.

I1e04 Crítica por emocionar-se

Este índice é atribuído quando os clientes se auto-criticam por terem certas emoções. Incluir aqui críticas subtis, como comentários sarcásticos sobre a emoção. Preste atenção às semelhanças entre este índice e o “I2i05 Autocrítica inútil”. Neste caso, a crítica é específica à experiência emocional. Se a crítica se estende explicitamente ao self atribua ambos os índices.

C- Às vezes sentir isto por ela incomoda-me... foi há tanto tempo. Eu não devia sentir isto.

C- Estava assustado... consegue imaginar?! Assustado como um miúdo com medo do papão.

(Atribui-se este índice em ambas as situações. Na segunda, a crítica é inferida da exclamação e do ridículo associado à imagem.

I1e05 Estar bem ou estar mal

Neste índice, o cliente descreve o estado emocional através de uma dicotomia. Isto pode ser feito com expressões como “bom”, “mal”, “bem”, “não muito bem”, “em baixo” entre outros. Pode não reflectir uma ausência de discriminação mas uma dificuldade em expressar-se. Deve atribuir o índice em qualquer dos casos.

C- Hoje, não estou bem. Provavelmente é do tempo.

C- Depois da conversa, fui-me logo abaixo.

- Preste atenção às expressões utilizadas nas descrições dicotómicas das emoções: bom vs. mau; bem vs. em baixo; positivo vs. negativo.

I1e06 Emoção externalizada

O nome deste índice pode ser enganador. A ideia é que o cliente descreva a emoção como se fosse algo fora da pessoa. Preste atenção às expressões como “aquela tristeza”, “a minha ansiedade” ou

a utilização de pronomes para se referir a emoções. A emoção é referida como um objecto e não como um elemento subjectivo.

C- É um medo que eu tenho. Temo que as pessoas partam.

C- Esta semana tive dois dias em que desabei... não consigo entender porquê... mas... isto ... bem... isto vem frequentemente.

C- É a tristeza que me domina.

(A natureza externalizada destas experiências pode ser inferida a partir da ideia de que estas emoções são descritas como algo externo ou algo que o cliente adquire; em vez de ser uma reacção pessoal a uma circunstância)

11e07 Emoção dita por sintoma

Este índice corresponde ao rotular uma experiência emocional como um sintoma. O cliente utiliza termos como “deprimido” ou utiliza uma consequência sintomática como o sentir-se “cansado” (para se referir à tristeza) ou descreve a emoção através das suas consequências, como “chorar”. Este índice pode ser visto como uma forma particular de externalização da emoção que é menos subtil e centrada num aspecto psicopatológico.

T- O que sentiu?

C- Chorei.

C- Isso faz-me ficar doente (tom a esmorecer)... Vê-la assim.

C- Quando ele fala comigo assim mexe com o meu sistema nervoso.

- Preste atenção a palavras relacionadas com a psicopatologia.

11e08 Emoção de origem exterior

Atribuir este índice se o cliente mencionar uma emoção ou uma experiência emocional, mas que a atribui completamente a acontecimentos externos. Inclui os circunstâncias em que os clientes atribuem a experiência emocional ao corpo, como se fosse algo externo a si mesmo.

C- Eles estão sempre a perguntar-me porque é que fico no meu quarto. Deixam-me louco... e depois ficam chocados quando expludo.

C- Como é que se pode ser feliz quando se vive com 480 euros por mês?

C- Tenho uns altos e baixos bastante intensos. É a maldita menopausa.

- Ao contrário das emoções externalizadas o cliente experiencia emoções internalizadas mas não dá uma atribuição interna às mesmas
- Este índice pode ser confundido com o “14m08 Significado externo”. A diferença é que, neste índice, a atribuição refere-se especificamente a uma emoção ou experiência emocional; enquanto no 14m08 a explicação é para outras coisas, que não emoções: um problema, um assunto, um comportamento, etc.

I1e09 Emoção de origem desconhecida

Neste caso o cliente não está ciente de onde provém a emoção. Atribuir este índice quando os clientes afirmarem explicitamente que não conseguem nomear a sua emoção.

C- Não sei o que lhe diga. Estou bem e de repente fico triste... por razão nenhuma.

C- Quando vou àquela casa não me sinto bem. Não sei explicar... Simplesmente não me sinto bem.

(No último exemplo deve atribuir-se este índice e não “I1e08 Emoção de origem exterior” porque a cliente reconhece que não é a casa em si mas algo associado que a perturba)

I1e10 Detalhar experiência emocional

Atribuir este índice se o cliente for capaz de narrar a experiência emocional em detalhe e com complexidade. Não deve atribuir se o mesmo segmento da narrativa for melhor descrito por: “I1e11 Detalhar o corpo”; “I1e12 Ambivalência emocional” e “I1e13 Significado subjacente a emoção”. Atribuir este índice se o cliente conseguir falar de sequências de emoções, múltiplas emoções (não contraditórias), diferenciando aspectos da situação e elicitando diferentes emoções.

C- Estou zangada com a minha filha... não é zangada... estou ressentida. Porque ela não... Eu sei que ela é uma adolescente e que é suposto ser rebelde. Mas ela consegue ser cruel e... E as coisas de que ela se queixa, não acontecem como ela diz.

C- O Paulo estava zangado comigo. Entendo. Quando temos qualquer questão, eu discuto sempre com ele... às vezes muito zangada... mas com os meus pais... a minha família... não consigo sentir-me zangada. É como se fosse uma menina pequena de novo.

C- Durante bastante tempo senti-me culpado... mas então os papéis inverteram-se. Quando comecei a tomar conta dela foi como se tivesse pago o que tinha feito. E ela começou a sentir-se culpada porque eu estava a tomar conta dela.

- Este índice é diferente do “I4m10 Detalhar problema” porque neste índice o detalhe é centrado na emoção. Se para além da emoção, o cliente falar sobre uma questão ou problema em particular atribua ambos os índices. Se o “problema” for meramente descrito em termos de reacção emocional ou experiência, atribui-se apenas “I1e10 Detalhar experiência emocional”.
- Preste atenção a palavras que se referem a sentimentos complexos como: angústia, melancolia, ressentimento, culpa, embaraço e outras (relativas a emoções mais primárias como tristeza, medo, raiva).

I1e11 Detalhar o corpo

Este índice refere-se à presença de descrições corporais que acompanham a emoção.

C- Os piores dias são aqueles em que sinto aquela tristeza... não a... tristeza comum. É aquela que dá um aperto no peito. Aquela que não deixa alternativa senão ir para o quarto chorar.

C- É aquela pica... que se sente no corpo todo... a excitação... a adrenalina. É uma ótima sensação.

I1e12 Ambivalência emocional

Presença de duas emoções ou sensações para a mesma situação ou elemento. Estas emoções são explicitamente ou implicitamente referidas como estando em conflito ou pelo menos de forma não complementar. Portanto se o cliente diz “primeiro senti-me zangado, e depois triste”, isto não é indicativo de ambivalência.

T- Como se sentiu em relação a essas relações breves?

C- Para mim até é embaraçoso falar sobre isso. Não sou o tipo de pessoa que tenha relações breves. Mas, sabe, penso que foi o período da minha vida em que me permiti ser maluca. E gostei muito de o ser.

T- Foi difícil para si iniciar a ruptura.

C- Sim... Não. Bom, na verdade não tinha escolha. Estava mesmo zangado com ela. Estava mesmo! Mas a separação foi mais um resultado dos acontecimentos. Dei o golpe final. Mas já estava morta... eu estava verdadeiramente apegado a ela. Perdi toda a esperança... não era possível continuar.

(A ambivalência é entre a vergonha e a alegria na primeira expressão e raiva e tristeza na segunda)

- Preste atenção às ambivalências falsas criadas pela forma como os clientes se expressam. Se um cliente diz “por um lado sentia-me assustado com a situação mas por outro estava preocupado com as consequências disso”, é mais uma elaboração da mesma resposta emocional mesmo que o cliente a expresse na forma de uma ambivalência emocional.
- Este índice pode ser confundido com o “I4m11 Ambivalência de significados”. Ter em atenção que a ambivalência entre emoções implica a presença de duas emoções ou sentimentos. Podem atribuir-se ambos os índices se considerar que além da presença das duas emoções, o cliente está ambivalente entre dois elementos (e.g., escolha). O segundo exemplo pode ser ilustrativo disso.

11e13 Significado subjacente a emoção

Este é um índice de fronteira entre índices de emoções e de significados. Acontece quando o cliente explica um sentimento em particular. Repare que “11e08 Emoção de origem exterior” também implica explicação. A diferença é que mesmo que provocada por eventos externos, a emoção aqui é explicada internamente (ex. o significado é associado com o acontecimento) e não explicada pelo acontecimento em si.

Deve-se ainda ter em atenção outros índices emocionais que podem estar envolvidos na atribuição de significado (e.g., “11e01 Minimização emocional”; “11e02 Emoções avassaladoras”; “11e03 Estratégia para não se emocionar”; “11e04 Crítica por emocionar-se”; “11e09 Emoção de origem desconhecida”; e “11e12 Ambivalência emocional”). A diferença é que nestes índices as explicações podem dizer respeito a detalhes ou processos associados à emoção enquanto este índice diz respeito à compreensão da emoção.

C- Não estou certo se fui eu que bati no fundo ou se foram as relações com a minha família que ruíram. Estamos tão próximos que é quase a mesma coisa. Nós estamos bem, eu estou bem. Nós estamos em conflito, sinto-me péssima (...) isto tem de acabar.

C- Sentia-me zangada porque ele desrespeitou o meu direito como pessoa de ter uma opinião. Quem é ele para dizer em frente a toda a gente que era uma coisa infantil para se dizer?

C- O Pedro veio ver-me... foi a primeira vez em anos que ele veio à nossa casa. Isso deixou-me muito triste.

C- Quando ela me disse que eu tinha perdido o emprego, desatei a chorar. Senti-me ridícula a chorar daquela maneira. Senti-me como uma falhada por perder o emprego e não sair com dignidade. Mas nestas últimas semanas não tenho estado bem e foi difícil controlar-me ali.

(Os primeiros dois exemplos correspondem a “11e13 Significado subjacente a emoção”. No primeiro exemplo, a emoção é atribuída à fusão entre o cliente e a família e, no segundo, a raiva é atribuída ao desrespeito sentido com um comentário feito por outrem. Nas outras duas expressões não deve assinalar este índice. Na primeira porque a justificação da emoção é um evento exterior e na segunda, a explicação não está relacionada com a emoção mas sim com a auto-crítica.)

1.2) Índices de Confusão e Invariabilidade

- Estes índices correspondem tanto à ideia de confusão ou de resignação a uma situação em particular. Os primeiros dois índices referem-se à ideia de não ser capaz de lidar com determinada experiência enquanto os restantes dois correspondem à ideia de desesperança.
- Estes índices implicam uma activação emocional que está presente na expressão. Preste atenção ao áudio para tons resignados ou angustiados associados à confusão.

I1s00 Código “0” para “Confusão e Invariabilidade”

Este é o código para a ausência de índices de confusão e invariabilidade.

I1s01 Estou perdido/confusão

Este índice corresponde à ideia de estar perdido ou confuso que se pode manifestar no não saber o que fazer, pensar ou sentir. Tem de envolver a sensação de angústia ou outra emoção igualmente intensa e pode inclusivamente envolver confusão no discurso.

C- Eu não sei mesmo o que fazer... estou realmente perdido.

C- Que escolhas estão disponíveis... definir o meu papel... sim... eu consigo fazer isso... mas não tenho a certeza... ahhh... que papel poderia eu ter? A exibição já começou... bem... mas qual o objectivo de definir isso a esta altura.

C- Ele perturba-me e atingimos um ponto... Eu deixo de saber o que estou a fazer... Chegamos a uma fase... Quase que consigo vê-lo a sair de casa... Fico confusa e... já não estou em controlo.

(Deve atribuir este índice nestas três expressões. No primeiro e no último exemplo as palavras escolhidas para descrever a experiência tornam-na clara. Na segunda, a confusão no texto pode ser indicativa da confusão sobre o assunto.)

- Preste atenção a expressões explícitas de confusão, utilizando palavras como “confusão”, “perdido”, “incerteza”, “desorientado” e outros.
- Repare nos segmentos em que o cliente expressa não saber/entender o que fazer, pensar ou sentir. De novo, o tom emocional ou a emoção inferida do texto é mais importante. Se o assunto for simplesmente uma questão de ambivalência entre duas ideias atribui-se o índice “I4m12 Ambivalência de significados”.

I1s02 Impotência

Deve atribuir-se este índice se o cliente experienciar desamparo ou a sensação de incapacidade direccionada a um assunto. Pode ser a ideia de que é impossível agir ou que não vale a pena fazê-lo. Pode envolver o sentimento de desespero. Preste atenção a instâncias em que os clientes expressem falta de controlo. Este índice pode ser confundido com o “I1s03 Indiferença”. Mas enquanto que neste o cliente está a lutar contra algo, no próximo a inacção faz sentido para o cliente.

C- Estes acontecimentos têm sido tantos que... eu não consigo lidar com eles... qual o objectivo de nadar contra a corrente. Eu sei que tenho de continuar mas parece sem propósito.

C- Este período... neste momento não tenho qualquer controlo sobre as coisas... os meus amigos estão a ir-se embora, a minha namorada parece fria... a minha família... bem... estou a afastar toda a gente... e não posso parar isso...

(Estas duas expressões representam duas versões de sentimentos de impotência. O primeiro cliente tem a ideia de que não faz sentido continuar a avançar, enquanto o segundo tem a noção de que não tem poder algum sobre o que acontece à sua volta.)

- Além do tipo de sentimento, o tom emocional pode também diferir nestes dois índices. Na “I1s03 Indiferença/resignação” a expressão de emoção pode ser de intensidade mais baixa do que no caso da “impotência”.
- A diferença entre este índice e “I1s04 Sem esperança na mudança” é que no último a ideia de desesperança está especificamente associada com a mudança pessoal.

I1s03 Indiferença/resignação

Quando um cliente é indiferente em relação a um determinado assunto, deve atribuir-se este índice. Esta não é a indiferença habitual. Implica sentimentos tais como resignação, indiferença ou dormência. Este índice pode ser confundido com o anterior. Atribua este índice se a percepção da situação é consonante com o cliente – ou seja, se o cliente acredita que não há outra forma ou não quer saber. Atribua o índice anterior “I1s02 Impotência” se o cliente estiver dissonante – ou seja, o cliente não vê solução mas continua a tentar ou a lutar contra algo.

C- O médico disse que de agora em diante deveria fazer exames regularmente. Essa vai ser a minha vida a partir de agora. A vida de uma pessoa doente... como se tivesse 70 anos ou algo parecido (tom triste). Esta é a minha vida agora.

C- Estou entorpecido. Tudo me é... indiferente. Os dias passam uns atrás dos outros.

(Note-se as intensidades emocionais diferentes nas expressões. Na primeira o cliente fala como um derrotado, enquanto na segunda é a imutabilidade da indiferença que ressalta.)

- Este índice pode ser confundido com “I1s04 Sem esperança na mudança”. Tenha em consideração que a ideia de resignação implica que o cliente não contemple sequer a ideia de mudança.
- Para além do tipo de sentimento, o tom emocional pode também ser diferente nestes dois índices. Na “indiferença/resignação” a expressão de emoção pode ter uma intensidade mais baixa do que no caso da “impotência”.

I1s04 Sem esperança na mudança

Quando a falta de esperança é abordada em termos de falta de objectivos ou de mudança, este índice deve ser atribuído. Note que aqui a mudança não se refere necessariamente aos objectivos da terapia. Deve ser prestada atenção ao sentimento de desesperança quando o cliente está a descrever perspectivas de mudança.

C- A minha vida é bastante desinteressante nesta altura. Não tenho nenhum objectivo neste momento. As pessoas estão sempre a dizer-me para fazer isto e aquilo. Mas qual é que é o objectivo? Vou voltar ao mesmo de qualquer forma.

C- Mas ao mesmo tempo tenho que viver com esta tendência. Já tentei mudar, mas é difícil. Acho que isto tem a ver... tem a ver com os meus genes.

- Tal como noutros casos, pode existir uma sobreposição aparente com outros índices deste subgrupo. Se o sentimento de indiferença ou impotência for relativo à mudança, deve ser atribuído este índice. Se no resto da narrativa, a impotência ou resignação se estendem para além da ideia de mudança, assinale ambos os índices.
- Se a desesperança é na mudança de outra pessoa, assinale “I2o02 O outro não vai mudar”.

2.1) Índices sobre Identidade

- Os Índices sobre identidade referem-se aos aspectos identitários dos clientes – à forma como estes se representam a si próprios. Na narrativa, isto pode constituir uma referência a traços de personalidade ou a aspectos que são definidores do cliente. Geralmente, isto implica algum grau de generalização. Podem ser utilizados exemplos de circunstâncias ou acontecimentos particulares, mas apenas para ilustrar ou pensar acerca do eu.
- Os Índices do Eu podem ser confundidos com os Índices de Pensamento ou de Elaboração, na medida em que uma proporção considerável da elaboração em psicoterapia é acerca do eu. Se as considerações são acerca do eu, devem ser sempre atribuídos Índices do Eu. Se a elaboração é feita sobre comportamentos, reacções ou assuntos particulares, assinale Índices sobre o Pensamento ou Elaboração. Se essas instâncias são depois generalizadas para descrever o self, assinale os dois tipos de índices.
- Os Índices de Self são agrupados em quatro temas. Se o cliente não está consciente de alguns elementos do eu, atribuir os seguintes índices: “I2i01 Fazer inconscientemente”; “I2i02 Não saber quem é”; e “I2i03 Estranheza face a si”. Se o cliente é auto-crítico ou procura ser diferente, atribuir: “I2i04 Auto-desprezo”; “I2i05 Autocrítica inútil”; “I2i06 Basta (do negativo)”; “I2i07 Identificar vulnerabilidade (positivo)”; “I2i08 Identificação de meta/necessidade (positivo)”. Se, por outro lado, o cliente demonstra auto-aceitação, atribuir: “I2i09 Não sou o único”; “I2i10 Assumir responsabilidade”; “I2i11 Auto-asserção”; e “I2i12 Eu visto como partes”. Finalmente, se a questão for uma mudança que ocorreu, atribuir: “I2i13 Mudança exterior”; “I2i14 Mudança não especificada”; “I2i15 Mudança no estado/comportamento”; “I2i16 Ideia de treino”; e “I2i17 Mudança identitária”.
- Naturalmente, um aspecto a ter em conta na atribuição destes índices é a utilização de pronomes na primeira pessoa e a auto-caracterização.

I2i00 Código “0” para os “Índices de Identidade/Self”

Este é o código para a ausência de índices de identidade/self.

I2i01 Fazer inconscientemente

Este índice refere-se à ideia de que o comportamento da pessoa é influenciado pelo inconsciente. Isto pode funcionar quase como uma atribuição externa ou como um reconhecimento inicial de um novo significado (e.g., “talvez inconscientemente eu tenha algum ressentimento”).

C- Não me consigo lembrar. Talvez seja o meu inconsciente.

C- A minha filha é demasiado mimada... Mimo-a demasiado. Faço isso inconscientemente. E ela... o comportamento dela é insuportável.

- Prestar atenção a palavras como “inconsciente”.

I2i02 Não saber quem se é

Quando a narrativa é acerca da falta de conhecimento acerca de si próprio, deve ser atribuído este índice. Esta falta de conhecimento deve ser em relação à identidade e não acerca de uma reacção particular. Se a narrativa for acerca de um comportamento ou de uma reacção particular, atribua um índice de significado.

C- Olho para o espelho e não consigo ver quem sou e o que estou cá a fazer. Porque é que fiz as escolhas que fiz na minha vida.

C- Porque é que eu devia pensar acerca disso? O diagnóstico não sou eu. O que eu quero descobrir é quem é que eu sou. Porque... Não sei quem sou... com a depressão.

(Na última expressão, deve também ser atribuído “I2i08 Identificação de meta/necessidade (positivo)”. A presença “I2i02 Não saber quem se é” é dada pela última frase.)

I2i03 Estranheza face a si

O principal foco deste índice é o sentimento de estranheza em relação ao eu ou a algum aspecto dele. O cliente não só manifesta uma falha de compreensão, como esta falha de compreensão é aversiva e provoca estranheza. Deve ser prestada atenção a experiências de perplexidade. Pode existir confusão entre este índice e o “I4m05 surpresa face a reacção”. Note que, neste caso, o índice refere-se a mais do que um comportamento ou uma reacção. Mesmo que seja mencionada uma reacção particular, para assinalar estes índices, esses casos particulares têm de ser generalizados em termos de identidade.

C- Não é uma questão de estar certo ou errado... Às vezes sei que estou certo mas não consigo dizer nada... Não consigo reagir... Há qualquer coisa muito errada comigo.

C- Sou tão medroso... Como raio é que tive coragem de fazer aquilo?

(Ver a heurística abaixo. Em ambas as expressões, existem implicações em termos do eu. Na primeira, o contraste é entre uma regra de funcionamento e o comportamento, e na segunda o contraste é entre um comportamento e a noção de fragilidade.)

- Prestar atenção a expressões de estranheza como: “surpresa”, “estranho”, “é interessante”, “Porque é que não consegui/não fiz...?”

I2i04 Auto-desprezo

Este índice implica um forte sentimento de auto-desprezo. Se esse sentimento não estiver presente, deve ser atribuído o próximo índice, de auto-crítica. O índice de auto-desprezo pode envolver expressões que manifestam uma perspectiva de desdém ou sarcasmo em relação ao eu.

C- Com a minha depressão veio a ansiedade. Primeiro foram as preocupações, depois as pânicoes, e agora... Tem piada... Até tenho medo de ir ao centro comercial.

C- Quando a reunião começou, limitei-me a ficar lá e não disse nada. Fiquei lá como um espantalho... Fiz uma figura tão... patética.

C- Estou a ficar... maluquinho. Deve ser isso.

(A primeira e a última expressões podem ser vistas como exemplos de escárnio. Na primeira, há também a caracterização do aparecimento de um novo sintoma como sendo “engraçado”. A segunda expressão tem um tom mais marcado de auto-depreciação.)

- Prestar atenção a expressões de condescendência (“tonto”, “maluquinho”) ou a expressões que são invalidantes do grau de sofrimento envolvido.

I2i05 Autocrítica inútil

A palavra “inútil” na designação deste índice pretende realçar a natureza improdutiva da apreciação negativa do eu e contrastá-la com outros índices deste grupo em que a crítica é útil no sentido de acentuar vulnerabilidades ou direcções de mudança.

C- Este último emprego... era muito exigente. Eu costumava perguntar “Porque é que uma pessoa há-de de ter que dedicar a vida ao trabalho”. Mas... Bem... Agora não consigo encontrar emprego... E penso... Devia ter ficado... Devia ter ficado... Porque é que eu continuo a pensar... Devia parar de pensar!

C- Devia ter percebido. Devia ter percebido que assim que me encontrasse com ele, que iríamos recomeçar outra vez. Em que é que eu estava a pensar?

C- Estava danado comigo mesmo. Fui tão estúpido.

(De salientar que nestas três expressões a crítica não tem objectivo, não existe a identificação de nenhum aspecto associado com as decisões e não é formulada nenhuma visão alternativa. A última expressão pode ser julgada como auto-desprezo dependendo do tom emocional – se for considerado que está presente auto-desprezo, este índice não deve ser atribuído)

- Ter em atenção os sentimentos de culpa ou raiva em relação a si.
- Ter em atenção as definições de outros índices deste subgrupo. Se a “crítica” é uma decisão em termos de mudança, atribuir “I2i06 Basta (do negativo)”. Se a “crítica” é a identificação de um novo elemento que constitui uma vulnerabilidade, atribuir “I2i07 Identificar vulnerabilidade (positivo)”. Se a “crítica” é a identificação útil de um objectivo ou necessidade, atribuir “I2i08 Identificação de meta/necessidade (positivo)”.

I2i06 Basta (do negativo)

“Positivo” e “Negativo” não se referem a prazeroso ou doloroso, mas sim à presença ou ausência de algo. Positivo é quando um cliente é capaz de identificar ALGO, enquanto que negativo implica o desejo de que algo que já está identificado desapareça. Por exemplo, a frase “Eu gostava que esta dor desaparecesse” é uma afirmação negativa; enquanto que “eu gostava de sentir a dor com a morte do meu avô” é uma afirmação positiva.

Atribua este índice se o cliente expressa saturação em relação a um comportamento ou sentimento negativo. Este índice é acompanhado por uma entoação enfática e pode manifestar-se em expressões como “Estou farto” ou “Estou cansado de”.

C- Por outro lado, estou a ficar mesmo cansado desta situação! Isto não é o que eu queria para a minha vida.

C- Já não é possível viver mais assim!

C- Estou mesmo farta de que ele decida as coisas por mim. Isto tem que parar.

- Preste atenção a expressões formuladas na positiva (“Basta. Eles têm que se dar bem”) que correspondam ao desejo de que alguma coisa negativa desapareça. Estas expressões devem ser codificadas com este índice.
- Ter atenção ao índice “I2i11 Auto-asserção”. Em ambos os índices existe um carácter de auto-asserção, mas neste índice aquilo que é afirmado é algo que é relevante em termos dos objectivos do cliente. Para além disso, a auto-asserção é frequentemente feita em termos positivos (i.e., implica assim a identificação de algo).
- Este índice é oposto ao “I2i08 Identificação de meta/necessidade (positivo)”. Nesse índice há a identificação de uma alternativa que é expressa e representa aquilo que o cliente pretende.

I2i07 Identificar vulnerabilidade (positivo)

Ao contrário do índice anterior, neste caso o que é identificado é ALGO que constitui uma susceptibilidade. Desta forma, este índice tem um carácter de positivo, embora aqui sejam sempre elementos insatisfatórios para a pessoa. Vulnerabilidade significa uma susceptibilidade que pode ser vista como alvo da psicoterapia. Assim, é geralmente algo que emergiu recentemente e que, apesar de ser formulado de uma forma negativa (i.e., algo que está em falta), tem um carácter construtivo.

Este índice implica o julgamento sobre se o elemento em causa é impossível de mudar (crítica inútil); se o elemento não é identificado e a sua consequência é activamente rejeitada (basta) ou é a identificação de algo novo a mudar (uma vulnerabilidade).

C- O meu trabalho... sim... A questão do controlo... Sei que o desejo... que querer que as coisas estejam sob controlo é uma coisa que me define.

C- A morte deles assusta-me mesmo. Bem... o medo de perder um filho é uma coisa que perturba qualquer pessoa, mas para mim também significa estar sozinha. E isso mete-me um medo de morte.

C- Acho que os meus problemas com os meus amigos têm a ver com o facto de que eu desejo que eles... De ser aceite.

- Prestar atenção à distinção entre este índice e “I2i08 Identificação de meta/necessidade (positivo)”. Na identificação da meta ou necessidade, aquilo que é definido é algo que o cliente quer (algo de novo).
- Manter em mente que a identificação da vulnerabilidade é feita pelo cliente. Mesmo que não se concorde que é essa a questão acertada, este índice deve ser atribuído.

I2i08 Identificação de meta/necessidade (positivo)

Atribuir este índice se o cliente expressa uma necessidade ou meta. Enquanto que os índices anteriores correspondem à identificação de algo que está errado, aqui o que é identificado é aquilo que o cliente quer. Não atribuir este índice se o cliente deseja que a mudança ocorra noutra pessoa. Nesse caso, assinale “I2o01 O outro está errado” ou “I2o02 O outro não vai mudar”. Este índice pode estar associado à identificação de uma vulnerabilidade, mas aqui a formulação é feita sobre aquilo o cliente pretende.

C- É exactamente assim que eu sou. Quero ser independente. Poder escolher por mim própria sem ter de depender dos outros.

C- Gosto de saborear as coisas. E isso é mesmo importante para mim. Com a minha depressão, perdi isso... ando sempre à volta com os meus pensamentos e as minhas preocupações. Quero desligar o meu pensamento e voltar a desfrutar as coisas outra vez.

C- Gostaria de ser uma pessoa mais constante.

I2i09 Não sou o único

Este índice é um indicador de auto-aceitação. Aqui a auto-aceitação é alcançada através da comparação com outros. O cliente reconhece que outras pessoas são semelhantes ou têm as mesmas reacções. Pode implicar a auto-validação.

C- Eu podia seguir o mesmo raciocínio... Podia pensar que ele não me está a prestar atenção. Aquilo que ele não compreende é que para mim é importante que ele ouça, enquanto que para ele é importante que eu esteja lá. Mas... É normal não estar sempre disponível.

C- Todas as pessoas têm dias tristes. A minha mãe pensa imediatamente que eu estou a ter uma recaída. Mas se ela quer que eu seja normal, ela tem que reconhecer que eu tenho o direito a ter dias maus... todas as pessoas têm esse direito.

(O índice deve ser atribuído em ambas as expressões. Na primeira, apenas a última frase é sugestiva deste índice, devido à ideia da normalidade.)

- Prestar atenção ao contraste entre o comportamento ou identidade do cliente e o comportamento ou identidade de outras pessoas, e também a expressões como: “normal”, “outras pessoas” ou “não sou o único”.

I2i10 Assumir responsabilidade

Se o cliente assume a responsabilidade por um comportamento, por uma reacção ou por uma consequência de uma acção, atribuir este índice. Não atribuir este índice se o cliente se culpa e se sente culpado. A ideia é que, ao assumir culpa, o cliente está acima de tudo a adoptar uma postura auto-crítica (“I2i05 Autocrítica inútil”). Ao assumir responsabilidade, uma pessoa pode sentir arrependimento, mas adopta uma postura reparadora e está disposta e capaz de mudar.

C- O facto de estar consciente das coisas que fiz não é nenhuma desculpa. Demiti-me do meu emprego de uma forma hostil e a minha família está a sofrer as consequências. Se eu não aprender com isto, arrisco-me a voltar a fazer a mesma coisa no futuro.

C- Eu disse algumas coisas bastante cruéis. Não as devia ter dito, mas estava muito zangado. Tenho de pedir desculpa. Não gosto nada de fazer isso... mas não tenho alternativa.

C- Porque é que me divorciei? Fui mesmo estúpido. Ela era a mulher certa para mim. Tão estúpido... Agora o que é que vou fazer sem a minha família. Os meus filhos vão ser criados por outro homem.

(Na última expressão este índice não deve ser atribuído. Ao contrário das duas primeiras expressões, a ideia de se ter feito algo de errado não assume nenhum carácter construtivo e é basicamente uma narrativa auto-crítica.)

- Prestar atenção ao tom emocional, para ajudar a distinguir entre a culpa e o assumir de responsabilidade.

I2i11 Auto-asserção

Este índice deve ser atribuído a narrativas em que o cliente se afirma a si próprio/a. Pode existir um sentido de orgulho e os conteúdos podem ser de auto-valorização.

C- Quero sentir-me bem. Ir sair. Quero que as outras pessoas vejam o quanto sou bonita. Estou certa ou estou errada? Quero viver por mim própria... um bocadinho.

C- Ela não consegue perceber isso... Não sou fluente, mas sou honesto e... Sou directo. Se ela não consegue ver isso, o problema é dela.

(No primeiro exemplo, assinale adicionalmente "I2i08 Identificação de meta/necessidade (positivo)". A "I2i11 Auto-asserção" só deve ser assinalada devido à segunda frase.)

- Não use as suas considerações sobre a natureza ou validade da asserção como critério para assinalar este índice.

I2i12 Eu visto como partes

Este índice corresponde a uma visão do self como sendo constituído por diferentes partes, lados ou vozes. Pode estar associado a uma ambivalência de identidade ou a novas formas de ser relativamente a formas antigas. Pode também corresponder a uma contextualização feita em termos de identidade (e.g., Sou um herói para os meus filhos e um covarde para o meu chefe), mas não a uma contextualização em termos de acção ou significados particulares (e.g., Sou assertivo com o meu chefe e passivo com o meu irmão). Nestes casos, atribuir "I4m10 Detalhar problema", "I4m11 Ambivalência de significados" ou "I4m14 Explicação situacional".

C- Ainda penso nesses termos. Mas existe uma parte de mim que ainda pede desculpa por não ser uma filha digna da minha mãe.

C- Já não estamos juntos... E estou bastante certa de que já não quero estar com ele. Mas existe uma parte de mim... Quando ele me ligou, fui imediatamente ao armário e escolhi o meu melhor vestido para estar mais bonita.

C- No meu emprego, sou confiante e seguro de mim. Mas esse é o único sítio onde consigo ser assim.

- Prestar atenção à utilização de palavras como "lado" ou "parte" na auto-descrição.
- Prestar atenção a descrições complexas do eu.

I2i13 Mudança exterior

Os próximos índices referem-se a mudança, que não se prende necessariamente com os objectivos da terapia. “I2i13 Mudança exterior” refere-se a uma mudança no contexto. “I2i14 Mudança não especificada” é uma afirmação de mudança que não se refere a uma mudança efectiva. “I2i15 Mudança no estado/comportamento” refere-se a uma mudança no comportamento ou no estado. “I2i16 Ideia de treino” refere-se à ideia de mudança associada com a prática. “I2i17 Mudança identitária” refere-se a uma descrição de mudança no eu ou na identidade.

O índice “I2i13 Mudança exterior” refere-se a uma descrição de mudança no contexto circundante, nas outras pessoas ou devida a factores externos. Considere as variáveis biológicas como factores externos. Tendo em conta que as mudanças exteriores não dependem da pessoa, o cliente pode estar a falar de mudanças que ainda não ocorreram.

C- A solução para mim? Não existe solução. Se eles não me dão a reforma, tenho de ir trabalhar

C- Estou a sentir-me melhor. A nova medicação é muito mais adequada.

C- As coisas estão a correr melhor connosco. Ela começou um emprego novo e as energias dela estão agora muito mais... Ela sente-se melhor com ela própria e isso reflecte-se em nós.

C- É um sonho. Este novo emprego assenta-me como uma luva.

(Na última expressão, o índice só deve ser atribuído se houver o reconhecimento de uma evolução em termos de humor.)

I2i14 Mudança não especificada

Quando um cliente descreve uma mudança, mas não especifica o que é que mudou, atribuir este índice. Inclua expressões que poderiam implicar mudança interna (e.g., “crescimento”, “maduro”, “curado”) se o que mudou não foi especificado.

C- Eu mudei... Mudei mesmo... porque o senti.

C- Desde que entrei nesta sala, tenho crescido muito.

C- Estou melhor. Não sei porquê, mas estou.

➤ Preste atenção a narrativas de mudança iniciadas pelo cliente ou pelo terapeuta.

I2i15 Mudança no estado/comportamento

Este índice deve ser atribuído quando a mudança descrita se dá no comportamento ou no estado emocional. A distinção entre traço e estado pode ser utilizada para pensar acerca destas mudanças. Este índice refere-se a mudanças no estado, enquanto que índices como “I2i17 Mudança identitária” se referem a mudanças em traços pessoais.

C- Sinto-me melhor, mais seguro, posso dizer o que quero sem perder muito tempo a pensar nas consequências.

C- Sinto-me mais feliz... mais tranquilo

C- Passei por uma série de estádios ao longo destes meses. Na semana passada pela primeira vez acabei uma semana de trabalho sem ter nada em atraso. Estou a manter as coisas sob controlo.

I2i16 Ideia de treino

Este índice refere-se à ideia da mudança como envolvendo o desenvolvimento de competências ou uma sequência de passos. Pode também referir-se a uma mudança que ocorreu mas que ainda não foi consolidada.

C- Tenho uma nova postura em casa. Mas ainda é cedo... Tenho que continuar a treinar

C- Quando estamos juntos ainda existem alguns vestígios de intimidade. Nalguns momentos é como se ainda estivéssemos juntos. Não há maneira de voltar atrás... atravessámos uma linha. Mas as coisas ainda têm que assentar, antes de podermos ser amigos.

C- Agora consigo dizer o que penso, mas ainda tenho que trabalhar nisto de dizer as coisas... De dizer coisas difíceis, que vão ter consequências, que as pessoas não vão gostar de ouvir.

(A ideia de treino é transmitida nestas três expressões. Na primeira, ao ser afirmada explicitamente a necessidade de mudança; na segunda, por a separação ser vista como um processo e na última por a mudança interpessoal ser conceptualizada como um conjunto de competências a serem adquiridas)

- Prestar atenção aos processos de mudança que são descritos como estando em progresso.

I2i17 Mudança identitária

A mudança descrita por este índice é uma mudança na identidade, no self ou na personalidade. Mais uma vez, mesmo que seja considerado que a mudança não é verdadeira ou legítima, este índice deve ser atribuído se o cliente assim acredita.

C- Eu era o tipo de pessoa que está sempre séria. Não é que fosse uma pessoa fria... mas estava sempre carrancudo. E agora sou capaz de ser brincalhão e de alinhar em piadas.

C- A questão que era mais importante para mim era a forma como me relacionava com as outras pessoas. Eu pensava que era tão fraco que precisava do apoio dos outros. E perdi o medo de estar sozinha.

C- A partir da altura em que consegui aquela promoção... já passou um bom tempo... mas ao longo desse tempo tornei-me numa pessoa diferente.

(Notar que nas primeiras duas expressões os clientes mencionam mudanças no estado/comportamento, pelo que esse índice também deve ser atribuído. Nestas duas expressões deve também ser atribuído o índice presente, porque a mudança no comportamento/estado é enquadrada como uma mudança pessoal)

- Prestar atenção à utilização de palavras como “pessoa” para descrever a mudança.
- Prestar atenção a mudanças descritas com palavras referentes a traços (e.g., “agressivo”, “generoso”, “sensível”).

2.2) Índices sobre o Outro

- Complementarmente aos Índices sobre identidade, os Índices sobre o outro são dirigidos a outra pessoa. Representam ou a compreensão do outro ou da relação com outra pessoa.
- Estes índices são agrupados em três temas. Em primeiro lugar, se o cliente deseja mudanças no outro, deve ser atribuído “I2o01 O outro é que está errado” ou “I2o02 O outro não vai mudar”. Em segundo lugar, se a pessoa descentra a sua posição em face do outro, pode ser atribuído: “I2o03 O outro reage/é diferente”; “I2o04 O outro reage/é igual”; ou “I2o05 Estranheza face ao outro”. Finalmente, se o cliente procura explicar a reacção do outro, atribuir: “I2o06 Visão do outro”; “I2o07 Explicação do outro”; ou “I2o08 Relação vista como circular”.
- Prestar atenção à descrição de outras pessoas ou da relação com elas.

I2o00 Código “0” para “Índices sobre o outro”

Este é o código para a ausência de “Índices sobre o outro”.

I2o01 O outro está errado

Atribua este índice em narrativas que implicam que o outro está errado. Isto pode traduzir a ideia de que o outro necessita de mudar ou que a pessoa é culpada de alguma coisa. Pode ainda corresponder a uma postura de vitimização. Esta culpabilização do outro pode implicar que a pessoa não tem controlo sobre um acontecimento específico, o que pode ser ou não verdade.

C- Ele tem uma personalidade forte e não vale a pena dizer-lhe que faça alguma coisa. Não vale a pena. Vale mais dizer-lhe o contrário, só para o levar a fazer o que eu quero.

C- Ela sabe das minhas fraquezas e tira proveito delas. Nunca vou ser feliz com ela.

C- Estes oito anos vão ser bastante difíceis. Desde que aquela colega entrou para o departamento, tem sido um verdadeiro inferno.

- Prestar atenção a narrativas que possam ser percebidas como queixas.

I2o02 O outro não vai mudar

Ao contrário do índice anterior, neste índice existe uma resignação/aceitação em relação à ideia de que o outro não vai mudar. Este índice ainda implica que a pessoa deseja essa mudança, mas existe o reconhecimento de que ela não é possível ou desejável.

C- Ele é um caso perdido. Nunca vou conseguir o que preciso dele.

C- Em última análise, queria que ela fosse diferente. Mas suponho que só o facto de lhe dizer o que penso já é importante por si mesmo.

- Preste atenção a todas as considerações sobre mudança em outras pessoas.
- Preste atenção quando um cliente assume a responsabilidade numa reacção pessoal ou na tentativa de produzir um efeito no outro.

I2o03 O outro reage/é diferente

Este índice corresponde ao reconhecimento de diferenças no outro. Isto pode implicar uma aceitação dos outros através do respeito das diferenças. Pode também dar-se o caso de a pessoa desejar ser como o outro.

C- O J. é incrível. Ele pode dizer o que pensa numa reunião e os outros não o criticam. Quem me dera conseguir falar como ele.

C- Ela é uma criança. Não posso esperar que ela pense de uma forma sensata.

C- O meu irmão é mais forte do que eu.

I2o04 O outro reage/é igual

Este índice é o oposto do anterior no sentido em que a comparação é realizada para salientar as semelhanças. Neste caso, este índice pode reflectir aceitação, mas é formulado no outro, ao contrário dos índices de auto-aceitação. Pode também corresponder a um exemplo de descentração.

C- O meu pai era tal e qual como eu. Resmungão, mas com um bom coração.

C- Vi-a a discutir com o namorado... e era tal e qual como eu. O mesmo chatear, os mesmos amos e a mesma inutilidade.

- Neste índice, tal como no anterior, prestar atenção quando os clientes se estão a comparar com outras pessoas.

I2o05 Estranheza face ao outro

Quando um cliente expressa perplexidade perante a reacção de outra pessoa, considerar a atribuição deste índice. O tom emocional da expressão é muito importante na atribuição deste índice.

Ao contrário dos índices do eu, aqui não existe distinção entre o que está relacionado com o eu da outra pessoa e com o comportamento da outra pessoa. Tudo deve ser incluído aqui caso o sentimento de estranheza se manifeste.

C- É como se ele tivesse duas personalidades... é estranho... dá para ver isso nos olhos dele. E quando ele está num dia mau isso vem tudo a cima... ele pode tornar-se bastante cruel.

C- Fico confuso... Não sei se é a diferença de idades ou uma questão de gerações, mas... Não o consigo explicar.

C- Ela estava à minha frente e conseguiu controlar-se! Como raio é que ela conseguiu fazer isso?

- Prestar atenção a expressões como “estranho”, “esquisito” e “curioso”.
- Prestar atenção a tons emocionais associados com surpresa, espanto e perplexidade.

I2o06 Visão do outro

Este índice deve ser atribuído quando a pessoa está a descrever a perspectiva de outra pessoa em relação a um determinado assunto. O cliente pode ou não concordar com essa perspectiva, mas é capaz de a identificar. Incluir aqui as descrições do cliente feitas por outras pessoas.

C- Ele espera que a namorada perfeita vá cair do céu. Estou sempre a dizer-lhe para se divertir, mas não há rapariga nenhuma que seja suficientemente boa para ele... ou pelo menos é o que ele diz.

C- A minha mãe pensa que ela tem que ser tranquilizada... Temos de dizer que vai tudo correr bem e que vamos estar lá para a apoiar.

C- Toda a gente no meu emprego me vê como insuportável. A minha timidez é vista como antipatia. Quero integrar-me, mas eles pensam que eu não ligo nenhuma.

- Este índice pode ser confundido com o “I4m12 Visão alternativa”, quando esta visão alternativa é dada pelos outros. Enquanto que no presente índice a perspectiva é acerca de algo exterior ao cliente (e.g., um determinado assunto ou a relação com o cliente); no “I4m12 Visão alternativa” o outro simplesmente fornece uma explicação ou visão alternativa acerca dos problemas, questões ou reacções do cliente. Por outras

palavras, na “I2o06 Visão do outro” é a perspectiva dada pelos outros que é relevante, enquanto que na “I4m12 Visão alternativa” o que é relevante é a perspectiva mantida pelo cliente.

I2o07 Explicação do outro

Este índice é semelhante ao anterior, mas aqui o cliente, em vez de expressar a visão do outro, procura explicar o seu comportamento. Assim, este índice reflecte uma crença do cliente sobre o outro. Incluir também aqui a identificação de determinadas necessidades nas outras pessoas. Não é necessário assumir que as explicações estão correctas para atribuir este índice.

C- Ela está assim porque está a ficar deprimida.

C- A minha neta ainda está a lidar com a morte do pai... Para ela é difícil estar bem connosco.

T- O que é que acha que o levou a dizer isso?

C- Ele precisa de salvar a face.

- Prestar atenção a expressões que implicam causalidade: “porque”, “devido”, etc.
- Não inclua aqui explicações circulares que são descritas por “I2o08 Relação vista como circular”.

I2o08 Relação vista como circular

Quando o cliente reflecte sobre a relação considerando os efeitos mútuos das pessoas envolvidas, atribua este índice. Este índice pode também ser utilizado para descrever a mudança nas reacções/significados do cliente em face do outro (e.g., “Ela é muito sensível, por isso tenho de ser mais cordial com ela”). Este índice envolve sempre uma circularidade.

C- Ela... Nós não falávamos. Nunca bati com a porta. Nunca gritei... Sempre à procura de soluções ou a evitar as coisas... Sem conflito... E ela foi-se embora. Ela podia ter dito alguma coisa... ter dado um aviso... mas nós não funcionávamos assim.

C- Foi um hábito que se instalou. No escritório, eu era sempre responsável por lidar com o factor humano... resolver problemas com os clientes, regatear com os fornecedores. Eu conheço os meus colegas... Bem, é mais fácil para mim. Mas eles começaram a assumir que isso era responsabilidade minha. Eu permiti isso, mas eles... tornaram-se indolentes.

C- É muito difícil para mim não ficar furiosa com o silêncio dele. Eu sei que ele não suporta que eu levante a voz, mas é muito difícil para mim. Porque é que ele não reage também? Eu sei... todas aquelas coisas da infância dele... Temos de encontrar uma forma.

- Prestar atenção a explicações complexas da relação com outra pessoa, especialmente quando existe descentração.

3.1) Índices sobre Ideia de Fase

- Este é o primeiro de dois grupos de índices que se referem especificamente ao tempo. Enquanto que no grupo seguinte o cliente fala acerca do futuro ou do passado; neste grupo o futuro e o passado são contrastados com o presente. Isto é feito recorrendo à ideia de fase, ou no passado, ou incluindo o presente.
- Este grupo de índices pode ser ainda agrupado em dois temas. Se o cliente se refere a um período de tempo particular, pode-se atribuir: “I3f01 Altura em que foi diferente (não especificado)” e “I3f02 Altura em que ALGO foi diferente”. Se o cliente não especifica um período de tempo particular e se refere ao presente, pode considerar-se atribuir: “I3f08 Ainda não (não especificado)”; “I3f09 Ainda não ALVO”; e “I3f10 Nesta fase”. De uma certa forma, estes dois grupos podem ser distinguidos porque no primeiro o cliente olha para o passado a partir do

presente; enquanto que no segundo o cliente olha para o presente tendo como referência o passado ou o futuro.

- Tanto para os “Índices com uma ideia de fase” como para os “Índices do passado e futuro” prestar atenção a narrativas sobre a história pessoal ou sobre o desenvolvimento do problema.

I3f00 Código “0” para “Ideia de Fase”

Este é o código para a ausência de índices com a ideia de fase.

I3f01 Altura em que foi diferente (não especificado)

Neste índice existe a referência a um período de tempo sem que seja especificado exactamente o que é que era diferente. Pode constituir afirmações gerais como “Era pior” ou “Sentia-me ótimo” sem ser enquadrado o que era diferente. Tal como o próximo índice, este pode referir-se a momentos positivos ou negativos.

C- Quando estive na outra terapia, estava bem. Mas assim que saí fiquei pior. E agora começo a sentir-me melhor outra vez, mas tenho medo de que isto também não vá durar.

C- Costumávamos dar-nos bem. Lembro-me de todos os Natais que passámos juntos. Mas as coisas mudaram. Os miúdos já são mais velhos e já não ligam ao Natal.

(Nestas expressões, o cliente fornece uma explicação para a evolução. Mas esta evolução não é caracterizada – melhor/pior e dar-se bem/estar distante.)

- Para diferenciar este índice do próximo, colocar esta questão: O cliente está consciente do que é que constitui a mudança?

I3f02 Altura em que ALGO foi diferente

Ao contrário do índice anterior, aqui o cliente refere-se a uma altura em que um elemento particular (e.g., significado, comportamento, reacção) era diferente. Em vez de ter uma concepção difusa daquilo que era diferente, aqui o cliente tem um entendimento claro do que é que mudou.

C- Eu costumava ser bastante impulsivo; sobretudo quando estava naqueles anos difíceis. Acho que tinha demasiada falsa confiança. Mas cometi tantos erros por causa dessa impulsividade.

C- Quando a minha mãe estava viva, toda a família se reunia em torno dela. A casa dela era a nossa casa. Agora tudo é diferente. Mal falamos a não ser nos telefonemas formais nos aniversários e nas festas.

C- Nunca tinha sido ciumenta. Mas com o meu marido... ele foi a primeira pessoa por quem eu realmente me apaixonei. E isso foi perturbador... Todas aquelas memórias do meu pai a trair a minha mãe. E comecei a ficar desconfiada.

- Prestar atenção a explicações complexas do presente em relação com períodos específicos do passado.

I3f03 Ainda não (não especificado)

Ao contrário dos índices anteriores, aqui os clientes colocam-se a si próprios no presente. Neste índice e no seguinte, os clientes contrastam este presente com o futuro, afirmando que actualmente alguma coisa está em falta.

No “I3f03 Ainda não (não especificado)”, aquilo que o cliente ainda não alcançou não está especificado e a descrição do que está em falta é vaga. Este índice também se aplica quando o que é desejado se encontra fora do controlo do cliente.

C- Ainda estamos na mesma fase que eu lhe contei na semana passada. Até agora ainda não consegui fazer com que ele me respeitasse.

C- Ainda não me consigo sentir suficientemente bem para ir trabalhar.

C- Eu tentei... mas depois recuei. Comecei a falar acerca de nós... Mas não consigo dizer o que sinto... neste momento.

(Notar que a descrição do que está a faltar é muito pobre. Na primeira expressão o cliente apenas refere que necessita de respeito, mas não diz como é que vai tentar consegui-lo. Na segunda expressão, pode ser aplicado o mesmo raciocínio à ideia de se sentir bem, Na última, a cliente fala de uma consequência (falando do que necessita de dizer) mas não daquilo que a está a bloquear. Os clientes reconhecem que algo está em falta, mas não conseguem precisar o quê.)

- Neste índice e no próximo, prestar atenção a expressões como “ainda”, “até agora” e “para já”.
- Pergunte-se “O que é que o cliente precisa para obter o que quer?”. Se não consegue nomear, assinale “I3f03 Ainda não (não especificado)”. Se consegue identificar, assinale “I3f04 Ainda não ALVO”.

I3f04 Ainda não ALVO

Ao contrário do índice anterior, aqui os clientes estão conscientes da meta que ainda não foi alcançada.

C- Quando vou à praia ainda não consigo sentir-me confortável com o meu corpo. Sei que é uma parvoíce. Consigo perceber que há outras pessoas que estão confortáveis com corpos menos... bom, não sou assim tão feia. E sei que isto é uma coisa que eu tenho que compreender... como um desafio, ou um confronto. Mas para já ainda não sou capaz de o fazer.

C- Eu gostava de chegar a um ponto em que ia para a cama e simplesmente adormecia. Sem pensar no facto de estar desempregado ou em mil formas diferentes de tentar resolver isto. Eu sei que todo este fardo é porque a ideia de a minha família poder passar dificuldades é demasiado insuportável e... Bem... Na minha profissão, eventualmente hei-de encontrar alguma coisa. Mas não sei se vou conseguir encontrar alguma tranquilidade antes de começar a trabalhar nalgum lado.

- Caso tenha dúvidas sobre assinalar o “I3f08 Ainda não (não especificado)” ou o “I3f09 Ainda não ALVO”, coloque a seguinte questão: O cliente está suficientemente consciente do que é quer fazer/pensar/sentir?

I3f05 Nesta fase

“I3f05 Nesta fase” refere-se à ideia do presente enquanto fase, que pode não ser contrastada quer com o passado, quer com o futuro. Neste caso, os clientes falam especificamente do presente enquanto um período das suas vidas. O cliente não procura algo ou fala de um período no passado em que foi diferente. Este índice pode estar presente quando o cliente está a descrever um processo de mudança ou está a descrever contextos temporais.

Este índice pode reflectir uma descentração do cliente no espaço de tempo.

C- Esta crise económica está mesmo a afectar-nos. Trabalhamos na construção e com o estado a adiar as obras públicas estamos a ter menos pedidos. Espero que este período passe ou então não sei como é que vou conseguir manter a empresa.

C- Quando a minha mãe morreu fiquei triste... mas ela já era velha e estava doente. O meu pai... com o meu pai foi um choque... ele era saudável e forte. Agora estou bastante deprimida. Mas tenho a certeza que isto é só uma fase... Ele não ia querer que eu ficasse assim para sempre.

C- Estes meses como voluntário têm sido bons para mim. Estou a aprender imenso e a tornar-me numa pessoa melhor.

- Prestar atenção a expressões como “fase”, “estádio”, “ponto na vida”.
- Prestar atenção quando o cliente está a falar do presente como um contínuo.

3.2) Índices do Passado e do Futuro

- Estes índices estão presentes quando o cliente fala acerca do passado ou do futuro. Ao contrário do grupo anterior de índices, não existe uma comparação directa com o presente.

I3p00 Código “0” para “Índices de Passado e Futuro”

Este é o código para a ausência índices sobre o passado ou futuro.

I3p01 Passado como causa

Quando o cliente se está a referir a um acontecimento do passado como sendo a causa de uma reacção ou situação presente, deve ser atribuído este índice. Preste atenção à sequência da narrativa e a associações temporais. A causalidade não tem de estar explicitada, mas deve julgar que o cliente está a fazer a associação (e.g., ver o primeiro exemplo). Note que não é necessário concordar com a causa para se atribuir o índice.

C- Este problema de insegurança... Começou quando os meus pais não me deixavam sair. Eles eram muito rígidos.

C- Sabe como são as crianças... podem ser bastante cruéis. E a DOENÇA... apesar de ser completamente inofensiva para os outros, é visível. E por isso aprendi a esconder-me o máximo possível... De uma certa forma, isso tornou-me na pessoa que sou.

C- A minha depressão começou por causa da morte do meu avô.

- Prestar atenção a expressões que sugerem causalidade como “porque”, “devido”, ou “desde”.

I3p02 Identificação de um padrão

Neste caso o passado não é explicitamente visto como uma causa, mas o cliente é capaz de identificar um padrão. Pode ser a constatação de que uma forma particular de reagir ou pensar tem ocorrido no passado. Um padrão apenas necessita de duas ocorrências se o cliente for capaz de generalizar a partir delas. Finalmente, a identificação de um padrão não implica causalidade. Se a causalidade estiver presente, atribuir o índice anterior.

C- Posso ver isto na relação com os outros... É o meu desejo de me sentir seguro... Mas arranjo forma de manter toda a gente afastada de mim. E quando penso nos meus casamentos, vejo isso.

C- A relação com o meu marido é muito parecida com a relação que eu tinha com a minha mãe. Eu era a pessoa que abdicava e eles eram as pessoas que conseguiam aquilo que queriam.

C- Quando o meu irmão foi preso, eu era a pessoa forte da família. (...) Sou sempre eu.

C- Nunca me tinha passado pela cabeça que isto de me culpar a mim mesmo tem estado comigo basicamente desde que me conheço.

- Prestar atenção a expressões que sugerem padrões, como: “o mesmo”, “sempre”, ou “constantemente”. Prestar também atenção a datas de início (com palavras como “desde”) que podem ser consideradas o início do padrão.

- Não atribuir este índice se o padrão se dá em termos de contextos (e.g., “Dou por mim a agir da mesma maneira com o meu amigo, com o meu colega e com a minha família”) e não de padrões temporais. Neste caso, atribuir “I4m10 Detalhar problema”.

I3p03 Exceção a padrão

Este índice refere-se a quando os clientes quebram um padrão. Normalmente esta quebra deu-se no passado recente e pode ser resultado da terapia.

T- Isso aconteceu com todas as suas namoradas?

C- É interessante... essa pergunta... Lembro-me... Não a última namorada, mas a outra antes dela... não foi assim. Ela é que tinha controlo... ela... Eu estava tão assustado de... de a perder.

C- Na semana passada consegui... Estou tão contente... Finalmente consegui um bom *feedback* do coreógrafo. Ainda estava nervosa... Por causa de todas aquelas audições que estraguei... Estou tão feliz. Não tenho a certeza se eles me vão deixar entrar, mas foi fantástico que tenha conseguido isto.

- Relativamente às exceções a padrões contextuais (vs. padrões temporais), ver a secção anterior. A violação de um padrão contextual pode ser descrita com o índice “I4m10 Detalhar o problema”.

I3p04 Futuro desconhecido

Este é o primeiro de três índices relativos ao futuro. Os três índices variam em função de o que é esperado ser ou não conhecido e ser ou não controlável. Prestar atenção a expressões que estão associadas com o futuro, como: “perspectiva”, “predição”, “antecipar”, “antever”, “predizer”, etc.

O índice “I3p04 Futuro desconhecido” deve ser atribuído se o cliente fala acerca de desconhecer o futuro. Para além disso, este índice implica angústia, desespero, preocupação intensa, inquietação ou apreensão. Não atribuir este índice se os clientes têm uma ideia do que os espera no futuro. Neste caso atribuir os dois índices seguintes.

C- Não consigo mesmo perceber o que é que irá fazer sentido no futuro.

C- Penso nas consequências... mas não há forma de saber como é que eles vão reagir.

C- O que é que vai acontecer? Tenho 50 anos. Trabalhei sempre na indústria dos sapatos. Não vou conseguir encontrar emprego. E então o que é que vai acontecer? Consegue dizer-me?

(Na última expressão, o cliente acredita que não irá encontrar emprego e questiona-se de uma forma geral sobre como é que o futuro irá ser.)

- Se existirem dúvidas em relação a expressões particulares utilizar a presença do sentimento de angústia ou de uma preocupação intensa para determinar se este índice deve ou não ser atribuído.

I3p05 Futuro incontrollável

Atribuir este índice se o cliente acredita que uma ou várias coisas vão ou podem acontecer que não podem ser controladas ou geridas. Este índice implica a presença de sentimentos como preocupação, inquietação ou apreensão.

A diferença entre este índice e o anterior é que, aqui, há ALGO que o cliente teme.

C- Quando sair de casa o meu filho vai ficar sozinho. E ele não vai saber como lidar com isso. Vê-lo nos fins-de-semana não vai chegar para ele.

C- Este diagnóstico é terrível... Quase que era melhor saber que ia... falecer do que... Não é verdade... mas a perspectiva da quimioterapia... do meu cabelo cair... Não sei como é que vou lidar com isso.

C- É a segunda vez que vou trabalhar no *telemarketing*. Não sei se vou conseguir. Da última vez passei-me. Nem sabe o tipo de pessoas que apanhamos... e os supervisores...

- Caso existam dúvidas sobre se deve ser atribuído este índice ou o anterior, deve ser colocada a questão de se o cliente sabe o que o espera. Se o cliente não tem nenhuma ideia, atribuir o índice anterior. Se o cliente tem alguma ideia que não é controlada por ele, atribuir este índice.

I3p06 Futuro controlável

Ao contrário dos índices anteriores, este refere-se a uma narrativa do futuro que é conhecido e controlável. Incluir aqui a antecipação de um futuro positivo ou de um futuro negativo que é suportável ou pode ser gerido (quer em termos de acções quer em termos de aceitação ou gestão emocional). Ao contrário dos índices anteriores, não deve existir emoção negativa intensa associada a este índice. O futuro, mesmo que seja um futuro negativo, pode ser aceite enquanto tal.

C- Eu sei que não existe cura... E que vou voltar a ter as crises. Mas ao mesmo não me vejo a mim própria como uma pessoa doida. Sou só uma pessoa com uma doídice (ri-se).

C- Esta situação com a empresa... se não resultar, vão aparecer outras oportunidades.

C- Ela agora vai começar a trabalhar por turnos. Vou vê-la muito menos vezes do que agora. É triste... mas tem que ser.

C- Agora sei como lidar com as minhas tendências agressivas. A raiva vai voltar... mas vou tentar não causar muitos danos.

4.1) Índices de Construção de Significado

- Os índices de construção de significado são os que representam tentativas de explicar ou compreender uma questão ou um problema particular. Atribuem-se quando o cliente pensa acerca de algo ou elabora acerca de um significado particular.
- Este grupo de índices está ainda dividido em três temas. Quando considera que o cliente não tem uma explicação para uma questão particular, atribuir: "I4m01 Lapso"; "I4m02 Contradição"; "I4m03 Riso incongruente com verbal"; "I4m04 Incapacidade de atribuir significado"; e "I4m05 Surpresa face a reacção". Quando o cliente fornece uma explicação externa, atribuir: "I4m06 Por acaso"; "I4m07 Explicação emocional"; e "I4m08 Significado externo". Quando o cliente fornece ou tenta fornecer uma explicação que não é externa, atribuir: "I4m09 Ironia"; "I4m10 Detalhar problema"; "I4m11 Ambivalência de significados"; "I4m12 Visão alternativa"; "I4m13 Esboço de significado subjacente"; "I4m14 Explicação situacional"; e "I4m15 Criar uma metáfora".
- Os índices de construção de significado podem ser confundidos com os índices sobre identidade, na medida em que os índices sobre identidade podem constituir entendimentos e explicações. Enquanto nos índices sobre identidade, o entendimento e a explicação é acerca do eu ou da identidade; nos índices de construção de significado a elaboração é sobre algo exterior ou um comportamento ou reacção particular. Neste último caso, a diferença situa-se no grau de generalização (e.g., "eu fiz" vs. "eu faço sempre").
- Outros índices de outros subgrupos também representam explicações e elaborações, mas o domínio também é específico – a emoção e o tempo.
- Prestar atenção às explicações e a expressões de causalidade (e.g., porque, desde que, razão, factor, motivo, ou explicação) e compreensão (e.g., significa, saber, reconhecer, compreender, ou estar consciente de). As intervenções do terapeuta que se focam em significados/explicações podem também ser utilizadas como guias para atribuir estes índices.

- Em algumas narrativas o carácter explicativo pode ser evidente, mas não é necessário que ele seja explícito. Atribuir os índices relevantes para a explicação mesmo que o cliente apenas expresse as ideias de forma sequencial, sendo contudo clara a relação entre elas.
- Estes índices surgem frequentemente na descrição do problema ou da questão que constitui o foco da terapia.

14m00 Código “0” para “Índices de Construção de Significado”

Este é o código para a ausência de índices de construção de significado.

14m01 Lapso

Aqui, lapso significa um erro ou deslize no contexto da fala. Pode ser uma palavra mal utilizada. Não utilizar este índice se for claro que o erro é devido a falta de conhecimento ou de instrução. Atribuir este índice mesmo que o cliente esteja consciente do erro que cometeu. A atribuição deste índice é independente da natureza do lapso. Atribuir este índice mesmo que se pense que o lapso não tem nenhum significado.

C- Eu adoro o meu filho [referindo-se ao neto], mas a relação com a mãe dele piorou desde que ele nasceu.

C- Quando o meu marido foi morto... preso... Deus! Preso!

14m02 Contradição

Atribuir este índice se o cliente se contradiz a si próprio. Esta contradição não necessita de ser dentro de uma determinada expressão mas pode referir-se a afirmações anteriores. Este índice refere-se a contradições que revelam incoerência. Não atribua este índice a casos em que as contradições não revelam incoerência. Por exemplo, um cliente pode mudar de opinião devido à intervenção do terapeuta. Outro caso é o de um cliente que expressa ambivalência ou várias perspectivas acerca de uma questão. Se o cliente expressa consciência do conflito ou assume a diversidade de visões, isso não constitui uma contradição neste sentido. Nestes casos deve considerar a atribuição de: “14m11 Ambivalência de significados”; “14m12 Visão alternativa”; “14m13 Esboço de significado subjacente”; ou “14m14 Explicação situacional”.

Este índice implica algum grau de julgamento da sua parte, embora não deva ser demasiado interpretativo. O índice deve ser atribuído se acreditar que outros cotadores também iriam ver a contradição.

C- Não quero voltar para aquela relação. (...)

C- Então quando ele veio a nossa casa... a chorar... E a minha filha a assistir àquela cena... Porque é que ele não mostrava esses sentimentos nessa altura... talvez tivesse sido diferente. E questiono-me sobre se eu o perdoar as coisas vão ficar bem.

C- Porque é que eu tenho de ficar responsável pelos meus pais, só porque sou a irmã mais nova e tenho mais tempo. (...)

C- Sinto-me obrigada a... Não sei. Simplesmente sinto-me. Hoje em dia sinto-me culpada de cada vez que tiro um momento para mim, sabendo a situação em que eles estão.

(Em ambas estas expressões, pode facilmente ver-se um conflito entre os desejos ou explicações destes clientes. Só pode ser atribuído este índice a esta situação se o cliente não expressou a existência deste conflito ou ambivalência.)

- Este índice implica uma atenção a contradições. Prestar atenção a intuições sobre coisas que não parecem bater certo na narrativa. Olhar para trás e ver se o cliente afirmou o oposto e assinalar o índice apenas à segunda expressão (i.e., a expressão contraditória).

I4m03 Riso incongruente com verbal

Este índice refere-se a um riso que não é congruente com a informação verbal. Pode ser um exemplo de riso nervoso. Não deve ser atribuído este índice se o riso estiver associado com ironia. Neste caso atribuir “I4m09 Ironia”. Naturalmente, deve ser prestada atenção a situações de riso presentes no vídeo/áudio ou referidas na transcrição.

C- Estou muito perturbado (ri-se).

C- Isto é algo que me deixa mesmo frustrada (ri-se)... porque... honestamente... quem me dera ter sabido disso mais cedo (chora).

I4m04 Incapacidade de atribuir significado

Se o cliente expressa incapacidade para compreender uma questão particular ou para dar uma explicação para uma reacção, atribuir este índice. Isto pode incluir a expressão da necessidade de identificar uma razão ou um desejo de compreender algo. Prestar atenção a expressões relativas a estas questões, como “compreender”, “perceber”, “porquê”, “razão”, “explicar”, “entender”.

T- O que é que acha que isso significa?

C- Sim... Bem... Não sei o que isso significa...

C- Não consigo explicar... Não compreendo porque é que não o disse.

C- Sinto-me melhor com ele... Não sei porquê nem como.

C- Porque é que ela me deixou? Não consigo pensar em nenhuma razão. Não faz sentido nenhum.

- Prestar atenção a intervenções do terapeuta que têm como objectivo explorar ou alterar significados.

I4m05 Surpresa face a reacção

O elemento central deste índice é o sentimento de surpresa em relação ao comportamento, pensamento ou sentimento do cliente. Este índice pode ser confundido com o “I2i03 Estranheza face a si”. Mas neste caso aquilo que é inesperado não está especificamente relacionado com o self (e.g., não é um traço ou algo definidor do eu) mas sim com uma reacção específica. Preste atenção ao grau de abstracção. Este índice refere-se a instâncias específicas de reacção.

C- É curioso... Sou carinhoso com a minha mãe, com os meus amigos... mas não consigo ser assim com a minha filha.

C- Estou a investir tanto... Tenho estado a dedicar-me tanto ao que estou a fazer... E as minhas energias esgotaram-se... Porque é que isso aconteceu?

C- Esta semana... Fui fantástico... Ela ameaçou-me como faz sempre e eu não me deixei afectar.

- Prestar atenção a expressões relacionadas com surpresa (“é engraçado que”; “surpreendido”; “chocado”).
- Prestar atenção a situações em que as expectativas não se concretizam.

I4m06 Por acaso

Este índice refere-se a situações em que um determinado acontecimento ou uma determinada reacção é atribuída ao acaso. A ideia por detrás deste índice é que as pessoas geralmente atribuem um significado ou uma explicação aos acontecimentos e às reacções. Assim, este índice não deve ser atribuído a coisas que são consensualmente vistas como aleatórias. Prestar atenção a expressões de acaso (e.g., “inadvertidamente”; “simplesmente aconteceu”; “por acaso”; “por coincidência; ou “sorte”).

C- Até agora foi a pior discussão e... E enquanto estava a discutir com ela... E no calor das coisas... Deixei acidentalmente um estalo.

T- Como é que isso começou?

C- Simplesmente aconteceu.

C- Felizmente o meu filho não tem nenhuma deficiência nem nenhuma doença... Mas o comportamento dele... Ele consegue ser bastante desrespeitoso... Acho que foi... Tive azar... Odeio dizer isto... Mas...

- As atribuições ao acaso podem ser o resultado de um evitamento de emoções ou de responsabilidade. Prestar atenção a estas situações.

14m07 Explicação emocional

Atribuir este índice a situações em que a justificação para a reacção é uma emoção ou um estado emocional. Este índice pode implicar que uma determinada reacção ou um determinado comportamento é causado por uma emoção que depois não é enquadrada. Explicação emocional não é a explicação da emoção, mas antes a explicação usando a emoção: “Como sinto, é...”

T- Disse-me que acredita que o seu chefe está a criticá-lo por trás das suas costas. O que é que o leva a pensar isso?

C- Não sei... É apenas o que sinto. Ele nunca aceitou a minha entrada para a empresa.

C- Só quero estar debaixo dos lençóis. É algo que eu sinto e que toma conta de mim.

(No primeiro exemplo, existe adicionalmente uma explicação na última frase. Mas não é uma explicação para a suspeita, que é baseada no próprio sentimento.)

- Cuidado com a utilização da palavra “sentir” no contexto de explicações.

14m08 Significado externo

Este índice corresponde a uma atribuição externa. Utilizar este índice para caracterizar todas as outras explicações de reacções ou significados que utilizam justificações baseadas em factores externos. Não utilizar julgamentos pessoais sobre a adequação das atribuições para atribuir este índice. Pode ainda atribuir este índice a explicações internas que são apresentadas de forma externa, como explicações biológicas (e.g., “Eu reagi dessa forma por causa da minha depressão”).

C- A minha depressão começou... Já sabe... Foi um período da minha vida em que três pessoas importantes morreram... Isso deixa uma marca, não é?

T- O que é que pensa que contribui para a sua falta de motivação?

C- Não sei... Devo ter maus genes.

C- Tudo mudou quando... desde o casamento dela... ela nunca mais foi a mesma. O meu genro fê-la mesmo mudar de ideias.

C- Aquele professor deu mesmo cabo da minha auto-estima.

C- E agora que tenho 40 anos... burro velho não aprende línguas.

- Uma das consequências de uma atribuição externa ou de uma atribuição interna externalizada é que o cliente não tem controlo sobre as coisas. Prestar atenção a expressões como “fizeram-me algo” ou “fui arrastado para”.

I4m09 Ironia

Quando um cliente transmite uma ideia utilizando uma expressão que é divergente com aquilo que significa e o faz com humor ou sarcasmo, atribuir este índice. A “I4m09 Ironia” está fortemente dependente do tom de voz emocional, por isso deve ser prestada atenção a isso. Este índice pode ser um exemplo de descentração ou de evitamento.

C- A minha vizinha... Ela estava a fazer tanto barulho... E quando eu fui lá ela disse que estava a fazer algumas arrumações... Deve ter sido um tipo de arrumação em que se partem as coisas.

C- Ele disse que precisava de pensar... que precisava de algum tempo... E quase chorou... Coitadinho.

T- Porque é que pensa que tem essa má memória?

C- Deve ser da idade (tom de ironia).

C- E fui capaz de dizer a mim mesmo... é só o fim do mundo (ri-se).

I4m10 Detalhar problema

Atribuir este índice se a narrativa é um detalhar do problema. Isto pode ser feito através de uma definição efectiva, pensando no problema em termos de dimensões ou através de uma contextualização. O “I4m10 Detalhar problema” pode ser confundido com o “I2i07 Identificar vulnerabilidade (positivo)” e o “I3p02 Identificação de um padrão”. Este índice distingue-se desses dois porque aqui a questão não é o eu/identidade nem uma variação temporal.

T- Pode falar-me um pouco mais dos seus problemas na faculdade?

C- Como é que eu posso explicar?... É como se eu não pertencesse àquele ambiente.

C- Sou particularmente tímido com as raparigas... particularmente... sabe... com as mais atraentes.

C- Esta... falsa confiança... Eu sei que está relacionada com os meus problemas com... Com a minha dificuldade em abrir-me... Mas por outro lado, faz com que eu seja bastante fluente no início... quando conheço as pessoas.

(Existe um começo de uma explicação no último exemplo, pelo que o “I4m13 Esboço de significado subjacente” deve ser assinalado também. O “I4m10 Detalhar problema” está presente, porque o cliente define o assunto e relaciona-o com outros comportamentos).

- Prestar atenção a quando os clientes estão a descrever o que os trouxe à terapia, o assunto principal da sessão e o foco da intervenção.

I4m11 Ambivalência de significados

Este índice refere-se a uma dúvida entre posições, significados ou escolhas. Deve envolver pelo menos duas ideias, significados ou escolhas. Não atribuir este índice se a ambivalência é discutida como o conflito entre duas emoções. Neste caso atribuir “I1e12 Ambivalência emocional”. Se os dois significados conduzirem a duas emoções, atribuir os dois índices (e.g., Sinto quer zanga por ser humilhado, quer tristeza por querer ser aceite de qualquer forma).

C- Mas isso faz-me pensar no outro lado. Tenho recebido bastantes sinais de que não vou ser promovido ou reconhecido neste emprego.

C- Quero ir aos ensaios porque preciso mesmo de praticar. Mas acabo por não ir... Tenho medo de ser um fiasco.

C- Na maioria dos dias eu tenho pouca esperança. Não consigo ver nada que me mova... E eu sei que isto não é verdade. Eu tenho a minha família, o meu trabalho... E... E eles são o que eu quero...

(Na primeira expressão, não existe uma explicitação clara da outra posição. Mas este índice deve ser atribuído porque a primeira afirmação implica a existência de algo que entra em conflito com esta visão.)

I4m12 Visão alternativa

Atribuir este índice se os clientes expressam uma visão alternativa àquilo em que acreditam. Por vezes a “I4m12 Visão alternativa” surge em narrativas acerca de uma mudança de crenças ou de significados. Por este motivo, a visão alternativa pode ser atribuída mesmo que não seja completamente formulada. Atribuir também este índice se a visão alternativa tiver sido dada por outra pessoa.

Não atribuir “I4m12 Visão alternativa” se a perspectiva alternativa é dada num contexto de ambivalência. A diferença é que, ao contrário do caso da ambivalência, aqui a visão alternativa ainda é alheia à pessoa.

C- Eu gostaria de pensar... “Estou a ser teimoso. Não tem que ser assim”.

C- Nunca fui o tipo de pessoa de elogiar. Sempre preferi as acções, porque falar é fácil. Mas a minha mulher fica ressentida... Por isso acho que consigo perceber a importância.

C- É difícil imaginá-la a sair de casa... Onde é que eu... Como é que eu posso protegê-la. Consigo perceber que isto é uma separação saudável... mas é difícil.

I4m13 Esboço de significado subjacente

Este índice implica que nenhum dos índices anteriores foi atribuído ao mesmo segmento. Deve ser atribuído quando a narrativa é uma tentativa de compreender ou uma quase-explicação. O “I4m13 Esboço de significado subjacente” deve também ser atribuído no caso de explicações tentativas. Prestar atenção a expressões que reflectem este processo, como: “Estou a começar a pensar” ou “agora que penso nisso dessa forma” e a expressões de dúvida sobre uma compreensão.

C- Como é que eu posso explicar? É como se... Eu fosse uma pessoa diferente... a necessidade de... a necessidade de agir impõe-se e eu sou uma pessoa diferente... uma pessoa em acção e não a pensar sobre isso.

C- É exaustivo pensar... estar sempre preocupada com eles... a toda a hora. Mas... Como mãe... Uma pessoa... É o meu dever, não é? Por isso, sabe, ao mesmo tempo...

C- Não foi o facto de ser nova que foi importante. Ainda tenho essa... inocência. É... Eu confio muitas vezes nas pessoas, sabe? Agora, tal como quando tinha 18 anos.

(Em todas estas expressões, existe uma tentativa de explicar ou de compreender e essa tentativa não é apresentada como uma certeza ou uma teoria. De uma certa forma, o novo significado pode ser visto como sendo esboçado na narrativa.)

- Prestar muita atenção à primeira vez que um cliente pensa sobre um assunto.

I4m14 Explicação situacional

Atribuir este índice quando uma pessoa apresenta uma explicação que é específica a um contexto particular. A “I4m14 Explicação situacional” está frequentemente presente na explicação de acontecimentos do passado em relação com um entendimento mais recente.

C- Quando vamos sair... eu e o NAMORADO... e conhecemos uma rapariga... especialmente se ela for gira. Fico imediatamente com ciúmes... Penso logo que sou a mulher mais feia do mundo. E eu não sou assim.

C- Casei-me com ele porque pensei que isso o fosse mudar... Acabei por ser eu a mudar... e para pior.

C- Acho que com o AMIGO é diferente porque ele tem aquela falta de seriedade... é difícil imaginá-lo a criticar-me.

I4m15 Criar uma metáfora

Uma metáfora aqui é uma imagem ou ideia que é utilizada para descrever ou representar uma outra ideia. Atribuir este índice mesmo se as metáforas são comuns e culturalmente partilhadas (e.g., Senti-me como um peixe na água).

C- Sabe, foi como se eu não tivesse cortado a árvore, mas só a tivesse podado.

C- Ele ergueu um muro à volta dele.

- Não assinale este índice se a metáfora foi introduzida pelo terapeuta, a não ser que o cliente a modifique.

4.2) Índices de Auto-verbalizações e de Introspecção

- Este grupo de índices junta dois aspectos diferentes relativos ao pensamento. O primeiro é a capacidade de descrever pensamentos efectivos, auto-verbalizações ou auto-instruções. O segundo aspecto é a capacidade de falar sobre processos cognitivos que envolvem o pensamento, a memória ou o planeamento de acções.
- Estes índices podem ser reveladores de descentração ou de auto-regulação.
- Este grupo de índices divide-se ainda em três temas. O primeiro corresponde a falar sobre o evitamento e inclui: "I4v01 Incapacidade de pensar"; "I4v02 Não pensar/falar egossintónico"; e "I4v03 Não pensar/falar deliberado". Quando o cliente utiliza a auto-verbalização para lidar com algo, atribuir: "I4v04 Auto-verbalizações optimistas"; "I4v05 Verbalizações auto-criticas/auto-motivadoras"; e "I4v06 Verbalizações resultantes de elaboração". Finalmente, quando o cliente fala de um processo cognitivo ou planeia a acção, atribuir: "I4v07 Refere um pensamento"; "I4v08 Refere um processo cognitivo"; "I4v09 Acções para lidar com problema"; "I4v10 Refere explicitamente tomada de consciência"; e "I4v11 Referência à terapia".
- Prestar atenção quando o cliente menciona um pensamento como uma citação (e.g., Disse a mim mesmo: "pára com isso"). Caso estejam a ser utilizadas transcrições estar atento à utilização de aspas.

I4v00 Código "0" para "Índices de Auto-Verbalizações e Introspecção"

Este é o índice para a ausência de auto-verbalizações ou de índices de introspecção.

I4v01 Incapacidade de pensar

Estes três índices que se seguem representam instâncias em que o evitamento é mencionado. O primeiro é atribuído quando os clientes consideram que não conseguem pensar sobre um determinado assunto. O segundo corresponde a um evitamento que é entendido como útil, funcional ou razoável. No terceiro o cliente assume que o evitamento é necessário naquele momento.

O presente índice corresponde à expressão de incapacidade para pensar acerca de um assunto. Ao contrário dos dois seguintes, este índice está associado a sofrimento. Preste atenção a afirmações directas da incapacidade para pensar, imaginar, reflectir ou sentir (usado como sinónimo de intuição).

C- Ainda não consigo pensar acerca da minha mãe... O facto dela ter... falecido. Ainda é muito... dói muito.

C- Esqueço-me de coisas frequentemente... Se tenho de ir buscar alguma coisa à cozinha... e chego lá... e já me esqueci completamente. E isso é assustador... Vem-me à ideia... Não consigo imaginar como é que seria se... Não consigo.

I4v02 Não pensar/falar egossintónico

Atribuir este índice se o evitamento de pensar ou falar faz sentido para o cliente. Pode ser visto como útil, funcional ou razoável. Apesar de não ser dissonante, pode provocar desconforto, especialmente se o assunto tiver sido levantado pelo terapeuta.

T- Na semana passada falou-me da possibilidade de terminar a relação...

C- Não. Já esqueci isso... As coisas têm estado a correr bem.

C- Não gosto de falar sobre estas coisas... Para quê?

C- Estou farto de falar disto... começa a tornar-se francamente masoquista. Ontem, obriguei-me a levantar-me, meti-me no duche e empurrei-me para fora de casa.

I4v03 Não pensar/falar deliberado

Existe uma diferença subtil entre este índice e o anterior. Neste, o evitamento é visto como uma forma de lidar com uma determinada questão. O cliente pode reconhecer que o confronto é necessário, mas não neste momento. Aqui pode ser importante fazer uma avaliação sobre a utilidade do evitamento como um estilo de *coping*. Atribuir este índice apenas a situações em que o evitamento fosse consensualmente admitido como útil. A excepção é quando o cliente descreve o evitamento como algo temporário. Aqui, atribuir sempre este índice. Atribuir também se o evitamento é visto como uma coisa negativa (porque isso implica que o cliente deseja abordar a questão).

C- Penso que essas duas semanas vão fazer-me bem. Longe da vista, longe do coração. Vou ter tempo para relaxar, para me sentir bem comigo mesma. Prometi a mim mesma que não vou pensar no que aconteceu enquanto estiver lá.

C- Tentei não memorizar a data. Sou o tipo de pessoa que se lembra sempre das datas.

C- Acho que nunca falei sobre isto. Tento não pensar nisto quando me sinto em baixo.

C- Sei que estou sempre a fugir disto...

(A última expressão é um exemplo do evitamento visto como uma coisa negativa.)

I4v04 Auto-verbalizações optimistas

Atribuir este índice se o cliente expressa uma auto-verbalização, uma afirmação reguladora ou uma instrução de natureza positiva. Estas frases podem ter como objectivo tranquilizar, podem ser explicações positivas ou instruções optimistas. Este índice também pode ser aplicado ao que alguns terapeutas designam como racionalizações, mas apenas quando estas explicações são claramente optimistas.

C- É horrível... E enquanto estou lá estou sempre a dizer "Vai passar", "Vai passar".

C- Bem... outras vezes penso que se calhar o meu filho está só a atravessar uma fase.

C- Acho que ele se foi embora porque eu... bem, porque já não se sentia atraído... Mas às vezes dou por mim a dizer que ele precisava de algum tempo para ele.

(No último exemplo, deve assinalar este índice e não o "14m11 Ambivalência de significados" pois a cliente afirma que é algo que ela diz para si mesma, como se se estivesse a convencer. Deve apenas assinalar este índice e não "I4v06 Verbalização resultante de elaboração" porque a cliente mostra pouca convicção na verbalização.)

- Prestar atenção a afirmações súbitas de optimismo e auto-persuasão.

- Prestar atenção a expressões como “dizer para mim mesmo”; “pensar para mim mesmo” e a pensamentos expressos como discurso que, na transcrição, podem estar assinalados com aspas.

I4v05 Verbalizações auto-críticas/auto-motivadoras

Este índice refere-se a auto-verbalizações que são auto-críticas. Note que estas podem assumir um carácter motivacional.

C- E penso “Não sejas parvo. Não tens que tolerar isto!”

C- Sabe o que é que ela disse? Disse que eu a devia respeitar! Ela! Foi ela que disse isso. Eu disse a mim mesmo “não sejas mariquinhas” e disse-lhe... Disse-lhe que ela é que estava a ser desrespeitosa.

C- Sempre que chego ao escritório, sinto aquela vontade de me distrair com outra coisa qualquer... e tento pensar “Assim não pode ser”... Mas... Acabo sempre por não fazer nada outra vez.

I4v06 Verbalizações resultantes de elaboração

Este índice refere-se a verbalizações que são o resultado de uma nova compreensão ou do processo de elaboração. Incluir aqui verbalizações que são o resultado de uma nova perspectiva ou que têm um valor de *coping*. Não atribuir este índice a afirmações motivacionais que são auto-críticas. Nesse caso atribuir o índice anterior.

C- Às vezes tento deliberadamente pensar que não posso só olhar para as coisas más neles. Eu sei que só quero o que é melhor para eles, mas tenho que tentar olhar para as qualidades deles e apreciá-las.

C- Estava em casa... e finalmente sozinho... a dizer para mim mesmo “Estou sozinho aqui e estou bem. Também me posso divertir sozinho”.

C- Estava a pensar sobre o que falámos na semana passada. Conseguia ouvir a sua questão “O que é que o seu pai ia pensar se estivesse vivo e estivesse aqui consigo?” E imaginei todas as coisas que ele iria dizer... “Que estava orgulhoso de mim”, “Que eu era uma boa mãe”.

(A última expressão pode ser vista como um exemplo de auto-verbalização porque é aquilo que a cliente imagina que o pai iria dizer)

- Preste atenção a referências à implementação de mudança interna.

I4v07 Refere um pensamento

Atribuir este índice sempre que o cliente refere um determinado pensamento. Não atribuir este índice se ao pensamento tiver sido atribuído outro índice deste subgrupo. O pensamento deve ser descrito como um objecto sobre o qual o cliente está a pensar. Caso esteja a usar transcrições, preste atenção à utilização de aspas.

C- É uma confusão na minha cabeça, vêm-me à ideia todo o tipo de coisas... “Porque é que ela teve que se ir embora”. “Porque é que isto me aconteceu?”

C- Ia encontrar-me com ela alegremente... E depois é que pensei: “O que é que eu estou a fazer?”

C- Escolhi aquele curso por causa das perspectivas... em termos de carreira. Mas quando estava a preencher os formulários ocorreu-me que também devia estar a pensar no que é que gostava.

I4v08 Refere um processo cognitivo

Quando o cliente está a referir-se a um processo cognitivo que não o *insight* ou o planeamento de acção (e.g., memória, atenção, ou percepção) atribua este índice.

- C- Quando chega o Natal lembro-me sempre do Natal que passámos juntos.
- C- Quando olho para os meus velhos álbuns de infância existe um hiato. É um período da minha vida que não consigo recordar.
- C- Esta semana tentei olhar para as coisas de uma maneira diferente.
- C- Dou sempre mais atenção às falhas nos meus relatórios do que às coisas boas que eles têm.
- C- Faço isso para verificar se não estou a enlouquecer.

I4v09 Acções para lidar com problema

Este índice refere-se ao planeamento de acções para lidar com um assunto ou em resultado de alguma compreensão. Não é necessário que a acção seja funcional ou útil. A acção pode já ter acontecido mas o índice deve de qualquer forma ser atribuído se tiver sido uma acção premeditada para lidar com uma determinada questão.

- C- Agora, em vez de conduzir, vou a pé ou apanho boleia. Consegui poupar muito dinheiro assim.
- C- Faça-lhe testes para ver se ele me ama. Sei que isto é uma parvoíce... Na semana passada falei do exemplo de uma amiga minha que tinha sido traída só para ver o que é que ele dizia.
- C- Agora estou a tentar ser mais assertivo. Quase que ando à porrada (ri-se).

- Prestar atenção a intervenções do terapeuta que têm como objectivo promover a acção.
- Este índice pode ser confundido com o "I2i16 Tenho de continuar a treinar". A ideia de treino implica um desenvolvimento de competências, enquanto que as acções para lidar com uma questão estão mais relacionadas com a ideia de *coping*.

I4v10 Refere tomada de consciência

Atribuir este índice se o cliente menciona explicitamente um *insight* ou uma consciência recém-descoberta. Prestar atenção a expressões como: "apercebi-me", "consciência", "compreendi", "entendi", "ganhei consciência", etc.

- C- Não tinha consciência disso... Agi de forma impulsiva.
- C- Quando cheguei a casa finalmente apercebi-me... Finalmente ganhei consciência das consequências da minha decisão.
- C- A última sessão foi muito importante. Nunca tinha pensado na minha relação com o meu irmão dessa forma.
- (A última expressão representa um *insight* que pode ter sido promovido pelo terapeuta. Este índice também deve ser atribuído em situações como esta.)

I4v11 Referência à terapia

Este índice está presente quando o cliente se refere a algo que o terapeuta disse; algo que o cliente pensou ou fez como consequência da terapia; ou sobre um tema particular já discutido. Pode ser referente à sessão presente (excepto se for algo que esteja a ser discutido no momento) ou a uma sessão anterior.

Este índice reflecte uma iniciativa espontânea do cliente. Por isso não é aplicável quando a referência é feita pelo terapeuta. Por exemplo, não inclui uma referência a uma sessão anterior, feita pelo terapeuta, ou a trabalhos de casa.

T- Tem-se sentido sozinha?

C- Sim. Até já considerei, desde a nossa conversa na última sessão, voltar a contactar os antigos amigos. Mas aí aconteceu uma coisa engraçada. Recebi um telefonema de um antigo namorado e esqueci-me completamente.

C- E eu disse-lhe “ou limpas o teu quarto ou não jogas mais computador”. E quando ele começou a responder de volta, disse-lhe “o meu psicólogo disse que tinhas de começar a respeitar os teus pais.”

T- Eu disse mesmo isso?

C- Bom... não. Mas eu precisava de uma ajuda (risos). E estávamos a falar sobre isso na mesma.

(Deve atribuir-se o índice a ambas as situações. Na primeira há uma acção que o cliente decidiu ter realizado como resultado de algo discutido em terapia. No segundo, apesar de reconhecer que a sua acção foi por sua conta, o cliente situa as suas acções como resultado do trabalho feito em terapia.)

Código da sessão _____

Código do Cliente _____

Express. (Tempo)	Índices Gerais		Índices de Emoção		Índices sobre Self/Outro		Índices de Tempo		Índices de Pensamento/Elaboração		Observ.	
	Índices do Terapeuta	Índices de Resposta do Cliente	Emoção	Confusão	Self	Outro	Fase	Passado/ Futuro	Significado	Auto-Verbalizaç.		
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Appendix F
System of Assimilation Indices (English)

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Introduction

This guide describes the coding procedures for assessing assimilation. Assimilation is the process of assigning or changing meaning associated with an event, behaviour, memory or any other psychological element. We assimilate when we have to integrate something (e.g., an event, an idea) or when we have to change ourselves or previously held meanings to adjust to particular circumstances.

This manual is part of a research that aims to assess assimilation through narrative indices. Narrative indices are elements of the narrative of clients that are seen as manifestations of processes of assimilation. Indices are of value because our language is seen being composed by layers of meaning. When we say something we are expressing ourselves both in the content and style of what we say.

A System of Indices may be somewhat different from other coding systems that you may have come across. Indices are elements that emerge from the narrative. As a consequence not all utterances will have an index. Actually, for each sub-group of indices you will find that there are more utterances with absence of indices than those with an index present. Furthermore, some therapy sessions or some clients will present a greater amount of indices. **This is OK.**

This manual is divided in two main sections. In the first, the general aspects of the coding will be addressed. The main steps in assigning indices will be stated and possible problems will be discussed. The second part has the definition of General and Assimilation Indices. There is a section, for each index, with the definition, particular examples and some heuristics or eventual problems (identified with the symbol ➤).

The examples are based on actual transcripts. All elements that could be identifiable were replaced with the type of element in CAPITAL LETTERS. For example, if the daughter of a client was called Mary, her name would be replaced by DAUGHTER.

General aspects of coding

The coding of the indices should not be viewed as simply the assignment of codes. The person doing the coding must be aware of the context and the presence of an index implies a judgment on the part of the coder. On the other hand, the system of indices was devised in a way that the person assigning the indices should not be excessively interpretative. **Indices should correspond to something that is consensually observable** on a particular utterance. This means that if in doubt, do not assign the index to the utterance.

The unit of analysis of this coding system is the utterance which is the segment of the narrative that represents a complete vocal expression of a person in a dialogue. The definition of utterance is not as straightforward as other linguistic concepts (Traum & Heeman, 1997). In this system, we use the shift of speaker as the main criteria for defining an utterance. Utterances vary substantially in size, but they

represent the natural unit of the dialogue. For each utterance of the client, you will assign a minimum of eight or nine indices while for each therapist's utterance you will have to assign at least one code.

This coding system is designed to be used with audio or video recordings of therapy sessions. With the audio or visual, you will have access to the tonality that is crucial in assigning the indices. Transcripts of therapy sessions can be used to complement the analysis. If you use audio/video only, you can use the coding sheet, provided in the appendix, to assign the indices. To identify the utterances, use the definition outlined in the previous paragraph. If you have doubts whether to assign an utterance to one of the speakers (e.g., speech fillers such as "uh uh") consider the impact of that verbalization on the other speaker. If the verbalization has an impact (e.g., the other person says "Yes. I know what you're thinking") or the other person clearly starts over after the verbalization, assign it as an utterance. If not (e.g., the "uh uh" serves only to facilitate the conversation), disregard it. This does not mean that an utterance is defined by the impact on the other. For example, if one of the speakers interrupts the other, even if it has no apparent impact on the other's narrative, that interruption should be considered an utterance.

If you are using transcripts use the definition of utterance outlined in the transcript. This means that an utterance will be the segment of the narrative that corresponds to one part of the dialogue from either the therapist or the client.

Another implication of using the utterance as the unit is that the index may not correspond to the entire unit, but to a segment and also that an index may span across utterances. **The assignment of indices should reflect the presence of an index in a particular utterance.** Therefore you should assign one instance of the index even if it does not correspond to the entire utterance. In the case of an index that expands to the next utterance, you should assign the index in both. Look at the examples given further down.

Furthermore, an index may appear on one part of the utterance and then appear further down in that same utterance. Since the **coding is a judgment of presence/absence of a single index, you can only assign it once per utterance.**

Brief outline of each group of indices

This manual describes two types of indices. The first are “General Codes” and constitute two groups of indices:

1 – Therapist Codes

This is simply a broad categorization of therapist interventions.

2 – Client Response Indices

The way the client responds to a particular intervention or statement, when the therapist is facilitating a new meaning, is seen as indicative of how the client has assimilated the issue. **You should only assign one of these indices when you have in the previous therapist’s utterance assigned the index “T5 Suggestion of meaning” or “T6 Suggestion of action”.**

The second type of indices is the Assimilation Indices. To facilitate coding, the indices are organized in categories of content. There are **four** main categories of indices:

3 – Emotional Indices

Emotional indices are indices of an emotionally charged narrative or indices about emotion. These indices range from being overwhelmed or not facing an emotion to being able to reflect on a particular emotion.

4 – Self/Other Indices

Self/Other Indices are about the client’s self or about the relationship with other people. These indices range from being too self critical or too blaming to being able to accept oneself and decentre in face of the views of others.

5 – Time Indices

These indices correspond to the reflection about time. This can be a consideration of a particular phase, a narrative about the past or the future or the clients situating themselves in the present.

6 – Elaboration/Thinking Indices

Elaboration/Thinking Indices correspond to the effort to find an explanation or thinking about an issue. These indices range from avoiding a particular issue to being able to deeply elaborate or create self-verbalizations to deal with the issue.

Steps in assigning the indices

The coding procedure follows this sequence:

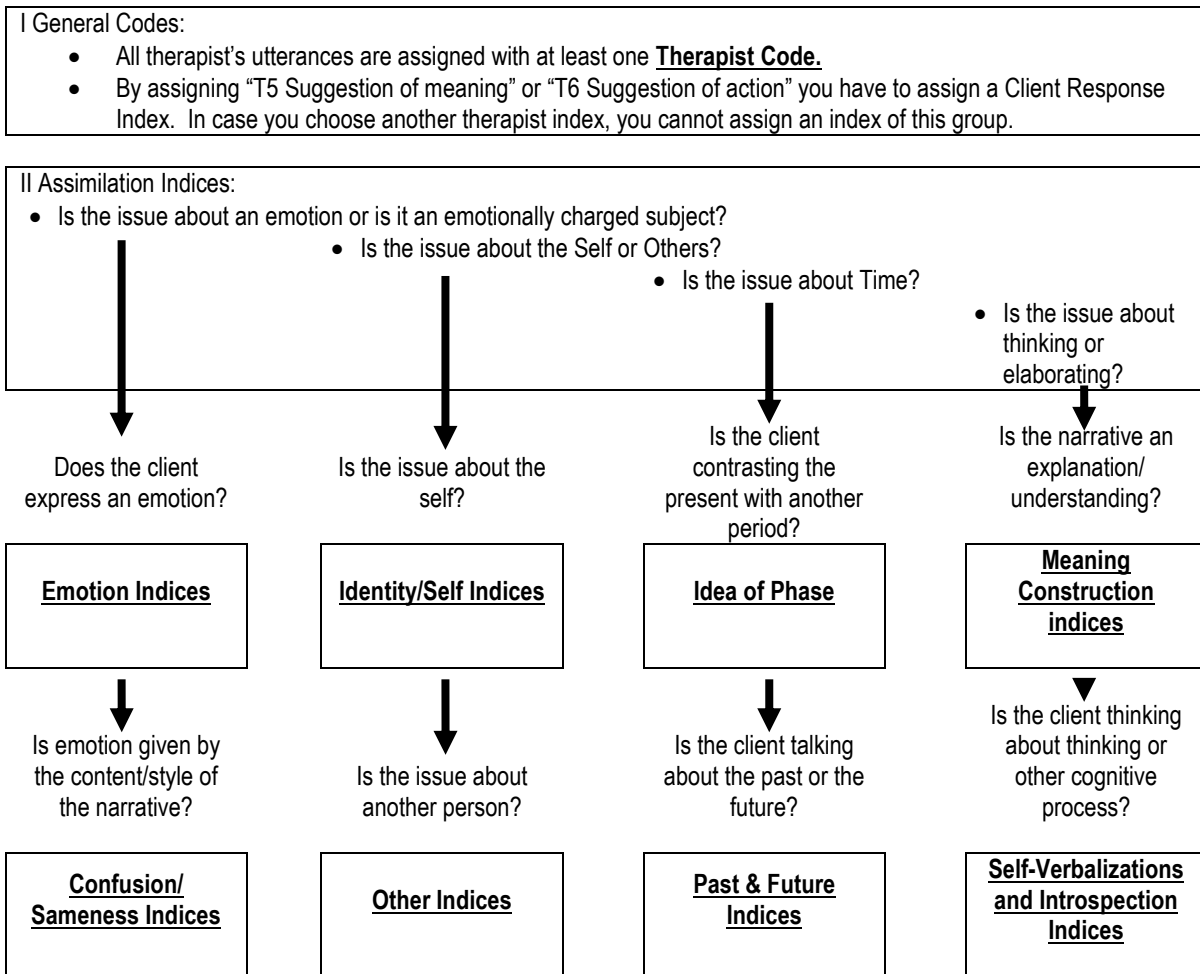
- 1) Play the recordings and try to immerse in the case/session. If it suits you, write down, on the transcript or on a blank sheet of paper, notes of what feels relevant, of what feels strange or any other consideration you think is relevant. Pay close attention to emotional intonations, since they provide useful information – underlie the transcript if you find it useful. Also pay close attention to new elements, brought about, by the therapist. The client's response may be indicative of the process of assimilation of a particular theme. At this stage, however, try to read with a reflective mind-set, rather than an analytic attitude. Don't think of the indices at this point and just let the relevant elements emerge. If you find useful to write personal notes (e.g., your reactions or interpretations), feel free to do so.
- 2) Code the entire session with the General Codes and the Assimilation Indices. Regarding the General Codes, each therapist's utterance must be coded with at least one Therapist Code and each client's utterance may be coded with a Client Response Index when the therapist's utterance was coded with: "T5 Suggestion of meaning" or "T6 Suggestion of action".

Although you will have to assign at least nine indices per client's utterance (1 or 2 General Codes and 8 assimilation indices); you can assign more than this. **You can assign more than one index per sub-group.** However you **must not assign the two indices of the same group to the same segment** of the utterance. This can be done however for two indices of different sub-groups.

For example the segment "I feel desolated by what she has done to me" can be coded with an "emotional index" and an "other index", but no more than one index of each category. However, in the rest of the utterance other emotional and "other" indices can be used.

Selecting the groups of Indices

To facilitate coding, the indices are organized hierarchically so that you can exclude groups of indices altogether or opt from a selected few. Use the following questions to guide you through the analysis.



If the answer is yes, assign the index that is most suitable. If the answer is no, attribute a "0" index. This is detailed further in the section "System of Indices: Summary".

Examples

Example 1

- T- How did you feel when he stopped arguing with you?
- C- He does it because he does not want to be bothered. And that idiot does that to me all the time. He really has no consideration for anyone, but himself. Even when we are talking about something that concerns him... even then sometimes he gets distracted with his own things.
- T- You feel neglected when he gets distracted, don't you?
- C- Yes. And he does it all the time. Even yesterday I cooked for him a special dinner and he couldn't get the eyes of the TV. Isn't it strange? How could he not notice? It was as if I didn't exist. And I felt so shitty, you know. I really said to myself, "I am really alone"... I'm really worthless (cries).
- T- It's very difficult to talk about these things, isn't it? I can see that this neglect you feel really brings sadness about yourself.
- C- It's like feeling very small... Very cheap... Very... very unworthy. And I know this is only partially to do with him. But in those periods it is the only thing I can believe.

Analysis I	Analysis II
T3 Explore emotion	
	I2o01 The other is wrong *
T4 Validation	
	I2o05 Strangeness towards the other I1e02 Overwhelming emotions I2i04 Self-contempt *
T4 Validation	
	I2i04 Self-contempt I2i10 Assuming responsibility I4m14 Situational explanation *

* Assign 0 codes for the categories not used

Example 2

- C- COLLEAGUE came to my office the other day to ask me to hand in the report in single space to save paper (laughs gently).
- T- Yes. That's a good idea. Maybe here, we should also try to save paper by handing in only halves of tissues. What do you think? (both laugh)
- C- Anyway. I managed to point out that the double space was intended to facilitate reading and that the client was a really important one and it might appear a bit stingy to hand in the report that way.
- T- You seem happy about it?
- C- Yeahh... It felt different.
- T- What do you mean?
- C- In the past I would see the same situation through different lenses. I think I've become a more tolerant person. In the past, if my boss were to come up to me and ask such a stupid request I'd pretend to comply and then simply not do it.

Analysis I	Analysis II
	*
T0 Absence of intervention *	
	*
T3 Explore emotion	
	I2i15 Change in state/behaviour *
T1 Facilitate clarification	
	I2i17 Identity change *

* Assign 0 codes for the categories not used

Troubleshooting and heuristics

- With practice you will sometimes identify elements that seem relevant, but you can't see right away to what index it corresponds. Pay attention to these hunches! Try to think what that particular element in the narrative means or what it implies. Look at the indices of the sub-group that corresponds to that element. Is there any index that refers to that hunch? If you still cannot identify an index, do not worry. There may be indices that simply were not identified in this system.

- Pay attention to the time of the issue about which the client is talking. If a client is talking about a past event and for example expresses the feeling of being lost and confused; do not assign an assimilation index if the issue is clearly in the past.

- Sometimes you may wonder whether the index reflects what you believe about the client. For example, whether the issue is just a matter of expression in the context of a session (e.g., a man that resorts to a dichotomic language to describe an emotion due to gender beliefs). In this case, set aside your considerations! Assign the indices in function of what appears in the narrative independent of its meaning.

- Different indices correspond to different "degrees" of assimilation. This will become clear as you learn the system. If you have doubts whether to assign an index to a particular utterance you can use this knowledge to help you get a clearer picture of the utterance.

- Complementary to this idea is the notion that some people in the process of change may show inconsistencies between old views and new ways of thinking. This inconsistency may be reflected in the presence of different indices for the same subject that may differ in terms of "degree" of assimilation. So it is OK to have discrepancies in the assigning of the indices (e.g., Self-Criticism and Self-Assertion).

System of Indices: Summary

<p>1) IS THE ISSUE ABOUT EMOTION OR IS IT AN EMOTIONALLY CHARGED SUBJECT?</p> <p>a) The client expresses the emotion? (Emotion indices)</p> <ol style="list-style-type: none"> 1) The client is not comfortable with the emotion <ul style="list-style-type: none"> 11e01 Emotional minimization 11e02 Overwhelming emotions 11e03 Strategy to avoid emotion 11e04 Criticism for emotion 2) The client does not know the emotion <ul style="list-style-type: none"> 11e05 Being good or bad 11e06 Externalized emotion 11e07 Emotion stated by symptom 11e08 Emotion of outside origin 11e09 Emotion of unknown origin 3) The client details emotional experience <ul style="list-style-type: none"> 11e10 Detailing emotional experience 11e11 Detailing the body 11e12 Emotional ambivalence 11e13 Meaning underlying emotion <hr style="border-top: 1px dashed black;"/> <p>b) The emotion is given by content? (Confusion & sameness)</p> <ol style="list-style-type: none"> 1) The client is lost or unable to deal with experiences <ul style="list-style-type: none"> 11s01 I am lost/confusion 11s02 Impotence 2) The client has given up <ul style="list-style-type: none"> 11s03 Indifference/resignation 11s04 Hopelessness in change 	<p>3) IS THE ISSUE ABOUT TIME?</p> <p>a) The present is contrasted with the past or future? (Idea of phase)</p> <ol style="list-style-type: none"> 1) There is an actual period of time <ul style="list-style-type: none"> 13f01 A time it was different (not specified) 13f02 A time when SOMETHING was different 2) The phase is not specified and the time is the present <ul style="list-style-type: none"> 13f03 Not yet (not specified) 13f04 Not yet TARGET 13f05 In this phase <hr style="border-top: 1px dashed black;"/> <p>b) The emphasis is in the future or the past? (Past and future indices)</p> <ol style="list-style-type: none"> 1) The client speaks about the past <ul style="list-style-type: none"> 13p01 Past as cause 13p02 Identification of a pattern 13p03 Exception to a pattern 2) The client speaks about the future <ul style="list-style-type: none"> 13p04 Unknown future 13p05 Uncontrollable future 13p06 Controllable future
<p>2) IS THE ISSUE ABOUT THE SELF OR OTHERS?</p> <p>a) The issue is about the self? (Identity indices)</p> <ol style="list-style-type: none"> 1) The client is not aware of elements of self <ul style="list-style-type: none"> 12i01 Do it unconsciously 12i02 Not knowing who I am 12i03 Strangeness towards the self 2) The client is self-critical or aims to be different <ul style="list-style-type: none"> 12i04 Self-contempt 12i05 Useless self-criticism 12i06 Enough (negative) 12i07 Identification of vulnerability (positive) 12i08 Identification of goal/need (positive) 3) The client shows self-acceptance <ul style="list-style-type: none"> 12i09 I'm not the only one 12i10 Assuming responsibility 12i11 Self-assertion 12i12 Self seen as parts 4) The client describes change <ul style="list-style-type: none"> 12i13 Exterior change 12i14 Non-specified change 12i15 Change in state/behaviour 12i16 Idea of training 12i17 Identity change <hr style="border-top: 1px dashed black;"/> <p>b) The issue is about others ("Other" indices)</p> <ol style="list-style-type: none"> 1) The client desires change in the other <ul style="list-style-type: none"> 12o01 The other is wrong 12o02 The other will not change 2) The client de-centres in face of the other <ul style="list-style-type: none"> 12o03 The other is/reacts differently 12o04 The other is/reacts similarly 12o05 Strangeness towards the other 3) The client explains the experience of the other <ul style="list-style-type: none"> 12o06 Other's perspective 12o07 Explaining the other 12o08 Relationship seen as circular 	<p>4) DOES THE NARRATIVE REFLECT THINKING OR ELABORATING?</p> <p>a) Is the issue about explanation/understanding? (Meaning construction indices)</p> <ol style="list-style-type: none"> 1) There is a lack of explanation for the issue <ul style="list-style-type: none"> 14m01 Lapse 14m02 Contradiction 14m03 Laughter not congruent with what is said 14m04 Incapacity to assign meaning 14m05 Surprise with reaction 2) The explanation is outside <ul style="list-style-type: none"> 14m06 By chance 14m07 Emotional explanation 14m08 External meaning 3) The client sketches the explanation <ul style="list-style-type: none"> 14m09 Irony 14m10 Detailing a problem 14m11 Ambivalence in meanings 14m12 Alternative view 14m13 Sketch of underlying meaning 14m14 Situational explanation 14m15 Creation of a metaphor <hr style="border-top: 1px dashed black;"/> <p>b) Is the issue something meta-cognitive? (Self verbalizations and introspection indices)</p> <ol style="list-style-type: none"> 1) The client talks about avoidance <ul style="list-style-type: none"> 14v01 Inability to think 14v02 Egosyntonic non-thinking/speaking 14v03 Deliberate non-thinking/speaking 2) The client uses self-talk <ul style="list-style-type: none"> 14v04 Optimistic self-verbalizations 14v05 Self-critical/motivational verbalizations 14v06 Verbalizations resulting from elaboration 3) The client talks about cognitive processes <ul style="list-style-type: none"> 14v07 Mentions a thought 14v08 Mentions a cognitive process 14v09 Actions to deal with the problem 14v10 States a new awareness 14v11 Reference to the therapy
<p>THERAPIST CODES</p> <p>T1 Facilitate clarification T2 Explore meanings; T3 Explore emotion T4 Validation; T5 Suggestion of meaning T6 Suggestion of action</p>	<p>CLIENT RESPONSE INDICES</p> <p>IZT1 Does not understand ; IZT2 Direct disagreement; IZT3 Yes, but; IZT4 Partial agreement; IZT5 Agrees without adding IZT6 Emphatic agreement; IZT7 Agrees and adds;</p>

Note: The following synthesis includes the definitions of the indices. This same definition, in addition to the heuristics and the examples, may be found on the next section.

General Codes

Therapist Indices	<p>T1 Facilitate clarification: This index reflects the therapist's intention to clarify an aspect of what the client said or seek new information. This can be a question, a paraphrase or a summary. It can simply be a statement such as "I did not understand..." Even if it leads to new meanings, it is not aimed at facilitating them. Furthermore, this index implies that the expression is not best described by the next two indices.</p> <p>T2 Explore meanings: This is a type of clarification directed specifically to meanings. It can be the request for explanation or the meaning associated with events. It may imply a generalization or the framing of an element or event in the client's beliefs. The therapist does not advance a new meaning.</p> <p>T3 Explore emotion: In this case, the therapist aims to clarify or facilitate elaboration on the emotional aspect of the issue. Again, this exploration needs not do be done as a question but it can be a paraphrase.</p> <p>T4 Validation: This code reflects the intention of the therapist to express empathy verbally. This can be done by simply reflecting the experience in a way that shows understanding or demonstrating acknowledgement of the current experience of the client in terms of past experience, circumstances, or any other explanation. This index includes normalization and reinforcing comments by the therapist.</p> <p>T5 Suggestion of meaning: This code describes the therapist's attempts to introduce or directly facilitate the emergence of a new meaning. It can include classical interventions by therapists such as interpretation, confrontation, reframing, and so on. Also include here psycho-education and the providing of information. Again, the assignment of this code does not reflect the accuracy or suitability of the intervention. You should assign this code if you think that the intention of the therapist was the emergence of a new meaning. Include here questions that are clearly guided towards reaching insight.</p> <p>T6 Suggestion of action: When the therapist invites the client to think about particular actions, you should assign this code. This can be in a stage of the intervention in which the focus is in implementing action; thinking about coping strategies or discussing alternatives in a process of choice. Assign this index even if the therapist is not suggesting directly the implementation of an action.</p>
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Client Response Indices	<p>IZT1 Does not understand: The client does not understand what the therapist said. The answer can be the explicit statement of this non-understanding or an answer that reveals misunderstanding. This lack of understanding may derive from simply not listening; avoidance after an intervention or misunderstanding of a concept expressed by the therapist.</p> <p>IZT2 Direct disagreement: The client directly disagrees with the therapist. This may reflect a relationship breach or simply a reaching of an understanding. It may mean that the therapist assigned a meaning that was inadequate to what the client had said or that the client is not ready to think about a particular meaning.</p> <p>IZT3 Yes, but: The "IZT3 Yes, but" index reflects an agreement that is clearly superficial. It is very often accompanied by the expression "Yes ..., but" or by a similar description of ideas.</p> <p>IZT4 Partial agreement: Here the client partially agrees with the therapist. This partial agreement may be due to different reasons. It may be due to acquiescence, the inclusion of another significant element or simply as a stage in the process of elaboration.</p> <p>IZT5 Agrees without adding: This index reflects the agreement, without construction afterwards. It may be the case that what the therapist said is obvious to the client or that it does not have enough importance either to cause rebuttal or adding.</p> <p>IZT6 Emphatic agreement: In this case, the client states the agreement with the therapist emphatically. The emphasis can be inferred from both the verbal and non-verbal. Pay attention to the audio/video, for this index.</p> <p>IZT7 Agrees and adds: Unlike the previous indices, in this index, there is an agreement that is followed by an elaboration of what was said or something that builds upon the therapist intervention. Include here when the client simply restates what the therapist said, using different words.</p>
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Assimilation Indices		
1) IS THE ISSUE ABOUT EMOTION OR IS IT AN EMOTIONALLY CHARGED SUBJECT?	<p>a) The client expresses the emotion? (Emotion indices)</p>	<p>1) The client is not comfortable with the emotion</p> <p>11e01 Emotional minimization: This index reflects the minimization or downplaying of a particular emotional state. Include and pay close attention to an emotional state that is classified as "a little" (e.g., a little sad) and the description or intonation suggests a stronger reaction. Include vague terms for emotions (such as annoyed) that are clearly less descriptive than the emotional reaction described or inferred from audio. It can be difficult to think of the assignment of this index independently from the context and the information from audio/video. Therefore you should pay close attention to both.</p> <p>11e02 Overwhelming emotions: You should assign this index when the client is expressing an emotion that is described as overpowering or when there is a difficulty in managing it. Include here very strong emotions like terrified, miserable, despair and so on. Also pay attention to classification of emotions (e.g., terribly sad; incredibly scared). This index can sometimes reflect the choking character of a particular reaction.</p> <p>11e03 Strategy to avoid emotion: When the client talks about any action or strategy to avoid or minimize an emotion, you should assign this index. Be careful to avoid overlapping with avoidance indices (I4V01-03). Do not assign this index if the action that the client mentions doing is "not talking/thinking" about a particular issue during the session. In this case, you may assign the avoidance indices. You can assign both indices if besides avoiding thinking or talking, the client does something (e.g., not resorting to friends to talk/think about a painful issue).</p> <p>11e04 Criticism for emotion: This index is assigned when clients criticize themselves for having an emotion. Include here subtle criticism such as sarcastic remarks about the emotion. Beware of the similarities between this index and "I2i05 Useless self-criticism". In this case the criticism is specific to the emotional experience. If the criticism extends explicitly to the self, assign both indices.</p>
	<p>2) The client does not know the emotion.</p>	<p>11e05 Being good or bad: Here the client describes the emotional state through a dichotomy. This can be done with expressions such as good or bad, well and unwell, high and low and so on. This may not reflect an absence of discrimination, but a difficulty in expressing. You should assign the index anyway.</p>

		3) The client details emotional experience	<p>I1e06 Externalized emotion: The name of this index may be misleading. The idea is that the client describes the emotion as if it was something outside. Pay close attention to expressions such as “that sadness”, “my anxiety” or the use of pronouns to refer to the emotion. The emotion is referred to as an object and not as a subjective element.</p>		
			<p>I1e07 Emotion stated by symptom: This index corresponds to the labelling an emotional experience as a symptom. The client uses terms such as “depressed” or uses a symptomatic consequence such as feeling “tired” (referring to sadness) or describes the emotion through other consequences, such as “crying”. This index could be seen as a particular form of externalized emotion that is less subtle and centred on psychopathological aspects.</p>		
			<p>I1e08 Emotion of outside origin: Assign this index if the client mentions an emotion or emotional experience, but completely attributes it to outside events. Include the instances when a client attributes the emotional experience to the body, as if it was something outside.</p>		
			<p>I1e09 Emotion of unknown origin: In this case the client is not aware of where is the emotion coming from. Assign this index also when clients explicitly state that they cannot name the emotion.</p>		
			<p>I1e10 Detailing emotional experience: Assign this index if the client is able to narrate the emotional experience with detail and complexity. You should not assign this index if the same segment of the narrative is best described by: “I1e11 Detailing the body”; “I1e12 Emotional ambivalence”; & “I1e13 Meaning underlying emotion”. Assign this index if the client is able to talk about sequences of emotions, multiple emotions (that are not contradictory), differentiate aspects of the situation that elicit different emotions.</p>		
			<p>I1e11 Detailing the body: This index refers to the presence of bodily descriptions that accompany emotion.</p>		
			<p>I1e12 Emotional ambivalence: Presence of two emotions or feelings for the same situation or element. These emotions are explicitly or implicitly referred in conflict or at least in a non-complementary way. So if for example, the client says “first I felt angry, and then I felt sad”, this is not indicative of ambivalence.</p>		
			<p>I1e13 Meaning underlying emotion: This is a border index between emotion and meaning indices. It occurs when the client is explaining a particular feeling. Be aware that “I1e08 Emotion of outside origin” implies explanation. The difference is that even if elicited by outside events the emotion is explained, here, internally (e.g., the meaning associated with the event) and not explained by the event itself.</p>		
			b) The emotion is given by content? (Confusion & sameness)	1) The client is lost or unable to deal with experiences	<p>I1s01 I am lost/confusion: This index corresponds to the idea of being lost or confused that can manifest as not knowing what to do, think or feel. It must involve the feeling of anguish or a similarly intense emotion and may involve an actual confusion in the speech.</p>
					<p>I1s02 Impotence: You should assign this index if the client experiences helplessness or the feeling of incapacity towards an issue. It can be either the idea that it’s impossible to act or that it is not worth it. It may involve the feeling of hopelessness. Pay attention to instances in which the client expresses lack of control. This index may be confused with the “I1s03 Indifference/resignation”. But while here the client is struggling against it, in the next index, the client’s inaction is consonant.</p>
2) The client has given up	<p>I1s03 Indifference/resignation: When a client is indifferent about a relevant issue, you should assign this index. This is not the indifference to a trivial thing. It implies a feeling such as resignation, indifference or numbness. Note that this index may be confused with the previous. Assign this index if the perception of the situation is consonant to the client – i.e., the client believes there is really no other way or doesn’t care. Assign the previous index “I1s03 Impotence” if the client is dissonant – i.e., the client does not see a solution but keeps trying or fighting against something.</p>				
	<p>I1s04 Hopelessness in change: When hopelessness is approached in terms of goals or change, you should assign this index. However, note that, here, change does not refer necessarily to the goals of therapy. Pay close attention to the feeling of hopelessness when a client is describing the perspectives on change.</p>				
2) IS THE ISSUE ABOUT SELF OR OTHERS?	a) The issue is about self? (Identity indices)	1) The client is not aware of elements of self	<p>I2i01 Do it unconsciously: This index refers to the idea that the person’s behaviour is influenced by the unconscious. This could function almost as an external attribution or as the initial acknowledgment of a new meaning (e.g., “maybe unconsciously I have some resentment”).</p>		
			<p>I2i02 Not knowing who I am: When the narrative is about the lack of knowledge about oneself, assign this index. This lack of knowledge should be regarding identity and not about to a particular reaction. If the narrative is about a behaviour or reaction, assign a meaning index.</p>		
			<p>I2i03 Strangeness towards the self: The main focus of this index is the feeling of strangeness towards the self or one aspect of it. Not only is the client lacking in understanding but this lack of understanding is aversive and provokes strangeness. Pay attention to experiences of puzzlement. There can be confusion between this index and “I4m05 Surprise with reaction”. Note that in this case the index refers to more than a behaviour or reaction. Even if a particular reaction is mentioned, to assign this index those instances have to be generalized in terms of identity.</p>		
		2) The client is self-critical or aims to be different	<p>I2i04 Self-contempt: This index implies a strong feeling of self disdain towards the self. If that feeling is not present, assign the next index self-criticism. It can involve expressions that constitute a disdainful or sarcastic perspective about the self.</p>		
			<p>I2i05 Useless self-criticism: The word “useless” in the name of this index is to highlight the unproductive nature of the negative appreciation and to contrast it to other indices of this group in which the criticism is useful in highlighting vulnerabilities or directions for change.</p>		
			<p>I2i06 Enough (negative): “Positive” and “negative” refer not to pleasurable or painful, but to the presence or absence of something. Positive is when a client is able to identify SOMETHING, while negative implies the wish that something that is already identified disappears. For example, the sentence “I would like that this pain would go away” is a negative statement; while “I would like to feel the pain for the death of my grandfather” is a positive statement. Assign this index if the client expresses saturation for a negative behaviour or feeling. This index is accompanied by an emphatic intonation and can go together with expressions such as “I am sick” or “I’m tired of”.</p>		

			<p>I2i07 Identification of vulnerability (positive): Contrary to the previous index, in this case the element that the client identifies is SOMETHING that constitutes susceptibility. In this way, this index has a positive character, although the elements here are always unsatisfying to the person. Vulnerability means a susceptibility that can be seen as a target for psychotherapy. So it is generally something that has emerged recently and that, despite corresponding to something unsatisfying or that is missing, has a constructive character. This index implies a judgement regarding whether the element is impossible to change (useless criticism); the element is not identified and is actively rejected (enough) or is the identification a new thing to change vulnerability).</p> <p>I2i08 Identification of goal/need (positive): Assign this index if the client expresses a need or goal. While the previous indices correspond to the identification of something that is wrong, here what is identified is what the client wants. Do not assign this index, if the client wishes the change to occur in another person. In this case assign "I2o01 The other is wrong" or "I2o02 The other will not change". This can be associated to a vulnerability identified, but here the formulation is about what the client wants.</p>
		3) The client shows self-acceptance	<p>I2i09 I'm not the only one: This index is an indicator of self-acceptance. Here self-acceptance is achieved through comparison with other. The client recognizes that other people are similar or have the same reactions. It can imply self-validation.</p> <p>I2i10 Assuming responsibility: If the client assumes responsibility for a particular behaviour, reaction or a consequence of an action, assign this index. Do not assign this index if the client is assuming blame and feels guilty. The idea is that, in assuming guilt the client is first and foremost adopting a self-critical posture ("I2i05 Useless self-criticism"). In assuming responsibility, a person may feel regret, but adopts a repairing posture and is willing and able to change.</p> <p>I2i11 Self-assertion: This index should be assigned to narratives in which the client affirms him/herself. There can be a sense of pride and the contents can be of self-valorisation.</p> <p>I2i12 Self seen as parts: This index corresponds to a view of the self as being constituted by different parts, sides or voices. It can be associated with ambivalence in identity or new ways of being relative to old ways. It can also correspond to contextualization that is done in terms of identity (e.g., I am a hero to my kids and a coward to my boss), but not contextualization in terms of action or particular meanings (e.g., I am assertive with my boss and passive with my brother). In these last instances assign "I4m10 Detailing a problem", "I4m11 Ambivalence in meanings" or "I4m14 Situational explanation".</p>
		4) The client describes change	<p>I2i13 Exterior change: The index "I2i13 Exterior change" refers to a description of change in the surroundings, other people or due to external factors. Consider the biological variables as external factors. Considering that exterior changes do not depend on the person, the client may be speaking about changes that haven't occurred yet.</p> <p>I2i14 Non-specified change: When a client describes change, but does not specifies what has changed, assign this index. Include expressions that would imply internal change (e.g., "growth", "mature", "healed") if what has changed has not been specified.</p> <p>I2i15 Change in state/behaviour: This index should be assigned when the change described is in the behaviour or emotional state. You can use the distinction between trait and state to think about these changes. This index refers to changes in state, while indices such as "I2i17 Identity change" refer to changes in personal traits.</p> <p>I2i16 Idea of training: This index refers to the idea of change as a building of competences; a sequence of steps or change that has occurred but has not consolidated. Pay close attention to processes of change that are described as being undergoing.</p> <p>I2i17 Identity change: The change described by this index is the change in the identity, self or personality. Again, even if you consider that the change is not legitimate or true, you should assign this index if the client believes it.</p>
	b) The issue is about others ("Other" indices)	1) The client desires change in the other	<p>I2o01 The other is wrong: Assign this index in narratives that imply that the other is wrong. This can be the idea that the other needs to change or is to blame for something. It can also correspond to a posture of victimization. This blaming of the other can imply that the person has no control over that particular event, which may be true or not.</p> <p>I2o02 The other will not change: Unlike the previous index, in this there is a resignation/acceptance of the idea that the other will not change. It still implies that the person wishes it, but there is the recognition that it is not possible or desirable.</p>
		2) The client de-centres in face of the other	<p>I2o03 The other is/reacts differently: This index corresponds to the acknowledgment of the difference in the other. It can imply an acceptance of others by respecting their differences. It can also be the case that the person wishes to be like the other.</p> <p>I2o04 The other is/reacts similarly: This index is the opposite than the previous in the sense that the comparison is done to highlight the similarities. In this case, this index can reflect acceptance, but unlike the self-acceptance indices, here it is focused in the other. It can also correspond to instance of de-centring.</p> <p>I2o05 Strangeness towards the other: When a client expresses puzzlement towards the reaction of another person, consider assigning this index. The emotional tone of the utterance is very important in assigning this index. Unlike in the self indices here there is no distinction between what is related to the other person's self and the other person's reaction. All should be included here if the feeling of strangeness emerges.</p>
		3) The client explains the experience of the other	<p>I2o06 Other's perspective: This index should be assigned when the person is describing the perspective of another person about a particular issue. The client may or may not agree with that perspective, but is able to identify it. Include here the description of the client done by other people.</p> <p>I2o07 Explaining the other: This index is similar to the previous, but here instead of expressing the person's view, the client seeks to explain the behaviour/reaction of the other. Therefore this index reflects a belief held by the client about the other. Also include here the identification of particular needs in other people. You don't have to assume that the explanations are right to assign this index.</p> <p>I2o08 Relationship seen as circular: When the client reflects on the relationship considering the mutual effects of the people involved, you should assign this index. This index can also be used to describe the change in the client's reaction/meanings in face of the other (e.g., "She is very sensitive, so I have to be more cordial with her"). This index always involves circularity.</p>

3) IS THE ISSUE ABOUT TIME?	a) The present is contrasted with the past or future? (Idea of phase)	1) There is an actual period of time	I3f01 A time it was different (not specified): This index refers to the reference to a time period without specifying what exactly was different. It can be broad statements such "I was worse" or "I felt fine" without framing what was different. Like in the next index, this can refer to positive and negative moments. I3f02 A time when SOMETHING was different: Unlike in the previous index, here the client refers to a time a particular element (e.g., meaning, behaviour, reaction) was different. Instead of a diffuse conception of what was different, here the client has a tangible grasp of what has changed.
		2) The phase is not specified and the time is the present	I3f03 Not yet (not specified): Unlike the previous indices, here clients clearly place themselves in the present. In this index and the next the clients contrast this present with the future by stating that something is lacking presently. In "I3f03 Not yet (not specified)", what the client hasn't achieved is not specified and the description of what is missing is diffused. This index also applies when what is desired is outside the control of the client. I3f04 Not yet TARGET: Unlike the previous index, here clients are aware of the goal that has not yet been achieved. I3f05 In this phase: "I3f05 In this phase" refers to the idea of the present as a phase, which may not be contrasted with either the past or future. Here the clients are talking specifically about the present as a period in their lives. The client is not aiming for something or speaking of a time in a past that was different. This index can be present when the client is describing a process of change or describing temporal contexts. This index may reflect a de-centring of the client in the time span.
			I3p01 Past as cause: When the client is referring to past events as the cause of a present reaction or situation, you should assign this index. Pay attention to the sequence of the narrative and temporal associations. The causality does not have to be explicitly stated, but you have to believe that the client is making the link (e.g., see the first example). Note that you don't have to agree with the cause to assign this index. I3p02 Identification of a pattern: In this case the past is not explicitly seen as a cause, but the client is able to identify a pattern. It can be the awareness that a particular way of reacting or thinking has been happening in the past. A pattern needs only two instances if the client is able to generalize from them. Finally the identification of a pattern does not imply causality. If causality is present, assign the previous index. I3p03 Exception to a pattern: This index refers to when the clients breaks a pattern. Usually, this breach is in the recent past and may be the result of the therapy.
	b) The emphasis is in the future or the past? (Past and future indices)	1) The client speaks about the past	I3p04 Unknown future: This is the first of three indices regarding the future. The three indices vary in function of whether what is expected is known or not and whether it is controllable or not. Pay attention to expressions that are associated with the future such as: "prospect", "prediction", "anticipate", "foresee", "predict", and so on. The index "I3p04 Unknown future" should be assigned if the client talks about not knowing the future. Additionally, it implies anguish, despair, intense worry, concern or apprehension. Do not assign this index if clients have an idea of what expects them in the future. In this case assign the next two indices. I3p05 Uncontrollable future: Assign this index if the client believes that one or several things will or may happen that are out of control or unmanageable. This index implies the presence of a feeling such as worry, concern or apprehension. The difference between this index and the previous is that, here, there is SOMETHING that the client fears. I3p06 Controllable future: Unlike the previous indices, this refers to a narrative of the future that is known and controllable. Include here the anticipation of a positive future or a negative future that is bearable or manageable (with particular actions and/or acceptance or emotional regulation). Unlike the previous indices, no intense negative emotion should be associated with this index. The future, even a negative one, may be accepted as such.
		2) The client speaks about the future	
4) DOES THE NARRATIVE REFLECT THINKING OR ELABORATING?	a) Is the issue about explanation/ understanding? (Meaning construction indices)	1) There is a lack of explanation for the issue	I4m01 Lapse: Lapse here means a mistake or slip of tongue in the content of the speech. It can be a word misused. Do not assign this index if it is clear that the mistake was due to lack of knowledge or instruction. Assign this index even if the client is aware of the mistake that was made. The assignment of this index is independent of the nature of the lapse. Assign the index even if you think the lapse has no meaning. I4m02 Contradiction: Assign this index if the client contradicts himself. This contradiction does not need to be inside a particular utterance but can refer to earlier statements. This index is about contradictions that reveal incoherence. You should not assign this index to instances of contradiction that are not incoherent. For example, a client may change an opinion as a result of the therapist intervention. Another case is that of a client that expresses ambivalence or several perspectives about an issue. If the client is expresses awareness of the conflict or of the different views, it is not a contradiction in this sense. In these cases you should consider assigning: "I4m11 Ambivalence in meanings"; "I4m12 Alternative view"; "I4m13 Sketch of underlying meaning"; or "I4m14 Situational explanation". This index implies a degree of judgment on your part but you should not be too interpretative. Assign the index if you believe that other raters would see the contradiction as well. I4m03 Laughter not congruent with what is said: This index refers to laughter that is not congruent with the verbal information. It can be instances of nervous laughter. You should not assign this index if the laughter is associated with irony. In this case assign "I4m09 Irony". Naturally, you should pay attention to instances of laughter present in the video/audio or referred in the transcript. I4m04 Incapacity to assign meaning: If the client expresses incapacity to understand a particular issue or gives an explanation for a reaction, assign this index. This can include the expression of the need to identify a reason or the desire to understand something. Pay close attention to expressions regarding these issues such as "understand", "realize", "why", "reason", "explain", "comprehend". I4m05 Surprise with reaction: The central element of this index is the feeling of surprise regarding client's behaviour, thought or feeling. This index may be confused with "I2i03 Strangeness towards the self". But in this case what is unexpected is not specifically related to the self (e.g., it is not a trait or something that is self-defining) but to a particular reaction. Pay attention to the degree of abstraction. This index refers to particular instances of reaction.

		2) The explanation is outside	<p>I4m06 By chance: This index refers to instances when a particular event or reaction is attributed to chance. The idea behind this index is that people generally assign a meaning or explanations to events or reactions. Therefore you should not assign this index to things that are consensually random. Pay attention to expressions of chance (e.g., "inadvertently"; "just happened"; "coincidentally"; "by chance"; or "luck").</p> <p>I4m07 Emotional explanation: Assign this index in instances where the justification for the reaction is an emotion or an emotional state. It can imply that a particular reaction or meaning is determined by an emotion which is then not framed. Emotional explanation is not the explanation of the emotion, but an explanation that uses the emotion: "It is as I feel..."</p> <p>I4m08 External meaning: This index corresponds to an external attribution. Use this index to characterize all other explanations to reactions or meanings that use external factors to justify them. Do not use your judgments of the suitability of the attribution to assign this index. You can also assign this index to internal explanations that are presented externally, like biological explanations (e.g., "I reacted that way because of my depression").</p>
		3) The client sketches the explanation	<p>I4m09 Irony: When a client conveys an idea, using expressions divergent to what is meant and with humour or sarcasm, assign this index. "I4m09 Irony" is heavily dependent on the emotional tone of voice, so pay close attention to it. This index can be instances of de-centring or avoidance.</p> <p>I4m10 Detailing a problem: Assign this index if the narrative is a detailing of a problem. This can be done through an actual definition, by thinking about it in terms of dimensions or by a contextualization. The "I4m10 Detailing a problem" can be confused with "I2i07 Identification of vulnerability (positive)" and "I3p02 Identification of a pattern". This index is distinguishable from these two because here the issue is not the self/identity or a temporal variation.</p> <p>I4m11 Ambivalence in meanings: This index refers to doubt between positions, meanings or choices. It must involve at least two ideas, meanings or choices. Do not assign this index if the ambivalence is discussed as the conflict between two emotions. In this case assign "I1e12 Emotional ambivalence". If the two meanings are leading to two emotions, assign both indices (e.g., I feel both the anger for being humiliated and the sadness for wanting to be accepted anyway).</p> <p>I4m12 Alternative view: Assign this index if clients express an alternative view to what they believe. Sometimes the "I4m12 Alternative view" emerges on narratives about a change in beliefs or meanings. For this reason the alternative view can be assigned even if it not formulated thoroughly. Also assign this index if the alternative view was given by other people. Do not assign "I4m12 Alternative view" if the alternative perspective is given in the context of ambivalence. The difference here is that, unlike in the case of ambivalence, the alternative view is still alien to the person.</p> <p>I4m13 Sketch of underlying meaning: This index implies that none of the above was assigned for the same segment. It should be assigned when the narrative is an attempt to understand or is a quasi-explanation. You should also assign this index in the case of tentative explanations. Pay close attention to expressions that reflect this process such as: "I am starting to think" or "now that I see it this way" and to expressions of doubt about an understanding.</p> <p>I4m14 Situational explanation: Assign this index when a person presents an explanation that is specific to a particular context. It is often used to explain past events in relation to a more recent understanding.</p> <p>I4m15 Creation of a metaphor: A metaphor here is an image or idea that is used to describe or represent another. Assign this index even if the metaphors are common or shared by your culture (e.g., I was like a fish in the water).</p>
	b) Is the issue something meta-cognitive? (<u>Self verbalizations and introspection indices</u>)	1) The client talks about avoidance	<p>I4v01 Inability to think: The present index corresponds to the expression of incapacity to think about an issue. Unlike the next two, this index is associated with distress. Pay attention to the direct statement of the inability or incapacity to think, imagine, reflect, or feel (used as synonym of intuition).</p> <p>I4v02 Egosyntonic non-thinking/speaking: Assign this index if the avoidance of thinking or speaking makes sense to the client. It can be seen as useful, functional or reasonable. Despite being consonant, you may see uneasiness, particularly if it was the therapist that brought up the issue.</p> <p>I4v03 Deliberate non-thinking/speaking: There is a subtle difference between this index and the previous. In this, the avoidance is seen as a way to deal with a particular issue. Client may recognize that the confrontation is necessary, but not at this point. Your judgment about the utility of the avoidance as coping style may be important here. Assign this index only to instances in which avoidance would be consensually admitted as useful. The exception is when the client describes avoidance as a temporary thing. Here, always assign this index. Also assign if the avoidance is seen as a negative thing (because it implies that the client wishes to address the issue).</p>
		2) The client uses self-talk	<p>I4v04 Optimistic self-verbalizations: Assign this index if the client expresses a self-verbalization or regulatory statement or instruction of a positive nature. They can constitute phrases to tranquilize, positive explanations or optimist instructions. This index may also apply to what some therapists call rationalizations, but only when these explanations are clearly optimistic.</p> <p>I4v05 Self-critical/motivational verbalizations: This index refers to verbalizations that are self-critical. Nevertheless, these verbalizations may have a motivational goal.</p> <p>I4v06 Verbalizations resulting from elaboration: This index refers to verbalizations that are a result of a new understanding or the process of elaboration. Include here verbalizations that are the result of a new perspective or that have a coping value. Do not assign this index to motivational statements that are self critical. In this case assign the previous index.</p>
		3) The client talks about cognitive processes	<p>I4v07 Mentions a thought: Assign this index every time a client refers to a particular thought. Do not assign this index if that thought has been assigned with any other index of this sub-group. The thought must be described as an object that the client is thinking about. If you are using a transcript, pay attention to quotation marks.</p> <p>I4v08 Mentions a cognitive process: When the client is referring to a cognitive process other than insight or action planning (e.g., memory, attention, or perception) assign this index.</p>

		<p>I4v09 Actions to deal with the problem: This index refers to the planning of actions to deal with an issue or as a result of an understanding. It does not have to be a functional or useful action. The action can already have taken place but you should assign this index anyway if it was premeditated to deal with an issue.</p> <p>I4v10 States a new awareness: Assign this index if the client explicitly mentions an insight or a newfound awareness. Pay attention to expressions such as "I realized"; "conscious"; "understood"; "comprehended"; "became aware"; and so on.</p> <p>I4v11 Reference to the therapy: This index is present when the client refers to something that the therapist said; something the client thought or did as a consequence of the therapy; or a particular subject that was discussed. It can be from within that session (except if it refers to something that is currently being discussed) or from a previous session. This index reflects a spontaneous initiative from the client. So it is not applicable to instances when the reference was made by the therapist. For example, it doesn't include a reference to an earlier session, made by the therapist, or to homework assignment.</p>
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System of Indices - Description of the Indices: General Codes

Therapist Codes

- This group of codes divides into two broad categories. In the first – “T1 Facilitate clarification”; “T2 Explore meanings”; “T3 Explore emotion”; & “T4 Validation” – there is no new meaning or different view on the part of the therapist. The second group corresponds to indices in which a new meaning or action is advanced by the therapist: “T5 Suggestion of meaning” & “T6 Suggestion of action”.
- The first group of indices (T1-T4) reflects the intention of the therapist to explore the meanings of the client. Regarding the group of indices you must ask this question: what is the therapist looking for? If the answer is “exploring the meanings assigned to an experience”; “exploring the emotional dimension” or “expressing empathy for the client experience”; then you should assign “T2 Explore meanings”, “T3 Explore emotion”, & “T4 Validation” respectively. If the therapist is merely trying to find more about a particular issue (more contents), then you should assign “T1 Facilitate clarification”.
- The second group of indices (T5-T6) implies the proposal or suggestion of a new meaning, both in terms of an idea or interpretation and in terms of the suggestion of an action. In other words, there is something new that is brought about by the therapist. Coding with one of these indices implies the assignment of a client response index.

T0 Absence of intervention

This is the “0” code for the therapist codes. It can include comments unrelated to what the client is saying (e.g., “we are approaching the end of our session”) or verbal and non verbal encouragements (e.g., “yes, yes”).

T- When I went downstairs, before my previous client, I saw you. You must be waiting here for at least an hour.

T- And now you are here in the warmth of the office.

T- You are almost leaving for holiday.

- Pay close attention to beginning and end of the session or when there is a change of subject that is irrelevant to the session (e.g., client's mobile rings) and the therapist comments it.

T1 Facilitate clarification

This index reflects the therapist's intention to clarify an aspect of what the client said or seek new information. This can be a question, a paraphrase or a summary. It can simply be a statement such as “I did not understand...” Even if it leads to new meanings, it is not aimed at facilitating them. Furthermore, this index implies that the expression is not best described by the next two indices.

C- I have so much in my mind that I can't decide what to do

T- What do you have to do?

C- People used to tease me.

T- Tease?

T- So she moved away from home.

C- No. He did.

T- You really feel abandoned. Who moved away then?

(All these utterances correspond to clarification. The third intervention does not correspond to a question, but the goal is still clarification. In the last you should also assign “T4 Validation”, due to the first sentence.)

- Keep in mind that this code is only attributed if “T2 Explore meanings” & “T3 Explore emotion” are not suitable for a particular expression/sentence.
- Pay close attention to words such as “what”, “how”, “when” and the formulation of questions. Also pay attention to whether the client provides new information or elaborates on the previous information.
- Pay close attention to biased questions. Sometimes therapists ask questions, when actually they are promoting new meanings: “What was your responsibility on the issue?” (When the client has not mentioned any thought about it). If you are sure that these questions have an agenda, assign “T5 Suggestion of meaning”. If you are not sure, but think that question explores causal or explanatory issues, assign “T2 Explore meanings”. If you’re not sure, and you see no direction in the therapist question, assign “T1 Facilitate clarification”.

T2 Explore meanings

This is a type of clarification directed specifically to meanings. It can be the request for explanation or the meaning associated with events. It may imply a generalization or the framing of an element or event in the client’s beliefs. The therapist does not advance a new meaning.

T- Lets think a bit about what you’ve told me. You mentioned a number of things that disturbed you in that week. What do you think those things have in common?

T- You’ve mention a changed in the relationship with your sisters. Why do think that changed?

T- What do you think is happening with both of you?

(In these three utterances, the therapist tries to explore meanings. In the first by trying to relate separate events; in the second, by asking for an explanation and in the last by asking what a particular event means.)

- Pay close attention to expressions such as “what does it mean...” or words such as “why”, “to what end”.
- Look out for explorations in terms of meanings that use the word “feel”. Sometimes therapists (and clients) use the word “feel” as a synonym of “think” or “what is your intuition”.
- Beware of biased questions. See note on the previous index.

T3 Explore emotion

In this case, the therapist aims to clarify or facilitate elaboration on the emotional aspect of the issue. Again, this exploration needs not do be done as a question but it can be a paraphrase.

C- The kids used to write depreciating notes on the bathroom about me. In the class-room sometimes, one or another kid used to provoke me or call me names.

T- And what was it like, for you?

T- What feelings are associated with that phrase?

C- That little bastard is still inside.

T- The feeling of guilt?

C- Guilt, yes.

(These three utterances are exploration of emotion. In the first and second by asking directly and in the third by assigning an emotional label to an experience.)

- Pay close attention to emotion words (e.g., names of emotions) both in the therapist and client's speech.

T4 Validation

This code reflects the intention of the therapist to express empathy verbally. This can be done by simply reflecting the experience in a way that shows understanding or demonstrating acknowledgement of the current experience of the client in terms of past experience, circumstances, or any other explanation. This index includes normalization and reinforcing comments by the therapist.

T- You seem to feel worn-out from all those break-ups and reconciliations.

T- It's very hard to be in that situation.

T- Its natural to have difficulties. You're trying this for the first time. But you've done it last week. It counts for something, doesn't it?

C- I have no satisfaction when I'm with my son. I can't be natural with him and I feel lousy about it. Aren't parents supposed to love their kids? I feel... I shouldn't be like this.

T- Sometimes, when parents are feeling guilty, they have difficulty in being relaxed with their children, because they are always trying to repair what they believe they did.

(All these utterances should be coded with this index. The first two are reflections of the client's experience. The last two involve some naturalization or expression of acknowledgment of the client's experience.)

- Unlike the other indices of this group, validation has no explicit intention in gathering information or in changing meanings. This may be helpful in the identification of this index because, apart from a deepening of the experience or the strengthening of the relationship, no particular response is expected from the client.
- Be aware that the validation may not be suitable or formulated in what you think to be the correct way. Nevertheless, you should assign the index if you consider that the intention was to validate.

T5 Suggestion of meaning

This code describes the therapist's attempts to introduce or directly facilitate the emergence of a new meaning. It can include classical interventions by therapists such as interpretation, confrontation, reframing, and so on. Also include here psycho-education and the providing of information. Again, the assignment of this code does not reflect the accuracy or suitability of the intervention. You should assign this code if you think that the intention of the therapist was the emergence of a new meaning.

Include here questions that are clearly guided towards reaching insight.

T- I see that you blame yourself for your reaction back then. But I am wondering whether you, as a child, had the competences you have now... and that allow you to judge yourself.

T- You tell me that. But I don't see any change in your sadness. Am I right?

T- You say that he will not change. What do you think it has to happen for you to be happier?

T- Can't you see that he is manipulating you?

(In all these therapist's utterances, you should assign this code. In the first, besides the validation character, the sentence provides an alternative to the explanation associated with guilt. In the second, the

therapist reflects a discrepancy in the client. In the third, the question is clearly directed at changing the focus, from outside, to inside. The last is the direct labelling, by the therapist, of another person's behaviour.)

- The assignment of this code implies the assignment of a "Client Response Index" in the following utterance. On the other hand, the client's response can also be used as an indicator for the assignment of "T5 Suggestion of meaning". If you see that the client reacts to something, check if the therapist is intervening according to the definition of this code.

T6 Suggestion of action

When the therapist invites the client to think about particular actions, you should assign this code. This can be in a stage of the intervention in which the focus is in implementing action; thinking about coping strategies or discussing alternatives in a process of choice. Assign this index even if the therapist is not suggesting directly the implementation of an action.

C- For the first time I manage to say to myself "damn it all" and say to him what I was thinking.

T- Maybe it is important to keep that posture with him.

T- I have an exercise to propose to you. What do you think of doing a plan, with me, to deal with the procrastination? Let me explain...

T- What other strategies could you use to deal with your family dinners?

Client Response Indices

- "Client Response Indices" are indices that reflect a response to an intervention or statement said by the therapist. They must be always and only assigned when you've coded "T5 Suggestion of meaning" or "T6 Suggestion of action".
- Client response indices differ in the degree of agreement or acceptance of a proposed meaning. In the first two – "IZT1 Does not understand" and "IZT2 Direct disagreement" – the client either does not understand or does not agree with the therapist. The next indices – "IZT3 Yes, but"; "IZT4 Partial agreement"; "IZT5 Agrees without adding"; "IZT6 Emphatic agreement"; & "IZT7 Agrees and adds" – are gradations of agreement.

IZT1 Does not understand

The client does not understand what the therapist said. The answer can be the explicit statement of this non-understanding or an answer that reveals misunderstanding. This lack of understanding may derive from simply not listening; avoidance after an intervention or misunderstanding of a concept expressed by the therapist.

T- What was your role in the situation?

C- My role?

T- Yes... do you think that your reaction played a role in hers?

T- You seem to be stuck in that situation. You hate people deciding for you, but you leave the big decisions to others...

C- (Overlapping) Yes! That's it. People keep deciding for me.

T- You want him to be more caring so that you don't feel so alone and... indeed... sometimes it's easier to ask others to change than ourselves, isn't it?

C- Yes. It would be easier for him to change. He doesn't need to do much, anyway. And I've changed... I've become less critical of him. But it didn't work.

(The three utterances, by the client, should be assigned with this index. In the first, the client clearly asks for explicitation. In the second, the client responds as if he did not listen to the therapist. The last example, she eared, but did not understand the concept of change provided by the therapist.)

- Sometimes the following utterance, by the therapist, can facilitate the assignment of this index. The therapist may repeat or reformulate the intervention or may realize that it was premature and retract, validating the client's position.
- Sometimes this lack of understanding comes when the therapists interrupt the clients, who then resume from what they were talking about.

IZT2 Direct disagreement

The client directly disagrees with the therapist. This may reflect a relationship breach or simply a reaching of an understanding. It may mean that the therapist assigned a meaning that was inadequate to what the client had said or that the client is not ready to think about a particular meaning.

T- You said that you had more discussions with your daughter. Maybe that's because you're stricter with her.

C- No. My son is simply much more timid and quiet.

T- So, if you had to choose between having dinner with your sister or your mother, you'd choose your mother.

C- No. I would try to balance both visits, so that I'd go sometimes to my mother's home and sometimes to my sister's. But my mother always goes to SISTER's house.

IZT3 Yes, but

The "IZT3 Yes, but" index reflects an agreement that is clearly superficial. It is very often accompanied by the expression "Yes ..., but" or by a similar description of ideas.

T- You've described that relationship as a way to fill the gap left by the previous one.

C- Yes, I was alone then, but it was more than that.

T- You have no symptoms of cancer, have you?

C- No, I don't. But my husband didn't have them also.

- The best way to distinguish this index from partial agreement is that in this index there seems to be no agreement at all, even if superficially the client agrees with the therapist.

IZT4 Partial agreement

Here the client partially agrees with the therapist. This partial agreement may be due to different reasons. It may be due to acquiescence, the inclusion of another significant element or simply as a stage in the process of elaboration.

T- I was wondering, whether you, as a child, had any other way to defend yourself.

C- Well... Maybe... I don't know... Probably.

T- Perhaps the best way to be well is to be able to express freely the bad feelings that we have inside.

C- Yes... Maybe I can admit it is a bit like that.

T- So you were asking for him to treat you as a person. You'd like him to be a sort of safe harbour?

C- Well, perhaps a little... Maybe I was expecting too much. Nevertheless, he was the one that should be treating me nicely.

(The third utterance could be mistakenly assigned with "Yes, But" due to the formulation of the sentence. The way the client talks about the excessive expectations is indicative of the partial agreement, rather than a superficial agreement.)

- Unlike the previous index, there is a sort of agreement, even if the agreement is not complete. Contrary to the next indices, this agreement is still ambivalent.
- Pay attention to expressions that denote this partiality: “A little”, “Perhaps”, “Maybe”.

IZT5 Agrees without adding

This index reflects the agreement, without construction afterwards. It may be the case that what the therapist said is obvious to the client or that it does not have enough importance either to cause rebuttal or adding.

T- Maybe we can think of those symptoms as being part of depression.
C- Yes. It's true.

T- Your nephew's dream has an impact on you because you see yourself in him, isn't it?
C- Well. Yes.

(In both examples the client agrees without adding any material. It makes it hard on these particular utterances to think about the meaning of this straightforward agreement.)

IZT6 Emphatic agreement

In this case, the client states the agreement with the therapist emphatically. The emphasis can be inferred from both the verbal and non-verbal. Pay attention to the audio/video, for this index.

T- It was as if those events had shaken you. As if all your supports had been taken from you. As if, all of the sudden, all certainties that you had about that relationship suddenly collapsed.

C- (Overlapping) Yes... yes... yes... yes...

T- When you say “I had to”, it seems to me a very heavy expression.

C- Yes... That's it... It is... it really is.

- Pay attention to the audio and the repetition in the wording of the agreement.

IZT7 Agrees and adds

Unlike the previous indices, in this index, there is an agreement that is followed by an elaboration of what was said or something that builds upon the therapist intervention. Include here when the client simply restates what the therapist said, using different words.

T- You talk about your marriage as if it was a struggle. And for most people, a marriage is supposed to be a source of strength or calm.

C- Exactly. And I'm not the kind of person that expects too much from a marriage. I just want those basic things.

T- Yes. Sometimes you like to be childlike, other times you like to be more serious. Sometimes you like to be joyful other times you need to be sad or on your own.

C- Yes and that does not mean that I'm being incoherent.

(In both these instances the client adds to what the therapist said. In the first by building upon what the therapist said and in the second by reframing the acceptability conveyed by the therapist in the concept of coherence.)

Description of the indices: Assimilation Indices

1.1) Emotion Indices

- Emotion Indices can be confused with “Thinking or Elaboration Indices”. If you find that an utterance has the indication for an emotion index, assign it. If the utterance also involves an explanation or a self-verbalization, you can also assign a “Thinking/Elaboration Index”. See for example the section about the index “11e12 Emotional ambivalence”.
- While assigning an emotion index, ask yourself these questions: Is the client uncomfortable with the emotion? If so, you can assign: “11e01 Emotional minimization”; “11e02 Overwhelming emotions”; “11e03 Strategy to avoid emotion”; or “11e4 Criticism for emotion”. Does the client know/expresses the emotion involved? If not, you can assign: “11e05 Being good or bad”; “11e06 Externalized emotion”; “11e07 Emotion stated by symptom”; “11e08 Emotion of outside origin”; & “11e09 Emotion of unknown origin”. Is the client aware, elaborates or details the emotional experience? If so, you can assign: “11e10 Detailing emotional experience”; “11e11 Detailing the body”; “11e12 Emotional ambivalence”; & “11e13 Meaning underlying emotion”.
- Pay close attention to words that express emotions, including the names of emotions. Also pay close attention to the emotional intonation of the audio/video.

11e00 “0” code for “Emotion Indices”

This is the code for absence of emotion indices.

11e01 Emotional minimization

This index reflects the minimization or downplaying of a particular emotional state. Include and pay close attention to an emotional state that is classified as “a little” (e.g., a little sad) and the description or intonation suggests a stronger reaction. Include vague terms for emotions (such as annoyed) that are clearly less descriptive than the emotional reaction described or inferred from audio. It can be difficult to think of the assignment of this index independently from the context and the information from audio/video. Therefore you should pay close attention to both.

C- The death of the cousin of my friend was... uhhh... delicate... for me. I had a good relationship with him... I remember when we used to go fishing... (...) And my friend was a wreck.

C- I was a little bit scared when my uncle died. If he could die... maybe so could other people next to me.

- This index, like others, may reflect not a difficulty in experience, but a difficulty in expressing. You should not be concerned with this distinction and assign the index whatever the explanation.

11e02 Overwhelming emotions

You should assign this index when the client is expressing an emotion that is described as overpowering or when there is a difficulty in managing it. Include here very strong emotions like terrified, miserable, despair and so on. Also pay attention to classification of emotions (e.g., terribly sad; incredibly scared). This index can sometimes reflect the choking character of a particular reaction.

C- I can't stop shaking. I am scared as hell.

C- And when I started piecing things together I felt horrible... and I couldn't handle it. I couldn't think straight.

C- I was terribly sad. I was shattered.

(As you can see, from the second example, the name of the emotion does not have to be explicitly stated.)

- Sometimes the idea of lacking control can be an indication of an overwhelming emotion. Pay attention to see if an emotional state is being expressed in these instances.

11e03 Strategy to avoid emotion

When the client talks about any action or strategy to avoid or minimize an emotion, you should assign this index. Be careful to avoid overlapping with avoidance indices (I4V01-03). Do not assign this index if the action that the client mentions doing is “not talking/thinking” about a particular issue during the session. In this case, you may assign the avoidance indices. You can assign both indices if besides avoiding thinking or talking, the client does something (e.g., not resorting to friends to talk/think about a painful issue).

C- I didn't talk to him because if I did, I'd be too angry to control myself.

C- I just want to go home, have a drink and forget it. I don't want to feel this.

(In both these cases there is an action that is done/avoided to avoid a particular emotion. In the first case it is the avoidance of a conversation, while in the second it is an activity aimed for distraction.)

This index is distinguished of “I4v09 Actions to deal with the problem” by being specific to an emotional reaction. Assign both indices if the emotion being avoided is part of a more general problematic reaction.

11e04 Criticism for emotion

This index is assigned when clients criticize themselves for having an emotion. Include here subtle criticism such as sarcastic remarks about the emotion. Beware of the similarities between this index and “I2i05 Useless self-criticism”. In this case the criticism is specific to the emotional experience. If the criticism extends explicitly to the self, assign both indices.

C- Sometimes it bothers me to feel this for her... It has been so long. I shouldn't feel this.

C- I was scared... can you imagine?! Scared as kid afraid of the bogeyman.

(You should assign the index in both situations. In the second, the criticism is inferred from the exclamation and the scorn associated with the image.)

11e05 Being good or bad

Here the client describes the emotional state through a dichotomy. This can be done with expressions such as good or bad, well and unwell, high and low and so on. This may not reflect an absence of discrimination, but a difficulty in expressing. You should assign the index anyway.

C- Today, I'm not well. It's probably the weather.

C- After the conversation, I immediately broke down.

- Pay attention to expressions used in dichotomic descriptions of emotion: good vs. bad; well vs. low; & positive vs. negative.

11e06 Externalized emotion

The name of this index may be misleading. The idea is that the client describes the emotion as if it was something outside. Pay close attention to expressions such as “that sadness”, “my anxiety” or the use of pronouns to refer to the emotion. The emotion is referred to as an object and not as a subjective element.

C- It is a fear that I have. The fear of other people leaving.

C- This week I had a couple of days that I really broke down... I really can't understand why... But... This... well... this comes very often.

C- It is a sadness that overruns me.

(The externalized nature of these experiences can be inferred from the idea that these emotions are described as something outside or something that a client acquires; instead of a personal reaction to a circumstance.)

I1e07 Emotion stated by symptom

This index corresponds to the labelling an emotional experience as a symptom. The client uses terms such as “depressed” or uses a symptomatic consequence such as feeling “tired” (referring to sadness) or describes the emotion through other consequences, such as “crying”. This index could be seen as a particular form of externalized emotion that is less subtle and centred on psychopathological aspects.

T- What did you feel?

C- I cried.

C- It makes me ill (fading tone) to see her like this.

C- When he talks with me like that it messes with my nervous system.

- Pay close attention to words related with psychopathology.

I1e08 Emotion of outside origin

Assign this index if the client mentions an emotion or emotional experience, but completely attributes it to outside events. Include the instances when a client attributes the emotional experience to the body, as if it was something outside.

C- They are always asking me why I stay in my room. They make me mad... And then they're shocked when I explode.

C- How can you be happy when you live with 480 euros a month?

C- I have these fairly intense high and lows. It's the damn menopause.

- Unlike externalized emotion, the client experiences the emotion internally, but does not make an internal attribution to it.
- This index can be confused with “I4m08 External meaning”. The difference is that in this index, the attribution refers specifically to an emotion or emotional experience; while in I4m08 the explanation is for something other than an emotion: a problem, an issue, behaviour, etc.

I1e09 Emotion of unknown origin

In this case the client is not aware of where is the emotion coming from. Assign this index also when clients explicitly state that they cannot name the emotion.

C- I don't know what to tell you. I am fine and all of the sudden become really sad... and for no reason.

C- When I go to that house I don't feel good. I can't explain it... I simply don't.

(In the last example you should assign this index and not “I1e08 Emotion from an outside origin” because the client recognises that it is not the house itself, but something associated that affects her.)

11e10 Detailing emotional experience

Assign this index if the client is able to narrate the emotional experience with detail and complexity. You should not assign this index if the same segment of the narrative is best described by: "11e11 Detailing the body"; "11e12 Emotional ambivalence"; & "11e13 Meaning underlying emotion". Assign this index if the client is able to talk about sequences of emotions, multiple emotions (that are not contradictory), differentiate aspects of the situation that elicit different emotions.

C- I am angry with my daughter... Not angry... I resent her. Because she doesn't... I know that she is a teenager and that she is supposed to be rebellious. But she can be cruel and... And the things she complains about do not really happen as she says.

C- Paul was angry at me. And I understand. When we have some issue, I always discuss it with him... sometimes quite angrily... But with my family... my parents... I can't feel angry. It is as if I was a little child again.

C- For a long time, I felt guilty... but then the roles were reversed. When I started to take care of her it was as if I had atoned. And she became guilty because I was taking care of her.

- This index is different from "14m10 Detailing a problem" because in this index the detailing is centred around emotion. If besides emotion the client talks about a particular issue or problem, assign both indices. If the "problem" is merely described in terms of emotional reaction or experience, assign only "11e10 Detailing emotional experience".
- Pay close attention to words that describe complex feelings such as: anguish, melancholy, resentment, guilt, embarrassment and so on (relative to the more primary emotions of sadness, fear, anger).

11e11 Detailing the body

This index refers to the presence of bodily descriptions that accompany emotion.

C- The worst days are when I feel that sadness... not the... usual sadness. It's the one that gives you an ache in your chest. The one that gives you no alternative but to go to your room and cry.

C- It is that rush... That rush that you feel in your entire body. That peak... that adrenaline. It is a really good sensation.

11e12 Emotional ambivalence

Presence of two emotions or feelings for the same situation or element. These emotions are explicitly or implicitly referred in conflict or at least in a non-complementary way. So if for example, the client says "first I felt angry, and then I felt sad", this is not indicative of ambivalence.

T- How did you feel about those brief relationships?

C- For me it's even embarrassing to talk about this. I'm not the kind of person that has brief relationships. But, you know, I think it was the period of my life that I allowed myself to be crazy. And I really enjoyed it.

T- It was hard for you to initiate the breakup.

C- Yes... No. Well actually I really had no choice. I was very angry with her. I really was! But the separation was more of a result of events. I hit the final blow. But it was really already dead... I was really attached to her. I had lost all hope... It wasn't possible to go on.

(The ambivalence is between shame & joy in the first utterance and anger & sadness in the second.)

- Be careful with false ambivalences created by the way the clients express themselves. If a client says "In the one hand I felt scared in the situation, but on the other hand I was

- preoccupied with the consequences of it”, this is more an elaboration of the same emotional response even if the client expresses it as an emotional ambivalence.
- This index may be confused with “I4m11 Ambivalence in meaning”. Be aware that the ambivalence between emotions implies the presence of two emotions or feelings. You can assign both indices if you consider that besides being present two emotions, the client is ambivalent between two elements (e.g., choice). The second example in the examples box can be illustrative of this.

I1e13 Meaning underlying emotion

This is a border index between emotion and meaning indices. It occurs when the client is explaining a particular feeling. Be aware that “I1e08 Emotion of outside origin” implies explanation. The difference is that even if elicited by outside events the emotion is explained, here, internally (e.g., the meaning associated with the event) and not explained by the event itself.

Also be careful with other emotional indices that may involve explanations (e.g., “I1e01 Emotional minimization”; “I1e02 Overwhelming emotions”; “I1e03 Strategy to avoid emotion”; “I1e04 Criticism for emotion”; “I1e09 Emotion of unknown origin”; & “I1e12 Emotional ambivalence”). The difference is that in these indices the explanations may concern the details or processes associated with the emotion while this index it pertains to the explanation of the emotion.

C- I am not sure whether it was I that hit the bottom or if it was the relationships with my family that crumbled. We are so intertwined that it is almost the same thing. We are well, I am well. We are in conflict, I am lousy (...) This must stop.

C- I felt angry because he disrespected my right as a person to have an opinion. Who is he to tell in front of everyone that it was a childish thing to say?

C- BOYFRIEND came to see me and... It was the first time in years that he came to our house. That left me really sad.

C- When she told me that I had lost my job I started to cry. I felt so ridicule to be crying like that. I felt like a loser for losing my job and not leaving with dignity. But these last weeks I haven't been well and it was hard to control myself there.

(The first two examples correspond to “I1e13 Meaning underlying emotion”. In the first utterance the emotion is attributed to the fusion between the client and the family and in the second the anger is attributed to the disrespect felt with the comment done by someone else. The second two utterances should not be assigned with this index. In the first the justification for the emotion is an outside event and in the second, the explanation is not related with the emotion but with the self-criticism.)

1.2) Confusion and Sameness Indices

- These indices correspond to either the idea of confusion or the resignation to a particular situation. The first two indices refer to the idea of not being able to deal with some experience while the last three correspond to the idea of hopelessness.
- These indices imply an emotional activation that is present in the utterance. Pay close attention to the audio for tones of resignation or anguish associated with confusion.

I1s00 “0” code for “Confusion and Sameness”

This is the code for absence of indices of confusion and sameness.

I1s01 I am lost/confusion

This index corresponds to the idea of being lost or confused that can manifest as not knowing what to do, think or feel. It must involve the feeling of anguish or a similarly intense emotion and may involve an actual confusion in the speech.

C- I really have no idea what to do... I'm really lost.

C- What choices are on the table... Defining my role... yes... I can do that... but I'm not sure... uhhh... what role could I have? The exhibition has started... Well... But what's the point of defining it at this point?

C- He messes with me and we reach a point... I stop thinking about what I'm doing... We reach a stage... I can see almost see him leaving... I get confused and... I'm not in control any more.

(You should assign the index in these three utterances. In the first and last examples the words chosen to describe the experience make it clearer. In the second, the confusion in the text may be indicative of the confusion about the issue.)

- Pay close attention to actual expressions of confusion, such as using the words “confusion”, “lost”, “uncertainty”, “astray”, “bewilderment” and so on.
- Pay close attention to segments when a client expresses not knowing/understanding what to do, think or feel. Again, the emotional tone or the emotion inferred from the text is more important. If the issue is simply a matter of ambivalence between two ideas, you should assign the “I4m12 Ambivalence of meanings”.

I1s02 Impotence

You should assign this index if the client experiences helplessness or the feeling of incapacity towards an issue. It can be either the idea that it's impossible to act or that it is not worth it. It may involve the feeling of hopelessness. Pay attention to instances in which the client expresses lack of control. This index may be confused with the “I1s03 Indifference/resignation”. But while here the client is struggling against it, in the next index, the client's inaction is consonant.

C- These events have been so many that it... I can't handle it... what's the point of going against the tide. I know I have to keep going, but it seems pointless.

C- This period... In this period, I have no control over things... I'm losing my friends, my girlfriend seems cold... my family... well... I'm driving everyone away... And I can't stop it...

(These two utterances represent two versions of the feeling of impotence. The first client believes that is pointless moving on, while the second believes that he has no power over events.)

- Besides the type of feeling, the emotional tone may also differ in these two indices. In the “indifference/resignation” the expression of the emotion may be of lower intensity than in the case of “impotence”.
- The difference between this index and “I1s04 Hopelessness in change” is that in the former, the idea of hopelessness is specifically associated with personal change.

I1s03 Indifference/resignation

When a client is indifferent about a relevant issue, you should assign this index. This is not the indifference to a trivial thing. It implies a feeling such as resignation, indifference or numbness. Note that this index may be confused with the previous. Assign this index if the perception of the situation is consonant to the client – i.e., the client believes there is really no other way or doesn't care. Assign the previous index “I1s03 Impotence” if the client is dissonant – i.e., the client does not see a solution but keeps trying or fighting against something.

C- The doctor said that from now on I should do regular exams to check on my condition. That is going to be my life from now on. The life of a sick person... as if I was 70 years old or something (sad tone). This is my life now.

C- I'm numb. Everything is to me... I'm indifferent. The days go by one after the other.

(Note the different emotional intensities of the utterances. In the first, the client speaks as a defeated person, while in the second it is the unmoving nature of the indifference that strikes out.)

- This index may be confused with “I1s04 Hopelessness in change”. Take into consideration that the idea of resignation implies that the client does not even contemplate change.
- Besides the type of feeling, the emotional tone may also differ in these two indices. In the “indifference/resignation” the expression of the emotion may be of lower intensity than in the case of “impotence”.

I1s04 Hopelessness in change

When hopelessness is approached in terms of goals or change, you should assign this index. However, note that, here, change does not refer necessarily to the goals of therapy. Pay close attention to the feeling of hopelessness when a client is describing the perspectives on change.

C- My life is pretty stale at the moment. I have no goal at this point. People keep telling me to do this and to do that. But what's the point. I'll come back to this anyway.

C- But at the same time I have to live with this tendency. I have tried to change, but it's hard. I guess this comes from... it's from my roots.

- Like in other cases there can be an apparent overlapping with other indices in the sub-group. If a feeling of indifference or impotence refers to change, then assign this index. If the impotence or resignation extends the issue of change in the remaining narrative of the utterance, assign both indices.
- If the hopelessness is in the change of another person, assign “I2o02 The other will not change”.

2.1) Identity Indices

- Self Indices refer to the identity aspects of the clients – how they represent themselves. In the narrative this can be the reference to personality traits or things that are defining of the client. It generally implies a degree of generalization. Examples of particular circumstances or events can be used, but only to illustrate or think about the self.
- Self Indices may be confused with Thinking or Elaboration Indices considering that a considerable proportion of elaboration in psychotherapy is about oneself. If the considerations are about the self assign Self Indices always. If the elaboration is done for particular behaviours, reactions or issues, assign Thinking or Elaboration Indices. If those instances are then generalized to describe the self, assign both types of indices.
- The indices about the self are grouped according to four themes. If the client is not aware of some elements of the self assign these indices: “I2i01 Do it unconsciously”; “I2i02 Not knowing who I am”; & “I2i03 Strangeness towards the self”. If the client is self-critical or aims to be different assign: “I2i04 Self-Contempt”; “I2i05 Useless self-criticism”; “I2i06 Enough (negative)”; “I2i07 Identification of vulnerability (positive)”; & “I2i08 Identification of goal/need (positive)”. If on the other hand, the client shows self-acceptance assign: “I2i09 I'm not the only one”; “I2i10 Assuming responsibility”; “I2i11 Self-assertion”; & “I2i12 Self seen as parts”. Finally, if the issue is a change that has occurred, assign: “I2i13 Exterior change”; “I2i14 Non-specified change”; “I2i15 Change in state/behaviour”; “I2i16 Idea of training”; & “I2i17 Identity change”.
- Naturally, one thing to pay attention, while assigning these indices is the use of the first person pronoun and self characterization.

I2i00 “0” code for “Self Indices”

This is the code for absence self indices.

I2i01 Do it unconsciously

This index refers to the idea that the person's behaviour is influenced by the unconscious. This could function almost as an external attribution or as the initial acknowledgment of a new meaning (e.g., "maybe unconsciously I have some resentment").

C- I can't remember. Maybe it is in my unconscious.

C- My daughter is too spoiled... I spoil her too much. I unconsciously do that. And she... her behaviour is unbearable.

- Pay attention to words such as "unconscious" or "unaware".

I2i02 Not knowing who I am

When the narrative is about the lack of knowledge about oneself, assign this index. This lack of knowledge should be regarding identity and not about to a particular reaction. If the narrative is about a behaviour or reaction, assign a meaning index.

C- I look in the mirror and I can't see who I am or what am I doing here. Why have I taken the choices I did in my life?

C- Why should I think about it? The diagnosis is not me. What I want is to find out who I am. Because... I don't know who I am... with depression.

(In the last utterance, you should assign also "I2i08 Identification of goal/need (positive)". The presence of "I2i02 Not knowing who I am" is given by the last sentence.)

I2i03 Strangeness towards the self

The main focus of this index is the feeling of strangeness towards the self or one aspect of it. Not only is the client lacking in understanding but this lack of understanding is aversive and provokes strangeness. Pay attention to experiences of puzzlement. There can be confusion between this index and "I4m05 Surprise with reaction". Note that in this case the index refers to more than a behaviour or reaction. Even if a particular reaction is mentioned, to assign this index those instances have to be generalized in terms of identity.

C- It's not a matter of being right and wrong... Sometimes I know I'm right and I can't say anything... I can't react... There is something seriously wrong with me.

C- I am so fearful... How the hell did I had the courage to do that?

(See the heuristic below. In both these utterances, there are implications in terms of the self. In the first the contrast is between a rule of functioning and the behaviour and in the second, the contrast is between a behaviour and a notion of self fragility.)

- Pay attention to expressions of strangeness such as: "surprise", "strange", "it's interesting", "Why couldn't/didn't I...?"

I2i04 Self-Contempt

This index implies a strong feeling of self disdain towards the self. If that feeling is not present, assign the next index self-criticism. It can involve expressions that constitute a disdainful or sarcastic perspective about the self.

C- With my depression came the anxiety. First it was the worries, then the panickycities and now... it's funny... I am even becoming afraid of going to the mall.

C- When the meeting started I stayed there and said nothing. I was there like a scarecrow... I was so...

pathetic.

C- I am becoming... loony. It must be it.

(The first and last utterances can be seen as instances of scorn. In the first, there is also the characterization of the appearance of new symptom as being “funny”. The second utterance has a greater tone of self deprecation.)

- Pay attention to condescending expressions (“silly”, “nutty”) or expressions that are invalidating to the suffering involved.

I2i05 Useless self-criticism

The word “useless” in the name of this index is to highlight the unproductive nature of the negative appreciation and to contrast it to other indices of this group in which the criticism is useful in highlighting vulnerabilities or directions for change.

C- This last job... it was very demanding. I used to say “Why should a person devote his life to his work”. But... Well... Now I can't find a job... And I wonder... I should have stayed... I should have stayed... Why do I keep thinking... I shouldn't think at all!

C- I should have known. I should have known that as soon I met with him, we were going to start again. What was I thinking?

C- I was furious with myself. I was so stupid.

(Note that in these three utterances the criticism is pointless. There isn't the identification of something that was associated with the decisions and no different view is formulated. The last utterance can be judged as self-contempt depending on the emotional tone – if you consider self-contempt to be present do not assign this index.)

- Pay attention to feelings of guilt or anger towards the self.
- Pay attention to the definitions of other indices in this sub-group. If the “criticism” is a decision in terms of change, assign “I2i06 Enough (negative)”. If the “criticism” is the identification of a new element that constitutes vulnerability, assign “I2i07 Identification of vulnerability (positive)”. If the “criticism” is the useful identification of a goal or need, assign “I2i08 Identification of goal/need (positive)”.

I2i06 Enough (negative)

“Positive” and “negative” refer not to pleasurable or painful, but to the presence or absence of something. Positive is when a client is able to identify SOMETHING, while negative implies the wish that something that is already identified disappears. For example the sentence “I would like that this pain would go away” is a negative statement; while “I would like to feel the pain for the death of my grandfather” is a positive statement.

Assign this index if the client expresses saturation for a negative behaviour or feeling. This index is accompanied by an emphatic intonation and can go together with expressions such as “I am sick” or “I'm tired of”.

C- On the other hand I'm getting really tired of this situation! This isn't what I wanted for my life.

C- It is not possible to live like this anymore!

C- I'm really sick of him deciding things for me. It must stop.

- Pay attention to expressions formulated in the positive (e.g., “Enough. They must get along”) that correspond to the wish that something negative disappears. These utterances should be rated with this index.
- Pay attention to the index “I2i11 Self-assertion”. In both there is a self-assertion character, but here what is asserted is something that is relevant in terms of the client’s goals. Furthermore, self-assertion is frequently done in positive terms (i.e., it implies the identification of something).
- This index is opposite of “I2i08 Identification of goal/need (positive)”. In the former, there is an identification of an alternative that is stated and represents what the client wants.

I2i07 Identification of vulnerability (positive)

Contrary to the previous index, in this case the element that the client identifies is SOMETHING that constitutes susceptibility. In this way, this index has a positive character, although the elements here are always unsatisfying to the person. Vulnerability means a susceptibility that can be seen as a target for psychotherapy. So it is generally something that has emerged recently and that, despite corresponding to something unsatisfying or that is missing, has a constructive character. This index implies a judgement regarding whether the element is impossible to change (useless criticism); the element is not identified and its consequence is actively rejected (enough) or is the identification a new thing to change (vulnerability).

C- My work... yes... The issue of control... I know that the desire... wanting to be in control is something that defines me.

C- Their death really scares me. Well... the fear of losing one’s children really messes with everyone, but for me it also means being alone. And that scares the hell of me.

C- I guess that my troubles with my friends have to do with the fact that I wish that they... That I’m accepted.

- Pay close attention to the distinction between this index and “I2i08 Identification of goal/need (positive)”. In the identification of goal or need, what is identified is something the client wants (something new).
- Keep in mind that the identification of vulnerability is done by the client. Even if you don’t agree that that’s the right issue, you should assign this index.

I2i08 Identification of goal/need (positive)

Assign this index if the client expresses a need or goal. While the previous indices correspond to the identification of something that is wrong, here what is identified is what client wants. Do not assign this index, if the client wishes the change to occur in another person. In this case assign “I2o01 The other is wrong” or “I2o02 The other will not change”. This can be associated to a vulnerability identified, but here the formulation is about what the client wants.

C- That’s exactly what I want. I want to be independent. To be able to choose for myself, without having to depend on others.

C- I like to savour things. And that’s really important for me. With my depression, I’ve lost that... I am always around my thoughts and worries. I want to shut my thought off and enjoy things again.

C- I’d like to be a constant person.

I2i09 I’m not the only one

This index is an indicator of self acceptance. Here self-acceptance is achieved through comparison with other. The client recognizes that other people are similar or have the same reactions. It can imply self-validation.

C- I could have the same reasoning... I could think that he is not paying attention to me. What he does not understand is that for me it is important for him to listen, while for him it is important for me to be there. But... It's normal not to be available every time.

C- Everyone has sad days. My mother immediately thinks that I'm relapsing. But if she wants me to be normal, she has to recognize that I have the right to have bad days... every person has that right.

(You should assign the index in both utterances. In the first, only the last sentence is suggestive of this index, because of the idea normality.)

- Pay attention to the contrast of the client's behaviour or identity with other people and expressions like "normal", "other people" or "I'm not the only one".

I2i10 Assuming responsibility

If the client assumes responsibility for a particular behaviour, reaction or a consequence of an action, assign this index. Do not assign this index if the client is assuming blame and feels guilty. The idea is that, in assuming guilt the client is first and foremost adopting a self-critical posture ("I2i05 Useless self-criticism"). In assuming responsibility, a person may feel regret, but adopts a repairing posture and is willing and able to change.

C- The fact that I am aware of why I did it, is no excuse. I quit my job hastily and my family is suffering the consequences. If I don't learn with this, I'll risk doing the same thing again in the future.

C- I said some really cruel things. I shouldn't have said them, but I was very angry. I must apologise. I hate doing that... but I have no alternative.

C- Why did I divorced myself. I was really stupid. She was the best woman for me. So stupid... What will I do without my family now. My kids are going to be raise by another man.

(You should not assign this index in the last utterance. Unlike the first two utterances, the idea of a wrong deed does not assume a constructive character and it is basically a self-critical narrative.)

- Pay attention to the emotional tone to help you discerning between guilt and assuming responsibility.

I2i11 Self-assertion

This index should be assigned to narratives in which the client affirms him/herself. There can be a sense of pride and the contents can be of self-valorisation.

C- I want to feel good. To go out. I want people to see how beautiful I am. Am I right or am I not? I want to live for myself... a little bit.

C- She can't see that... I'm not fluent, but I am honest and... I'm straightforward. If she can't see that, it's her problem.

(In the first example also assign "I2i08 Identification of goal/need (positive)". "I2i11 Self-assertion" should only be assigned due to the second sentence.)

- Do not use your considerations about the nature or validity of the assertion as a criterion in assigning this index.

I2i12 Self seen as parts

This index corresponds to a view of the self as being constituted by different parts, sides or voices. It can be associated with ambivalence in identity or new ways of being relative to old ways. It can

also correspond to contextualization that is done in terms of identity (e.g., I am a hero to my kids and a coward to my boss), but not contextualization in terms of action or particular meanings (e.g., I am assertive with my boss and passive with my brother). In these last instances assign “I4m10 Detailing a problem”, “I4m11 Ambivalence in meanings” or “I4m14 Situational explanation”.

C- I still think in those terms. But there is a part of me that is still apologizing for not being my mother’s daughter.

C- We are not together anymore... And I’m pretty sure I don’t want to be with him. But there is one side of me... When he called, I immediately went to the wardrobe and pick my best dress to look better.

C- In my job, I’m confident and self-assured. But that’s the only place I can be like that.

- Pay close attention to the use of the words “side”, “part” and so on in self-description.
- Pay close attention to complex descriptions of the self.

I2i13 Exterior change

The next indices refer to change which is not necessarily related with the goals of therapy. “I2i13 Exterior change” refers to change in the contexts. “I2i14 Non-specified change” is as statement of change that does not refer to the actual change. “I2i15 Change in state/behaviour” refers to change in the behaviour or state. “I2i16 Idea of training” refers to the idea of change associated with practice. “I2i17 Identity change” refers to a description of change in the self or identity.

The index “I2i13 Exterior change” refers to a description of change in the surroundings, other people or due to external factors. Consider the biological variables as external factors. Considering that exterior changes do not depend on the person, the client may be speaking about changes that haven’t occurred yet.

C- Solution for me? There is not solution. If they don’t give me my retirement, I’ll have to go to work.

C- I am feeling better. The new medication is much more suitable.

C- Things are working better now between us. She has started a new job and her energies are now much more... She feels better about herself and that reflects on us.

C- It is a dream. That new job fits me like a glove.

(In the last utterance, you should only assign the index if there is an evolution that is recognized in terms of mood.)

I2i14 Non-specified change

When a client describes change, but does not specifies what has changed, assign this index. Include expressions that would imply internal change (e.g., “growth”, “mature”, “healed”) if what has changed has not been specified.

C- I changed... I really did... because I felt it.

C- Ever since I came to this room, I’ve grown a lot.

C- I am better. I don’t know why, but I am.

- Pay close attention to narratives about change initiated by the client or the therapist.

I2i15 Change in state/behaviour

This index should be assigned when the change described is in the behaviour or emotional state. You can use the distinction between trait and state to think about these changes. This index refers to changes in state, while indices such as "I2i17 Identity change" refer to changes in personal traits.

C- I feel better, more secure, I can say what I want without spending too much time thinking about the consequences.

C- I feel happier... more peaceful.

C- I moved through a number of stages these months. Last week for the first time I finish a week's work and I had nothing behind. I am keeping things under control.

I2i16 Idea of training

This index refers to the idea of change as a building of competences; a sequence of steps or change that has occurred but has not consolidated. Pay close attention to processes of change that are described as being undergoing.

C- I have a new posture at home. But it is still early... I have to keep training.

C- When we are together there are still some traces of intimacy. Some moments it is as if we were still together. There is no going back... we've crossed a line. But it still has to sink in, before we can be friends.

C- I now can say what I think, but I still have to work in saying things... Saying difficult things, that will have consequences, that people won't like to hear.

(The idea of training is conveyed in these three utterances. In the first, by explicitly stating the need for change; in the second by seeing the separation as a process and in the last by conceiving the interpersonal change as a set of competences to be acquired.)

I2i17 Identity change

The change described by this index is the change in the identity, self or personality. Again, even if you consider that the change is not legitimate or true, you should assign this index if the client believes it.

C- I was the kind of person that is serious all the time. It was not as if I was a cold person... but I was always serious. And now I'm able to be silly and joke around.

C- The issue that was more important for me was the way I related to other people. I thought I was so weak that I needed support from others. And I've lost my fear of being alone.

C- From the time I won that promotion... it has been some time... but along the way I have become a different person.

(Note that in the first two utterances, the clients mention change in state/behaviour, so you should also assign that index. In these two utterances you should also assign the present index, because the change in behaviour/state is framed as a personal change.)

- Pay close attention to the use of words such as "person" to describe change.
- Pay close attention to changes described with words for traits (e.g., "aggressive", "generous", "sensible" and so on).

2.2) Other Indices

- Complementary to self indices, the “other” indices are directed towards another person. They represent either the understanding of the other or the relationship with another person.
- Three themes serve to group the indices. First, if the client desires change in the other, you should assign: “I2o01 The other is wrong” or “I2o02 The other will not change”. Second, if the person de-centres their position in face of the other, you can assign: “I2o03 The other is/reacts differently”; “I2o04 The other is/reacts similarly”; or “I2o05 Strangeness towards the other”. Finally, if the clients seeks to explain the reaction of the other, assign: “I2o06 Other’s perspective”; “I2o07 Explaining the other”; or “I2o08 Relationship seen as circular”.
- Pay close attention to the description of other people or the relationship with them.

I2o00 “0” code for “Other indices”

This is the code for absence of “other indices”.

I2o01 The other is wrong

Assign this index in narratives that imply that the other is wrong. This can be the idea that the other needs to change or is to blame for something. It can also correspond to a posture of victimization. This blaming of the other can imply that the person has no control over that particular event, which may be true or not.

C- He has a strong personality and there’s no point in telling him to do something. It’s pointless. I may as well say the opposite, just to get him to do what I want.

C- She knows my weaknesses and takes advantages of them. I’ll never be happy with her.

C- These eight years were quite hard. Ever since that colleague came to the department, it has been a living hell.

- Pay close attention to narratives that you perceive as being complaints.

I2o02 The other will not change

Unlike the previous index, in this there is a resignation/acceptance of the idea that the other will not change. It still implies that the person wishes it, but there is the recognition that it is not possible or desirable.

C- He is a lost case. I’ll never get what I need from him.

C- In the end, I wanted her to be different. But I guess, just the fact of telling her what I think it’s important in itself.

- Pay attention to all considerations about change in other people.
- Pay attention when a client is assuming the responsibility in a personal reaction or in trying to produce an effect in the other.

I2o03 The other is/reacts differently

This index corresponds to the acknowledgment of the difference in the other. It can imply an acceptance of others by respecting their differences. It can also be the case that the person wishes to be like the other.

C- COLLEAGUE is incredible. He can say what he thinks in a meeting without other people criticising him. I wish I was able to speak like him.

C- She is a child. I can’t expect her to think about this in a reasonable way.

C- My brother is stronger than me.

I2o04 The other is/reacts similarly

This index is the opposite than the previous in the sense that the comparison is done to highlight the similarities. In this case, this index can reflect acceptance, but unlike the self-acceptance indices, here it is focused in the other. It can also correspond to instance of de-centring.

C- My father was just like me. Grumpy, but a good heart.

C- I saw her fighting with her boyfriend... and she was just like me. The same nagging, the same sulking and the same uselessness.

- In this index, like the previous, pay close attention when clients are comparing themselves with other people.

I2o05 Strangeness towards the other

When a client expresses puzzlement towards the reaction of another person, consider assigning this index. The emotional tone of the utterance is very important in assigning this index.

Unlike in the self indices here there is no distinction between what is related to the other person's self and the other person's reaction. All should be included here if the feeling of strangeness emerges.

C- It is as if he has two personalities... it's weird... you can see it in his eyes. And when he has a bad day all that comes out... he can be quite cruel.

C- I get confused... I don't know if it is the age difference or a matter of generation, but... I can't explain it.

C- She was in front of me and she was able to control herself! How the hell could she do that?

- Pay attention to expressions such as "strange", "weird", and "odd".
- Pay attention to emotional tones associated with surprise, bewilderment, puzzlement.

I2o06 Other's perspective

This index should be assigned when the person is describing the perspective of another person about a particular issue. The client may or may not agree with that perspective, but is able to identify it. Include here the description of the client done by other people.

C- He expects that the perfect girlfriend is going to fall from the sky. I keep telling him to have some fun, but no girl is good enough for him... or so he says.

C- My mother thinks that she has to be reassured... We have to say that everything will be fine and that we'll be there for her.

C- Everyone in my job sees me as intolerable. My shyness is seen as antipathy. I want to get along, but they think I don't care.

- This index can be confused with "I4m12 Alternative view" when this alternative view is given by others. While in the present index the perspective is about something outside the client (e.g., a particular issue or the relationship with the client); in "I4m12 Alternative view" the other merely provides a different explanation or view about the client's problems, issues, reactions, and so on. In other words in the "I2o06 Other's perspective" it is the perspective held by others that matters while in the "I4m12 Alternative view" it is the perspective held by the client that is relevant.

I2o07 Explaining the other

This index is similar to the previous, but here instead of expressing the person's view, the client seeks to explain the behaviour/reaction of the other. Therefore this index reflects a belief held by the

client about the other. Also include here the identification of particular needs in other people. You don't have to assume that the explanations are right to assign this index.

C- She is like this because she is becoming depressed.

C- My granddaughter is still dealing with her father's death... It is hard for her to play along.

T- What do you think lead him to say that?

C- He needs to keep face.

- Pay close attention to expressions that denote causality: "because", "due", etc.
- Do not include here circular explanations that are described by "I2o08 Relationship seen as circular".

I2o08 Relationship seen as circular

When the client reflects on the relationship considering the mutual effects of the people involved, you should assign this index. This index can also be used to describe the change in the client's reaction/meanings in face of the other (e.g., "She is very sensitive, so I have to be more cordial with her"). This index always involves circularity.

C- She... We didn't talk. I never slammed the door. I never screamed... Always looking for solutions or avoiding things... No steam... And she left. She could have said something... a warning... but we didn't function that way.

C- It was a habit that crept in. In the office, I was always responsible to deal with the human factor... fixing problems with clients, bargain with suppliers. I know my colleagues... well, it's easier for me. But they started assuming it was my responsibility. I allowed that, but they... became sluggish.

C- It's very hard for me not to be furious with his silence. I know that he can't stand me raising my voice, but it is difficult for me. Why can't he fight back? I know... that all his upbringing stuff... We have to find a way.

- Pay attention to complex explanations of the relationship with another person, particularly when there is a de-centring.

3.1) Idea of Phase Indices

- This is the first of two groups of indices that refer specifically to time. While in the next group the client is talking about the future or the past; in this group the future and past are contrasted with the present. This is done resorting to the notion of phase, either in the past or including the present.
- This group of indices can be further grouped according to two themes. If the client is referring to a particular time frame you can assign: "I3f01 A time it was different (not specified)" & "I3f02 A time when SOMETHING was different". If the client does not specify a particular time frame and refers to the present you can consider assigning: "I3f03 Not yet (not specified)"; "I3f04 Not yet TARGET"; & "I3f05 In this phase". In a sense these two groups can be distinguished because in the first, the client looks into the past from the present; while in the second, the client looks to the present, having as reference the past or the future.
- For both the "Idea of phase indices" and "Past & future indices"; pay close attention to narratives about personal history or problem development.

I3f00 "0" code for "Idea of phase"

This is the code for absence of idea of phase indices.

I3f01 A time it was different (not specified)

This index refers to the reference to a time period without specifying what exactly was different. It can be broad statements such “I was worse” or “I felt fine” without framing what was different. Like in the next index, this can refer to positive and negative moments.

C- When I was in the other therapy, I was fine. But as soon as I left it I got worse. And now I am starting to feel better again, but I’m afraid that won’t last either.

C- We used to get along. I remember all the Christmas that we’ve spend together. But things have changed. The kids are older and don’t care for Christmas anymore.

(In these utterances, the client provides an explanation for the evolution. But this evolution is not characterized – worse/better & get along/apart.)

- To differentiate between this index and the next, you can ask yourself this question: Is the client aware of what was the change about?

I3f02 A time when SOMETHING was different

Unlike in the previous index, here the client refers to a time a particular element (e.g., meaning, behaviour, reaction) was different. Instead of a diffuse conception of what was different, here the client has a tangible grasp of what has changed.

C- I used to be quite impulsive; particularly when I was in those rough years. I guess it was too much of that fake confidence. But I’ve made so many mistakes with that impulsivity.

C- When my mother was alive, all family gathered around her. Her house was our house. Now everything is different. We barely speak besides the formal calls at anniversaries or holidays.

C- I had never been jealous before. But with my husband... he was the first guy I really fell in love. And it messed with my system... All those memories of my father cheating my mother. And I started to get suspicious.

- Pay attention to complex explanations of the present in relation to specific periods of the past.

I3f03 Not yet (not specified)

Unlike the previous indices, here clients clearly place themselves in the present. In this index and the next the clients contrast this present with the future by stating that something is lacking presently.

In “I3f03 Not yet (not specified)”, what the client has not achieved is not specified and the description of what is missing is diffused. This index also applies when what is desired is outside the control of the client.

C- We are still in the stage I’ve told you last week. I haven’t been able to get him to respect me so far.

C- I can’t fell good enough yet to go to work.

C- I tried... but backed away. I started talking about us... But I can’t say what I feel... at this point.

(Notice that the description of what is lacking is very poor. In the first utterance the client only refers that she needs respect, but does not tell how she is going to get it. In the second utterance, the same reasoning can be applied to the idea of feeling good. In the third, she talks about a consequence (saying what she needs to say) but not of what is blocking it. The clients recognize that something is not present yet, but they can’t see what.)

- In this index and in the next, pay attention to expressions such as “yet”, “until now”, and “so far”.
- Ask yourself “What do the clients need to do to get what they want?”. If you cannot name it assign “I3f03 Not yet (not specified)”. If you can say, assign “I3f04 Not yet TARGET”.

I3f04 Not yet TARGET

Unlike the previous index, here clients are aware of the goal that has not yet been achieved.

C- When I go to the beach I still can't be comfortable with my body. I know it is stupid. I can see that other people are comfortable with bodies less... well I'm not that ugly. And I know that this is something that I have to realize... like a challenge or a confrontation. But at the moment I'm still not up to it.

C- I wish I could reach a state in which I could go to bed and simply fall asleep. Without thinking about being unemployed or thinking about a million plans to overcome this. I know that this load is because the idea of my family having difficulties is too unbearable and... Well... In my profession, I'll find something eventually. But I'm not sure I'll get any tranquillity before I start doing something.

- If you are unsure whether to assign “I3f03 Not yet(not specified)” or “I3f04 Not yet TARGET”, ask yourself: Is the client sufficiently aware of what he/she wants to do/think/feel?

I3f05 In this phase

“I3f05 In this phase” refers to the idea of the present as a phase, which may not be contrasted with either the past or future. Here the clients are talking specifically about the present as a period in their lives. The client is not aiming for something or speaking of a time in a past that was different. This index can be present when the client is describing a process of change or describing temporal contexts.

This index may reflect a de-centring of the client in the time span.

C- This economic crisis is really affecting us. We work in constructions and with the state postponing public works, we are having less demand. I hope this period passes or else I'm not sure how am I going to keep the company.

C- When my mother died I was sad... but she was old and ill. My father... my father was a chock... he was healthy and strong. I am quite depressed now. But I'm sure that this is just a phase... He wouldn't want me to be like this forever.

C- These months as a volunteer have been good for me. I'm learning a lot and becoming a better person.

- Pay close attention to expressions such as “phase”, “stage”, “point in life”.
- Pay close attention when the client is talking about the present as a continuum.

3.2) Past and Future Indices

- These indices are present when the client is either talking about the past or the future. Unlike the previous group of indices, there is not a direct comparison with the present.

I3p00 “0” code for “Past and Future Indices”

This is the code for absence of past and future indices.

I3p01 Past as cause

When the client is referring to past events as the cause of a present reaction or situation, you should assign this index. Pay attention to the sequence of the narrative and temporal associations. The

causality does not have to be explicitly stated, but you have to believe that the client is making the link (e.g., see the first example). Note that you don't have to agree with the cause to assign this index.

C- This problem of insecurity... It started when my parents didn't allow me to go out. They were very rigid.

C- You know kids... they can be really cruel. And ILLNESS... although completely harmless to others, can be seen. And so I learned to hide as much as I could of myself... In a sense it made me who I am.

C- My depression started because of the death of my grandfather.

- Pay attention to expressions that suggest causality such as “because”, “due” or “since”.

I3p02 Identification of a pattern

In this case the past is not explicitly seen as a cause, but the client is able to identify a pattern. It can be the awareness that a particular way of reacting or thinking has been happening in the past. A pattern needs only two instances if the client is able to generalize from them. Finally the identification of a pattern does not imply causality. If causality is present, assign the previous index.

C- I can see this in the relation with other people... It is my desire to be safe... But I manage to keep everyone far from me. And when I think about my marriages I see this.

C- The relationship with my husband is very similar to the relationship I had with my mother. I was the one that abdicated and they were the ones that got what they wanted.

C- When my brother was arrested I was the emotional stronghold of the family. (...) I always am.

C- It never occurred to be that this self-blame has pretty much been with me since I know myself.

- Pay close attention to words that suggest patterns such as: “same”, “always” or “constantly”. Also pay attention to starting dates (with words such as “since”) that may be considered the beginning of the pattern.
- Do not assign this index if the pattern is in terms of contexts (e.g., “I find myself behaving the same way with my friend, co-worker and family”) and not temporal patterns. In this case assign “I4m10 Detailing a problem”.

I3p03 Exception to a pattern

This index refers to when the clients breaks a pattern. Usually, this breach is in the recent past and may be the result of the therapy.

T- Did that happen with all your girlfriends?

C- It's interesting... that question... I do remember... Not the last girlfriend, but the one before... it wasn't like that. She was the one in control... she... I was so scared of... that I'd lose her.

C- Last week I got it... I am so happy... I finally got a good feedback from the choreographer. I was still anxious... from all those auditions that I screwed... I am so happy. I'm not sure if they'll let me in, but it was great that I did it.

- Regarding the issue of exceptions contextual patterns (vs. temporal patterns), see the previous section. The violation of a contextual pattern may be described with “I4m10 Detailing the problem”.

I3p04 Unknown future

This is the first of three indices regarding the future. The three indices vary in function of whether what is expected is known or not and whether it is controllable or not. Pay attention to expressions that are associated with the future such as: “prospect”, “prediction”, “anticipate”, “foresee”, “predict”, and so on.

The index "I3p04 Unknown future" should be assigned if the client talks about not knowing the future. Additionally, it implies anguish, despair, intense worry, concern or apprehension. Do not assign this index if clients have an idea of what expects them in the future. In this case assign the next two indices.

C- I really can't conceive what will make sense in the future.

C- I think about the consequences... but there is no way to predict how they will react.

C- What will happen? I am 50 years old. I've always worked in the shoe industry. I will not get any job. So what will happen? Can you tell me?

(In the last utterance, the client believes that he will not find a job and wonders broadly what the future will be.)

- If you have doubts regarding a particular utterances use the presence of a feeling such as anguish or strong worry to determine whether to assign the index or not.

I3p05 Uncontrollable future.

Assign this index if the client believes that one or several things will or may happen that are out of control or unmanageable. This index implies the presence of a feeling such as worry, concern or apprehension. The difference between this index and the previous is that, here, there is SOMETHING that the client fears.

C- When I'll move out of the house my son will be alone. And he will not know how to deal with it. To see him on weekends won't do for him.

C- This diagnosis is terrible... It would almost be better to know that I was going to... pass away than... It isn't true... but I the prospect of chemotherapy... my hair falling... I don't know how I will handle it.

C- It is the second time that I'll be working in telemarketing. I'm not sure if I am going to make it. Last time I flipped out. You should see the type of people we get... and the supervisors...

- If you are in doubt whether to assign this index or the previous, ask yourself if the client knows what expects him. If the client has no idea, assign the previous index. If the client has some idea that is not controlled by him, assign this index.

I3p06 Controllable future

Unlike the previous indices, this refers to a narrative of the future that is known and controllable. Include here the anticipation of a positive future or a negative future that is bearable or manageable (with particular actions and/or acceptance or emotional regulation). Unlike the previous indices, no intense negative emotion should be associated with this index. The future, even a negative one, may be accepted as such.

C- I know that this has no cure... and that I'll have crisis again. But at least I do not see myself as a crazy person. I'm just a person with a craziness (laughs).

C- This situation with the company... if it doesn't work other situations will appear.

C- She is now going to start working in shifts. I will see her much less than I do now. It is sad... but that's how it goes.

C- I now know how to deal with my tendency towards aggression. The anger is going to comeback... but I'll try not to do too much damage.

4.1) Meaning Construction Indices

- Meaning construction indices are those that represent attempts to explain or understand a particular issue or problem. They should be assigned when a client thinks about something or elaborates on a particular meaning.
- This group of indices are further divided into three themes. When you consider that the client lacks an explanation for a particular issue, assign: “I4m01 Lapse”; “I4m02 Contradiction”; “I4m03 Laughter not congruent with what is said”; “I4m04 Incapacity to assign meaning”; & “I4m05 Surprise with reaction”. When the client gives an external explanation assign: “I4m06 By chance”; “I4m07 Emotional explanation”; & “I4m08 External meaning”. When the client provides or tries to provide an explanation that is not external assign: “I4m09 Irony”; “I4m10 Detailing a problem”; “I4m11 Ambivalence in meanings”; “I4m12 Alternative view”; “I4m13 Sketch of underlying meaning”; “I4m14 Situational explanation”; & “I4m15 Creation of a metaphor”.
- “Meaning Construction Indices” can be confused with “Self Indices” in a sense that “Self Indices” can constitute understandings and explanation. The difference is therefore in the object of that understanding. While in the “Self Indices” the understanding or elaboration is about identity; in “Meaning Construction Indices”, the elaboration is on something outside or a particular behaviour or reaction. In this last case, the difference is on the level of generalization (e.g., “I did” vs. “I always do”).
- Other indices of other subgroups also represent explanations or elaborations, but the domain is also specific – emotion and time.
- Pay close attention to explanations and expressions of causality (e.g., because, since, reason, factor, motive, or explanation) and understanding (e.g., meaning, know, recognize, comprehend, or be aware of). You can also use the interventions of the therapist that focus on meanings/explanations as guides in assigning this indices.
- The explanation character of some narratives should be obvious to you, but it does not have to be explicit. Assign indices relevant to the explanation even if the client only expresses ideas sequentially, but it is clear the relationship between them.
- These indices often arise in the description of the problem or the issue that is the focus of the therapy.

I4m00 “0” code for “Meaning construction indices”

This is the code for absence of meaning construction indices.

I4m01 Lapse

Lapse here means a mistake or slip of tongue in the content of the speech. It can be a word misused. Do not assign this index if it is clear that the mistake was due to lack of knowledge or instruction. Assign this index even if the client is aware of the mistake that was made. The assignment of this index is independent of the nature of the lapse. Assign the index even if you think the lapse has no meaning.

C- I love my son [referring to the grandson], but the relationship with the mother has got worse ever since his birth.

C- When my husband was dead... arrested... Jesus! Arrested!

I4m02 Contradiction

Assign this index if the client contradicts himself. This contradiction does not need to be inside a particular utterance but can refer to earlier statements. This index is about contradictions that reveal incoherence. You should not assign this index to instances of contradiction that are not incoherent. For example, a client may change an opinion as a result of the therapist intervention. Another case is that of a client that expresses ambivalence or several perspectives about an issue. If the client expresses awareness of the conflict or of the different views, it is not a contradiction in this sense. In these cases you should consider assigning: “I4m11 Ambivalence in meanings”; “I4m12 Alternative view”; “4m13 Sketch of underlying meaning”; or “I4m14 Situational explanation”.

This index implies a degree of judgment on your part but you should not be too interpretative. Assign the index if you believe that other raters would see the contraction as well.

C- I don't want to go back to that relationship. (...)
C- When he came to our house then... crying... And my daughter seeing that scene... Why wouldn't he showed those feelings then... maybe it could have been different. And I wonder if I forgive him, things will be alright.

C- Why should I be responsible for my parents, just because I'm the younger sister and because I have more time. (...)
C- I feel obliged to... I don't know. I just do. Nowadays I feel guilty every time I take a moment for me, knowing their situation.

(In both these situations, you can easily see a conflict in the desires or explanations of these clients. You can only assign this index to this situation if the client has not expressed the existence of this conflict or ambivalence.)

- This index implies an attention to contradictions. Pay close attention to intuitions of things, in the narrative, that do not feel right. Look back and see if the client stated the opposite and assign the index only to the second utterance (i.e., the contradictory utterance).

I4m03 Laughter not congruent with what is said

This index refers to laughter that is not congruent with the verbal information. It can be instances of nervous laughter. You should not assign this index if the laughter is associated with irony. In this case assign "I4m09 Irony". Naturally, you should pay attention to instances of laughter present in the video/audio or referred in the transcript.

C- I am very distressed (laughs).

C- It is something that really frustrates me (laughs)... because... honestly... I wish I had learnt it sooner (cries).

I4m04 Incapacity to assign meaning

If the client expresses incapacity to understand a particular issue or gives an explanation for a reaction, assign this index. This can include the expression of the need to identify a reason or the desire to understand something. Pay close attention to expressions regarding these issues such as "understand", "realize", "why", "reason", "explain", "comprehend".

T- What do you think that means?
C- Yes... Well... I don't know what that means...

C- I can't explain... I don't understand why I didn't say it.

C- I feel better with him... I don't know why or how.

C- Why did she leave me? I can't think of any reason. It doesn't make sense.

- Pay attention to interventions by the therapist that are intended to explore or change meanings.

I4m05 Surprise with reaction

The central element of this index is the feeling of surprise regarding client's behaviour, thought or feeling. This index may be confused with "I2i03 Strangeness towards the self". But in this case what is unexpected is not specifically related to the self (e.g., it is not a trait or something that is self-defining) but

to a particular reaction. Pay attention to the degree of abstraction. This index refers to particular instances of reaction.

C- It is curious... I am tender with my mother, my friends... but I can't be with my daughter.

C- I am investing so much... I've been devoting so much to what I am doing... And my energies have run out... Why did that happened?

C- This week... I was amazing... She threatened me like she always does and I was unaffected.

- Pay attention to expressions relating to surprise ("it's funny that"; "surprised"; "shocked").
- Pay attention to instances when expectations are not fulfilled.

I4m06 By chance

This index refers to instances when a particular event or reaction is attributed to chance. The idea behind this index is that people generally assign a meaning or explanations to events or reactions. Therefore you should not assign this index to things that are consensually random. Pay attention to expressions of chance (e.g., "inadvertently"; "just happened"; "coincidentally"; "by chance"; or "luck").

C- It was the worst discussion yet and... And while I was arguing with her... And in the heat of things... I accidentally slapped her.

T- How did you started?

C- It just happened.

C- Fortunately my son has no deficiency or any other illness... But his behaviour... He can be quite disrespectful... I guess it was... I had a hard luck... I hate to say this... But...

- The attributions to chance can be the result of avoidance of emotions or responsibility. Pay attention to these situations.

I4m07 Emotional explanation

Assign this index in instances where the justification for the reaction is an emotion or an emotional state. It can imply that a particular reaction or meaning is determined by an emotion which is then not framed. Emotional explanation is not the explanation of the emotion, but an explanation that uses the emotion: "It is as I feel..."

T- You've told me that you believe your boss is criticising you behind your back. What makes you think of that?

C- I don't know... I just feel it. He never accepted me getting in the company.

C- I just want be under the sheets. It is something I feel and takes over.

(In the first example there is also an explanation in the last sentence. But it is not an explanation for the suspicion, that is based on the feeling itself.)

- Be aware of the use of the word feel in the context of explanations.

I4m08 External meaning

This index corresponds to an external attribution. Use this index to characterize all other explanations to reactions or meanings that use external factors to justify them. Do not use your judgments of the suitability of the attribution to assign this index. You can also assign this index to internal explanations that are presented externally, like biological explanations (e.g., "I reacted that way because of my depression").

C- My depression started... You know... It was in a period of my life that three important persons died... That leaves a mark, doesn't it.

T- What do you think contributes to your lack of motivation?

C- I don't know... I must have bad genes.

C- It all changed when... ever since her marriage... she's never been the same. My son-in-law really changed her mind.

C- That teacher really messed with my self-esteem.

C- And now that I'm forty... it is harder to learn things with age.

- One consequence of external attribution or an attribution to an externalized internal factor is that the client has no control over things. Pay attention to expressions such as "was done to me" or "I was dragged into".

I4m09 Irony

When a client conveys an idea, using expressions divergent to what is meant and with humour or sarcasm, assign this index. "I4m09 Irony" is heavily dependent on the emotional tone of voice, so pay close attention to it. This index can be instances of de-centring or avoidance.

C- My neighbour... She was making so much noise... And when I went there she said that she was doing some tidying up... It must have been tidying by smashing stuff.

C- He said that he needed to think... that he need some time off... And almost cried... poor guy.

T- Why do you think you have that bad memory.

C- It must be the age (Irony tone).

C- And I was able to say to myself... it is just the end of the world (laughs).

I4m10 Detailing a problem

Assign this index if the narrative is a detailing of a problem. This can be done through an actual definition, by thinking about it in terms of dimensions or by a contextualization. The "I4m10 Detailing a problem" can be confused with "I2i07 Identification of vulnerability (positive)" and "I3p02 Identification of a pattern". This index is distinguishable from these two because here the issue is not the self/identity or a temporal variation.

T- Can you tell me a bit more about your problems in the faculty?

C- How can I explain?... It is as if I didn't belong to that environment.

C- I am particularly shy with girls... particularly... you know... more attractive.

C- This... fake confidence... you... I know now that is related with my problems with... my difficulty in opening up... But on the other hand, it makes me quite fluent in the beginnings... when I know people.

(There is a beginning of an explanation in the last utterance, so "I4m13 Sketch of underlying meaning" is also assigned. "I4m10 Detailing the problem" is also present, because the client defines the issue and relates it to other behaviours.)

- Pay close attention to when clients are describing what brought them to therapy, the main issue of the session or the focus of the intervention.

I4m11 Ambivalence in meanings

This index refers to doubt between positions, meanings or choices. It must involve at least two ideas, meanings or choices. Do not assign this index if the ambivalence is discussed as the conflict between two emotions. In this case assign "I1e12 Emotional Ambivalence". If the two meanings are leading to two emotions, assign both indices (e.g., I feel both the anger for being humiliated and the sadness for wanting to be accepted anyway).

C- But it makes me to think on the other side. I have had enough clues that I'll not be promoted or recognized in this job.

C- I want to go to the rehearsals, because I really need to practice. But I end up not going... I am afraid I'll be a flop.

C- Most days I have little hope. I can't see anything to look for... And I know that this is not true. I have my family, my job... And... And they are what I have to look for.

(In the first utterance, there is not a clear statement of the other position. But you should assign this index because the first statement implies the existence of something that is conflictual with this view.)

I4m12 Alternative view

Assign this index if clients express an alternative view to what they believe. Sometimes the "I4m12 Alternative view" emerges on narratives about a change in beliefs or meanings. For this reason the alternative view can be assigned even if it not formulated thoroughly. Also assign this index if the alternative view was given by other people.

Do not assign "I4m12 Alternative view" if the alternative perspective is given in the context of ambivalence. The difference here is that, unlike in the case of ambivalence, the alternative view is still alien to the person.

C- I would like to think... "I'm being stubborn. It doesn't have to be like I want".

C- I never was the kind of person to compliment others. I always preferred actions, because words are cheap. But my wife resents that... So I guess I can see the importance.

C- It is hard to imagine her leaving the house... Where will I... How can I protect her. I can see that it is an healthy separation... but it is hard.

I4m13 Sketch of underlying meaning

This index implies that none of the above was assigned for the same segment. It should be assigned when the narrative is an attempt to understand or is a quasi-explanation. You should also assign this index in the case of tentative explanations. Pay close attention to expressions that reflect this process such as: "I am starting to think" or "now that I see it this way" and to expressions of doubt about an understanding.

C- How can I explain? It is if... I was a different person... the need to... the need to act takes over and I am a different person... a person in action and not thinking about it.

C- It is exhausting thinking... always being concerned about them... all the time. But you... you as a mother... you... It is your duty, isn't it? So at the same time... you know.

C- It was not the fact that I was young that mattered. I still have that... innocence. It is... I often trust people, you know? Now, as it was when I was 18.

(In all these instances there is an attempt to explain or understand and that attempt is not made as a certainty or as a theory. In a sense the new meaning can be seen as being drafted in the narrative.)

- Pay very close attention to the first time a client thinks about an issue.

14m14 Situational explanation

Assign this index when a person presents an explanation that is specific to a particular context. It is often used to explain past events in relation to a more recent understanding.

C- When I go out... me and BOYFRIEND... and we meet a girl... especially if she's good looking. I immediately become jealous... I immediately think I am the ugliest woman in the world. And this is not who I am.

C- I married him because I thought it would change him... I ended up being changed myself... and for the worst.

C- I guess with FRIEND it is different because he has that lack of seriousness... It's hard to imagine him criticising me.

14m15 Creation of a metaphor

A metaphor here is an image or idea that is used to describe or represent another. Assign this index even if the metaphors are common or shared by your culture (e.g., I was like a fish in the water).

C- It was as if I had not cut the tree, but just trimmed it, you know?

C- He built a wall around him.

- Do not assign this index if the metaphor was introduced by the therapist, unless the client changes it.

4.2) Self-Verbalizations and Introspection Indices

- This group of indices depicts two different aspects of thinking about thinking. The first is the ability to describe actual thoughts or self-verbalizations or self-instructions. The second aspect is the capacity to talk about cognitive processes involving thought, memory or planning action.
- These indices may be revealing of decentring or self-regulation.
- This group of indices further divides into three themes. The first corresponds to talking about avoidance and includes: "14v01 Inability to think"; "14v02 Egosyntonic non-thinking/speaking"; & "14v03 Deliberate non-thinking/speaking". When the client uses self-talk to deal with something assign: "14v04 Optimistic self-verbalizations"; "14v05 Self-critical/motivational verbalizations"; & "14v06 Verbalizations resulting from elaboration". Finally, when the client talks about a cognitive process or plans actions assign: "14v07 Mentions a thought"; "14v08 Mentions a cognitive process"; "14v09 Actions to deal with the problem"; "14v10 States a new awareness"; & "14v11 Reference to the therapy".
- Pay close attention to when the client mentions thoughts as a quote (e.g., I said to myself: "stop it"). If you are use transcripts look out for the use of quotation marks.

14v00 "0" code for "Self-verbalization and introspection indices"

This is the code for absence of self verbalizations or introspection indices.

14v01 Inability to think

These three next indices represent instances in which avoidance is mentioned. The first is assigned when clients consider that they can't think about a particular issue. The second corresponds to an avoidance that is judged as useful, functional or reasonable. In the third the client assumes that the avoidance is necessary at that point.

The present index corresponds to the expression of incapacity to think about an issue. Unlike the next two, this index is associated with distress. Pay attention to the direct statement of the inability or incapacity to think, imagine, reflect, or feel (used as synonym of intuition).

C- I still can't think about my mother... The fact that she's... gone. It is still very... it hurts a lot.

C- I am forgetting things frequently... If I have to get something from the kitchen... and I arrive there... and I've completely forgot. And it scares... It comes to my mind... I can't imagine what it would be like if... I can't.

I4v02 Egosyntonic non-thinking/speaking

Assign this index if the avoidance of thinking or speaking makes sense to the client. It can be seen as useful, functional or reasonable. Despite being consonant, you may see uneasiness, particularly if it was the therapist that brought up the issue.

T- Last week you've told me about the possibility of ending the relationship...

C- No. I have forgotten that... Things have been going well.

C- I don't like to talk about these issues... What is the point?

C- I am sick of thinking about this... it has become fairly masochist. Yesterday, I picked myself up, threw myself in the shower and kicked myself out of the house.

I4v03 Deliberate non-thinking/speaking

There is a subtle difference between this index and the previous. In this, the avoidance is seen as a way to deal with a particular issue. Client may recognize that the confrontation is necessary, but not at this point. Your judgment about the utility of the avoidance as coping style may be important here. Assign this index only to instances in which avoidance would be consensually admitted as useful. The exception is when the client describes avoidance as a temporary thing. Here, always assign this index. Also assign if the avoidance is seen as a negative thing (because it implies that the client wishes to address the issue).

C- I think that those two weeks will be good for me. Far from sight, far from heart. I will have time to relax, feel good about myself. I have made a promise not to think of what happened while I'm there.

C- I tried not to memorize the date. I am the kind of person that always remembers the dates.

C- I think we never talked about this. I try not to think of this when I am down.

C- I know I'm always escaping from this...

(The last utterance is an instance of avoidance being seen as a negative thing.)

I4v04 Optimistic self-verbalizations

Assign this index if the client expresses a self-verbalization or regulatory statement or instruction of a positive nature. They can constitute phrases to tranquilize, positive explanations or optimist instructions. This index may also apply to what some therapists call rationalizations, but only when these explanations are clearly optimistic.

C- It is horrible... And while I am there I keep saying "It will pass", "It will pass".

C- Well... other times I think that maybe my child is just going through a phase.

C- I think that he left because I... well because he wasn't attracted any more... But sometimes I find myself saying that he needed some time off.

(In the last utterance you should assign this index and not “I4m11 Ambivalence in meanings” because the client states that it is something she says to herself as if she was convincing herself. You should only assign this index and not “I4v06 Verbalizations resulting from elaboration” because the client shows little belief in the verbalization.)

- Pay attention to out of the blue optimism and self-persuasive statements.
- Pay attention to expressions such as “say to myself”; “think to myself” and thought being expressed as speeches that, in the transcription can be signalled with quotation marks.

I4v05 Self-critical/motivational verbalizations

This index refers to verbalizations that are self-critical. Nevertheless, these verbalizations may have a motivational goal.

C- And I think “Don’t be stupid. You don’t have to tolerate that!”

C- You know what she said? She said that I should respect her! She! She was the one saying that. I said to myself “don’t be a wimp” and I said it... I said that she was the one being disrespectful.

C- Every time I arrive to the office, I feel that desire to distract myself with something else... and I try to think “This will not do”... But... I always end up doing nothing again.

I4v06 Verbalizations resulting from elaboration

This index refers to verbalizations that are a result of a new understanding or the process of elaboration. Include here verbalizations that are the result of a new perspective or that have a coping value. Do not assign this index to motivational statements that are self critical. In this case assign the previous index.

C- Sometimes I deliberately try to think that I can’t see only the bad things in them. I know I just want the best things for them, but I have to try and look for their qualities and appreciate them.

C- I was at home... and alone at last... saying to myself “I am alone here and I am fine. I can have fun on my own too”.

C- I was thinking about what we discussed last week. I could hear your question “What would your father think if he was alive and here with you?”. And I imagined all the things he would say... “That he was proud of me”, “That I was a good mother”.

(The last utterance can be seen as an instance of self-verbalization because it is what the client imagines her father would say.)

- Pay attention to references to implementing internal change.

I4v07 Mentions a thought

Assign this index every time a client refers to a particular thought. Do not assign this index if that thought has been assigned with any other index of this sub-group. The thought must be described as an object that the client is thinking about. If you are using a transcript, pay attention to quotation marks.

C- It is a turmoil in my mind all kinds of things come to mind... “Why did she have to go”. “Why would this happen to me”.

C- I was happily going to meet her. And then it came to me “What am I doing”.

C- I chose that course because of the prospects... career wise. But when I was filling the form it occurred to me that I should be considering that satisfies me as well.

I4v08 Mentions a cognitive process

When the client is referring to a cognitive process other than insight or action planning (e.g., memory, attention, or perception) assign this index.

C- When Christmas comes I always remember the Christmas we spent together.

C- When I look into my old childhood albums there is a gap. It is a period in my life that I can't recall.

C- This week I tried to look at things differently.

C- I always pay more attention to the flaws in my report than what is good about it.

C- I do that to check if I am losing it.

I4v09 Actions to deal with the problem

This index refers to the planning of actions to deal with an issue or as a result of an understanding. It does not have to be a functional or useful action. The action can already have taken place but you should assign this index anyway if it was premeditated to deal with an issue.

C- Now, instead of driving, I am walking or taking lifts. I have managed to save a lot of money this way.

C- I test him to see if he loves me... I know it is stupid... Last week I mentioned the case of a friend of mine that had been betrayed just to check what he had to say.

C- I am trying to be more assertive now. I am almost picking fights (laughs).

- Pay close attention to therapist interventions aimed at promoting action.
- This index may be confused with "I2116 Idea of training". The idea of training implies a building up of a competence, while the actions to deal with an issue are more related with the idea of coping.

I4v10 States a new awareness

Assign this index if the client explicitly mentions an insight or a newfound awareness. Pay attention to expressions such as "I realized", "conscious", "understood", "comprehended", "became aware", and so on.

C- I wasn't aware of that... I acted impulsively.

C- When I got home it finally came to me... I finally became aware of the consequences of my decision.

C- Last session was very important. I had never had thought of my relationship with my brother in that light.

(The last utterance represents an insight that may have been induced by the therapist. You should assign this index in these situations as well.)

I4v11 Reference to the therapy

This index is present when the client refers to something that the therapist said; something the client thought or did as a consequence of the therapy; or a particular subject that was discussed. It can be from within that session (except if it refers to something that is currently being discussed) or from a previous session.

This index reflects a spontaneous initiative from the client. So it is not applicable to instances when the reference was made by the therapist. For example, it does not include a reference to an earlier session, made by the therapist, or to homework assignment.

T- Have you been feeling alone?

C- Yes. I even had considered, from what we talked last session, to contact old friends. But then a funny thing happened. I received a phone call from an old boyfriend and I completely forgot.

C- And I said to him "Either you clean your room, or you will not play with the computer". And when he started to answer back, I said "My psychologist said that you should respect your parents".

T- Did I say that?

C- Well... no. But I needed a hand (laughs). And we were talking about it, anyway.

(You should assign the index in both situations. In the first there is an action that the client decided to do as a result from what was discussed in therapy. In the second, despite acknowledging that her action was on her own, the client situates her actions as a result from the work done in therapy.)

Client Code _____

Session Code _____

Utterance (Time)	General Indices		Emotion Indices		Identity/Other Indices		Time Indices		Elaboration/Thinking Indices		Observ.
	Therapist Codes	Client Response Indices	Emotion	Confusion	Identity	Other	Phase	Past/ Future	Meaning	Self Verbalizations	
		-	-	-	-	-	-	-	-	-	-
	-										
		-	-	-	-	-	-	-	-	-	-
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		-	-	-	-	-	-	-	-	-	-
	-										

Appendix G
Stepped Analysis to Adjust the Dimensions

0) Inter-rater reliability of the individual indices

	Intraclass Correlation		F Test	
	Single Measures	Average Measures	Value	Sig
RT1 CT1	.93	.96	27.24	.00
RT2 CT2	.46	.63	2.68	.00
RT3 CT3	.59	.74	3.86	.00
RT4 CT4	.71	.83	5.92	.00
RT5 CT5	.97	.98	65.19	.00
RT6 CT6	.88	.94	16.20	.00
RIZT1 CIZT1	.95	.98	40.38	.00
RIZT2 CIZT2	.87	.93	14.59	.00
RIZT3 CIZT3	-.03	-.07	0.93	.57
RIZT4 CIZT4	-.15	-.34	0.74	.78
RIZT5 CIZT5	.94	.97	34.76	.00
RIZT6 CIZT6	.19	.32	1.47	.15
RIZT7 CIZT7	.78	.88	8.06	.00
RI1e01 CI1e01	.71	.83	6.01	.00
RI1e02 CI1e02	.75	.86	7.05	.00
RI1e03 CI1e03	.09	.17	1.20	.31
RI1e04 CI1e04	.38	.55	2.21	.02
RI1e05 CI1e05	.38	.55	2.21	.02
RI1e06 CI1e06	.04	.08	1.09	.41
RI1e07 CI1e07	.20	.34	1.51	.13
RI1e08 CI1e08	-.05	-.10	0.91	.60
RI1e09 CI1e09	.08	.16	1.18	.32
RI1e10 CI1e10	.31	.48	1.92	.04
RI1e11 CI1e11	.46	.63	2.70	.00
RI1e12 CI1e12	.35	.51	2.06	.03
RI1e13 CI1e13	-.03	-.06	0.95	.56
RI1s01 CI1s01	.58	.74	3.81	.00
RI1s02 CI1s02	.60	.75	3.98	.00
RI1s03 CI1s03	.33	.49	1.97	.03
RI1s04 CI1s04	.52	.69	3.18	.00
RI2i01 CI2i01	.90	.95	18.53	.00
RI2i02 CI2i02	.79	.88	8.45	.00
RI2i03 CI2i03	-.12	-.26	0.79	.73
RI2i04 CI2i04	.69	.81	5.39	.00
RI2i05 CI2i05	.63	.77	4.38	.00
RI2i06 CI2i06	.28	.43	1.77	.06
RI2i07 CI2i07	.03	.06	1.06	.43
RI2i08 CI2i08	.34	.51	2.03	.03
RI2i09 CI2i09	.64	.78	4.55	.00
RI2i10 CI2i10	.38	.55	2.22	.02
RI2i11 CI2i11	.24	.39	1.63	.10
RI2i12 CI2i12	.14	.24	1.32	.22
RI2i13 CI2i13	.45	.62	2.61	.01
RI2i14 CI2i14	.44	.61	2.56	.01
RI2i15 CI2i15	.21	.35	1.53	.13
RI2i16 CI2i16	.22	.36	1.56	.12
RI2i17 CI2i17	.23	.37	1.58	.11
RI2o01 CI2o01	.73	.84	6.29	.00
RI2o02 CI2o02	.18	.30	1.44	.16
RI2o03 CI2o03	.51	.68	3.10	.00

RI2o04 CI2o04	.70	.82	5.62	.00
RI2o05 CI2o05	.43	.60	2.52	.01
RI2o06 CI2o06	.07	.12	1.14	.36
RI2o07 CI2o07	.56	.72	3.54	.00
RI2o08 CI2o08	-.08	-.18	0.85	.67
RI3f01 CI3f01	-.06	-.14	0.88	.63
RI3f02 CI3f02	.74	.85	6.78	.00
RI3f03 CI3f03	.88	.93	15.14	.00
RI3f04 CI3f04	.38	.55	2.23	.02
RI3f05 CI3f05	.29	.45	1.83	.05
RI3p01 CI3p01	.60	.75	4.01	.00
RI3p02 CI3p02	.05	.10	1.11	.39
RI3p03 CI3p03	.17	.28	1.40	.18
RI3p04 CI3p04	.62	.77	4.33	.00
RI3p05 CI3p05	.56	.72	3.54	.00
RI3p06 CI3p06	.18	.31	1.44	.16
RI4m01 CI4m01	.73	.85	6.54	.00
RI4m02 CI4m02	-.08	-.18	0.85	.67
RI4m03 CI4m03	.79	.88	8.35	.00
RI4m04 CI4m04	.62	.76	4.24	.00
RI4m05 CI4m05	.37	.54	2.19	.02
RI4m06 CI4m06	.65	.79	4.75	.00
RI4m07 CI4m07	.05	.09	1.10	.40
RI4m08 CI4m08	.43	.60	2.52	.01
RI4m09 CI4m09	.22	.36	1.57	.11
RI4m10 CI4m10	.08	.14	1.16	.34
RI4m11 CI4m11	.70	.82	5.59	.00
RI4m12 CI4m12	.05	.09	1.10	.39
RI4m13 CI4m13	.31	.48	1.91	.04
RI4m14 CI4m14	.22	.36	1.57	.11
RI4m15 CI4m15	.83	.91	10.83	.00
RI4v01 CI4v01	-.06	-.14	0.88	.63
RI4v02 CI4v02	.21	.35	1.55	.12
RI4v03 CI4v03	.33	.50	2.00	.03
RI4v04 CI4v04	.40	.57	2.34	.01
RI4v05 CI4v05	.07	.14	1.16	.35
RI4v06 CI4v06	.34	.51	2.05	.03
RI4v07 CI4v07	.41	.58	2.40	.01
RI4v08 CI4v08	.11	.19	1.24	.28
RI4v09 CI4v09	.14	.24	1.32	.23
RI4v10 CI4v10	.49	.66	2.92	.00
RI4v11 CI4v11	.13	.22	1.29	.25

1) Qualitative analysis

Absence	Avoidance	Crystallized	Pain
I1e05 Being good or bad; I2i13 Exterior change; I3f01 A time when it was different (not specified); I3f03 Not yet (not specified); I4m01 Lapse; I4m02 Contradiction; I4m03 Laughter not congruent with what is said.	I1e01 Emotional minimization; I1e03 Strategy to avoid emotion; I1e06 Externalized emotion; I4v02 Egosyntonic non-thinking/speaking; I4v03 Deliberate non-thinking/speaking; I4v04 Optimistic self-verbalizations.	I1e07 Emotion stated by symptom; I1e08 Emotion of outside origin; I2i05 Useless self-criticism; I2o01 The other is wrong; I3p01 Past as cause; I4m06 By chance; I4m07 Emotional explanation; I4m08 External meaning; I4v05 Self-critical/motivational verbalizations.	I1e02 Overwhelming emotions ; I1e04 Criticism for emotion; I1s01 I am lost/Confusion; I1s02 Impotence; I1s03 Indifference/resignation I1s04 Hopelessness in change; I2i02 Not knowing who I am; I2i04 Self-contempt; I2i06 Enough (negative); I3p04 Unknown future; I3p05 Uncontrollable future; I4m04 Incapacity to assign meaning; I4v01 Inability to think.

Naming	Strangeness	Sketches	Different Views	Action
I1e10 Detailing emotional experience; I1e11 Detailing the body; I2i07 Identification of vulnerability (positive); I2i08 Identification of goal/need (positive); I2i11 Self-assertion; I3f02 A time when SOMETHING was different; I3f04 Not yet TARGET; I3p06 Controllable future; I4m10 Detailing problem.	I1e09 Emotion of unknown origin; I2i01 Do it unconsciously; I2i03 Strangeness towards the self; I2o05 Strangeness towards the other; I4m05 Surprise with reaction; I4m14 Situational explanation.	I1e12 Emotional ambivalence; I1e13 Meaning underlying emotion; I2i10 Assuming responsibility; I2i12 Self seen as parts; I2o02 The other will not change; I2o07 Explaining the other; I3f05 In this phase; I3p02 Identification of a pattern; I3p03 Exception to a pattern; I4m11 Ambivalence in meanings; I4m13 Sketch of underlying meaning.	I2i09 I'm not the only one; I2o03 The other is/ reacts differently; I2o04 The other is/ reacts similarly; I2o06 Other's perspective; I2o08 Relationship seen as circular; I4m09 Irony; I4m12 Alternative view; I4m15 Creation of a metaphor; I4v11 Reference to the therapy.	I2i14 Non-specified change; I2i15 Change in state/behaviour; I2i16 Idea of training.; I2i17 Identity change; I4v07 Mentions a thought; I4v06 Verbalizations resulting from elaboration; I4v08 Mentions a cognitive process; I4v09 Actions to deal with the problem; I4v10 States a new awareness.

2) Original alphas

	Alpha (>.70)	N	
Absence	.191	7	I1e05 I2i13 I3f01 I3f03 I4m01 I4m02 I4m03
Avoidance	-.200	6	I1e01 I1e03 I1e06 I4v02 I4v03 I4v04
Crystallized or External explanations	.019	9	I1e07 I1e08 I2i05 I2o01 I3p01 I4m06 I4m07 I4m08 I4v05
Pain from lack of elaboration (Dissonant)	.729	13	I1e02 I1e04 I1s01 I1s02 I1s03 I1s04 I2i02 I2i04 I2i06 I3p04 I3p05 I4m04 I4v01
Naming	.411	9	I1e10 I1e11 I2i07 I2i08 I2i11 I3f02 I3f04 I3p06 I4m10
Strangeness	.662	6	I1e09 I2i01 I2i03 I2o05 I4m05 I4m14
Sketches	-.021	11	I1e12 I1e13 I2i10 I2i12 I2o02 I2o07 I3f05 I3p02 I3p03 I4m11 I4m13
Different views	.111	9	I2i09 I2o03 I2o04 I2o06 I2o08 I4m09 I4m12 I4m15 I4v11
Action	.587	9	I2i14 I2i15 I2i16 I2i17 I4v06 I4v07 I4v08 I4v09 I4v10

3) Deletion to meet alpha criterion & ICC (1,1)

	intraclass correlation (>.70)	Alpha (>.70)	N	
Absence	Single .598 Average .749	.332	2	I1e05 I3f03
Avoidance	Single .130 Average .230	.582	2	I1e06 I4v04
Crystallized	Single .714 Average .833	.589	6	I1e08 I2i05 I4m06 I4m07 I4m08 I4v05
Pain	Single .852 Average .920	.729	13	I1e02 I1e04 I1s01 I1s02 I1s03 I1s04 I2i02 I2i04 I2i06 I3p04 I3p05 I4m04 I4v01
Naming	Single .718 Average .836	.709	3	I1e11 I2i07 I3f02
Strangeness	Single .559 Average .717	.741	5	I1e09 I2i03 I2o05 I4m05 I4m14
Sketches	Single .151 Average .263	.390	7	I1e12 I1e13 I2i10 I2i12 I3f05 I3p02 I3p03
Different views	Single .466 Average .635	.404	2	I2o03 I4m09
Action	Single .595 Average .746	.774	3	I2i14 I2i16 I2i17

- Merge dimensions that do not reach alpha criterion (Sketches and Different Views & Absence, Avoidance and Crystallized)
- Merge naming and strangeness due to the smallness of naming and the lack of interrater reliability of strangeness

4) Merge dimensions

- Delete indices to meet alpha criterion

	Alpha (>.70)	N	
External Distress	.708	17	I1e05 I2i13 I3f01 I4m02 I4m03 I1e03 I1e06 I4v03 I4v04 I1e07 I1e08 I2i05 I3p01 I4m06 I4m07 I4m08 I4v05
Pain	.729	13	I1e02 I1e04 I1s01 I1s02 I1s03 I1s04 I2i02 I2i04 I2i06 I3p04 I3p05 I4m04 I4v01
Noticing	.712	14	I1e10 I1e11 I2i07 I2i08 I3f02 I3f04 I3p06 I4m10 I1e09 I2i01 I2i03 I2o05 I4m05 I4m14
Decentring	.623	7	I1e12 I2i10 I4m13 I2o03 I4m09 I4m12 I4v06
Action	.774	3	I2i14 I2i16 I2i17

5) Check for independence of the indices and dimensions

Spearman's rho		external	pain	noticing	decentring	action
External			.490	.482	.315	.016
pain		.490		.384	.466	-.168
noticing		.482	.384		.622	.142
decentring		.315	.466	.622		.119
action		.016	-.168	.142	.119	
I1e05		.343	.163	.208	.013	.222
I2i13	Remove	.358	.257	.455	.249	.272
I3f01		.281	-.137	.244	-.080	.104
I4m02	Remove	-.147	-.158	.009	-.144	-.415
I4m03		.563	.290	.411	.467	.103
I1e03	Remove	-.131	-.107	.049	.035	.334
I1e06	Remove	-.031	-.100	-.029	-.153	-.180
I4v03	Remove	.133	.050	.160	.192	.040
I4v04	Remove	.274	.144	.537	.206	-.067
I1e07		.372	.172	.115	-.072	-.245
I1e08		.535	.110	.109	-.224	-.119
I2i05		.521	.409	.401	.560	-.020
I3p01		.388	.142	.182	.308	.195
I4m06	Remove2	.412	.347	.097	.121	.072
I4m07		.518	.444	.180	.021	-.225
I4m08		.668	.454	.359	.401	-.075
I4v05		.340	.097	-.023	.178	-.049
I1e02	Remove2/Add	.337	.440	.299	.143	-.246
I1e04		.175	.282	.146	.295	-.187
I1s01		.142	.572	.440	.529	-.016
I1s02		.310	.702	.192	.352	-.010
I1s03		.249	.427	.119	.057	-.141
I1s04		.243	.471	.204	.252	.097
I2i02		.301	.379	.290	.360	.149
I2i04	Remove	.106	.197	.498	.426	.012
I2i06		.358	.629	.456	.439	-.004
I3p04		.205	.524	-.048	.041	-.019
I3p05		.010	.492	-.231	-.137	-.317
I4m04		.336	.606	.255	.395	-.123
I4v01		-.036	.215	.076	-.139	-.030
I1e10		.258	-.112	.497	.149	.102
I1e11		.299	.264	.346	.195	.010
I2i07	Remove2	.332	.384	.694	.452	-.034
I2i08	Remove2/Add	.073	.202	.605	.591	.165
I3f02	Remove (*)	.422	.286	.367	.237	.120
I3f04	Remove/Add	.302	.140	.017	.128	.483
I3p06	Remove (*)	-.058	-.095	-.011	.085	-.040
I4m10	Remove	.134	.104	.066	-.005	-.084
I1e09	Remove	.177	.122	-.114	-.063	-.187
I2i01		-.095	-.076	.331	.107	.055
I2i03	Remove2	.210	.242	.577	.442	.025
I2o05		.179	.251	.277	.151	-.155
I4m05		.272	.393	.650	.479	-.110
I4m14		.361	.183	.421	.361	.006
I1e12		.177	.112	.245	.231	.149
I2i10		.384	.302	.597	.614	.283
I4m13		.195	.515	.530	.908	.030
I2o03		.042	.162	.065	.481	.160
I4m09		.063	.318	.406	.591	-.004
I4m12	Remove	.404	.305	.349	.274	-.174
I4v06		.222	-.018	.225	.346	.038
I2i14		.129	-.098	.239	.234	.833
I2i16		-.090	-.197	-.232	-.249	.620
I2i17		.179	-.263	.171	.057	.649

I1e01		-.069	.019	.064	.074	.288
I1e13		.161	.313	.120	-.221	-.221
I2i09		.029	.266	.309	.264	-.003
I2i11		.312	.092	.171	.173	.298
I2i12		-.187	.152	-.013	.149	-.021
I2i15		.586	.279	.555	.520	.280
I2o01		-.223	.026	-.257	-.097	-.041
I2o02		.096	.088	-.225	-.362	.077
I2o04		.333	.120	.035	.006	.066
I2o06		.018	-.081	-.091	-.371	.070
I2o07		-.055	-.220	-.215	-.173	.215
I2o08		.252	.174	.318	.314	-.087
I3f03	Add	.240	.185	.110	.474	.346
I3f05		.209	.068	.064	.065	.146
I3p02	Add	.145	.290	.175	-.063	-.094
I3p03		-.143	.014	.004	-.174	.075
I4m01		-.090	-.032	-.159	-.224	-.176
I4m11		.339	.309	.152	.238	-.010
I4m15		.276	.055	.072	.172	.154
I4v02		.112	.159	-.037	.286	-.078
I4v07		.279	.180	.275	.273	.088
I4v08		.422	.309	.480	.319	.152
I4v09		-.161	.199	.201	.155	.113
I4v10	Add	.184	.402	.162	.335	.009
I4v11		.027	-.206	.120	.074	.353

- delete indices that either show a negative correlation or that show a greater correlation with other dimensions
 - considerer removing indices that overlap if it makes sense conceptually (Remove2)
 - add indices if they have a good correlation and make sense conceptually
- (*) Indices kept after calculating the Cohen's Kappa

Recalculate Kappa and delete to meet criterion

		intraclass correlation (>.70)	Alpha (>.70)	N	
External Distress	Single	.688	.757	11	I1e05 I3f01 I4m03 I1e07 I1e08 I2i05 I3p01 I4m07 I4m08 I4v05 I1e02
	Average	.815			
Pain	Single	.760	.702	9	I1e04 I1s01 I1s02 I1s03 I1s04 I2i02 I2i06 I3p04 I4m04
	Average	.863			
Noticing	Single	.734	.718	9	I1e10 I1e11 I2i01 I2o05 I4m05 I4m14 I3p02 I3p06 I3f02
	Average	.847			
Decentring	Single	.690	.697	8	I1e12 I2i10 I4m13 I2o03 I4m09 I4v06 I2i08 I4v10
	Average	.816			
Action	Single	.880	.803	5	I2i14 I2i16 I2i17 I3f03 I3f04
	Average	.936			

6) Final version

	Intraclass correlation (>.70)	Alpha (>.70)	N	
External Distress	Single .728 Average .843	.774	11	I4m03 I4v04 I1e07 I2i05 I4m07 I4m08 I1e02 I4v05 I1e05 I3f01 I3p01
Pain	Single .760 Average .863	.702	9	I1e04 I1s01 I1s02 I1s03 I1s04 I2i02 I2i06 I3p04 I4m04
Noticing	Single .734 Average .847	.718	9	I1e10 I1e11 I3f02 I3p06 I2o05 I4m05 I4m14 I3p02 I2i01
Decentring	Single .690 Average .816	.697	8	I1e12 I2i10 I4m13 I2o03 I4m09 I2i08 I4v10 I4v06
Elaboration about thinking and action	Single .880 Average .936	.803	5	I2i14 I2i16 I2i17 I3f03 I3f04

New dimensions with added indices and rejected indices of the old dimensions.

Absence	Avoidance	Crystallized	Pain
I2i13 Exterior change; I4m01 Lapse; I4m02 Contradiction.	I1e01 Emotional minimization; I1e03 Strategy to avoid emotion; I1e06 Externalized emotion; I4v02 Egosyntonic non-thinking/speaking; I4v03 Deliberate non-thinking/speaking.	I1e08 Emotion of outside origin; I2o01 The other is wrong; I4m06 By chance.	I2i04 Self-contempt; I3p05 Uncontrollable future; I4v01 Inability to think.
External			Pain
I3f01 A time when it was different (not specified); I4m03 Laughter not congruent with what is said I1e05 Being good or bad; I4v04 Optimistic self-verbalizations I1e07 Emotion stated by symptom; I2i05 Useless self-criticism; I3p01 Past as cause; I4m07 Emotional explanation; I4m08 External meaning; I4v05 Self-critical/motivational verbalizations I1e02 Overwhelming emotions.			I1e04 Criticism for emotion; I1s01 I am lost/Confusion; I1s02 Impotence; I1s03 Indifference/resignation I1s04 Hopelessness in change; I2i02 Not knowing who I am; I2i06 Enough (negative); I3p04 Unknown future; I4m04 Incapacity to assign meaning.

Naming	Strangeness	Sketches	Different Views	Action
I2i07 Identification of vulnerability (positive); I2i11 Self-assertion; I4m10 Detailing problem.	I1e09 Emotion of unknown origin; I2i03 Strangeness towards the self.	I1e13 Meaning underlying emotion; I2i12 Self seen as parts; I2o02 The other will not change; I2o07 Explaining the other; I3f05 In this phase; I3p03 Exception to a pattern; I4m11 Ambivalence in meanings.	I2i09 I'm not the only one; I2o04 The other is/reacts similarly; I2o06 Other's perspective; I2o08 Relationship seen as circular; I4m12 Alternative view; I4m15 Creation of a metaphor; I4v11 Reference to the therapy.	I2i15 Change in state/behaviour; I4v07 Mentions a thought; I4v08 Mentions a cognitive process; I4v09 Actions to deal with the problem.
Noticing		Decentring		Action
I1e10 Detailing emotional experience; I1e11 Detailing the body; I3f02 A time when SOMETHING was different; I3p06 Controllable future; I2i01 Do it unconsciously; I2o05 Strangeness towards the other; I4m05 Surprise with reaction; I4m14 Situational explanation I3p02 Identification of a pattern.		I1e12 Emotional ambivalence; I2i10 Assuming responsibility; I4m13 Sketch of underlying meaning I2o03 The other is/reacts differently; I4m09 Irony; I2i08 Identification of goal/need (positive); I4v10 States a new awareness I4v06 Verbalizations resulting from elaboration.		I2i14 Non-specified change; I2i16 Idea of training.; I2i17 Identity change; I3f03 Not yet (not specified); I3f04 Not yet TARGET.

Appendix H

Original and Translated Versions of the Interview Script

0- Podia-me falar um pouco o cliente em causa [pergunta de aquecimento]

1- Qual foi o objecto ou foco da terapia? [Obj: *Identific. dos Temas e Processos Centrais*]

1.1- [caso a resposta se foque em temas ou conteúdos] Quais eram no início as conseqüências para o cliente desses temas ou assuntos? [Se pouco claro] Em que é que esses temas se reflectiam em termos emocionais ou de comportamento?

1.2- [caso a resposta não se foque nos conteúdos] Quais os temas ou assuntos mais significativos para o cliente?

2- Considera que o cliente mudou, influenciado pelo trabalho psicoterapêutico? (Caso ausência de mudança ou mudança circunstancial (fora da terapia) passar à questão C)

3- Até onde acha que foi o cliente, durante estas sessões, em termos do trabalho terapêutico? [Obj:

Extensão da mudança]

3.1- [caso a resposta se foque em temas ou conteúdos] Em que é que essa mudança nos temas/narrativas/assuntos do cliente se reflectiram na sua vida ou na terapia?

3.2- [caso a resposta não se foque nos conteúdos] Como é que acha que foi a mudança na narrativa ou nos assuntos do cliente?

3.3- [caso a pessoa se tenha focado nos conteúdos em si ou em processos relevante fora da terapia] Como evoluiu a maneira de falar desses assuntos?

4- Como é que foi a mudança do cliente ao longo da terapia? [Obj: *Modo/tipo de mudança*]

4.1 [caso a resposta se foque em mudanças contínua] Acha que houve algum momento em sessão ou alguma sessão que tenha sido particularmente relevante?

4.2 [caso a resposta se foque em mudanças abruptas] Tirando essa sessão/esse momento, como descreve a mudança do cliente ao longo das sessões?

5-O que é que, no cliente, facilitou a mudança? [Obj: *Proc. do pac. relevantes na mudança*]

5.1- [Se terapeuta se foca em algo fora da terapia – ex. características do cliente] Em que é que _____ se reflectiu nas sessões propriamente ditas?

6- O que é que no cliente dificultou a mudança?

6.1- Questão 5.1

C- Não tendo ocorrido mudança significativa (usar expressão do terapeuta) o que é que acha que, em termos do cliente, dificultou a evolução na terapia [Obj: *Processos do cliente relevantes na mudança*]

A.1- [Se terapeuta se foca em algo fora da terapia – ex. acontecimentos ou características do cliente] Em termos das sessões propriamente ditas, o que é que no cliente dificultou a mudança?

D- O que acontecia quando em terapia se trabalhavam novos significados ou se promoviam novas mudanças?

Translation

0- Could you tell me a little about this client [warm-up question]

1- What was the object or focus of the therapy? [Goal: Identification of central themes or processes]

1.1- [In the case the answer focus on themes or contents] What were, in the beginning, the consequences for the client of those themes or subjects? [If not clear] In what did those themes reflect in emotional or behavioural terms?

1.2- [In the case the answer does not focus on the contents] What were the most significant themes or subjects for the client?

2- Do you consider that the client has changed, influenced by the psychotherapy? (In the case of absence of change or circumstantial change (outside of therapy) please go to question C)

3- How far do you think the client went, during these sessions, in the psychotherapy intervention? [Goal: Degree of change]

3.1- [In the case the answer focus on themes or contents] How did that change in the themes/narratives/issues of the client reflected in his life or in the therapy?

3.2- [In the case the answer does not focus on the contents] How do you think the client changed in his narrative or themes?

3.3- [In the case the answer focused on the contents or in processes outside the therapy] How did evolve the manner of speaking about those issues?

4- How did change occur in psychotherapy? [Goal: Mode/Type of change]

4.1 [In the case the answer focus in continuous changes] Do you think there was any moment in a session or any session that were particularly relevant?

4.2 [In the case the answer focus on abrupt changes] Besides that session/moment, how do you describe the change of the client in psychotherapy?

5- What, in the client, facilitated change? [Goal: Client processes relevant in change]

5.1- [If the therapist focuses in something outside of therapy – e.g., client characteristics] In what did _____ reflected in the therapy sessions?

6- What, in the client, made change harder?

6.1- Question 5.1

C- If no significant change (use therapist expression) what do you think that, in the client, made the evolution of therapy harder? [Goal: Client processes relevant in change]

C.1- [If the therapist focus in something outside of therapy – e.g., events or client characteristics] In terms of the actual sessions, what, in the client, made change harder?

D- What happened when, in therapy, new meanings emerged or new changes were promoted?

Appendix I

Translation of the Interviews with the Therapists of the Selected Cases

B04 – The man who shelters under his understanding

I – Could you tell me a bit about this case?

T – I can't remember what his initial presenting problem was. He spent the first session talking about his mother, because he was very angry. His story is like this: his parents separated, and he and his mother started living with his grandmother's house. It was a very confusing family and he and his mother had a lot of conflicts. He blamed his mother for many things in his life, inclusive the fact that he was born, and that she choose that men to be his father. He blamed her for all frustrations in his life, but at the same time he also laughed as if it didn't make any sense. It is as if he was running from something by putting all the responsibility on his mother. And there was also a very important thing that worried him: He was unable to do choices. He was unable to choose what he wanted to do professionally, and he was always boycotting himself. He had a lot of difficulty in doing choices and assuming responsibility for those choices and so he spends a lot of time boycotting himself. For example, he chose to do the SUBJECT course and then quit. Then we thought of him entering again in the COURSE, but only to finish it. He entered jobs and in a short time he quitted them. He couldn't handle anything. This was the main focus, this difficulty in doing choices. There was a time when I tried to work in a more pragmatic way because we didn't have much time. But he was always involved in therapy, he always came to the sessions, when he was there he was there. At the beginning his speech was very confusing. There were times in which I couldn't understand what he was saying; maybe that's why I can't remember his presenting problem.

I – From what you remember what was the focus of therapy?

T – The focus was on trying to understand what was making difficult to do these choices. I tried to work in a more pragmatic way: "what he wanted to do?"; "what was necessary to do?" but I felt that wasn't enough; and we started digging. We tried to understand what would happen if he made a choice. He said that if he chose doing something professionally and was successful, that would mean leaving his mother's home and go to his own place. But when he started talking of these projects he always mentioned that his house had to be near his mother house to be in contact with her every day. So there was a lot of abandonment anguish. For him to separate was something linked to abandonment. It meant abandoning his mother, or being abandoned and he was bringing these meanings. I remember when we were talking about these feelings of abandonment, to ask him if he had felt this feeling of abandonment before, and he said yes, with his mother. And that didn't make much sense to me, so we start exploring this and then we arrived at the father. In fact it was with his father that he felt that separation. But he had difficulty getting angry with his father, because the father wasn't around. The times he talked with his father he accepted everything he said. With whom he was getting angry was his mother.

I – Which were the consequences that these aspects had in the client's life?

T – Being always stuck professionally; jumping from work to work and not being able to handle things; to choose jobs that he wouldn't like, so boycotting himself; or choosing courses which nothing had to do with the things he would like to do, also boycotting. On a personal level, he had a girlfriend for many years but he didn't talk of her because he didn't wanted to bring the relationship into therapy, because he didn't want to question the relationship, also with fear of separation. And with the mother, this also brought conflicts, because he boycotted himself but he blamed his mother: "she never paid me the driving license"; "I went to an interview in which I needed the driving license so I couldn't get that job". Things that didn't make much sense. These where the consequences

I – How did these themes reflected emotionally and behaviourally?

T – During his speech he would get lost and sometimes even not making any sense. Emotionally... I think he was numb. I think he was sad or in suffering but in an apathetic way, which didn't show much.

I – It was hard to identify emotions on him...

T – Yes, the emotions were blunt.

I – Do you consider that the client changed influenced by therapy?

T – Ah! Also regarding anxiety, he had also expressed his anxiety by biting his nails in session...

I – A more behavioural expression.

T – Yes, anxiety not expressed emotionally, but more behaviourally. Regarding change, I think so. He recognized... He had some conscience when we started the therapy that blaming the others didn't make much sense. And we started thinking about the meanings of not making choices or the impasse that he was living. I think he clarified some meanings. And I think this was the beginning of what could be a longer psychotherapy process – which I strongly recommended him to continue, because there were a lot of things still to work. I believe he was motivated and that he got involved in therapy. Our relationship, even in this short time, was interesting because in the beginning I thought he was too uninteresting, because I didn't felt he was really there. He was very rational but then I start thinking he was a person who could be there and get involved. Regarding our relationship I also felt some changes. I felt it could be useful to work on the relationship.

I – What kind of changes?

T – He being more involved, being closer and more present! He started to be involved in therapy. At the beginning he wasn't like this. Although at the beginning the relationships are not established, but I thought he was the kind of person that would have difficulty getting involved.

I – How did evolved the way of speaking about these themes?

T – Became more clear and his speech less illogic. Or when I drew his attention to what he was doing... because he was caught in a loop; he jumped from issue to issue so that he wouldn't stay on a theme. And when I drew his attention to that, he understood what was doing, and was more conscious of what was doing. He kept jumping till the end of therapy but it was possible to bring this to his conscience and for him to try... He was clearer, although jumping from theme to theme. At the beginning he was too confused, the speech was too confusing, he couldn't stop jumping and wasn't conscious of that. At the end he was clearer. He still jumped around but if I drew his attention he could understand what he was doing.

I – He was more aware of that difficulty. Was there a moment or a session which was more important or significant?

T – I can't remember, for example, the point in which I start liking him more. For me that would be the most significant.

I – Do you remember what contributed to that, for liking him more?

T – I think it was when he started being more involved in the relationship, but I can't remember what exactly happened.

I – Was something continuous or abrupt?

T – It was continuous.

I – It was something that was constructed.

T – Yes, I don't know more...

I – Which client characteristics facilitated change?

T – Being open to understand what was happening to him. I really believe that he was willing to do psychotherapy. Perhaps the fact that things not being so crystallized because he was an young adult, maybe he was more flexible than older clients. He was also aware that it didn't make much sense to put the responsibility outside of him, because no matter how many arguments he found, these arguments didn't make much sense. He was already aware of elements like this, although he didn't know what to do with them. And I think that we worked well together and our relationship became

closer. Maybe this also helped not looking at him as an uninteresting client, as I had though at the first and second sessions.

I – And which characteristics of the client could have made change more difficult?

T – The fact that he was rational and had difficulty in being with emotions. I believe it went very well considering the time we had. What made change difficult was that rationality and the confused speech. These factors made change more difficult since it was harder for me to understand him. That was it.

B01 - Peter Pan's girl

I – Could you please describe me this client?

T – This client came to therapy with depressive symptoms reactive to the discovery of a LOCATION tumour, not knowing yet if it was carcinogenic or not. Her mother had suffered from a POTENTIALLY FATAL DISEASE one year before. The client had witnessed her mother's treatment process and only after a few months discovered she herself had a tumour, which had to be extracted. So, she had previously been confronted with life and death questions and the fear of losing her mother, whose disease process she accompanied very closely. Her relationship with her mother was marked by some dependency, to which was relevant the fact that she is an only child. This client is a young woman in her early twenties who is still in a phase of growth and development. She was about to initiate the last year of her graduate studies when this happened. She didn't lost any school year, but these events had a great impact on her. They also proved to be only the tip of the iceberg, leading to the emergence of a history of perceiving the outside world as threatening, feeling marginalized and sidelined by others – for example in school – and having difficulty in confronting herself with her body and her interests, since she always felt a bit tomboyish and discriminated as a girl. Since she was also a very good student and both her parents were PROFESSION, she also felt she was sidelined in her neighbourhood. She also felt she didn't receive the best care from the doctor who followed her, describing him as rash and aggressive. So, this is how the story begins. She has a doctor who treats her badly, there is her mother's health crisis and then her own, and then there is the emergence of her feelings of an outside world that is threatening and mistreating. And this is how she arrives to therapy. So the therapy ended up having several areas of focus. Actually, the focus on her health situation was brief. The main focus then shifted to the way she related to the world and to others. On her interpersonal relationships she frequently felt threatened and marginalized. Up to then she had defended herself from this perceived threat by building up several barriers or for example by using a very sarcastic humour, which was at the same time also very naive. So the health situation was quickly solved and we moved to her intra and interpersonal functioning. The focus was mainly intrapersonal, in the sense of seeking personal acceptance and then learning how to be with others. Before seeking therapy, she first opted to wait for her last academic year to be over, and she only sought help when her internship was already half-way through, despite being conscious that she needed help for quite a while. She is a goal-oriented person, with very defined aims. And indeed finishing up her studies and her internship with good classifications paid the effort, since she now has prospects of being hired – she is currently still in therapy. This was an important goal for her and I think that her intellectual endeavours also helped her hold herself together. Her intellectual performance was always her main refuge in terms of self-esteem and a way of avoiding emotional weakness. So, she also couldn't neglect her classifications.

I – And when she sought therapy in the beginning, what were the emotional and behavioural consequences her difficulties were causing?

T – The consequences were an installed depression, for which she came medicated. Besides that, being with other people was difficult for her, which is also related to her personal features. Bottom-line, her therapeutic process has been constituted by the search of a new balance, in terms of being with herself. On top of everything, she was in the middle of her internship, having to deal with an evaluative component, and needing to establish contact with new people. She works in a very demanding field, a

cutting-edge area of FIELD, in which she has mainly male co-workers. So she was on a period where she professionally had to prove being able to integrate and work with others, demonstrating she had added value. She comes to therapy on a phase of her life where she is being tested, having the previous belief the whole world is hostile. So in the beginning the therapeutic relationship had a competitive tone in which she tested me, trying to assert whether I would be able to be with her or if I would eventually reject her.

I – So, do you believe that the client changed as a result of the therapeutic work?

T – Clearly. She hasn't ended therapy and we are more than half way through the therapeutic process, but she herself says that she is now much more able to be with herself and with others and that the world is no longer threatening. This is something that she already says. And she already feels at peace with the person she is. Of course there are still some aspects of immaturity, but for that she needs time, chronological time. This growth won't happen in therapy.

I – And when you think about the sessions that were recorded, how far do you think the therapeutic work went?

T – The outside world is not threatening. This is where she got.

I – Ok. And what impact did that change have on her life and also on the dynamics here in therapy?

T – Here, she made me this (shows a draw), which means a lot coming from her. It's a display of affection. So, this is a proof, this came from her. This has some infantile features, but at the same time she draws well... Then, in terms of closeness... We talked about how to be with others and also about the existence of a child version of herself. This was a metaphor we used a lot, the existence of a child version of her that sometimes appeared. A part of her that was frightened and dependent. And she became conscious of this and started on her own to find metaphors to talk about this. And then she also showed a bigger acceptance of herself. She for example came to terms with the fact that she was a woman who liked to talk about football and organize snooker competitions, but was also able of having a different presence and other interests. A more feminine side and the possibility of falling in love and having romantic relationships gained prominence on those 15 sessions. So, she became in contact with a more internal emotional and affective world. That distancing mask, with a defensive nature, fell off. Both here and on the outside, since she also became closer with her colleagues.

I – And do you think there was a particular moment or session with a decisive impact on this change?

T – There were some high moments on several sessions, I can't discern any in particular. I think what happened was an addiction of small insights.

I – Ok, so the change happened along a more progressive path and not suddenly on a particular session. Ok. And were there any particular features of stances on the part of the client which facilitated change?

T – She is a curious and attentive girl. And she was opened and conscious of her suffering. This is a basic requirement to any therapeutic process. She was conscious of not being well. So, this was a facilitating aspect. And I also think she felt really understood and that someone was really seeing her emotionally. And this made it possible for her to take her mask off. So, the fact that she became in contact with her emotional and affective world and felt able to express desires and emotions without feeling criticized was really important. Experiencing the therapeutic relationship was a corrective emotional experience.

I – And was there any aspect which was interfering in the beginning?

T – Her defences, obviously. And her defences had a very intellectualized quality, despite not being very consistent. Thus, until we established a solid therapeutic relationship it was difficult to get through, as natural in any process.

B03 - The woman that strives to be normal

I – Could you please talk about this client's history?

T – This girl is AGE years old, if I'm not mistaken. This is an unusual case here in our department because she was first followed in the area of health psychology. Her case was referred to us with some urgency by a primary care unit. The client had find out on the previous month she had an illness after an

ACUTE EPISODE. So, she previously didn't know she had an illness, then this situation happened and she found out she had the disease. Her confrontation with the disease was therefore very sudden and aggressive and she reacted with depressive symptoms. She had a reactive depression in response to her health situation and was completely focused on the fact of being ILLNESS. Her identity became centred around an illness and her intra and interpersonal relationships were also filtered through it. On the one hand, the people around her should not talk about the illness, since she didn't want to be pitied, as she said. But on the other hand, if other people did not show care and attention they were being negligent to the fact that she was ILLNESS and was in great suffering. On the first two or three sessions, she was dwelling upon the idea of being her disease. So, the first work we did was to try to rescue the remainder of her identity, shifting the focus away from the illness, although the disease had to be integrated in terms of identity. In this process of integration it was important the fact that she joined an ILLNESS association, where she got a lot of information. This client is a curious person and proved to be available to try to understand her disease and the adjustments she had to make. In addition, time also played its role, and she gradually started to realize she would survive the illness. And little by little, through the work we did here, the rest of her identity was brought back. And she then started to realize that this difficulty over losing control of a situation was something she had already experienced in other occasions. Thus, we started to analyse these control matters and the reasons why she felt she had to control everything and the meanings she associated with change. She came to the conclusion that for her change had always had a threatening connotation, because it is associated with the unknown and the uncontrollable, and it raises questions of whether she will be able to handle things and if other people will be willing to accept her. After the third session the therapy's focus was switched. It was no longer a matter of health psychology concerning the integration of the illness, but a therapeutic process that sought change. She desired change in the professional domain. She had married one year before, with the changes it implied in terms of leaving her parents' home and going to a new house. And when she found out about the illness she went back to her parents'. So there was a situation of regression and a need of being taken care of and of feeling secure and accompanied all the time. Thus, it was necessary to help her regain her life as an adult person, who has a home, a life and a project. This client was eventually discharged. The integration of illness was a quick process. It was easy to uncover the roots of the problem and help her integrate the disease, without it becoming her all identity and taking over her life and several daily activities she initially had considered as lost. Besides this, she ended up going through a brief therapeutic process, which had a sharp focus on the questions related to change. In the end, she perceived this process as having been beneficial. The disease was no longer brought up in sessions, and she found it rewarding to be able to address certain matters for which she probably wouldn't have sought help but that was subtly affecting her life. One of those matters was related to excuses she had been inventing for not changing job and not sending out curriculums, something she began doing during the time she was in therapy. She went back to her home, she went on vacation without worrying, and she realized there was no need to control. She is a very careful person with her health and diet, but there is a difference between carefulness and rigidity, and she was able to cut back on rigidity while remaining careful. So, as I said before, she was discharged. And it was interesting to see how a health situation then evolved to different matters.

- I – So, the therapy focused on two matters. First, the health situation, and then the questions regarding control.
- T – Yes, and the focus was reformulated in collaboration with the client. And then we addressed these questions related to processes of change, which activated the need for control and the perception of the unknown as threatening. So, this change of focus was discussed with her.
- I – So, the consequences of the initial problem and those of the questions addressed later are somewhat linked. Her reaction to the disease is also very related to this question of control, isn't it?

- T – It was actually from that connection that she gained consciousness of the way she reacted to change. That connection was made possible because she now had something very obvious and present in her life, her disease, which allowed her to pay attention to her reactions to change. We talked about the meaning she associated with the milligrams she carefully controlled. And we discussed if there had been other situations in her life where she had also felt lost and had the need to take control of things in order to deal with the fear of something bad happening. She was indeed able to identify other situations where she reacted like this. So, this situation of crisis helped her gain conscious of other situations.
- I – So, you think that there was some change due to that association of ideas. How far do you think the change went?
- T – I don't believe that the therapeutic process ends when therapy ends. So, only time will tell how far the change went. I think she became conscious that she is able to change and that change is not risky. This can lead up to a very wide change, particularly considering the stage of life she is now at. So, she made a huge confrontation with change. And to allow herself to feel the need for change and to embark on it can have a great range of impact, especially on her current phase of life. She already made some restrictions upon her desires because of this difficulty she unconsciously felt in embracing change. The representations she had of change were not at all conscious, although they translated into actions and made her restrict herself. For example, when she started her university studies she stopped being able to use public transportation and was dependent on rides. This was something she didn't associate. Thus, there already existed a previous weakness that, although unrelated to the disease, was re-activated by it. She became conscious of the meaning she associated with change. She also became aware of the regressive stance she adopted toward her reference figures, with whom she felt she needed help and protection, and faced the possibility of becoming autonomous and facing change on her own without feeling helpless. And the extension of all this can be huge.
- I – And how did her narrative of this matters change?
- T – As she became aware of her fears towards change and a narrative about these questions emerged. Previously she didn't have any.
- I – Was there any decisive moment during therapy?
- T – The third session. The third session was really impressive.
- I – So it was the session...
- T – It was "the" session.
- I – Ok. And, apart from that moment, how do you describe the client's change throughout the sessions?
- T – An increase of awareness.
- I – Was it something gradual?
- T – It was gradual from that third session on. The insight she then had was then confirmed in the remaining sessions, with the discussion of supporting examples. For her this was a process of self-discovery. She felt the excitement of releasing herself and realizing she could do things differently, feel differently and dare. So, I assisted to a process of self-discovery on her part.
- I – And she realized she could start to do things on her life.
- T – And she started to do things and then brought them to session. I witnessed a process of self-discovery, it was pleasant.
- I – And what were the particular features of this client that facilitated change?
- T – I think the interpretations I made facilitated change much. I think that the fact that I used a very active stance was a great facilitator. After this, she was the one who made all the work, since she was experiencing a process of guided self-discovery. But I think the main change facilitator was the interpretation of the way she froze when dealing with the disease and of how it was related to other aspects of her life.
- I – So, it was the fact that she accepted that connection you made.

T – Exactly.

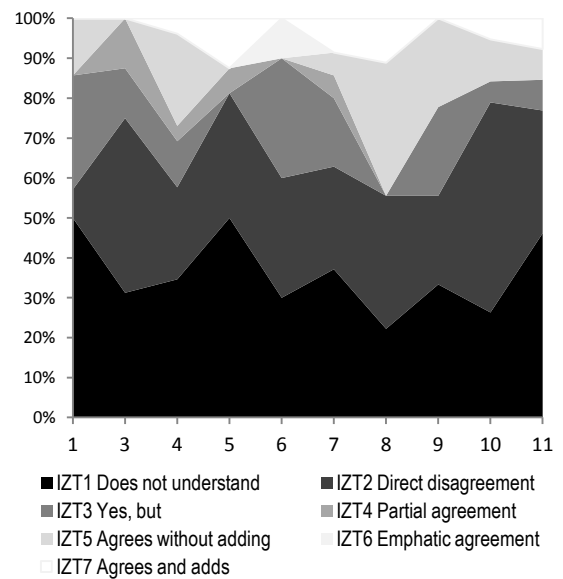
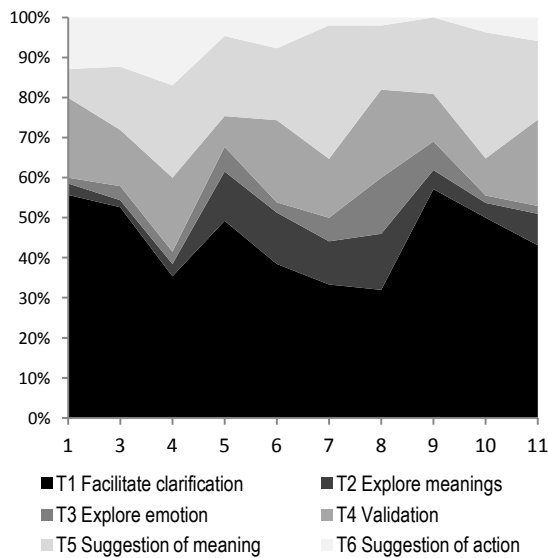
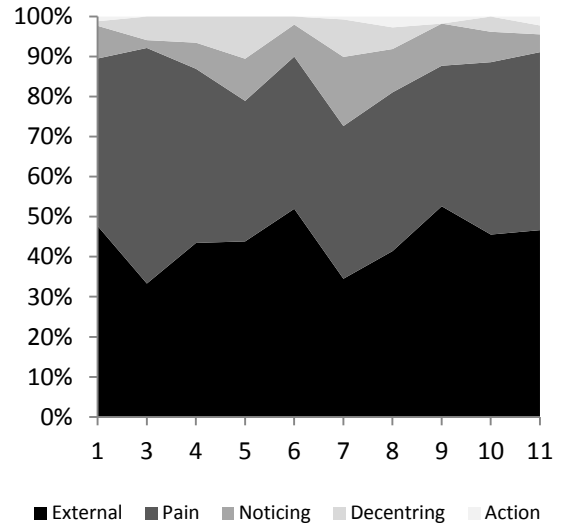
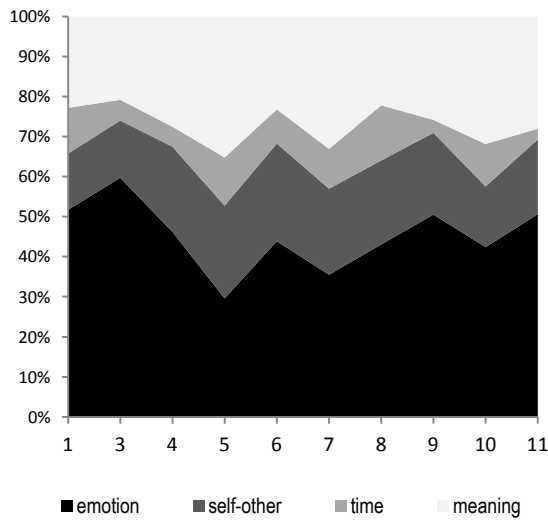
I – And was there any aspect of the client making change difficult?

T – In non technical language, there was a bit of stubbornness. There was some resistance, which is related to her structure and her need to control and stay on familiar ground. Obviously, during the therapeutic process there were some attempts to corroborate the life assumptions she had. But this is natural to any therapeutic process with someone like her.

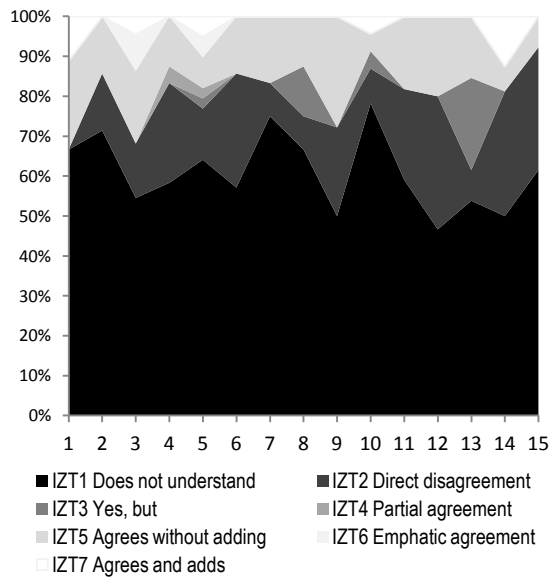
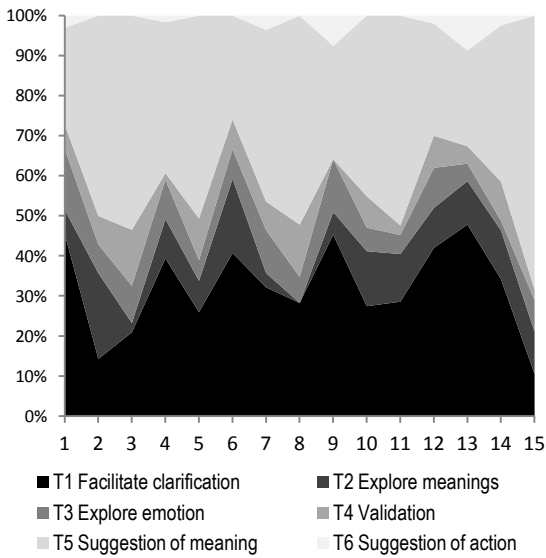
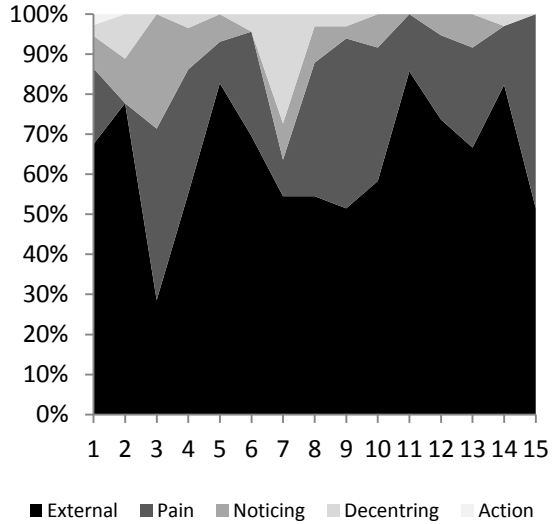
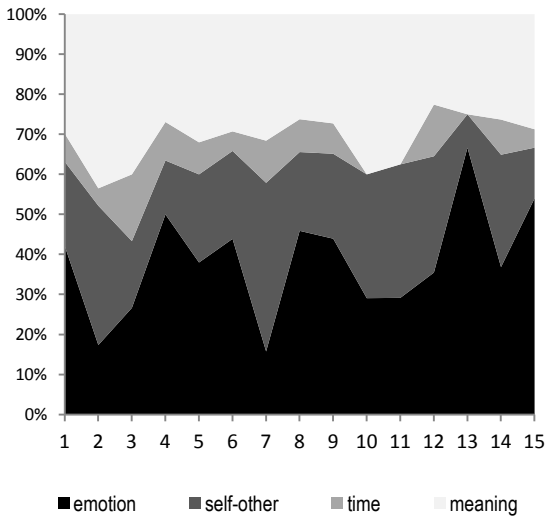
Appendix J Remaining Quantitative Analyses of the Nine Cases

Straightforward Unsuccessful Cases

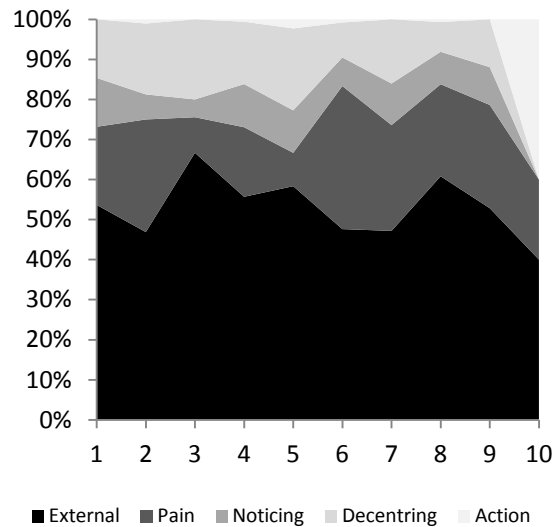
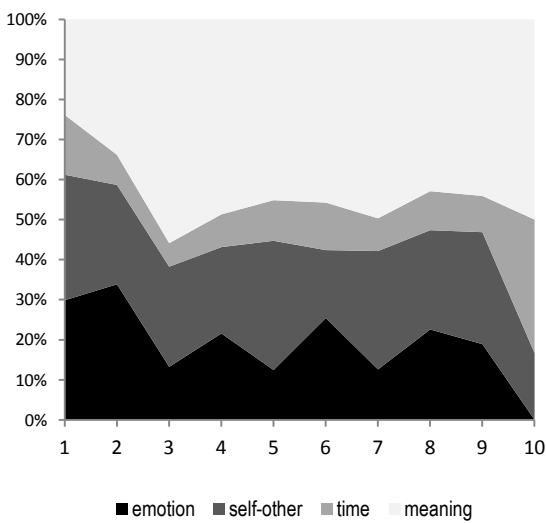
B06 – Twicelly fallen women

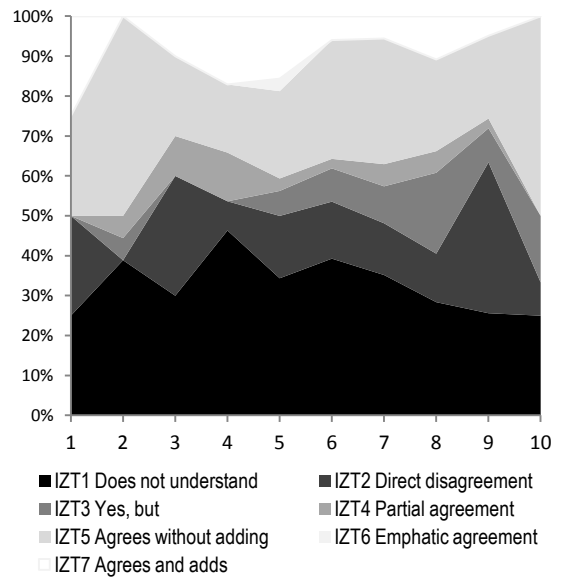
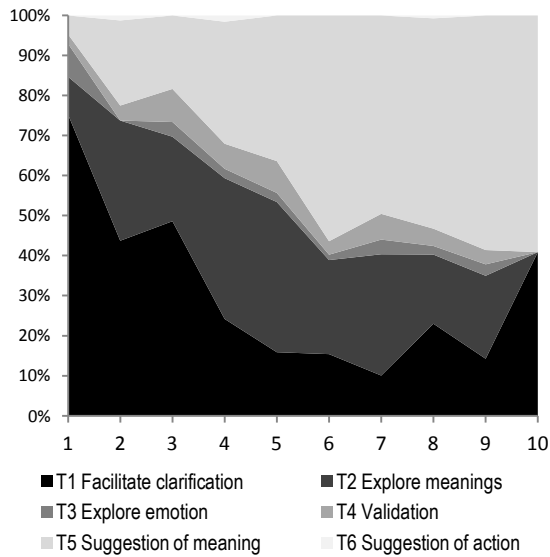


B07 - Mother with loving pain

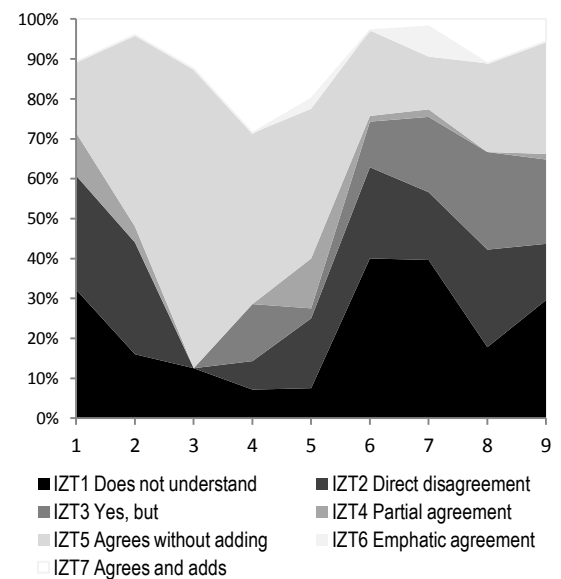
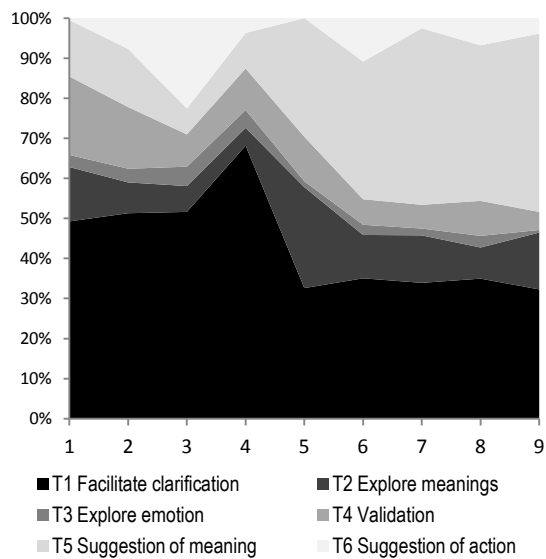
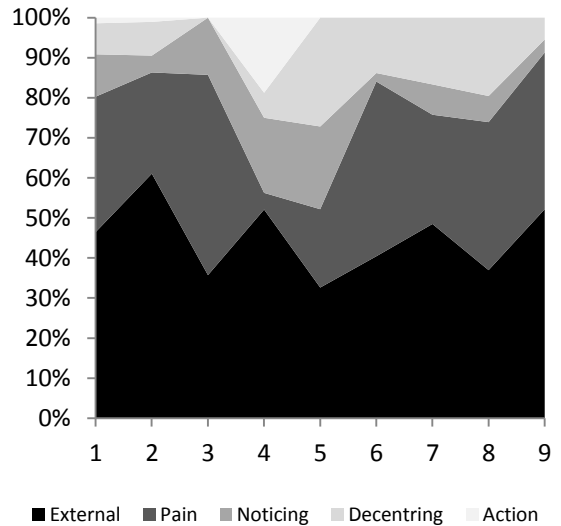
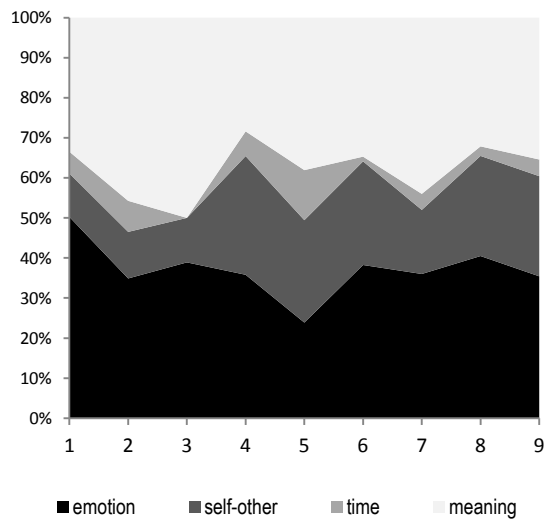


B05 - Scared orphan



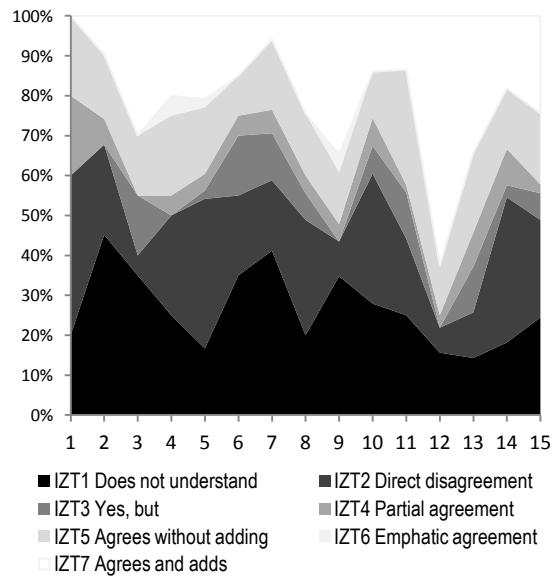
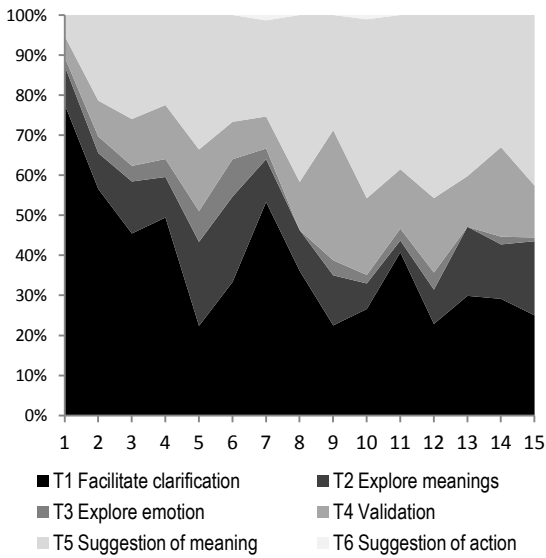
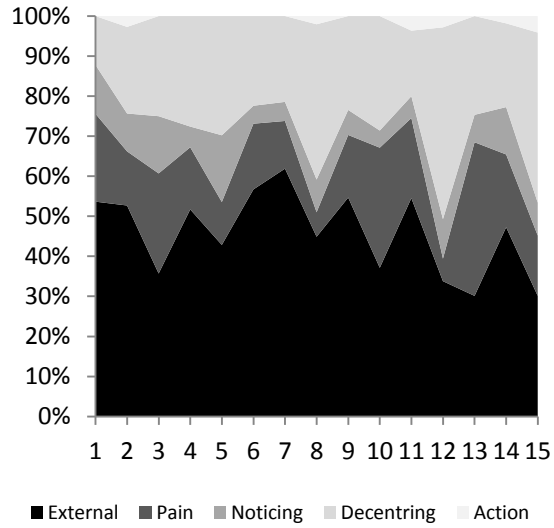
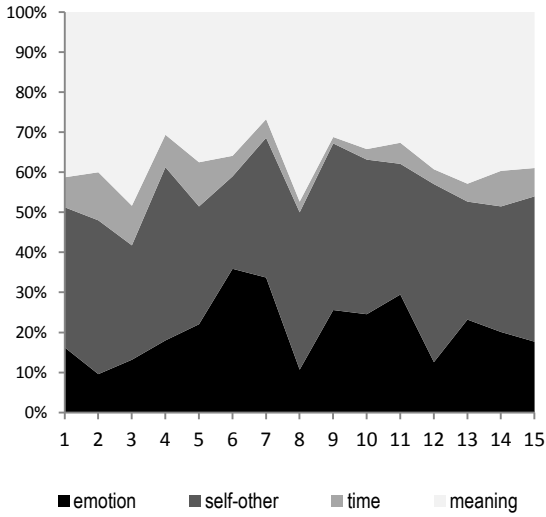


B08 – The mother that chose to be a woman

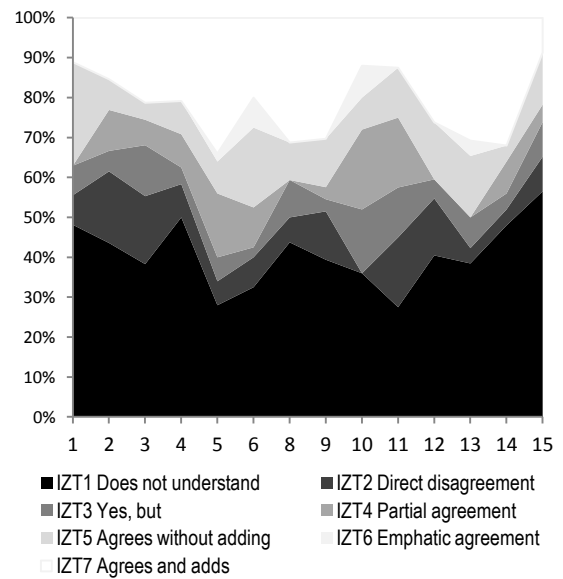
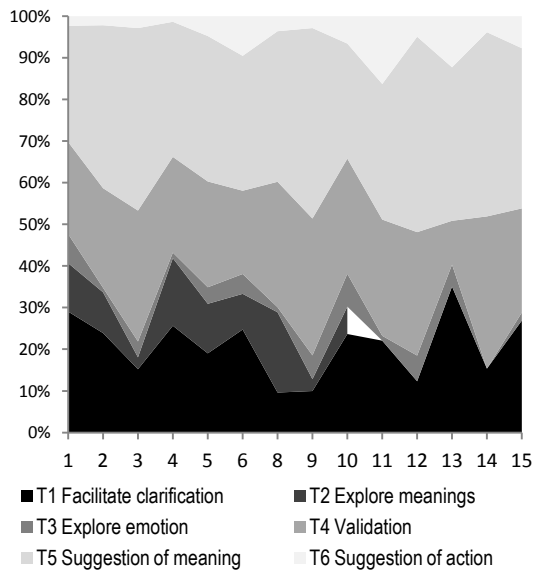
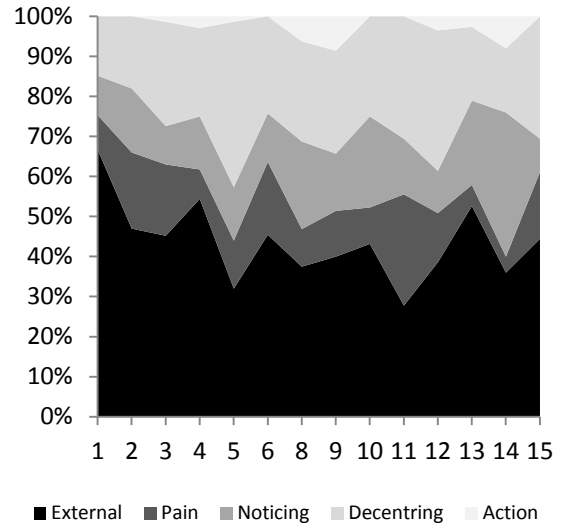
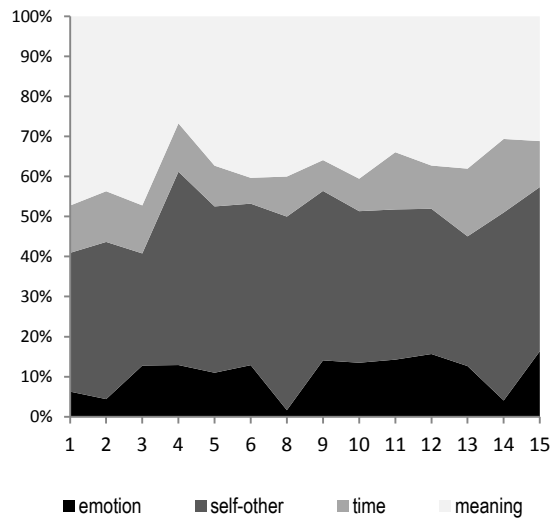


Straightforward Successful Cases

B02 – Butterfly eager to be touched

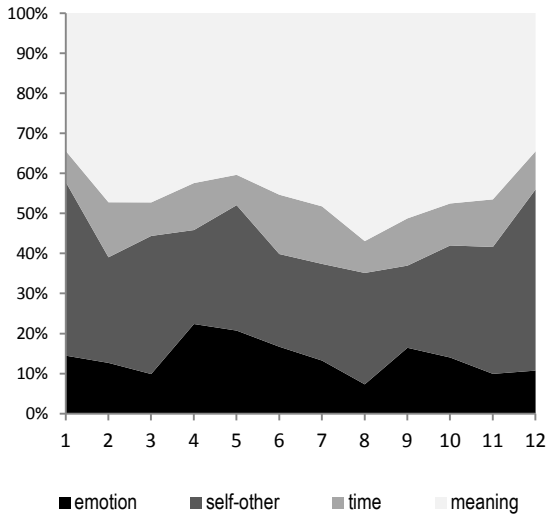


B09 – The lacking man

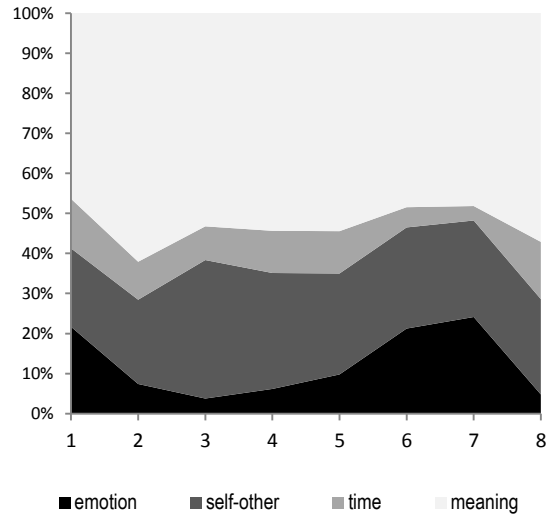


Content variation graphs of the non-straightforward cases

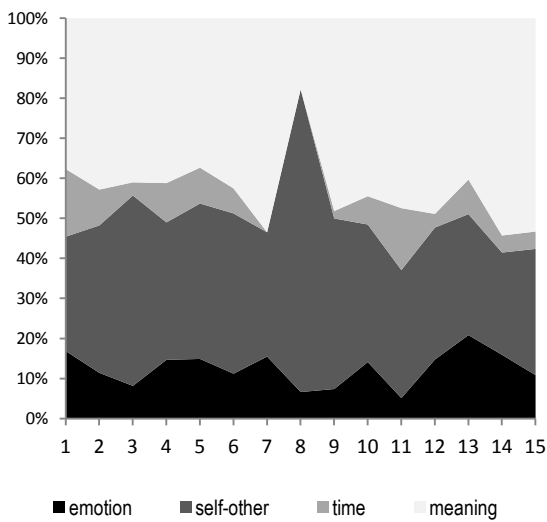
B04 - The man who shelters under his understanding



B03 - The woman that strives to be normal



B01 - Peter Pan's girl



Appendix K

Reflections about the Cases Done During the Coding with the Indices

This appendix presents the log that was done during the analysis. A brief reflection that was done after the coding is presented first. This reflection was made after completing the coding of a case. Afterwards, brief reflections are done for each session. Each session is numbered using the following format: "Session number - letter". The number reflects the order of the session while the letter refers to the order of the coding.

B01 - Peter Pan's girl

This client seeks therapy after having discovered a tumour – which was subsequently found to be benign. This event had a strong impact on her family environment, since her mother had also recently suffered from a potential lethal disease. Although this is the main factor that was mentioned for the onset of the disturbance, it was not in any way the therapy's core subject, but it rather seems to have highlighted some pre-existing vulnerabilities.

Perhaps partially because the therapy's aims were undefined, the sessions were very discrepant in: the contents discussed, the therapist-client relation dynamics, and of the type of elaboration done by the client. Globally speaking, in this case it doesn't seem to have occurred a large change, at least not a consistent one. The client had some insights and made some changes, but they were not particularly life-changing. Some therapy sessions were very interesting, being marked by some fluidity and elaboration, while in others the therapist-client communication was characterized by some reactivity – the therapist kept in some way "chasing" the client, while she kept "fleeing". The contents discussed were also very discrepant in different sessions – sometimes the session was dominated by trivial matters.

This discrepancy in therapy sessions may be due to a number of factors. Firstly, it can be due to the long time this therapy took (due to some interruptions, for example for holidays). Also, it can be related with the evolution in the therapeutic relationship. The client shows more openness as she starts feeling a greater confidence in this relationship. Finally, it may also have been due to the fact that there was not a clear therapy core theme.

The therapeutic relationship, assumes a particular importance here. There are clear seductive movements of the client, in which she constantly seeks the therapist's positive regard and approval. The therapist sometimes reacts to these movements assuming a protective posture.

In terms of the assimilation indices, it would be interesting to pay attention to two types of indices. In the first place, to the "14m09 Irony" index, since irony is a strategy frequently used by this client in order to avoid topics that are emotionally significant. And then, to the use of emotional indices – the more interesting sessions are probably those with more emotional activation (although this client never comes to a point of clear emotional experience).

Session 1 – A: This is the first session. The client seeks therapy because of a succession of events that made her feel vulnerable. There is an underlying idea of weakness and the necessity and wish of being taken care of. Her parents are relevant in this.

Session 2 – E: This is a very interesting session. The communication between the client and the therapist flows. There are reflections about identity issues. The client mentions having difficulty in showing vulnerability before other people, but does not elaborate about the reasons for this. An exception was the period in which she took care of her mother, a period she mentions as negative and in which she showed vulnerability by losing control. This was also the period in which she discovered her tumour. At the time she also had to take care of her mother since her father was absent. The therapist tries to explore the emotional experiences, but the client is only able to express anger toward the doctors.

Session 3 – M: This is a more interesting session. There is some reflection in terms of identity and about interpersonal functioning. This client shows great differences between sessions indeed (interesting vs.

uninteresting ones). These differences may be due to the passage of time, to the evolution of the therapy's object, to the client's mood improvement and/or to the quality of the therapeutic alliance.

Session 4 – N: Interesting session. The client tells of a past humiliation event. This is more interesting because it implies a higher level of trust in the therapist. Besides telling this, she also recognizes that she needs to create an identity autonomous from her parents. There is also the idea of assuming herself as naive. It is a paradox that the recognition of her infantilism is associated both with an affirmation of her self and with the search for dependency.

Session 5 – I: This is not a very interesting session in terms of new meanings, but it is interesting in relational terms. As had happened before in a previous session, the client reacts defensively and disagrees with the therapist's interpretations. On the other hand and in an opposite direction, she reveals to the therapist something she had never mentioned yet and recognizes she now trusts the therapist.

Session 6 – C: The therapist keeps trying to explore emotional experiences. The client talks about an important but unsatisfactory relationship. She speaks about the gains she gets from remaining a child and from her immaturity. In therapy the client makes an effort to show herself as an interesting person: she jokes and tries to keep a level of mystery.

Session 7 – J: This is one of the uninteresting sessions. The client does not get to the bottom of things. The therapist tries to deepen a particular episode in terms of perception of other people as a threat. She also tries to deflect from an externalized vision of things to a more internalized perspective. The client's inability to look inside is probably related with the need to handle things at the faculty. This is probably the reason why the therapist doesn't insist further.

Session 8 – H: In this session there is some consolidation. The client receives news about her internship's final grade and this is a session of self-congratulation and reflection about gains. The therapist starts a discussion about reformulating goals. The only negative point is that they do not go deeply enough in the therapy's main themes.

Session 9 – B: This session was poor in terms of content. The therapist tried to foster reflection about the client's difficulties in experiencing emotions, but the client made an obvious use of irony and joking in order to avoid this examination. The therapist also tried to explore the way the client emotionally experienced the end of her course, but is not able to. The client mentions a close person (an ex-boyfriend?) who is getting married. This event has an obvious impact on her which she expresses emotionally. Client is officially "unemployed".

Session 10 – G: Uninteresting session. The uninteresting sessions are characterized by external meaning, "the other is wrong", etc. In the end of the session things get a bit more interesting. She mentions ambivalence between growing up and stop being taken care of, on the one hand, and remaining a child and being controlled, on the other.

Session 11 – O: The client well adapted in being home after the end of the internship. Session dedicated to the client's social past. Client was a victim of bullying. This left a wound and influenced her vision of others: "the others are threatening" and "she is vulnerable to the threat".

Session 12 – F: This is not a very interesting session. The focus is on professional matters. This client shows a great variation from one session to another, with some sessions being interesting and others not. And even in the interesting sessions there are movements of escape and avoidance. It is as if, in the uninteresting, sessions she is able to escape and in the interesting ones she tries to but the therapist finds a way around it. The hot topics are: the tumour, her parents, and the time of high school and her ex-boyfriend.

Session 13 – D: Interesting session on several levels. She recognizes that making jokes is a way of dealing with emotion. She finally gets emotional when talking superficially about her family environment. There is a change in the therapeutic relationship, but it is still an less affective relationship. The client dominates the session with jokes and the therapist respects her space.

Session 14 – L: This session does not bring anything new. The difficulty in speaking is discussed in a superficial way. The session ends with the client giving part of her diary to the therapist.

Session 15 – K: This is an odd session that is paradigmatic of the use of irony as an avoidance strategy. The therapist tries to examine things and the client runs away. This escape is done in a hastily and puerile way, sometimes seeming that the client is going to fall apart. They end the session talking about neutral subjects and things end OK.

B02 – Butterfly eager to be touched

This client presents as problem a pattern of dysfunctional romantic relationships. These relationships often involve abuse, negligence and unavailability by partners whom frequently have addiction problems. During the therapy, this complaint is not fully elaborated in order to find an understanding/explanation. The client attributes, unproductively her problems to her parents who had a similar relationship. Useful developments along the therapy are the realization that this dependency is somewhat egosyntonic, is associated with a belief that happiness exists only within a relationship, and an internalization of the locus of control.

This relational pattern is also associated with a negative vision of the self, to which underlies a notion of not being able to manage her own life, and also an idea of abnormality – the fact that her brother had psychiatric treatment is seen as an indicator that some kind of defect runs in the family. Unfortunately, these aspects are not integrated in a unifying narrative.

This negative vision of the self is not explicit because the client conceals it by means of constant self-assertion, a strategy that probably has an impact on the therapy. This process of concealment is also associated with a desire to receive approval from others, which also manifests in the therapeutic relationship.

In terms of the assimilation indices, it is relevant to pay attention to indices associated with impotence, to “I4m08 External meaning”, and also to “I2i06 Enough (of the negative)”. It would be interesting to see how this later index evolves along the therapy.

This case is probably still in progress, already being possible to see some symptomatic improvement.

Session 1 – G: First session. The presenting problem is less defined with regards to her relationships as in later sessions. History of relationships: 1) Perfect boyfriend but who she did not love enough to marry; 2) Two superficial relationships – in one of this with the father of her daughter; 3) Relationship with a physically and psychologically abusive man.

Session 2 – L: Session dedicated to information gathering. When the therapist asks for her ideal life, she only talks about marriage. She blames her father for her relationship pattern and mentions that she seeks to forgive her father in each one of her relationships. She states that she still has to be in love (i.e., “having a man in her mind”) and admits to start a relationship with a man she likes.

Session 3 – C: The client talks about the previous relationship with an abusive man. Therapist and client explore the notion that she needs to have a man – at least being in love – to have worth. Considering the negative relationship pattern, the client wonders whether she is not afraid to commit to a serious relationship. Session of initial insight.

Session 4 – J: Session dedicated to the past. Client does not see the obvious parallels. She considers herself as different from her mother – which basically is only truth in the fact that she did not officially marry. She does not assume significantly the ambivalence towards her father.

Session 5 – D: Session with two themes. Firstly, the issue of the lack of confidence which was previously not accepted. Idea that she had no resources because she came from a socially assisted neighbourhood. The second theme has to do with the experience of anger. The client lives anger inducing situations with sadness. Anger is seen as breaking up and she states briefly the idea that she is dependent on others. An example is the “anger” not felt towards her mother after her brother’s death.

Session 6 – O: Session excessively descriptive or centred around the events of the week. Externalized narrative: mood only changes in function of the other and the state of the relationship is determined by the boyfriend. The fear of doing new things is still addressed in the session.

Session 7 – I: Session with little relevance. Client is ill and a bit numb. Therapist does not explore deeply the news that the boyfriend does not want to terminate the relationship.

Session 8 – B: Client is ambivalent about the relationship that is ending. Relationship seen as satisfactory except the fact that he is married. There isn’t a narrative centred in “I deserve...”. Or, more exactly, such narrative is being sketched but is still very incipient.

Session 9 – F: Loose session with several issues, perhaps due to the style of the therapist. The therapist is still gathering information. The client talks about her past. When her daughter was born, her mother was dissatisfied because she was not married. Her mother also had a bad relationship but remained married.

The present relationship is not satisfactory because he is in another relationship. The client is afraid of losing him and significantly avoids some issues surrounding this relationship to protect her self. This leads to difficulty in exploring some issues. Examples of this are: not wanting to contemplate being in a serious relationship with her boyfriend and the idea that she is a “freak” but that there are other freaks which are special (the others legitimate her).

Session 10 – N: Client terminates the relationship. Mixed narrative: idea that her boyfriend is no good vs. she does not want him in her life (less frequent).

Session 11 – M: The client talks about her daughter’s pregnancy and the therapist seems to show a view which is discrepant to the client’s view. The client assumes that she has started the relationship – deceiving herself (as it is evident from the other sessions). Therapist tries to focus on her friends as a way to reduce the importance of boyfriends.

Session 12 – A: The client was in an unsatisfactory relationship with a married man. She feels proud to have broken contact. She reveals her desires about the relationship and remembers a previous relationship with an abusive man.

Session 13 – K: Very interesting session. The client ends up not ending the relationship and feels well initially. Afterwards she assumes that she gives the control to the other. She never assumes that she wants to have her boyfriend in her life. It is important what the others think of her reactions. The session ends with her being sad and not wanting to think about the abdication of control – not thinking means no responsibility.

Session 14 – E: Intermediate session. She expects, without making it explicit, the decision of her boyfriend. She cries alone and feels pride of such control. She mentions that men are more unfaithful than women and that she does not fit in groups of couples because she is single. In other words, the change that she mentions to have occurred is in non-essential issues. This therapist has a good relationship with this client. Where there is resistance it is not between them, but between them and the ideas of the client.

Session 15 – H: Very interesting session. They do a revision of the therapy. She mentions some gains but also the need of more work. This description is quite tangible. She shows self-acceptance about herself when discussing the fear of being abnormal because of her brother’s psychiatric treatment. On the other hand this change in the narrative does not translate in change in the behaviour and also not in a new consistent narrative.

B03 - The woman that strives to be normal

This client is very sophisticated and is, in some way, an easy client, in the sense that she is able to reflect about the issues and elaborate them further from one session to another. This is reflected even in the way she speaks about her own evolution. This client seeks therapy after being diagnosed with a chronic illness, an event that disturbed her deeply because it activated some of her vulnerabilities. These vulnerabilities are expressed in one ambivalence: on the one hand, there is an idea of having an underlying defect and of being “abnormal” (an expression she often uses); on the other hand, there is the belief that she is not allowed to be or to appear to be abnormal, which makes her a demanding person in the way she deals with herself and even with others. Therefore, she never allows herself, in any circumstance, to display vulnerability, because she perceives it as a sign of weakness – a weakness she somehow presumes to be there.

Considering the assimilation indices, a distinctive aspect of this client is the amount of “good” indices present. The meaning construction indices will probably be quite relevant, since she is a very analytical woman. On the other hand, the emotional contents are fairly poor. It will be interesting to check within the elaborations what are the most relevant indices and check if there is any evolution along the therapy.

Regarding the therapeutic relationship, the client develops a somewhat dependent relationship with the therapist. For instance, when the therapist speaks about ending the therapy the client refers that she is going to miss it. And in some moments, probably in intermediate sessions, the client seems to freeze when the therapist assumes a more directive and interpretative stance, which may be due to a difficulty in expressing anger or disagreement towards the therapist. This is a curious relational feature. The client probably fears the possibility of failing before the therapist, a difficulty she also shows in other relationships. This particularity is well approached and discussed by the therapist.

Session 1 – A: This is an articulated client, who actually does much of the therapist's work. This is the first session. She presents with a depressive state after having been diagnosed with an illness. She mentions having overreacted and regressed to a dependent functioning. She went to live with her mother and she resents the lack of care from other people. Was this a previous vulnerability? Will it be discussed in therapy?

Session 2 – D: Interesting session in terms of insight. The disease is disturbing because it is consonant with the idea of self-defect. The emotional experience is affected by the idea that if she relaxes, it would represent negligence in dealing with the disease. She is conscious of the secondary gains she obtains by playing the victim.

Session 3 – B: This is an excellent client. In this session it is consolidated the change in the meanings associated with the disease. There is some ambivalence, but not at a significant level. A new theme with deeper features emerges, although it is obviously related to the matters previously discussed. This session is a new beginning, with goal redefinition. All this is done in a very fluent way.

Session 4 – F: This is a curious session. In this session, they consolidate the conflict associated with the disease, in the context of her workplace: On the one hand, there is a self demand associated with ambition. On the other hand, there is a belief of "abnormality" that is associated with fear of change (the idea that she will not be able to make it).

Session 5 – G: This is an interesting session. She does a reflection, which seems preliminary, about change in meanings. The idea of demand is clarified. The belief that being fragile equals being weak is also discussed. The client reflects about change and realizes that still behaves in old patterns.

Session 6 – C: The illness is experienced as a proof of abnormality, corresponding to an idea of defect. She has a dependent relationship with other people, who see her as fragile. She needs to take responsibility in this.

Session 7 – E: This session brings fewer developments in terms of the therapeutic process. It seems the client comes back from vacation and is a bit worse. It probably is a more advanced session in which there is a setback. One event dominates the session. The client was criticized by her husband, and she reacts to this with anger because she can't tolerate criticism and doesn't allow herself to fail (which inclusively is seen in the uncontrolled tone of her expression then). The therapist establishes a good connection between this and the disease.

Session 8 – H: Last session in which a balance of the therapy is done. Gains seem evident in the capacity of the client to relativize personal rules. Therapist assumes that change is not complete, but considers this incompleteness as natural.

B04 - The man who shelters under his understanding

This client seeks therapy initially presenting a complaint of panic attacks, although this was never a prevailing issue in therapy. This complaint is rapidly broadened to include other issues such as professional choices, relational difficulties with significant others, and past family history. This past history is particularly important. His parents' marriage was not satisfactory and his father disappeared one day. The client clearly reveals having felt the necessity of having a father present, and also of having a better relationship with his mother.

In terms of what underlies these complaints, there is the idea of failure; associated to the belief the he was, in some way, supposed to be special. This idea of failure is not experienced in a very open way, since the client uses a set of strategies to avoid confronting himself with this, such as procrastinating, avoidance of relating to others, and a certain sabotage of his own actions.

The therapy goals would require a greater amount of time, and in this case the therapy is affected because the therapist has to end it sooner. This is actually a premature termination, because the client is referred to continue therapy and chooses not to. The urgency imposed on therapy, influenced the therapist to keep a focus on superficial aspects of the problem, a strategy that was not effective. The therapist tried to approach the aspects related to the client's professional performance, but this did not work, clearly because these matters were associated with other issues.

Considering the assimilation indices, this client shows a curious pattern related to comparison with others. There is a major prevalence of "the other is the same", in which the client compares himself as

similar to other persons in his family. This comparison probably corresponds to moments when he is having relevant insights. In a manner similar to other cases, there is also an evolution of external attributions (that are frequently made by the client in some sessions) and also in the emotion indices.

This client is quite sophisticated in terms of his emotional language and of his problem conceptualization ability. In some sessions, the ones where the urgency was not so strongly felt, the conceptualization achieved between therapist and client was very interesting.

Session 1 – L: First session with an emphasis on collecting information. Content focused on the past and relationship with his parents. He states that his parents were married because he was born. This is said with some, albeit little, self responsabilization.

Session 2 – F: Session near the beginning. The problem is situated in the professional context and is presented in a diffuse way. Feelings of failure related with not fulfilling his goals. He does not provide a clear understanding on how this came to be. Alternates between an external attribution and “I don’t know”. Throughout the therapy he never expresses pain or significant sadness associated with this idea of failure. He is aware of sabotaging himself but not aware of other avoidances. Awareness is achieved through self-criticism. This client is sufficiently sophisticated and promised more than what was accomplished in therapy, e.g. emotional detail.

Session 3 – G: Client speaks of a tendency that he has for avoiding situations in which he is “confronted” with his failure. The principal context in which this is mentioned is the family environment (tangled family). His family relations are filled with criticism and he gives examples take make this obvious but he is not available to understand it. The understanding of his family life is made by comparison others with himself (as being similar).

Session 4 – H: He starts the session announcing that applied for studying a degree. The therapist reacts by questioning the motives of that choice. The client holds back. He points as motives: his liking of the subject and personal reasons, but also the desire of growing his self-esteem through performance. He also mentions as a factor in his choice, the fact of being in therapy. After this, the session focused on the family context. The client functions as the family therapist to keep proximity with them. This understanding justifies the abuse. He oscillates between looking for the father he did not have and resorting only to himself.

Session 5 – A: Session dedicated to the relationship with his parents. The client refers he was born by “accident” and that his parents got married because of him. He considers that his father was abusive and his mother was neglecting. The client shifts between a narrative of blaming his parents for his current state and a sophisticated narrative with respect to emotions and meaning. He is capable of: detailing and naming diverse emotions; comparing himself with his parents; assuming responsibility; and assuming that he is the only one who can change.

Session 6 – J: Diffuse session regarding the themes. Common elements: negative vision of himself regarding performance/fragility and avoidance. The therapist interprets this changing of themes as avoidance. She tries to reflect about the “here and now” and the client holds back.

Session 7 – C: Session dedicated to professional choices. It is always present an underlying idea of failure (not verbalized). Protection using external attributions. Failure associated with the desire of being special (experience in the past of expectation by others and subsequent disappointment). Therapist emphasizes performance issues and not this relational dimension.

Session 8 – B: Therapist reframes the goals of client due to time constraints. Goals are defined as: the clarification of professional choices. The client says that he did not have the grade to enter the degree. Explanation done around external attributions, but he assumes some responsibility. When the subject is deepened he assumes a lack of confidence and resignation.

Session 9 – I: Session dedicated to professional aspects. The desire of autonomy is compromised by the guilt of “abandoning” his mother and grandmother in the future (reference to his father’s abandonment). They reflect upon this idea of abandoning his family and end up in discussing his own fear of abandonment.

Session 10 – E: Session dedicated to family context. The client mentions the desire to be autonomous. The therapist tries to reframe this need as an escape. The therapist and client interact in a way that leads to two typical responses in the client: 1) direct disagreement; 2) acquiescence. With this client this also leads to self-depreciation & “do not know”. At the end of the session, the client restates that parents are

responsible for his problems. Client outlines a more sophisticated elaboration – egodystonic identification with his father.

Session 11 – K: Another abstract session. They talk about professional choices and confront the “idea of failure” by comparison to others. Therapist prematurely confronts the avoidance (“I don’t know how this happen”, etc...) and client holds back. The therapist must be directing the therapy to superficial themes in order to end the therapy.

Session 12 – D: Session in which a balance of therapy is done. Client refers gains in terms of insight although he presents a high externalization narrative concerning his mother.

B05 - Scared orphan

This client starts therapy presenting a depressive state that is not very defined. Throughout the therapy she mentions three main themes. The first one is related to the death of her parents, who both died when she was still young (first the father and then the mother), an event that still causes her great pain, even today. The second theme concerns the relationship she has with her boyfriend, which is characterized by a certain level of dependency towards him. She assumes this dependency, but she partially attributes it to her boyfriend, since he typically displays high levels of concern with her – this relationship seems complementary in some ways. The third theme is a pregnancy that happens during the therapy and that is perceived as the solution to the client’s problems. This client frequently defines both the problem and its solution as being dependent on external factors.

The relational dependency revealed by this client is connected with the death of her parents, which is experienced in association with a feeling of lacking and failure. She is not able to transfer this necessity to her boyfriend. Although there is a clear desire of depending on him, there is also a clear fear and she is not able to open herself emotionally to him. Even the pregnancy situation is experienced with special joy as it will allow her to overcome her defect.

During therapy, the therapist is not able to achieve a coherent case formulation with the client. There is merely an external definition of the problem and the complaint is not internalized. Many sessions reveal a circular nature. The client is also somewhat reactive, although she does this in a very soft way. In her relationship with the therapist this client is always very smooth, showing a tendency to seek dependency, but during this interaction cycles there are glimpses of aggressiveness.

Considering the assimilation indices, there probably will not be a major evolution, although some oscillations would be natural. The emotional explanation indices deserve some attention, since this client characteristically talks about things being certain way because she experiences certain feelings. Another frequent index will probably be “Incapacity to assign meaning”, probably also as a consequence of the kind of approach taken by the therapist, since the client often manifested difficulty in understanding the point the therapist was trying to make.

Session 1 – C: First session. A lot of information collected and centred on the past. The past of the client was clearly marked by the mother’s death and the previous father’s death. That was the time when she got to assume responsibility although she was also living through the pain of these losses. Uses little emotional language and speaks of intense feelings in a numbed fashion.

Session 2 – D: Probable initial session. It is divided in two parts. In the first, the client outlines her desire of being taken care of and guided by someone older (like a mother). She speaks of the relationship with her boyfriend, which is not admittedly unsatisfactory. On the second part, she speaks of the fear of being operated.

Session 3 – H: Session of information gathering. History of love relationships. Wish of dependency of an older figure.

Session 4 – G: Uninteresting session. The therapist and client seem to be in circles despite the client showing small signs of openness. Main theme: self criticism associated with the idea of failure. No articulation with sessions in which dependency was addressed. The client shows signs of dissatisfaction: she expresses the need for guidance and directly asks it to the therapist. This is done in a non-angrily way.

Session 5 – B: Idea that she never had loved herself. Idea of failure that contrasts with demand. Demand with an interpersonal character. Failure before the other? She would like that her mother was alive to guide her (dependency).

Session 6 – I: She announces that she is pregnant. After addressing this, they talk about the relationship with her boyfriend. Idea that she cannot open herself. Considering the issue of dependency it is almost as if this dependency was countered by fear – with obvious relation with the death of her parents. This was not explored. Finally they end up discussing the unconditional love that is considered to have been felt from her parents. Love with no chance of betrayal. The lack of parents is a noun and not an adjective.

Session 7 – F: The therapist tries to explore things so cognitively that the client fails in session (i.e., does not know the ultimate cause that is sought) and feels dumb. Client identifies the fear of letting the other down as important in her functioning. Dependency.

Session 8 – E: Later session. She got pregnant. Idea that the pregnancy will be the solution for all her problems and that gives value to her. Dependent relationship with her boyfriend. Therapist tries to convey the idea of choice. This client resorts a lot to emotional explanations “X is because I feel Y” and strangeness towards herself.

Session 9 – A: Session dedicated to the relationship with the boyfriend. Sometimes he is seen as caring, other times he is seen as excessively worried. Idea of needing care. Idea that when she got depressed she became more dependent. Therapist tries to argue the client dependence. Client reacts with disagreement.

Session 10 – J: Incomplete session. Session of reviewing results of the therapy. Client talks about exterior changes and shows desire of continuing the therapy with another therapist.

B06 – Twicelly fallen women

This client presents with depression, distress and dysphoria that is reactive to a major life event (the bankruptcy of her company). This event has such a strong impact on her for two main reasons. Firstly, because she feels that this is the second time her life is falling apart, since she had already lost all her possessions once before, when she had to leave a former Portuguese colony. On this second occasion, she doesn't see herself has having the strength to recover once again, justifying this vision with her present age. The second reason is the meaning she associates with her current loss. She feels that, by losing the entire family heritage, she is somehow disappointing her parents' memory.

The therapist and the client do not seem to bond deeply. The client actually reveals some antagonism to the therapist, making some movements of implicitly expressing anger, for example by asking to end the session early.

Regarding the assimilation indices, there probably will not be a major evolution. If there is a development, it is probably due to the passage of time. Eventually, it may be interesting to pay attention to confusion indices, but even this won't probably tell much.

Session 1 – C: Curiously, the client has an elaborate vocabulary and must be an intelligent woman. Nevertheless, she has a poor speech. It is almost like she has resources and does not use them. The client is showing hopelessness and is externally focused. The therapist approaches the issue too abstractly. Client reacts (interrupts the therapist and ask to end session earlier). Victim narrative, of a strong struggling woman.

Session 3 – E: The client seems to show some elaboration and associates the current situation with the past and with personal demands. The client seems to evolve not from elaborating but from the fluctuation of mood.

Session 4 – D: Uninteresting session. Dis-coordinated interaction. Self defined as “the hard working woman”. Hard life and unbearable collapse. Clue: difficulty in being still (35/02) demandingness and idea of fall and loss (15.43).

Session 5 – H: Session with little innovation. Back to the idea of being lost. Shows some ambivalence that could have been more explored. Shows reluctance regarding therapy. Note: pay attention, in this client, to the sketch of elaboration followed by anguish and confusion (8/10 – 1 and 2).

Session 6 – A: Client who lost her job and went through several crises? She feels hopeless, like it was the end of the world. She did not believe she could get through it. She does not experience the complaint internally. Non directivity of the therapist.

Session 7 – F: Session without innovation. Client refers to two accessory themes: relationship with her mother in law & avoidance strategy vs. numbness dealing with the current problem. Therapy counters the avoidance and it is seen negatively. Emotional and confusion indexes prevail.

Session 8 – G: All the sessions sound the same. There are two interesting things in this session. First, she signals the lack of youth as a cause of her difficulty getting through the current situation. Therapist does not react, which could be seen as reinforcing this idea. Second, the meaning of “selling patrimony” (Almost like being a disappointment to her mother).

Session 9 – J: Session equal to previous.

Session 10 – I: The problem is conceptualized as the blow - after lot difficulties – some bitterness in life. She values herself for being the support.

Session 11 – B: Last session. Keeps the same kind of narrative. Emotions are described externally and always attributed to the exterior. The client feels impotent against the world. Therapy serves as relieve.

B07 - Mother with loving pain

This client presents prolonged depressive symptoms associated with the death of her son, in what seems to be a case of pathological grief. There are some aspects that stand out in the way she speaks about her problems. Her narrative is very repetitive and circular, almost as if she is always playing the same record over and over, being similar in some ways to a traumatic narrative. The narrative is always revolving around this core event, but this matter is never approached in an open or new way.

From what comes to light in the context of therapy, associated with this circularity and difficulty in facing this subject there seems to be strong feelings of guilt. Once again, these feelings are never discussed thoroughly, but they related to abandonment issues. The client speaks of abandonment in the sense that she could not take care of her son, as she had to emigrate when he was a child. However, she only talks about this issue in a very superficial way. There are also some anger feelings directed to her son. Although this anger is mentioned in session, like other issues, it is not developed deeply.

In terms of the assimilation indices, a significant evolution will not probably exist. Some evolution related to mood variations may occur, and it will be interesting to pay attention to emotion and content indices and see how they change throughout the sessions, mainly in function of the client's mood fluctuations.

Session 1 – L: Session dedicated to collecting information. More openness when talking about son's death. Less “touch and run”. Despair and hopelessness. Addresses guilty.

Session 2 – G: Shorter session, focused on the past life besides the death of her son. Client is always surrounding the son's death, but addresses it direct very rarely. Sketches some discussion on guilt, but does not deepen. Just world theory.

Session 3 – B: Poor session. Client's complaint is focused on the loss of a child. A significant amount of externalized narrative. Does not speak of herself. It is like a movie. There are only two interesting moments (mentioned on the sheet). When the therapist addresses the responsibilities of her son, the client anger arises to which she admits but escapes. Egodystonic anger.

Session 4 – D: Client escapes from all movements of internalization. The therapist asks: is there a meaning for this sadness? To which the client avoids. Not just because it is felt as invalidating, but almost like it only made sense if sadness came from the outside. Or if admitting internal sadness could have some implications (e.g. assuming guilt, ...). This session is somewhat focused in other events.

Session 5 – K: Deals with the guilt – guilt for having “abandoned” her son when he was a child. Therapist works on this but the client shows little adherence. She speaks of her son death. High avoidance narrative, like it was a traumatic narrative.

Session 6 – F: Session focused on external events. Deals superficially with the guilt related to the son. Feels guilty because the son moved to A REGION where she could not take care of him. Possible doorway to the real guilt. Therapist focus on the positive aspects of her life, which is counterproductive.

Session 7 – O: Session with little interest. Client shows openness to thinking while showing dissonance. Focus on the positive, is clearly unproductive. Thinking about the good Christmas brings sadness because those are the Christmas she had lost.

Session 8 – A: Session that becomes uninteresting due to self victimization. Very little elaboration. Does not show openness to the therapist. The therapist, on the other hand, is directive – challenges and emphasizing the positive aspects of her life are disregarded by the client.

Session 9 – H: Session similar to others. It's hard to understand what are initial sessions and final ones. Every session seem alike.

Session 10 – M: Client shows mood improvement. Speaks for the second time about a TV program about spirits. Reveals ambivalence in being confronted by son. Not discussed thoroughly.

Session 11 – E: Session focused on other events. Brief discussion on the egodystony of joy and big aversion to feeling guilt but with regard to the relationship with her sister.

Session 12 – I: Session centred on secondary episodes. Less affective volatility. Reaction to passing time?

Session 13 – N: Session with little affectivity. Deals with the guilty issue which is clearly important. Speaks without deepening and avoiding.

Session 14 – J: Possible initial session. Deals with the guilt like it the first time she felt it. Feels guilty for some things that she does not believe to be responsible for and alternates with blaming her husband. The issue guilt is slightly deepened.

Session 15 – C: Client keeps externalized communication, even when speaking of internal issues. At certain point she speaks about a TV show about spirits and expresses the fear of being confronted by her son. Assumes guilt. In the end of the session, the therapist suggests termination to which the client shows resentment.

B08 – The mother that chose to be a woman

This client seeks therapy presenting a depressive state that begun after she found out that her husband had an STD. Initially she does not reveal any anger feelings towards her husband, making the effort to try to understand his position. Her suffering is experienced in a very internal way, as if she was shifting all her pain towards herself. A contributing factor to this shifting movement is the fact that she endorses a set of values related to traditional views of gender roles. She manifests the vision that her value as a human being is somewhat dependent on the care she provides to other people. This idea is also relevant to the relationship she has with her sons and later interferes with the decision making process of whether to leave home or not. She feels that by stopping to take care of her adult sons she is abandoning them.

An important event that occurs during this therapy is the decision made by the client to separate from her husband and leaving home. This decision is somehow a result of the work done in therapy, since the therapist is able to reinforce an autonomous side of the client and bring her to self-assert. On the other hand, although the therapist is able to understand this autonomous side of the client, she has difficulty in understanding the client's dependent side, which manifests in the therapeutic relationship.

Regarding the assimilation indices, it would be interesting to pay attention to the therapy sessions in which the decision was taken. In these sessions, the indices that related to self-assertion should be particularly relevant. Generally, all indices associated with pain and suffering – that should oscillate throughout the therapy – and the “I2o01 The other is wrong” index are probably relevant.

Session 1 – C: First session. Very interesting. Client refers as problem, depressive symptoms attributed to external causes, mainly having found out that her husband has a STD. She tries not to reveal how he caught the disease and shows ambivalence between some (small) anger and concern regarding her husband. The therapist validates allowing the client to express something she had never shared. The therapist is also able to gently move the client from a totally hopeless state to admitting the chance of the reduction of suffering.

Session 2 – B: This seems to be an initial session. Client seems to be from a low social class. The client narrative regarding her depressive symptoms (the presenting problem) is very psychopathological. Her

narrative has little emotional processing/elaboration. As a client, she is anxious which she names as "nerves".

Session 3 – I: Client makes a suicide attempt, with small intentionality (e.g., easily detected, low lethality; impulsively; regrets it). Client narrates this episode with little affective attunement. She attributes the suicide attempt to lack of control, not assuming responsibility for it.

Session 4 – E: Client refers mood improvement, which is attributed to external events: the visit of her mother and husband's finding a job. She slightly attributes the past sadness to her demands in taking care of the house vs. being depressed (secondary disturbance). Part of the session is dedicated to collecting information about past. Hard life.

Session 5 – J: Client refers that she had decided to "take some time off". She affirms herself and does an interesting elaboration reflecting on the past and her relation with her husband. Sexual life is very relevant. She had felt less sexual desire after the second child was born and sex was kind of an obligation. Note that in another session, she justified her husband's infidelity with the lack of sex.

Session 6 – D: Client refers mood worsening. She does not find a reason for this. In other session she decided to end her marriage. Simultaneously, she decides staying in the same house as the husband. The reasons mentioned are: friendship, pity for her husband to keep the family together. Apparently she does not hesitate on the decision to end the relationship. The therapist has difficulty accepting this option and promotes reflection about the advantages autonomy. Client maintains her decision.

Session 7 – H: Session that precedes the decision-making. The client keeps referring the relationship with her children as the most important thing. For her, separation equals death/loss (a mother is there to take care, if she does not take care there is no relationship). The therapist has a hard time understanding this. When discussing her current state, the clients refers again, that she feels bad for not taking care of the home (her value depends on taking care of others/things).

Session 8 – F: Client decides to leave home. Hard decision. She perceives leaving the house as abandonment/rejection. Idea that she is leaving her children without her concern or her care. Therapist interprets rejection in a more textual way and tries to reframe it, which leads to reactance. Client does not see herself as an abandoning person. She refers that this decision was motivated by her husband not being able to stay friends with her (desired solution).

Session 9 – A: Client is separated from her husband but continues to live with him. In this session she attributes her sadness to the fact that she does not have support at home (NUMBER adults living with her). The issue is more distressing with regards her with her daughter-in-law. The therapist shares the view that the solution to overcome her problems might depend on increasing assertiveness. Client is not very hopeful because she thinks this is due to her personality. Furthermore care is very important to her, she values it in her; promotion of dependency on her children.

B09 – The lacking man

The main therapy theme present in this case seems to be related to questions of performance. The client's main complaint is a lack of self-confidence that manifests in a depressive mood and in the procrastination of study time.

Underlying this lack of self-confidence there seems to be an idea of self-defect and a personal theory of always falling short. There is an attempt of masking this perceived self-defect by trying to maintain an idealized version of the self, which results in being difficult to assume errors and weaknesses, and in the necessity of asserting himself as a capable person. However, in more troubled times this compensatory mechanism doesn't seem to work.

In terms of the assimilation indices, there seems to be an interesting evolution in the "I2i05 Useless self-criticism" and "I2i11 Self-assertion" self indices. There probably exists some sort of reduction in self-criticism and a positive change in self-assertion.

This case cannot be regarded as a case of success. Although it may come to be a success, in this time interval there seems to be only a stabilization of symptoms and some improvement in insight.

In the therapeutic relationship, the client's posture manifests itself in a dependent relationship to the therapist. This dependency was not made the subject of therapy, probably because of the therapy's nature. This dependent posture can be seen in the fact that the client always tries to prolong the session time and in the way he clearly seeks the therapist's approval and opinion in certain moments.

This therapy was also influenced by a crisis situation, related to an upcoming exam. This crisis had an impact on the choice consciously made by the therapist of not deepening certain issues too much, which was probably a wise decision. Until what seems to be approximately the middle of the therapy there was a clear focus on the emotional preparation for this exam, which resulted in certain matters not have been approached by the time of the 15th session.

Session 1 – L: First session. Confuse and contradictory narrative. Idea that the parents are both guilty and not guilty of his problems that is complementary with the idea that he is and is not the one to blame. Very exploratory session. Speaks affectively of the previous relationship with his girlfriend.

Session 2 – M: Probable initial session. Narrative less incoherent and the client is less anxious. Emergence of narratives deriving from therapy.

Session 3 – N: Initial session? Functioning of the undergraduate course in his life that revolves around approval and the meaning of life. Little elaboration of this dichotomy; many inconsistencies that seem to arrive from the elaboration process. [Vulnerabilization vs. compensation; 5 self vs.11 self; Confusion/emotion vs. 9 Actions for; Ex. 26.58]

Session 4 – K: Interesting session. Contradictory narrative. Oscillates between criticism and the idea of flaw and some self-acceptance by taking into consideration the past. Nice decentering. Talks about the past and his girlfriend. More calm in what concerns the test/exam.

Session 5 – I: Therapist notices a narrative change when comparing down with others. I do not think so. It looks simply a reduction in the frequency and not in quality of narrative.

Session 6 – G: This session is still very descriptive. Large and exceptional action promotion by the therapist to prepare the interview. A lot of directivity and little psychological reflection. Some information regarding past.

Session 8 – D: Intermediate session not very interesting. Brings the news of entering the faculty. The news carries some ambivalence: seen both as a good thing and another fight.

Session 9 – J: The job was the centre of the intervention and there was not a deep elaboration on the subject (crisis intervention). After the crisis passes, question arises again. He does not congratulate himself for this (there is a reflection regarding these in the end of the session). In this session there is also a manifestation of his interpersonal (dysfunctional?) circle at the end of the session, with the dependency from the therapist arising.

Session 10 – A: Session focused in thinking of how to get a job. They elaborate on the internal blocks to finding a job. Idea of “waiting things to fall from the sky”.

Session 11 – B: Uninteresting session. A lot of focusing on the exterior. Exception (at 40) when there is a shift to internally address questions regarding lack of confidence and hopelessness.

Session 12 – H: Important session. At the beginning some difficulties regarding emotional processing are stressed. At the middle of the session (see notes) he advances with the theory of “the lacking man” (idea of flaw) and associates it with social anxiety.

Session 13 – E: Highly descriptive session. Client too focused on his self-critic explanations like the idea of being late in life. Exception at minute 30. Idea that by focusing on past failures he misses the present and hampers the future. Idealized features of the Dutch people (alternative vision).

Note: a huge prevalence of self-criticism & self-enhancement!! Little emotion.

Session 14 – C: Interesting session. Move from flat dialogue regarding the finding of a job to a reflection more internal and focused on views of the self. They make an interesting temporal conceptualization.

Session 15 – F: Session that constitutes a setback. Back to classes and confronts with the frustration associated to the difficulties. I guess this is the consequence of therapy being too focused on the outside. Address family issues and strictness.

Appendix L

Original Excerpts of Study II

B04 – O homem que se abriga sob a sua compreensão

Sessão 1 (1,10 – 1,43)

T- Ah, estive em CURSO.

C- CURSO.

T- Hum hum. Mas terminou o curso?

C- Não terminei... Ou seja, dei assim um grande nó na vida (riso surdo).

Sessão 7 (48,28 – 48,47)

C- Entretanto, tenho IDADE anos e (ri-se)... estou aqui a tocar guitarra, as pessoas começam... as pessoas que tocam realmente bem começam isto muito mais cedo, e é verdade. Ahhh... não tenho vida para isto... pronto. Mais um... uma coisa que meti de parte.

Sessão 7 (22,19 – 23,05)

C- Sim, sim, depois tem a ver com a determinação. Eu, por exemplo, no primeiro ano... o primeiro ano é o pior... pelo menos, há quem diga... o primeiro ano é o pior ano, que... as pessoas não... e ficam... muitas pessoas ficam desanimadas com o curso. O segundo ano já é um bocado mais trabalhoso e já... já é suposto a pessoa encontrar-se mais. E mesmo assim na altura... para já, estava a estudar, já estava a deixar basicamente de ir às aulas. Mas na altura... ahhh... depois não... perdi o fio à meada, simplesmente.

Sessão 10 (23,31 – 25,51)

C- Só que eu neste momento ainda não sinto... Por duas razões. Lá está, depois é esta questão do... do trabalho estável e... mas é verdade, é a questão do trabalho, que não é nada... é a termo incerto, é assim tudo muito... mas provavelmente vai ser assim até ao final da minha vida, que é tudo... pelo andar da carruagem não é nada... é tudo provisório, é tudo... enfim. E... e a par... e a outra parte, que eu... que eu penso... e esta é... e esta é a questão... que enfim... que é, eu penso voltar a estudar, penso voltar a... a fazer... ou a estudar... é estudar ou tirar um curso, estou... estou a fazer isso.

T- Para?

C- (riso surdo) Eu acho que para me sentir... eu acho... sentir-me capacitado a fazer alguma coisa, pelo menos para... em termos profissionais ter... ter uma vida melhor, ter...

T- (sobreposição) E o que é que está a fazer?

C- (sobreposição) Fugir a isto, fugir um bocado também a isto de... não... lá está, pronto... ahhh... esta questão de... dos trabalhos *call-center's* isto tudo. Que faz-me um bocado confusão.

T- Mas o que é que o NOME gostava de fazer?

C- (riso surdo) Eu não sei. Esta parte é a parte que eu entravo. Que eu não sei, eu... nesse aspecto... nesse aspecto tenho muita dificuldade. Tenho muita dificuldade em decidir.

Sessão 2 (44,36 – 45,00)

C- Tenho várias ideias mas... são só ideias. Lá está, eu tenho ideias mas... não chego a... a... a tomá-las muito a sério. (riso surdo)

T- Porquê?

C- Não sei, porque...

T- Não são para ser levadas a sério?

C- Não é por não serem levadas a sério, acho que podiam ser levadas a sério.

T- Então?

C- Não acredito é que consiga pô-las em prática.

Sessão 8 (24,50 – 25,54)

C- (...) Eu já não sei... isto acontece-me tantas vezes... quando as coisas não acontecem como eu quero, já não... (...)

T- Se as coisas não acontecem como quer... o que é que acontece?

C- Acontece isto, esta minha reacção. Fico... já sabia que isto ia acontecer.

T- Já sabia?

C- Um bocado assim... isto não... isto é muito estúpido, mas é verdade, é assim que eu... que eu sinto, é assim que eu penso.

T- Mas já sabia que isto ia acontecer? Mas a sua esperança...

C- (sobreposição) Eu tenho sempre... tenho sempre qualquer... tenho sempre... tenho sempre... sou muito pessimista, em relação a estas coisas.

T- Mas há bocado estava-me a dizer que achava que ia passar no teste.

C- Tinha esperança, mas ao mesmo tempo sou pessimista.

T- Hum.

C- (riso surdo) Não faz muito sentido as duas coisas ao mesmo tempo.

Sessão 2 (39,50 – 41,41)

C- Um bocado por aí...

T- (sobreposição) Pelo quê?

C- (sobreposição) Mas aí foi mais no plano de... não foi “Não consegui fazer isto ou não conseguir fazer aquilo”. Foi “O que é que eu estou aqui a fazer?”. E enquanto as pessoas... muitas... muitas das pessoas no trabalho... perguntam... perguntam isso... “Mas para ter um trabalho tem que se fazer sacrifícios”... que é basicamente é isso que é um trabalho... as pessoas continuam... eu ali não sei o que é que... fui completamente... acho que... falta de responsabilidade, não sei. Que eu pensei “O que é que eu estou aqui a fazer, não... isto não é para mim, eu”... E isso acontece... isso acontece, os pontos de ruptura acontecem sempre com essa... com estes pensamentos, que é “O que é que eu estou aqui a fazer? Como é que isto está? Como é que”... Acho que é um bocado complexo de inferioridade.

Sessão 7 (24,18 – 25,32)

C- Sempre ouvi a ideia... sempre ouvi esta frase de... de... “Tu és capaz disto, tu és capaz de... tu”... que eu sou capaz de muita coisa e “Tu tens montes de capacidades”, sempre ouvi isto, sempre, desde pequeno. E no entanto (riso surdo)... não... não sei. Em relação à CURSO, quero... é um bocado isso, é retomar aquilo que... que não acabei, e provar e dizer que consigo voltar a... a empenhar-me, e...

Sessão 9 (16,58 – 17,40)

C- Eu acho que é um bocado isso, é um bocado... ela... chama-me logo maluco, ou uma coisa assim, e “Olha, diverte-te”, se for preciso é o que... é o que ela diz. Mas eu parece que sinto um bocado isso, não... porque não me... sinto que não me esforcei, ou que não estou à altura do sacrifício que ela... que ela fez.

T- Então como é que seria estar à altura?

C- Era ter uma vida como (ri-se)... uma vida como deve ser, como ela gostava que fosse. (ri-se)

T- Seria como?

C- Ser baptizado... não, isso já estou a brincar. Não, não sei... Não sei.

Sessão 2 (6,02 – 6,33)

T- Mas chega a investir naquilo que faz? Por exemplo, entra num emprego, chega a investir nesse emprego

C- (sobreposição) Não me... não... não muito. Isso é um bocado isso que eu... que eu tenho... tenho notado. É que de facto não... não... não me tenho... não me tenho investido eu em mim, *como também não investiram em mim, quando... sinto isso, essa falta de... de investimento. E eu também não invisto muito.* Eu não invisto, não é... não é financeiramente, não...

T- Não investe em si como os outros não investiram em si.

Sessão 10 (30,38 – 30,55)

T- Mas estas coisas não são ideias fixas que se põem, não é?

C- Sim, sim.

T- Isto é um movimento que se faz naturalmente.

C- É óbvio que se eu... se eu tive... se eu tivesse estabilidade em casa... provavelmente nem estávamos a falar nisto. E é... é normal que...

Sessão 4 (27,18 – 28,21)

T- Mas quem é que o rejeitou e quem é que foi indiferente?

C- O meu pai, por exemplo.

T- Mas foi falar da sua mãe.

C- (riso surdo) (...) Porque eu acho que... Eu acho que em certa... em certa... em certa parte houve também... da parte da minha mãe houve... não digo rejeição... rejeição talvez não... Da rejeição... aliás, o meu pai não me rejeitou, eu é que o rejeitei a ele a determinada altura. Que ele foi... foi-me completamente indiferente. Esteve ausente e tentou uma aproximação mais tarde e eu não... não quis. Ahhh... em relação à minha mãe... acho que não... talvez esteja a apontar para o lado errado.

Sessão 1 (7,29 – 10, 12)

C- Eu encontro as... as respostas... eu acabo por... e hoje acabo por ver que... tanto o meu pai como a minha mãe... tiveram... tiveram...tinham temperamentos (riso surdo)... XXXX... são pessoas completamente diferentes e aquilo nunca podia ter dado certo. E eu acabo por me... por me... sentir um pouco o... o resultado dessa... dessa... dessa separação.

Sessão 5 (25,24 – 26,00)

C- Este tipo de... (...) Ou então não... não tem nada a ver. Mas este tipo de sentimento às vezes quando nós... nós temos de... de... nós, agora dizendo nós... mas eu... eu sinto de... de estar um bocado sozinho, etc., não ter apoio. Pronto, este tipo de sentimento. Porque... por ventura ele também já tenha... já tenha sentido. Mas isso... isso vai explicar...acaba por explicar o... isso é a minha tentativa de explicar o que ele fez. Que eu não consigo compreender. Acho que é mesmo porque ele é assim e nunca vai mudar.

Sessão 4 (21,17 – 21,50)

C- Mas a minha relação com a família também sempre foi um bocado estranha. Um bocado... eu preciso, finjo que não preciso, tento fingir ao máximo que não preciso de... da família, não sei porquê. Não sei de onde é que isto vem. Mas... se as pessoas me fizerem o mesmo não suporto.

T- O mesmo que é o quê?

C- Não suporto rejeição, não suporto... indiferença. Prefiro que as pessoas me chamem nomes que...

T- Quem é que o rejeita?

Sessão 7 (12,15 – 12,34)

T- Ah, não queria que ela lhe desse razão? No fundo, no fundo, não queria que ela lhe desse razão?

C- Porque eu no fundo, eu não... não é razão que eu quero ter.

T- Então é o quê?

C- Não sei... não sei se é atenção, às vezes se é uma chamada de... não sei.

T- O que é que ter?

C- O que eu quero é... paz de espírito (riso surdo).

Sessão 10 (20,16 – 21,55)

T- Mas eu estava a trazer isso, a questão da responsabilidade. Ir viver sozinho, o trabalho...

C- Pois, eu hoje falei da responsabilidade quase que no trabalho também, eu... acho que tem... tem a ver... acho que tem a ver. Não sei, isto deve ter sido... devo ter pensado nisso esta semana... esta semana. Responsabilidade. Mas acho que tem um bocado a ver com... (...)

T- Tem a ver com o quê?

C- Com a liberdade, com o facto... Não sei se estou a dizer alguma coisa... Mas eu acho... eu pelo menos sempre associava a liberdade ou... por exemplo, se eu quisesse sair de casa, alugar uma casa... quero estar de alguma forma... quero ser dono da minha... do meu espaço, quero ser dono da minha... Do meu destino, sei lá. Isso também é uma grande... é uma grande responsabilidade. E se calhar eu não tenho tido assim tanta...

T- E isso assusta-o?

C- Já me... acho que já me assustou mais, mas sim, assusta um bocado. Porque acho que há pequenas coisas que eu tenho que fazer... ahhh... metade pelo menos... passa por uma série de... acho que... acho que me ia fazer bem, não sei.

Sessão 5 (37,44 – 38,31)

C- Mas... pá, procuro e sem trabalhar nunca estive tanto tempo. E acho que... acho que já aprendi um bocado a lição, também. E se... mais do que ninguém, se não for eu por mim... ninguém há-de fazer, nem posso contar com nada. Mas a minha... eu acho que o meu grande problema também foi um bocado esse. Foi... encostar-me um bocado à sombra... da... da bananeira, e ficar um bocado à espera... ou pensar que algum dia alguém me poderia ajudar... não... tinha um bocado essa ilusão. Aí é um bocado a ilusão de... da família, que depois na idade adulta se dissipa completamente. Não completamente... no Natal vem outra vez aquele sentimento...

Sessão 4 (1,18 – 1,40)

T- Vai seguir o quê?

C- CURSO.

T- Mas precisa de ir por aí, é? Mas já teve em CURSO...

C- Já estive em CURSO no UNIVERSIDADE. Agora, o que eu fiz... e fiz a carta de apresentação... de motivação, tive que escrever a carta.

T- Sim.

C- Dirigida ao... à Comissão de Avaliação, não sei quê...

T- Mas para quê? Para que é que isso serve? Dos Maiores de 23 anos.

Sessão 4 (2,22 – 2,35)

T- Mas então voltou agora a escolher CURSO, é isso? Mas as suas decisões são assim muito rápidas, NOME

C- Se calhar... (ri-se) porque custa-me muito... uma decisão custa-me muito... tomar uma decisão.

Sessão 8 (5,53 – 6,40)

T- É uma coisa que queria mesmo. Mas se depois chega à hora não estuda o que devia, não se prepara como devia. Depois a coisa corre mal.

C- Eu estudei na véspera... foi isso que...

T- De véspera? Mas é sempre assim ou acha que...

C- Não é sempre assim.

T- Não é sempre assim?

C- Na altura... na altura certa, na altura em que eu entrei para a faculdade, etc., estudava com antecedência.

T- Então porque é que desta vez não fez isso?

C- Não sei.

T- Mas pense lá.

C- Não sei se desvalorizei o... não sei, não...

T- Desvalorizou o quê?

C- Pensei que fosse mais fácil entrar. E por outro lado... ahhh... fui adiando. Enfim... acho que...

Sessão 12 (4,38 – 5,47)

T- Ela tenta ajudá-lo a resolver isso?

C- Sim. Sim, algumas coisas.

T- E o NOME não gosta.

C- Não, porque eu sei que a maior parte das coisas são... dependem de mim. Por exemplo, estávamos a falar de uma situação mais concreta de... de um curso que... e que eu agora tenho este trabalho, não recebo muito, para juntar e para não sei quê... e ela disse "Ah, podias fazer assim", e eu "Não... eu estou a falar porque"...

T- Mas o que é que acha quando ela lhe apresenta assim algumas soluções para o seu problema?

C- Não são bem soluções, sinceramente. Eu...

T- Então?

C- A minha mãe... é muito stressada e... e vai muito naquela de "Pois, tu tens que... que ter um curso qualquer, tens que ter qualquer coisa, tens que"... e eu "Não, tem que ser uma coisa que eu goste". Quer dizer, não é sem saída XXaviãoXX

T- Mas é o próprio NOME que escolhe um curso qualquer!

C- Também é verdade (riso surdo).

T- A mãe é preocupada...

C- Não, porque eu deixo... deixo-me influenciar um bocado por essas... por isso, ou mesmo por conversas com amigos, deixo-me influenciar um bocado.

Sessão 6 (23,46 – 25,40)

T- (sobreposição) Já reparou que perdemos o fio da... o fio condutor?

C- Já, já perdemos completamente.

T- O que é que acontece?

C- Isto... isto porque eu estava a falar... estava a falar...

T- Mas sem explicar, o que é que acontece de perder o fio condutor? O que é que acontece?

C- Porque eu quero dar um exemplo.

T- Mas não é só isso. Ao longo da sessão, desde que iniciámos, o NOME foi falando... Por exemplo, estamos... estamos num tema qualquer. E estamos a começar a ir um bocadinho mais fundo, o NOME vai... consegue passar para outro tema. Sim, através da explicação, seja o que for. Mas consegue passar para outros temas. Estamos um bocadinho mais fundo, vai para outros temas. Discussão com a namorada. Fim-de-semana com a mãe. Ahhh... culpabilidade. Ahhh... responsabilidade. Ahhh... curso. Trabalho. Encontro com a pessoa. Ahhh... confronto com a pessoa. Ahhh... faculdade. Ahhh... compreensão das coisas da história da família. Ahhh... pai, avô... Já viu a quantidade de coisas que foi buscar... mas que no entanto... aí é que está, é isto que acontece, é isto que me deixa perdida. E também se calhar... não sei o que é que o NOME sente, mas se calhar...

C- Também.

T- Mas já viu... o que é que o NOME faz? Para que é que isto serve?

C- Não sei. Sei que... estava a dar... estava a tentar dar um exemplo, mas ao fim e ao cabo se calhar já... já desviámos do...

T- Mas há muito tempo... que já perdemos o fio condutor. Eu acho que isto tem que ter um fio condutor. Mas o que é que acontece para desviar... quando estamos a... a tentar aprofundar qualquer coisa, o NOME desvia. O que é que acontece?

C- (riso surdo) Não sei.

Sessão 4 (12,25 – 12,34)

T- Não estou a pôr em causa, NOME Eu acho que quando lhe estou a perguntar isto o NOME anda para aqui...

C- Ando para um lado, ando para o outro, e não respondo às perguntas, não é?

Sessão 4 (12,25 – 12,34)

T- Não estou a pôr em causa, NOME Eu acho que quando lhe estou a perguntar isto o NOME anda para aqui...

C- Ando para um lado, ando para o outro, e não respondo às perguntas, não é?

Sessão 5 (0,26 – 0,54)

T- Como é que está a ser vir cá?

C- Até agora estou... acho que está... está a ser bom.

T- Bom em que sentido?

C- Está a ser bom. Eu acho que em termos de... algumas coisas que eu às vezes... ahhh... sinto e etc., não sei até que ponto é que... vou conseguir corrigir isso. Porque eu acabo sempre por pensar da mesma forma.

Sessão 11 (47,27 – 49,00)

C- De eu deslocar... Tomar... eu acho que tomei consciência de algumas coisas que eu já suspeitava, entre aspas, tinha suspeitado. Mas... não queria pensar, não queria saber, era um bocado assim. Mas que no fundo, lá muito no fundo, acabei por... por ir dando talvez essas respostas. Mas acho que... o facto de me aperceber de... disso que faço inconscientemente, isso... Agora não sei muito bem... o que é que posso mesmo fazer com... eu... eu tomei consciência das coisas. Tenho estado a tomar consciência de algumas coisas. Agora com essas coisas mesmo... eu ainda não... porque não sei o que é que eu posso fazer com elas. É bom já... já é um ponto de partida ter... consciência delas, agora tenho que... tenho

trabalhá-las, tenho que ser eu a... não sei como é que vou fazer isso. Também não é... não vou ficar aqui à espera que... passe.

T- (sobreposição) Vai continuar... Não, mas vai continuar. Eu acho que faz sentido o NOME continuar o... um outro processo terapêutico. E até há pouco tempo eu tinha falado sobre isso. Para já porque sinto que neste pouco tempo que estivemos juntos eu fui muito... fui devolvendo logo muita coisa ao NOME, com muita pressa também que o NOME tirasse daqui qualquer coisa. Se tivéssemos mais tempo juntos... ahhh... se calhar tinha esperado mais que fosse o NOME a ir buscar as coisas, porque também só aí é que sentimos de facto o que estamos a...

B01 – A miúda do Peter Pan

Sessão 1 (34,23-35,23)

T- Então, afinal esta miúda aparentemente frágil também tem aqui uma mulher com segurança e com objectivos e com certezas...

C- Sim, às...

T- Temos uma NOME pequenina e uma NOME grande?

C- Acho que sim, acho que falta é dar aquele passo... ligar as duas.

T- Vamos pedir à NOME grande para ajudar a NOME pequenina.

C- Eu acho que sim, ela tenta, mas... ainda há muito aquela...

T- Ameaça no ar?

C- Não, é mais aquela vontade de não esquecer onde é a Terra do Nunca onde mora o Peter Pan.

T- (ri-se) Às vezes é difícil crescer.

C- É.

T- Os embates são grandes.

C- E... e depois tenho levado assim com bordoadas dessas, assim quando menos se espera... uma pessoa fica "Eh pá! É sempre melhor continuar a ser filha, ser cuidada"...

T- (sobreposição) Pequenina...

C- "...pelos pais, pode ser que protejam"... Mas depois do que me aconteceu acho que... não há nada que nos proteja.

T- Vamos arriscar a crescer?

C- Eu acho que sim. É o que eu tenho estado a tentar a fazer também neste ano.

Sessão 2 (22,52-26,41)

C- Mas acho que... ahhh... com isto tudo que aconteceu acho que houve ali momentos em que... talvez vi um bocadinho se calhar mais a cor que... Porque, por exemplo, com aquilo que aconteceu com a minha mãe... no outro dia estava a dizer que se calhar... a NOME pequenina tinha ficado um bocado aflita... mas eu acho que... apesar de a NOME pequenina ter ficado um bocado aflita foi a NOME grande que tratou de tudo. Porque eu é que acompanhei sempre a minha mãe... e... tratei dela, fui uma mãe. Tive que ser eu (riso). E... acho que... fiz o que tinha a fazer... E depois mesmo comigo, apesar de tudo também não podia simplesmente ser... a filha, não é? Também tive que ser forte por mim própria. E pelos meus pais, não é? E portanto acho que nessa altura se calhar mostrei um bocadinho mais do que... do que eu era. Transpareceu mais. Porque eu não mostro, às vezes transparece (riso surdo).

T- De que maneira, NOME? O que é que... o que é que acha que ficou mais visível? Pelo menos para si, o que é que...

C- Se calhar... ahhh... a importância que eu dou realmente às pessoas, se calhar mostrei mais, mesmo aos meus pais. E... se calhar os medos que eu ainda tenho e... e assim. E... e mostrei que também... consigo dar conta do recado por mim própria, porque apesar disto tudo consegui seguir com a faculdade. Portanto, também mostrei que... Eh pá! Esmiufrei-me para caraças! (riem-se ambas) Mas consegui e fiquei contente com o resultado, apesar de tudo. E... portanto acho que essa sou eu. Que é responsável, que... dá a mão, que ajuda, que... mas que também não deixa de... as coisas próprias de lado, também leva em frente isso. Acho que... que é. Ahhh... mas para isso acho que me fecho um bocado para conseguir ter força para isso.

T- Continue, continue.

C- Porque acho que de outra forma é... fica demasiado disperso. Eu disperso-me um bocado, então assim... não... não... acaba por não... por não conseguir... dar conta do recado.

T- E portanto ficamos... fazemos uma aliança com uma parte da NOME que é a parte da capacidade, e focamo-nos num objectivo. E a parte do sentir... e das emoções, e do desejo, a que eu chamei um pouco a NOME pequenina também, onde é que ela fica?

C- Ali fica em *stand-by*. Naquele momento tem que estar. Mas acho que isso é como tudo na vida, há momentos que a gente tem que... tomar as rédeas de uma maneira e doutra... doutras vezes é preciso fazer outra coisa... é outras coisas, não é? Acho que perante as situações eu tenho-me conseguido... safar bem. Ahhh... esta se calhar custou-me mais porque... se calhar aquele *clíc* de crescer e não sei quê que estavam à espera, se calhar foi este o... foi um bocado à bruta.

T- Sim.

C- Porque... aquela separação se calhar... em relação à mãe... Ahhh... em vez de ser gradual e por outros motivos foi assim um bocado... ou é tudo ou nada.

Sessão 4 (35,42-36,58)

T- Exactamente, porque não?

C- Mas a minha mãe acha sempre que eu tenho que me comportar com a minha idade e que eu não...

T- E o que é que você acha?

C- (...) Eu gosto de XXXX. Eu tenho sempre aquela máxima de que a gente deve crescer mas não esquecer. E... e a sociedade gosta... acha que é aos IDADE... agora as miúdas já aos doze ou treze já andam aí vestidas parece gente grande. Ao pé de mim eu é que pareço miúda. E... mas... também é exagero, mas a minha mãe acha que... pronto, "Vê lá como é que vais vestida para o trabalho, agora... Ai, estás com essas calças, ficam-te tão largas. Veste outras! Olha essa t-shirt... agora vais com essa t-shirt com esses... com essa bonecada... veste outra! Já podias arrumar o roupeiro e deitar... ou dar aquelas t-shirts que já não usas, com aqueles bonecos, com aquelas não sei quê... Devias-te arranjar assim um bocadinho mais"... Pôxa, até parece que ando de farrapos! É como o meu pai... até parece que tinha más notas na escola, para ele refilar.

Sessão 9 (32,21-34,55)

T- Também temos aqui dentro da NOME uma princesa cor-de-rosa?

C- Temos, temos, temos. Eu tenho três desenhos animados que me caracterizam. Que é o DragonBall. Toda a gente conhece. (telefone toca e terapeuta atende).

T- DragonBall?

C- Não é mais... não é propriamente pela parte da porrada em si, que toda a gente só via isso, mas aquilo é mais do que isso. Trata da parte da amizade, aquilo foca-se muito na parte da amizade e no superarmo-nos a nós... superar (terapeuta ri-se)... a nós mesmos, para conseguir proteger os nossos, pronto. Eu via assim. E era sempre giro quando o SonGoku foi tentar tirar a carta de condução (ri-se). Até foi uma das coisas que foi para a tese da minha mãe, agora que teve que fazer o curso, e foi baseado nos desenhos animados e eu ajudei-a a fazer aquilo. E era sobre... ela utilizou isso do DragonBall, esse exemplo. Eu disse-lhe "Usa aquilo"...E depois é o DragonBall, é a DESENHO ANIMADO Não sei. Era a PERSONAGEM... com aquela voz esganiçada, como dizia a minha mãe. Que é... realmente é do mais... eu era gozada tanto por ver aquilo... por isso é que a minha alcunha, o meu *nickname* é NOME que era uma das coisas que chamavam a ela... o AMIGO chamava... o que depois ficou com ela chamava a ela. Que eles no início não se davam muito bem, estavam sempre com as picardias, então ele chamava-lhe NOME e... NOME2. Mas eu achei que NOME2... "Espera aí, não!"... NOME... soa um bocadinho melhor. E então esse... esse realmente é... é só... é só cor-de-rosa e magia e príncipe encantado e princesas e tudo. E depois tenho o outro que é o Evangelion que é... sobre... é introspecção (riso surdo)... o famoso dilema do ouriço (riso surdo)... ahhh... é... prontos, o ouriço tem espinhos...

T- Sim.

C- E depois é aquela questão, a gente quer-se chegar ao pé dos outros... Damos-lhes com os espinhos. Mas se os outros se chegam ao pé de nós, a gente... o que é que a gente faz aos espinhos? Andamos ali um bocado... E trata dessas... e também trata a nível... religioso, filosófico. E eu sempre gostei dessas coisas. É uma... uma questão de quem é que somos, de onde é que vimos e o que é que andamos aqui a fazer.

Sessão 15 (6,05-8,28)

T- Está com alguma dificuldade em falar...

C- Do quê?

T- Sobre... como é que isto se reflecte na sua interacção com o mundo. Vai derivando... já vamos no coelhinho da Páscoa. Agora é mais Pai Natal, mas... ahhh... talvez fosse mais importante...

C- Não foram os dois ao circo? Num comboio ao circo?

T- Exactamente. Onde, lá foram. Que tal falarmos um pouco aqui desta NOME e como é que é...

C- Há lugar para mim no mundo?

T- A NOME no mundo.

C- Há lugar para alguém assim...

T- Não sei, o que é que acha?

C- Não sei... lá está, as coisas... são tão banais, que as pessoas... parece que.... tudo o que foge àquilo... lá está, tenho as teorias assim um bocado... a maneira de...

T- Sente que não tem lugar no mundo?

C- Não, eu até... eu estou cá, não é, portanto...

T- Hum hum. E de que maneira é que está cá?

C- Estou cá porque os meus pais cá me puseram.

T- E de que maneira é que está cá?

C- Eu... pois... por agora estou sentada. Não, mas... não sei, o problema é esse. É que dá-me sempre a sensação... lá está, depois as minhas acções são interpretadas como sendo... infantis porque não ligo às coisas que supostamente devia ligar. Para mim são coisas extremamente banais! Por exemplo, eu adoro lavar o chão. Isto agora... é estúpido. Mas eu adoro lavar o chão porque é como se estivesse a pintar. Já limpar o pó e fazer a cama... eei, que grand'a seca! Para quê? Aquilo não serve! Fazer a cama para quê se depois a gente no fim do dia puxa a roupa para trás e... pronto. Mas gosto bué de lavar o chão, eu largo tudo o que estiver a fazer para ir lavar o chão. Que é pintar, é giro, é um pincel gigante. E fica-se a ver assim o chão meio molhado, é como se estivesse tinta, é giro! Eu também pinto mas telas, vá lá, não sou assim tão excêntrica. Um bocadinho, não?

T- Começámos no coelho da Páscoa, Pai Natal, lavar o chão...

C- (sobreposição) Eu ando acelerada. Eu ando acelerada.

T- É de dormir muito? Como é que é, NOME? É difícil falar de si, falar como se sente e como é que se sente em relação a si própria e aos outros? Precisamos ainda de fugir assim tanto?

C- Não, estou... a fugir, eu estou a ver se compreendo.

Sessão 8 (35,22-36,14)

C- Ahhh, e em relação à NOME pequenina...

T- Sim.

C- Ahhh, no outro dia quando... estava a contar isso à minha mãe e ela diz que acha que o problema da NOME. pequenina é ela... É a minha mãe.

T- (ri-se) Pode ser por exemplo qualquer coisa para pensarmos ainda um pouco melhor, aqui as duas?

Sessão 11 (8,24 - 10,13)

T- É a NOME grande que está a falar?

C- É, é... Eu acho que há mais um heterónimo aqui pelo meio.

T- Então?

C- Que é... eu acho que a culpa não é bem da NOME pequenina. Coitada.

T- Apresente-me esse heterónimo.

C- É a NOME adolescente. Que foi aquela que levou bordoadas (riso surdo)... não fisicamente, não... ninguém a obrigou a mergulhar na piscina nem a atirou para... para a água na praia. (riso surdo) Tenho qualquer problema realmente com água. Tudo o que passa a altura da água do polibã para mim é muita água (ri-se). Estou a gozar. Ahhh... e... mas é a NOME... se calhar é a NOME adolescente que anda aqui um bocado... atrofiadinha.

T- Pode apresentar essa NOME adolescente aqui?

C- Então, é aquela coitada que... coitada... (riso surdo) é aquela...

T- É um apresentação um bocadinho... não é, NOME?

C- Coitada (tom enfatizado; ri-se)... Não, é aquele intervalo que há aqui... tipo um vácuo qualquer. Entre... a parte da infância, que eu digo sempre que foi feliz... foi feliz, eu até apesar de... de tudo, eu digo sempre "Eu tive uma infância tão feliz!"... apesar... E... e depois... chego agora mas depois há aqui este vazio que... acho que a minha mente faz questão de... de apagar e esconder... e... por isso é que minha mãe diz que eu às vezes pareço... uma rapariga de... adolescente agora. Não sei, eu acho que... como

levei tanta porrada naquela altura, salvo seja... ahhh... *bullying*, vá, agora diz-se *bullying*, não é? E... eu acho que não tive aquela... tive que reprimir todas aquelas sensações de adolescência. Então se calhar é isso que às vezes aparece agora (riso surdo). Agora é que eu estou rebelde!

Sessão 11 (41,44-43,13)

C- Não sei... eu se calhar sou demasiado racional. Mas tinha que ser, porque lá está, se deixava transparecer alguma coisa... pau!

T- Ainda tem que ser, NOME? Ainda tem que ser? Vamos lá actualizar-mos. Ainda tem que ser?

C- Então o mundo lá fora é... um mundo cão. (ri-se)

T- O mundo lá fora é aquele que nós olharmos também.

C- Então, mas mesmo assim a gente... acredita nas pessoas até... tirarem-nos o tapete.

T- Tiram sempre o tapete?

C- Acabam sempre por tirar, eu acho... eu às vezes sinto-me assim tipo aqueles... como quando a gente dá um brinquedo novo às crianças, sou o brinquedo... é muito giro, hum, querido, fofinho... "yeah, inovador, tem piada, dá para fazer isto e aquilo e não sei quê" e depois de repente puff! Canto!

Sessão 2 (28,28-28,55)

C- Perante a sociedade, eles estão dentro dos *standards*, normais, acho eu. E às vezes olho para mim e penso "Hum... as pessoas tentam sempre enquadrar-nos nalguma coisa, não é?" É lógico...

T- Eu acho que a NOME faz uma força brutal para se enquadrar não sei no quê. Por um lado porque é...

C- Se calhar porque me senti posta de parte, então queria-me enquadrar nalguma coisa.

Sessão 15 (8,30-9,48)

C- Só acho é que os outros olham... e, lá está... por isso é que eu... (som de impaciência)... Eu não acabo as frases não é por não... não querer dizer, é porque não sei o que é que ia dizer a seguir (ri-se). É como nos testes, a gente tem aquelas frases e depois o espaço em branco e eu... faltam-me as palavras para lá meter.

T- Se calhar ainda é difícil estar com isto.

C- Era mais fácil ter aquelas palavras de um lado e as do outro e a gente ligava. Ia por exclusão de partes. Mas eu não gosto de ir por exclusão de partes. Falo em exclusão, eu não gosto e exclusão (ri-se).

T- Sente-se excluída?

C- Hum... um bocadinho, se calhar. Eu acho que aquela coisa de... lá está, aquela... aquela coisa de... de... da perseguição, do mundo estar contra mim... *me againsts the world* (tom enfático; riso)... eu acho que é só a questão de... de perceber... se alguém assim com um pensamento um bocadinho... divergente do que é... banal... ahhh... também consegue ser aceite.

Sessão 10 (38,26-39,36)

C- Não sei, não sei se... mas aos olhos das outras pessoas parece sempre que... que realmente nos vêem... me vêem como uma miúda. E se calhar é essa a primeira ideia que eu transmito. Não é propriamente aquilo que eu quero... eu só quero transmitir é... a ideia de uma pessoa bem-disposta e... e... pronto, afável. Não estou ali logo armada em carapau de corrida. Mas se calhar olham para mim realmente e vêem-me como... uma miúda, mas... graças a... à gravidade, ainda não... não tenho rugas! (ri-se) Portanto, está aqui tudo no sítio. Não me sinto com idade a menos. A minha mãe... não... está-me sempre a dizer porque... que me dão idade a menos do que aquilo que eu tenho. "O que é que queres? Sou... pareço mais nova, só... só de cara. Mesmo sem o resto! Não é da roupa, não é só por causa da roupa". Ela diz que é a postura... que eu tenho a postura assim de quem está sempre... com medo ou a pedir desculpa a alguém por estar ali. Um bocadinho...

Sessão 10 (16,40-17,35)

T- De que maneira é que a mãe diz isso? É a mãe... o que é que está por detrás da mãe dizer isso?

C- Não sei, se calhar acha que... ou me protegeu demais ou... ou... não digo mimar de mais mas se calhar... pronto, foi ali assim um bocadinho de casulo e que estou assim um bocado agarrada a ela, com uma ventosa demasiado forte. E se calhar ela acha isso e se calhar...

T- (sobreposição) Como se esse acto ainda reflectisse então o passado... ahhh...

C- E que eu não... não... não cresço porque estou sempre muito agarrada... muito agarrada... a ela, nesse aspecto. Acho que é... acho que é por isso que ela diz isso. Do género que... ahhh... não me deixar ir, que é por ela que eu ainda... Eu não, eu sempre fui muito decidida nas minhas coisas (riso surdo).

Sessão 13 (16,43-19,00)

T- Não sei se este... independentemente do esgotamento natural da situação, não sei se também não estarão esgotados exactamente por esta prisão uns aos outros. Ahhh... se calhar em vez de se unirem forças para se jun... para se ajudarem, não estarão um bocadinho a unir forçar para se desgastarem?

C- Então e vamos recorrer a quem?

T- Não, é recorrem-se uns aos outros mas se calhar a coisa ficar um pouco mais ágil, não? Porque a NOME traz-me sempre a coisa como “Temos que ir todos juntos... e lá fomos todos”... parece uma coisa muito de colectivo e novamente a questão individual não se vê. Parece que há aqui um padrão de funcionar tudo em grupo... as necessidades de cada um não existem...

C- O... o meu pai não... não lida bem com a situação... não sei quê. Depois vai a minha mãe para ver se põe água na fervura...

T- E depois vai a NOME para pôr água na fervura aos dois.

C- E depois vou para ver se... se os dóia não... não... não se... não se... XXXX (riso surdo).

T- E se eles discutirem e se zangarem? É difícil para si?

C- Ah... eu também me zango.

T- Porque é que toda a gente tem que andar a pôr água na fervura de toda a gente? Então e se a coisa ferver, qual é o problema? (...) O que é que pode acontecer?

C- Eu não gosto de ver as pessoas discutirem. É uma perda de tempo.

Sessão 12 (38,07-38,57)

T- Então até para a semana?

C- Hum hum. Isto é como a fisioterapia, eu enquanto estou quente... não dói. Mas depois... tipo amanhã começa-me a doer tudo.

T- O que é que pode doer amanhã?

C- Não, é como na fisioterapia, tipo ela... quando eu ia lá ela... pronto...

T- (sobreposição) O que é que pode doer amanhã? Eu percebi. O que é que pode doer amanhã?

C- Fico sempre um bocado... com a cabeça assim um bocado... confusa. Ela fica a... ela, a cabeça, fica a pensar nas coisas.

T- E... não... não é esse o nosso objectivo aqui?

C- Ya, mas é como na fisioterapia, dói!

T- E que tal dizer à fisioterapeuta assim na próxima sexta-feira... “Olha, fisioterapeuta, doeu-me isto, aquilo e aqueloutro”... Que tal? (cliente ri-se) Vai ser uma boa ideia?

C- Pode.

Sessão 9 (4,35-5,07)

T- Sendo um processo que obviamente está a começar, porque até ontem a NOME estava a trabalhar. Portanto, nem vamos precipitar as coisas nem sobrevaloriza-las. Mas de qualquer maneira dentro de si está disponível para estar com este compasso de espera e...

C- Até porque o tempo está horrível. (riem-se ambas)

T- E... e... esta NOME para lidar com as coisas tem estes toques de humor, e desvaloriza... “e não se passa nada, e está-se tudo bem”...

C- (sobreposição) Não... não... falando a sério, vá. (ri-se)

T- Falando a sério, vá. Seja séria! (riem-se ambas)

C- É um bocado difícil. Não, estou a brincar.

Sessão 5 (33,04-34,18)

T- E a NOME quando fez estas escolhas foi então com essa convicção... “Eu vou para onde eu quero e vou ser capaz”?

C- Exactamente. E porque me queria afastar daquelas pessoas... ahhh... especialmente de uma... que... era o meu melhor amigo. E que... ficou atrás da linha e eu passei a linha. E como ele passou a linha foi assim um bocado... voltar a referir isso (ri-se). E...

T- Olha que pequeno pormenor aqui... aqui deixado assim...

C- Ohhh... (ri-se) Eu não podia contar tudo logo na primeira sessão. (ri-se) E... isso também é das... uma das coisas que ditou muito... na minha vida. E ainda faz mozza hoje em dia. Muita. E... porque querer afastar dessa pessoa... então, também consegui... arranjei forças para seguir em frente.

T- Foi uma escolha ou foi uma fuga, NOME?

C- Eu pensei ao primeiro... primeiro eu pensei que era uma fuga. Mas ao mesmo tempo era uma escolha... pensada.

Sessão 13 (25,42-27,05)

C- Não, eu hoje vou... vou perguntar ao chefe, como é que está o ponto da situação. E pronto. Isso ele logo me diz o que é que tem a dizer.

T- Hum hum. (...) E o ponto da si... o perguntar... agora ocorreu-me esta ideia, o ponto da situação é só perguntar como é que está o ponto da situação... ou abrir um bocadinho mais a conversa e perguntar se ele tem alguma sugestão ou alguma coisa que você pudesse fazer?

C- Não, eu vou... vou mesmo dizer... eu queria saber o... em que pé é que estão as coisas para me orientar... É verdade! Se eu souber que dali aquilo está um bocado perro, não... não vou ficar...

T- Pode dizer desta maneira e aí põe a bola no seu campo. Também pode dizer de outra maneira, que é perguntar se ele tem alguma sugestão. Face ao que ele sabe e face à realidade se ele tem alguma sugestão para lhe fazer. E se ele disser "Olha, minha menina, se calhar é melhor começares a procurar noutros sítios" ele já está a dizer muita coisa, certo?

C- Sim. Mas ele não... ele não... não é propriamente de dizer essas...

T- Deixá-lo ser qualquer coisa. Ponha... dê lá espaço a que os outros falem (ri-se).

C- Eu deixo, eu deixo... agora, o meu problema é esse, é que normalmente deixo os outros falar e depois eu não falo.

B03 – A mulher que se esforça para ser normal

Sessão 1 (0,00 a 4,20)

C- Sim... Em primeiro lugar, o que foi, foi muito em choque. Saber que... que tinha DOENÇA. Ahhh... porque não estava à espera, nunca tinha tido uma doença assim, e de repente naquele momento quando me disseram foi como se... (solução). Porque é como se a vida toda tivesse acabado (voz de choro). Tipo, era a pior doença do mundo, estava muito limitada a tudo, porque não tinha conhecimento da doença. E a forma como foi transmitido foi mesmo... tinha que ter cuidado com tudo, todas as doenças que poderiam vir a ter... Foi... e estava sozinha e não sabia que tinha sequer, fui apanhada de choque (funga). E, pronto, quer dizer... fiquei... bastante revoltada com tudo, não é? Porque... é daquelas coisas que uma pessoa... já tinha ouvido falar DOENÇA, já... não é? Mas, quer dizer, eram as outras pessoas, só acontece aos outros, e quando me calhou... É assim, eu estive uma semana sem acreditar se quer que tinha... que... Era tipo um sonho, ou... Só há pouco tempo é que... que estou a entrar... como é que hei-de explicar... ahhh... a preocupar-me com o tratamento. Porque antes eu não queria o tratamento, eu queria uma cura. Então... (voz de choro) entrei na internet e li tudo... e cada vez fui mais abaixo. Porque era como... não era viver. Era tipo... é tentar sobreviver. "Ok, tens que comer àquelas horinhas, tens que"... tudo assim. (funga)

T- Como se emocionalmente, NOME, tivesse sentido que lhe tinham dado... eu vou utilizar esta frase, uma sentença de morte.

Sessão 2 (2,15 a 4,04)

T- Então... afinal está normal?

C (ri-se) É... pois, é... é assim, realmente sinto que durante o dia... não é durante o dia... que o dia é normal. É tudo normal. Só ao mesmo tempo custa-me dizer que é normal porque... porque...

T- Então, mas é isso... porque?

C- Porque parece que... que estou a esque... ou seja, eu sinto que essas coisas é normais, mas ao mesmo tempo eu não me quero esquecer... que estou doen... e custa-me dizer assim "Está tudo normal, está tudo bem" porque parece que não estou a dar valo... não... não sei se...

T- Continue, continue!

C- Não consigo bem... bem explicar, ou mesmo... parece que... que não estou a dar a devida importância, não é? Parece que... "Ok, estou-me a esquecer de uma coisa que é importante. Não posso esquecer, porque ela está cá". E ao mesmo tempo... realmente passei o dia sem me lembrar. Ainda hoje de manhã

fui trabalhar, saí normal para vir ao médico, e agora... Mas ao mesmo tempo... pronto, então... está normal... se me perguntar, “A manhã foi normal?”, “Foi”. Realmente estava cheia de energia, pensei que ia entrar devagarinho, “Ai, não me apetece pensar no trabalho”... Não, estava cheia de energia, a tentar fazer já uma data de coisas, mas ao mesmo tempo... se me perguntarem “Então, como é que foi o dia?”... acho que tenho que responder sempre “Não... Prontos, passou bem”. Não posso dizer “Estou feliz” ou “Estou normal”...

Sessão 7 (10,02 a 12,00)

T- Exactamente, não é, NOME? E de facto esta sua situação de saúde também fez vir um bocadinho ao de cima... e, portanto, também é aproveitado para o seu processo de crescimento geral... ahhh... algumas características suas em termos de personalidade. Portanto, esta alguma rigidez, algum controle... quando são coisas, vá, vamos chamar importantes... ahhh... fica mais rígida, menos flexível, com uma necessidade maior em controlar, em não arriscar, porque pode haver uma sanção, uma consequência, “E se vou para pior?”... E nós já falámos parecido a isto quando falámos por exemplo de emprego e da sua carreira. Quando falámos quando foi para o curso. Em assuntos em que emocionalmente... ahhh... a NOME se sente envolvida e implicada, seja porque motivo for... ou porque é profissão, carreira, desafio, ou saúde... seja o que for, vem ao de cima umas características assim um bocadinho de rígidas que também importa ter em atenção e pensar “Espera aí, mas será... Onde é que está a ameaça? Porque é que eu preciso de controlar tanto? Será que eu não poderei conhecer e aceder melhor aos meus limites doutra maneira, sem ter que ser com intransigência?”, não é? [...]

C- Pois, é... é isso, acaba... acabo eu própria por me penalizar ainda mais do que aquilo que a doença... nesta caso a doença obriga. [...]

Sessão 6 (29,04 a 29,46)

T- Ou... ao não haver também constrangimento nenhum nem problema nenhum nunca se anda a evitar perguntar “Então, como é que estás? Como é que estão os valores? Como é que as coisas estão a correr?”.

C- Sim...Pois... É... é... Nem uma coisa nem outra, porque também, realmente... o oposto também já não consigo... não... Acho que... acho que estou mesmo a sentir aquela necessidade de ser no... ou seja... de ser normal, para os outros. É assim, eu realmente tenho que me preocupar, porque tenho que seguir com a minha vida e tenho aquelas coisas. Mas... ok, sou eu, eu tenho consciência disso. Não preciso que os outros... nem andem em cima de mim a perguntar se está tudo bem, como é que estão os valores... nem que não perguntem nada porque eu posso ter medo de... de responder ou de ficar em baixo.

Sessão 1 (21,47 a 23,20)

C- Só vou para minha casa de vez em quando... o que também sinto... sinto falta, de estar lá. Mas ao mesmo tempo sozinha, acho que... Agora, é assim, eu já começo a trabalhar para a semana. Por isso acho que esta semana vai ser uma boa altura para tentar pelo menos... ir ficando. Porque ao mesmo tempo eu faço um esforço para conseguir... Ahhh... ficar, nem que seja um dia, ou dois dias em casa, porque... voltar para o trabalho, a vida vai... obrigatoriamente, vai começar a ser mais normal... ao que era. E... E pronto, realmente não tenho tido muita força para ficar lá sozinha, mas sei que... tenho que fazer um esforço e...

T- A mãe está em casa?

C- Está.

T- Está a precisar de ficar protegida?

C- É, porque... ao início era... era a parte de... ela também fazia a comida, não é? Eu quase não sei fazer XXaviãoXX qualquer coisa, que uma pessoa às vezes... ou uma gripe, ou... qualquer coisa, ter a minha mãe é sempre... e agora... tem sido assim, tem sido o meu ombro.

Sessão 1 (24,00 a 26, 59)

T- Hum hum. E como é que a NOME se sente com isso?

C- Sinto-me um bocadinho em baixo quando estou sozinha. Às vezes, quando estou sozinha, sinto que estou... estou sozinha, mesmo. Ahhh... não sei, porque... eu sei que eles estão lá quando é preciso, mas também quando... quando precisam de relaxar... “Ah, não, já... já estivemos aqui muito tempo”... ou há um convite qualquer e “Ah, eu não vou, mas”... Porque a minha irmã, também a questão é estar lá... assim muito perto. “Vão vocês, divirtam-se, eu depois vou lá”... ou “Vou lá ter”... ou... “Amanhã a gente

faz outra coisa... Agora neste momento não dá para sair". E, quer dizer... e realmente eles depois acabam por ir. E eu fico contente por irem, mas ao mesmo tempo penso "Mas... quer dizer, eu não fui, eu fiquei aqui"...

T- Ao mesmo tempo há uma parte sua que desejava que toda a gente ficasse sem ir?

C- Não, quer dizer, não era isso. Que é... ou seja, o apoio que me dão, que é muito, mas que... (funga) por exemplo... "Olá, isso agora vai fazer bem a toda a gente, vamos todos comer"... mas ao mesmo tempo, a seguir... quer dizer, ninguém aguenta. E eu tenho que aguentar porque eu estou com aquela doença. [...] Não é que me faça falta porque eu dantes nem comia essas coisas, é só a questão de dizer assim "Se é fácil e agora vai fazer bem a toda a gente, vais ver que não notas diferença", e depois olhar para toda a gente que me está a dar esse... a dizer isso...

Sessão 7 (14,52 a 16,07)

T- Podemos falar do que é que se passou, não lhe apetece...

C- Não, não tem nada... eu acho também estou mais sensível, com qualquer coisa. Com tudo. E... e foi uma coisa parva (riso surdo)... Estava... porque, sei lá, ontem estava a jantar com uns amigos meus e com o meu marido e disse qualquer coisa... ele disse "Levas o carro?" e eu... pronto, achei... disse "Levo", mas fiz uma cara... que às vezes não faço por querer, disse... "Ah, parece que estás sempre chateada", e aquilo para mim foi... "Estou sempre chateada e nunca me tinhas dito? Estou sempre chateada como? Se tive esta semana toda"... e foi como se... quer dizer, eu não estou chateada e estão-me a dizer que eu estou com cara de chateada e... e aquilo tomou umas proporções de tal maneira, que eu não disse nada mas desde ontem que estou a viver com aquilo tudo... É quase como se... quer dizer, eu não estou chateada, como é que me vêem com cara de chateada? Eu faço um esforço... depois vem-me tudo ao de cima, percebe? Que é, faço um esforço todos os dias... (ri-se) É tudo tão intensamente que eu estava bem e agora já me apetece chorar, não... Não consigo controlar as coisas, é... (riso surdo)

T- NOME.. Será que a questão não é precisamente essa?

Sessão 3 (11,54 a 13,13)

T- E quase que entramos aqui numa dicotomia, ou sou perfeita e reajo da melhor maneira, seja lá o que é que isso for, ou então... ahhh... tenho que desempenhar o papel de incapaz, ou de... ou de doente. Como se estivéssemos quase em dois extremos opostos, sem haver um direito a um ritmo e a um tempo, e as coisas irem sendo integradas e acontecendo. E, portanto, a integração da... das capacidades e das dificuldades... ahhh...

C- Sim, parece que não há ali um meio termo. Que, ou... ou não consigo, não é... e isso, estou em baixo e preciso de tudo o que é... apoio para puxar... ou se... se, por outro lado, se esforço demais... tenho logo que ser... tenho logo que estar tudo... tudo em cima... tem que estar tudo... não é bem perfeito, mas sim o máximo que eu consigo. Não... acho que não consigo ser normal... ahhh, o suficiente. Não chego. Não sei, porque também... Quer dizer, nunca fui assim a melhor em nada, mas... sinto que dou sempre o... o máximo. Não quer dizer que chegue realmente onde gostaria, mas dou sempre o máximo, não consigo...

Sessão 3 (14,52 a 15,48)

C- Não é... por exemplo, onde eu trabalho, já estou há... há cinco anos. E... e, ou seja, sinto que... gostava de ter outra coisa, que gostava de ter mais. Porque ali, pronto, depois as coisas normais de trabalho, não é, não... gosto das pessoas, gosto de estar ali por me *acomodar*. Mas gostava de dar um *passo... maior*. E já tive oportunidades e tento sempre arranjar desculpas... "Ah, não, mas aqui está per... não, eu estou habituada a estar ali"... ou "Não, mas eu até gosto daquilo que faço". Quando na... porque não sei se... se estou preparada para dar um passo para um sítio diferente, e se eu não for capaz... porque quando eu estou... eu estou numa posição muito *confortável*, porque... porque, ok, eu sei q... ao esforçar-me, há coisas que... como é que eu hei-de dizer... eu sou boa ali. *Será que noutra sítio eu vou ser boa?* Acaba por...

Sessão 5 (0,19 a 2,17)

T- Como estamos?

C- Estou num franganete.

T- Então?

C- Estou com uma sensação assim de... perdida, de vazio. Não sei, parece que... de repente alienei-me do mundo. Porque... fiquei perdida, não... não tenho nada... palpável quase. Fiquei...

T- Então vamos pensar aqui as duas. O que é que aconteceu? Passámos de uma... de uma NOME até cheia de certezas e coisas... com coisas muito materiais e objectivas a que se agarrar. No momento em que começamos a... a relativizar essas coisas, o que é que acontecer, esta NOME que hoje me chega baralhada e perdida?

C- Não sei (riso surdo). É assim, a semana passada saí mesmo com aquela sensação de... não tinha... as coisas que eu pensava que tinha e depois quando estivemos a falar de... quer dizer, apercebi-me que não era... nem sequer tinha tudo o que eu precisava a nível por exemplo do trabalho, do que tinha... não tinha tudo o que precisava para ali, do outro lado afinal também tinha... depois comecei a pensar “Mas também não faço mais nada, mesmo”... sei lá, gosto... penso sempre que gostava de fazer uma data de coisas... XXaviãoXX e depois de repente... não tinha nada, não... achava que tinha assim uma data de coisas, mas... não tenho nada (riso surdo).

T- Não teremos passado um bocadinho aqui do oitenta, neste caso, para o oito?

C- Sim, agora estou a falar... pronto, não é tanto assim, mas foi mais... agora apercebo-me que realmente... não tenho a certeza... ahhh... do que quero, e isso, pronto, deixou-me assim um bocado perdida, ao fim e ao cabo.

Sessão 3 (7,09 a 8,48)

T- Estava aqui a pensar se de alguma maneira isto que surgiu agora com a DOENÇA, esta NOME pequenina e a precisar de cuidado, terá algumas semelhanças com a NOME da faculdade e com o que se passou nessa altura?

C- Ahhh... prova... provavelmente sim, agora é que eu fico a pensar... até que ponto é que... tinha ido ao médico e ele tinha dito que era mimo... e que eu levei aquilo tão a peito porque achei “Que estupidez, então estou a sentir mesmo tudo”. Mas vendo bem, não é questão da fac... é a questão da faculdade, não, a faculdade...

T- Em si.

C- Mas porque eu fui sozinha, ou seja, não tinha colegas... nem foi... foi um mundo novo. Eu tive que fazer amizades novas... eram um sítio diferente que eu não estava habituada... ahhh... era tudo realmente novo. E apesar de ao início tinha dado para aí... não foi logo no início da faculdade, foi a meio do ano, foi porque provavelmente comecei a sentir que... sentia falta do apoio dos amigos já antigos... ahhh... do ambiente da escola em si, que eu conhecia... aquele... aquelas rotinas... Como eu lhe expliquei, que eu não ia de autocarros nem nada, ia de boleia do meu pai... ou de... alguém passava por ali e eu ia para casa... E foi... ok, transpo... preocupar-me comigo... não é, a que horas é que eu tinha que apanhar o comboio, se eu perdia tinha que apanhar outro ou quando era dois tinha que arranjar formas... E provavelmente, sem me aperceber, comecei... Pois, é sempre... é aquelas fases da mudança... que me fez... que faz... sem me aperceber, que me faz ter medo e ficar... é assim, quase sem reacção porque... sei lá, acho que...

Sessão 3 (5,05 a 6,25)

C- Porque é que bastou chegar a uma... provavelmente eu nunca tinha pensado que pudesse... que... que precisava de... do... ou seja, provavelmente eu não tinha saído bem da... debaixo da asa. (ri-se) E precisava de atenção. E precisava que... que cuidassem de mim. Acaba por ser. Porque racionalmente eu dizia assim “Não, não quero que tenham pena” e não sei quê. mas ao fim e ao cabo era isso... que queria. Tanto é que quando eu vejo as pessoas... e perguntam “Então, está tudo bem?”... pessoas que nem sabem que eu tenho DOENÇA... pronto, “Está, está tudo bem”, e não preciso de estar... “Ah, nem sabes o que é que me aconteceu há um mês”... não...

Sessão 5 (16,19 a 18,53)

T- Voltando um bocadinho atrás, ao início da nossa conversa, NOME Quando saiu daqui de repente começou a fazer um... um apanhado do que é que tinha e do que é que não tinha.

C- Sim, mais ou... é assim, primeiro foi... foi uma sensação... uma sensação de vazio, mesmo. Nem... nem estava a contrabalançar o que tinha ou que não, uma sensação de... de vazio, de... foi isso, vazio e tal, depois comecei a pensar... e estava a pensar, “Coisas concretas, então”. E realmente... mesmo de coisas... ahhh... que eu... que eu queria ou que eu gosto... Porque, é assim, tento... sei lá, ajudar, ou ser mais forte, que é para... se uma pessoa estiver mal, ser mais forte. XXXX Sim, mas na realidade eu não sou assim. Ahhh... não sou tão forte. Ahhh... por exemplo, tento ser mais... ahhh... estou sempre a rir e... e por acaso tenho facilidade em fazer amigos, sou extrovertida, mas ao mesmo tempo sou muito tímida

e... e envergonhada. Ou seja, parece que faço aquele esforço pa... para ser mais extrovertida e na realidade não... não sou assim. Era tudo esse tipo de coisas, não sou assim tanto. É aos...

T- (sobreposição) Porque também é.

C- Sim, também sou, mas é pouco. Mas quando começo a ver, por exemplo... se imaginava "Ah, sou uma pessoa"... ou seja, imagine "forte, extrovertida"... não, na realidade não sou ass... não sou assim, não eram os... os adjectivos que me caracterizam. Logo é, posso ser envergonhada, mas tenho facilidade em fazer amigos porque estou-me a rir, não sei quê... mas não sou extrovertida, sou um pouco até introvertida, até conhecer... até ter alguma relação com a pessoa, e não sei quê, só depois é que consigo ultrapassar essa barreira. Ahhh... e... e quando eu cheguei aqui, não é, pensava que era isso tudo. E quando fui embora vi... então ao contrário. Por isso é que... senti vazia nesse aspecto, de.. ok, há lá qualquer coisa, mas não é... não é a imagem... é mais a imagem que eu criei, em mim, que eu achava que era ou que eu gostaria de ser. Criei uma imagem que eu gostaria de ser e fazia tudo para chegar ali, em que... pronto, estou naquele caminho, entre o não ser e o ser, estou ali no meio. Mas não sou tanto... aquela... ahhh... aqueles aspectos todos. Foi mais isso...

Sessão 5 (41,14 a 42,48)

C- Mas é... a minha maior questão é (riso surdo)... é que... não faço a mínima ideia de como me equilibrar... entende? Ahhh... porque não faço mesmo, não sei o que fazer ou... que exercício fazer ou o que é que... E então... ou seja, também neste aspecto não sou nada forte, porque fico... "Ok, não sei o que pensar". E fico por aqui, não... não sei, não... porque não quero ser forte, também não quero ser frágil (ri-se). E queria encontrar um meio termo, mas não sei como chegar lá.

T- Hum hum. Sabe que... a única coisa que me ocorre sabe qual é? É que já está a fazê-lo.

C- Pois, provavelmente aqui dentro.

T- (sobreposição) Já está a fazê-lo.

C- (sobreposição) Desde o primeiro dia que apareci não tinha capa nenhuma, não... Vinha para aqui... Bem, às vezes estava aqui a pensar nalguma coisa e saía e pensava muito e fazia as coisas. Ahhh...

T- E não está a fazê-lo só aqui, NOME Sabe porquê? Porque na semana passada saiu daqui, sentiu-se vazia e questionou-se. E, portanto, permitiu-se ser NOME Nem foi fraca, nem forte. Foi NOME, e está a questionar-se, e já está a fazê-lo.

C- Hum... Pois... (ri-se) Não me apercebo (ri-se).

Sessão 6 (3,46 a 5,30)

T- Ia perguntar se antes não lhe caía o cabelo?

C- Caía... não caía tanto, realmente... pronto, pode ter algumas influências, mas... a médica esteve a explicar "Não, então pode fazer o tratamento... pode pôr as ampolas, se quiser, pode fazer o que quiser, não"... E depois voltou outra vez aquela história "Não posso fazer tratamento nenhum porque tenho DOENÇA"... prontos, e voltei a misturar tudo outra vez e... e essas... Prontos, fiquei melhor, mas ainda andei ali uns dias... ou seja, que sentia que realmente não tinha passado a revolta... não... porque ainda estava revoltada porque pensei nisso tudo outra vez. Ma... mas ao mesmo tempo, pronto, estive a falar com... com a médica, também, porque apesar de eu dizer que não, claro que não saía a esperança do transplante, Também já tinha falado consigo, não sei quê... E quando a médica esteve a explicar tudo bem, agora, e os prós e os contras, e então eu tomei a decisão que "Não. Então realmente acho que é mais fácil controlar... estar limitada com DOENÇA mas saber que posso ser eu a controlar, do que o resto"... Pronto, fui levando... ok... vou vendo e realmente já está a sa... a cair menos cabelo, menos do que caía. Ahhh... pronto, é porque realmente se desregulo um bocadinho os valores, posso sentir uma ou outra característica. Eu estou a dizer isto porque agora está tudo bem, não é? Provavelmente da próxima vez que aconteça qualquer coisa volta a cair... a cair tudo, porque...

T- Hum hum. Hum hum. Mas sabe uma coisa, NOME? Isso não tem que ser necessariamente negativo. Porquê? Pronto, ok, também ainda estamos numa fase de aprendizagem e por isso é naturalíssimo que haja este processo e de repente a NOME deixe de ser a NOME e passa a ser a DOENÇA.

Sessão 1 (29,30 a 31, 46)

T- Então, será que lhe faz algum sentido por exemplo... vamos até pôr metas, eu acho que isto pode ajudar a organizar e até metas temporais. Vai de férias na segunda quinzena de Julho. Estamos no início de Junho. Será que poderíamos pôr como meta temporal... primeira parte ser ajudar a NOME a apoderar-se um bocadinho de si própria e, portanto, poder estar com o seu sentir, com as suas coisas, irmos

começando a diminuir o tamanho do interdito, através exactamente do voltar a recuperar, a repensar-se, a sentir... isto até ir de férias? Podia ser uma boa meta?

Sessão 4 (13,30 a 14,31)

T- Portanto, acho que já podemos concluir que... que já estamos numa fase de integração desta situação nova, que foi a DOENÇA, mas já não é "a" DOENÇA, é a integração de uma situação nova, e que a NOME já estabilizou o seu ritmo e... e já adaptou a nova realidade que tinha que adaptar.

C- Hum hum.

Sessão 7 (32,20 a 34,44)

T- E, portanto, eu vou estar três semanas de férias. Qual era a minha ideia? Tivemos este tempo de ausência que foi as férias da NOME, conseguimos ainda nos encontrar a meio, fazer um ponto da situação, e agora estou eu três semanas. Quando eu voltar de férias, tinha pensado também em fazermos não só o ponto da situação... como é que a NOME está consigo e por exemplo estas arestazinhas que hoje aqui detectámos e que a NOME vai limando... e isto é para ser limado... Se calhar ao longo da vida (ri-se), não é? Mas... a... a minha ideia era que quando nos voltássemos a encontrar, até porque como tivemos estes períodos separadas, também pensarmos aqui no nosso processo e fazermos novamente o ponto da situação... Continuamos a encontrar-nos durante quanto tempo? Fazer o quê? Novo ponto da situação. No fundo, nós fizemos um em relação à DOENÇA, muito rapidamente mudámos e passámos para a NOME, e agora estando a NOME já com ela própria, e portanto estar com ela própria é estar com tudo, é novo ponto da situação, para pensarmos... ahhh... no seu processo de alta.

C- Está bem. (riso surdo)

T- Parece-lhe bem?

C- Parece. (riso surdo) Também vou ter saudades da Doutora.

Sessão 5 (43,42 a 44,15)

T- Mas já se apercebeu... se calhar, nesta tentativa do... do ideal, de estar consigo de uma forma ideal, de estar com os outros de uma forma ideal... mas também já questiona isso... po... porque já se dá conta. Quer dizer, não vamos agora também querer o processo de mudança ideal. (riem-se ambas) Que mais é que podemos dizer, NOME? Está-se a permitir, está a fazer. Eu pelo menos não lhe sei dizer mais nada.

Sessão 8 (3,20 a 5,06)

T- Mas era um bocado o nosso objectivo hoje, NOME, também era um bocado... fazermos assim uma avaliação, um rastreio nós as duas. Até para pensarmos aqui em nós as duas, como nos despedimos na última sessão foi um pouco... Ó NOME, com este... ausências todas que temos tido se calhar também quer dizer coisas, quer dizer que... a NOME já não precisa deste espaço, que este espaço já teve a sua utilidade, mas que neste momento a NOME já recuperou a sua vida, outra vez. Já... já se apoderou dela, aquela situação de desequilíbrio está sanada.

C- Está. Está... está... pronto, há sempre ali aquelas coisinhas, *mas está, está ultrapassada*. E... e eu penso que não é só a situação da DOENÇA... porque... porque o que trouxe ao início realmente era só a DOENÇA, a DOENÇA, depois... descobri que tra... ou seja, vivi esta situação da DOENÇA como vivi outras situações mais ou menos...

T- (sobreposição) Ora bem...

C- ...semelhantes. E... eu acho que aqui... é assim, quando eu conheço... não quer dizer que altere, mas consigo... o que... ou seja, eu não sei lidar com o desconhecido. E... a DOENÇA também me fazia muita confusão ao início porque eu não conhecia nada. E a partir do momento que fui conhecendo algumas coisas... pronto, consigo viver... conviver com ela. E assim também é com aquele aspecto de ser muito *rígida* comigo... essa... não quer dizer que eu não seja, mas agora tenho consciência que sou, e então em vez de deixar-me ir abaixo ou de pensar... é assim, eu já sei que estou com estas coisas *porque eu sou assim*. E tento levar doutra forma. Muito mais descontraída...