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MYSTIFICATION AND PROJECTIVE IDENTIFICATION IN
PSYCHOTHERAPY WITH SCHIZOPHRENICS

By

Polly Crisp

A DISSERTATION

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ABSTRACT

MYSTIFICATION AND PROJECTIVE IDENTIFICATION IN PSYCHOTHERAPY WITH SCHIZOPHRENICS

By

Polly Crisp

Much of the focus of research dealing with families of schizophrenics has been lack of clarity in communication patterns. One major contribution in this area is Laing and Esterman's work on Mystification. Mystification is an important concept in helping to delineate why one particular member of a family becomes schizophrenic or who in the family exhibits symptoms at a particular time. If the concept of Mystification is transferred to the therapy context, it should help to delineate more successful from less successful therapy with schizophrenics in that the mystifying therapist should produce confusion in patients and activate and maintain thought disorders.

A content analysis scheme measuring Mystification developed by the author was applied to a sample of 19 schizophrenics from the Michigan State Psychotherapy Project carried out by Karon and others. Sessions representing the beginning, midpoint, and end of the recorded therapy were coded. Each complete therapist statement between two patient statements was the coding unit. The contextual unit was the total session. Interrater reliability was obtained and these alternative ways of scoring Mystification were analyzed.

Mystification was correlated with a number of six month outcome variables: the Thorndike-Gallup Vocabulary Test, the Porteus Mazes, the Wechsler Adult Intelligence Scale, the Feldman-Drasgow Visual Verbal Test, the Clinical Status Interview, and the amount of time that the patient was in the hospital. Mystification was also correlated with therapist Pathogenesis.

Significant relationships were obtained between Mystification and the WAIS ($r = -.63$, $\alpha = .05$, one-tailed, $df = 6$) and Mystification and the Clinical Status Examination ($r = -.75$, $\alpha = .05$, $df = 6$, one-, and two-tailed test). Two out of the four variables found to be significant in Karon's six-month outcome data were strongly related to Mystification. In general greater Mystification resulted in worse therapy outcome.

Future research in the area needs to concentrate on the relationship of Mystification with symptom patterns within specific sessions. Whether or not a mystifying therapist affects nonschizophrenics to the same extent as schizophrenics should also be considered. Such research should help to clarify the interactional nature of psychotic symptoms and the effects of confusion on communication.



For my mother

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CHAPTER I

INTRODUCTION

Communication problems have been studied repeatedly in families of schizophrenics. Most of the research in the area centers around four types of communication deviance: 1) problems in focusing, 2) the double-bind, 3) generational and sexual role confusion, and 4) mystification.

Lidz and his colleagues at Yale (Lidz, Fleck, Cornelison, 1965; Lidz, 1973) were among the first researchers to consider communication problems in families of schizophrenics. In brief they repeatedly observed sexual and generational boundary confusion. Parents would often expect children to parent them, or to function in the role of a wife or husband. Within these patterns sex differences occurred. Families of females tended to be "schizmatic," while those of males were more often "skewed." To be more explicit, the male schizophrenic would typically be in a close symbiotic relationship with the mother. In contrast, the father would function in a passive distant role. The female schizophrenic, on the other hand, would not be a part of a coalition with either parent, but would very likely be caught between two fighting parents.

Singer and Wynne (1963, 1965a, 1965b) and Wynne and Singer (1963a, 1963b) found focusing problems in families of schizophrenics. Chronic schizophrenics exhibited what were termed "amorphous" communication patterns. There was very little focus in the communication at any

time, an overall drifting, and no apparent goal. In contrast, families of acutes showed "fragmented" communication. In this communication there is an overall goal, but many ideas disrupt the flow.

The Stanford group focused attention on what they called the "double bind" theory of communication (Bateson, Jackson, Haley, & Weakland, 1956). Such communication is defined as:

1. two conflicting messages on different communication levels
2. the contradiction cannot be commented on
3. the victim cannot leave the situation

Thus, the contradiction cannot be resolved.

The fourth approach to looking at communication in schizophrenic families is best represented by Laing and Esterson (1964). These investigators speak of "Mystification" and "induction." They found that thoughts or feelings are imputed to the patient. This process of imputation however is not acknowledged by the parents as occurring, but is rather denied. What the patient actually feels or believes and what he is said to feel or believe becomes fuzzy and confused.

A great deal of literature considers these and other variables in families of schizophrenics. A review of this vast field is beyond the focus here since this research is not concerned with families per se but rather attempts to deal with similar communication in the therapy process.

As a result of such communication deviance in the family one would expect that if communication deviance occurs and continues, the thinking disorder in the patient cannot ultimately be solved.

However, it can be argued that the therapist needs to enter into the crazy world of the patient, including reenacting family pathology,

in order to work through the symbiotic relationship that manifests itself in work with such patients. On the other hand, it may be that the therapist should not enter into such "illness."

More specifically, Searles (1965) stresses the importance of ego boundary loss as a necessary component of the therapeutic relationship. According to Searles, the therapist may need to carry a part of the patient's craziness at times. However during this process the therapist must be strong enough to contain the craziness and lead the patient back through the door of "reality."

Whether or not ego boundary loss should occur in the therapy relationship, if it does occur how does it manifest itself? What happens as the patient projects aspects of himself onto the therapist or vice versa?

Klein (1946, 1973) makes use of the concept of projective identification to help answer such questions. Parts of the self are projected onto the other person, but the other person is not seen as a separate individual. As the process takes place, the therapist may feel what the patient is not able to feel. If the schizophrenic is feeling confusion and becomes involved in projective identification with the therapist, the therapist may start to feel the confusion of the patient. The therapist's thinking and speech may then become confused.

Such a concept attributes the effects primarily to the patient. Suppose that the therapist for whatever reason has a tendency to communication deviance and projectively identifies with the patient. As the therapist splits off the crazy parts of himself onto the patient, the patient may experience the craziness.

The third alternative is that both patient and therapist are engaging in projective identification. Each may split off parts of themselves and identify with each other. Crazyness can then be produced in both people.

This passing around of crazyness has often been noted in families of schizophrenics. As one patient gets better (the identified patient at the moment), other members may develop symptoms. The critical issue for the family system is for the family to be able to function adequately without the need for crazyness in a particular member.

How the crazyness gets passed around the family is best explained by a combination of projective identification and systems theory constructs. What determines who projects what onto whom? Freud noted that projection can never occur in a vacuum but can only be effective when there is a thread of external reality to which to attach the projection. For really successful projective identification to occur, two people must be engaged in the interaction. If the patient is projecting confusion, there must be a certain part of the family that responds to the confusion and plays out the confusion by being confused. If there are no elements in the members that lean towards confusion at the particular moment, the projective identification cannot be totally successful as a defense mechanism. Boszormenyi-Nagy (1965), Laing (1969), and Skinner (1976) describe theoretical concepts that integrate object relations and family systems theory. A child may act out a parent's aggressive impulses when these impulses are being denied in the parent. The parent projectively identifies onto the child his or her own feelings of anger. Such feelings in the

parent are totally unacceptable to his or her self-concept. As the author previously noted, the acting out serves a function for the family system and the particular individuals involved in the projective identification.

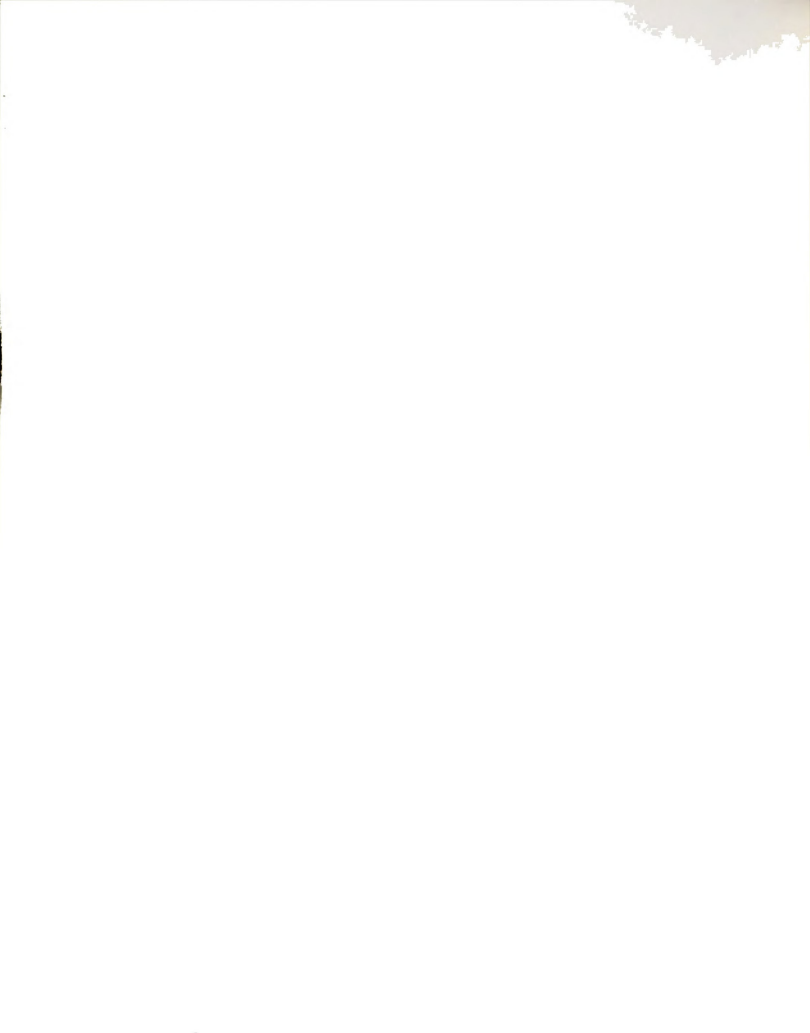
Such relationships are important when transferred to the therapy relationships for a number of reasons. As long as projective identification takes place and parts of the self are split off, ego and object integration cannot take place (Fairbairn, 1952; Guntrip, 1969). If one looks at thought disorder, the central symptom of schizophrenia, as a function of such splitting as do theoreticians of the British and Scottish object-relations school, then thought disorder cannot improve if projective identification continues to be a primary mode of defense.

Since projective identification is a primary defense in schizophrenia, it will most notably be a major part of the therapy process. Whether or not analysis with schizophrenics will be successful depends on the extent to which the therapist recognizes projective identification in himself or the patient, interprets the phenomena, and explores why it is necessary on both an emotional and intellectual level. As Searles (1965) stresses, the therapist will at times experience the patient's craziness and must be able to make use of the experience. If the therapist due to his own needs engages in the process without conscious awareness, then projections cannot be reintegrated by the therapist or the patient. In other words, if the therapist plays out the good or bad breast without exploration the process cannot be resolved. In particular if the therapist plays out the bad breast, there will be problems. He will not function as

a good enough object to replace the bad objects in the patient's life and in addition will not be able to explore what is going on. If these seemingly ineffable constructs can be measured quantitatively in the therapy process, such measurements should help to predict therapy outcome, as well as the presence or absence of projective identification in a particular session.

Meyer and Karon (1967) developed a measure for what they termed "pathogenesis" as a trait variable. The concept is based on dependent and independent figures in TAT stories. If an independent figure in a story is interacting with a dependent figure with potentially conflicting needs and takes the needs of the dependent figure into account, the story is scored as benign. If the independent figure does not take the dependent figure's needs into account, the story is scored as pathogenic. Each TAT story is scored and the results are tabulated by making use of the following formula: $P/P+B$ (P =number of pathogenic stories, B =number of benign stories). A number of studies have differentiated parents of normals from parents of schizophrenics on the basis of such scores (Meyer & Karon, 1967; Mitchell, 1968, 1969; Nichols, 1970). Parents of schizophrenics receive higher Pathogenesis scores than parents of normals. Nichols (1970) found parent Pathogenesis to be significantly related to the severity of thought disorder in their children. VandenBos and Karon (1971) measured Pathogenesis of therapists with the same instrument and found therapy outcome to be directly related - the higher the Pathogenesis scores the worse the therapy outcome.

What do such global relationships mean when dealt with on the level of the therapeutic interaction? If the therapist is pathogenic,



this should be manifested in the communication patterns. The therapist should not take the needs of the patient into account in the session.

One way of looking at problems in the interaction is to make use of Laing's (Laing, 1959, 1961, 1965, 1969, 1970; Laing & Esterson, 1964) mystification concept. The therapist may not recognize the patient's feelings or ideas, or the therapist may attribute certain ideas or feelings to the patient which are not those of the patient. If the patient is feeling sad, the therapist may indicate that the patient has no such feelings. The therapist may say that the patient is thinking a certain thought when the patient is not. In other words, the therapist is not recognizing the patient's concept of reality. The helpful therapist may legitimately interpret unconscious mechanisms, that is mechanisms of which the patient is unaware, but will not mystify. In contrast, the mystifying therapist will not present adequate data for his interpretation. This process can be considered as a manifestation of not recognizing the patient's needs, and should be similar to Pathogenesis as measured by Meyer and Karon.

Prediction 1: Mystification should be directly related to

Pathogenesis. The more pathogenic the therapist the more he should engage in Mystification.

If Mystification is occurring in the therapy, projective identification is not being worked through. As a result of this there should continue to be high rates of thought disorder. Mystification should be directly related to thought disorder at outcome in that mystifying therapists do not help the patient out of the psychosis.

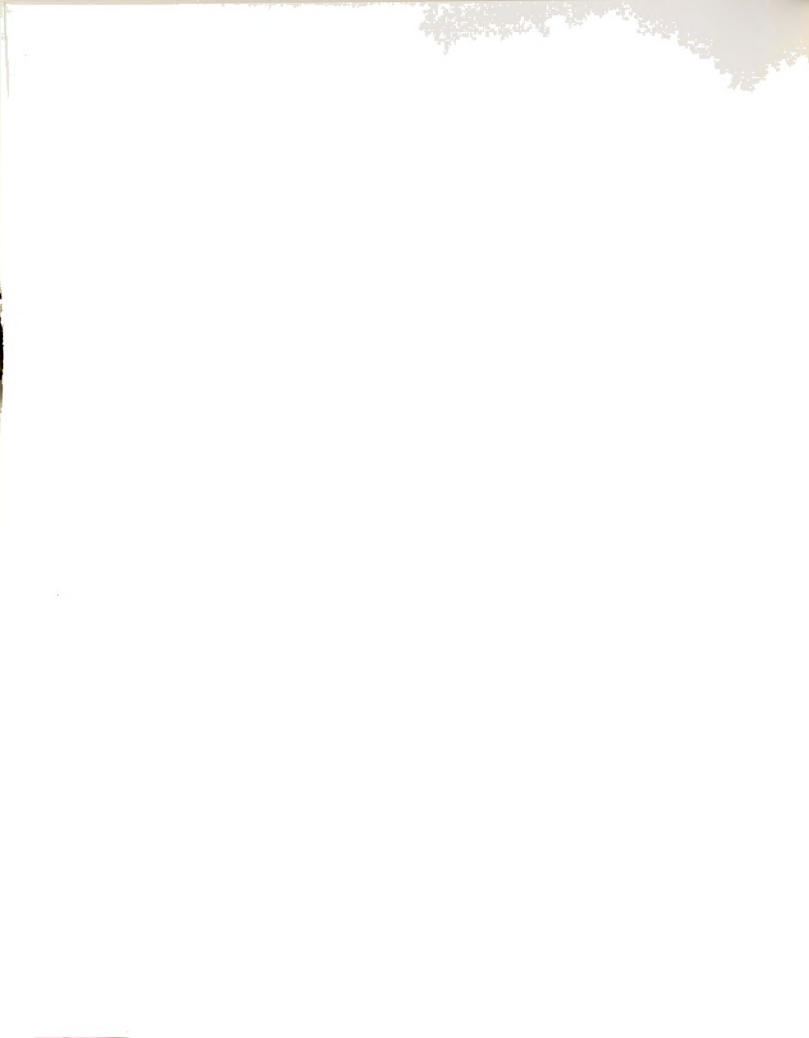
Prediction 2: Mystification should be directly related to the amount of thought disorder. Greater Mystification should result in more thought disorder in the long run.

Mystification should affect other measures of outcome other than thought disorder but not to the same degree in that other measures of outcome are more apt to be affected by other variables as well.

Prediction 3: Mystification will be directly related to all measures of outcome. The more that the therapist mystifies, the worse the therapy outcome.

Prediction 4: Mystification should be related to outcome measures of thought disorder to a greater extent than to the other measures of outcome.

So far I have looked at the mystification process in terms of projective identification and have argued that projective identification is taking place. Perhaps this phenomenon is not a part of the interaction. Perhaps the therapist tends towards Mystification in most instances. One way to get some sense of this is to look at the therapist's Mystification scores across sessions with several patients. Another possibility is that projective identification by the patient is simply adding to this underlying trait factor in the therapist. Projective identification can only take place when there is a certain amount of reality onto which to project. It may also be that a therapist who tends to be mystifying in most situations engages in projective identification process more in the session or only in relation to schizophrenia. If one thinks along these lines the



process is more than a variable that relates to the specific interaction.

In such instances, Mystification should occur across one's patients.

Prediction 5: Mystification scores across a therapist's patients
should be positively related.

CHAPTER II

METHOD

Data for this study was taken from the Michigan State Psychotherapy Project. Details of the investigation can be found in Karon and VandenBos (1981). Karon and VandenBos studied a total of 36 schizophrenics hospitalized at the Detroit Psychiatric Institute. Group A patients received psychoanalytic therapy and no medication. Group B patients received "ego analytic" therapy and medication. Group C patients received medication only. Outcome measures were obtained at 6 months, 12 months, and 20 months. Patients were given the Thorndike-Gallup Vocabulary Test (TGV), the Porteus Mazes (PM), the Wechsler Adult Intelligence Scale (WAIS), the Feldman-Drasgow Visual Verbal Test (VVT), the Rorschach and the TAT. All of these measurements were collected by examiners not connected with the treatment service staff. These instruments were administered before treatment, at 6 months, 12 months, and 20 months. Hospitalization data were gathered up to and beyond the 20 month time period (through 44 months). Patients were also given the Clinical Status Interviews (CSI) before treatment, at 6 months, 12 months, and 20 months. A psychoanalytic psychiatrist not connected with the treatment service carried out these interviews.

Subjects

Patients in Group C, those not receiving psychotherapy, obviously did not have psychotherapy sessions recorded and are thus not a part of this study. When these control patients are taken out, 24 subjects

remain. Three patients were removed from the project because of organic difficulties. I was not able to find the tapes for one subject and another subject said only a couple of words in a number of sessions. Thus a total of 19 schizophrenics were considered in this investigation.

Patients were primarily relatively young, poor, black, inner-city schizophrenics with little or not previous hospitalization. See Appendix A for demographic data. Very few had attended the university (16%). Only about a quarter were married at the time of the initial investigation (26%). About half were female (53%). Most were Protestant (74%).

There were a total of 12 therapists - 2 experienced therapists and 10 students. The experienced therapists had about ten years of experience specifically with schizophrenic patients. Inexperienced therapists or students had 3 months to 1 years of residency or practicum experience. Data from these three therapists saw one patient. As mentioned previously, one patient's psychotherapy tapes could not be located. Another therapist was seeing a patient who turned out to have organic difficulties. The third therapist was not used in this particular study because the patient said little or nothing during the sessions. Thus a complete session was at most 1 or 2 coding units. In addition since the patient was not saying anything, almost everything that the therapist said appeared to be Mystification. Because of the unusual nature of this particular interaction it was felt best not to include these data. There were three graduate students in clinical psychology and four psychiatric residents among the inexperienced therapists. Of those therapists that were not included in the sample, there were

two graduate students in clinical psychology and one psychiatric resident. Only one of the therapists included in this sample was female. All therapists were white.

Procedure

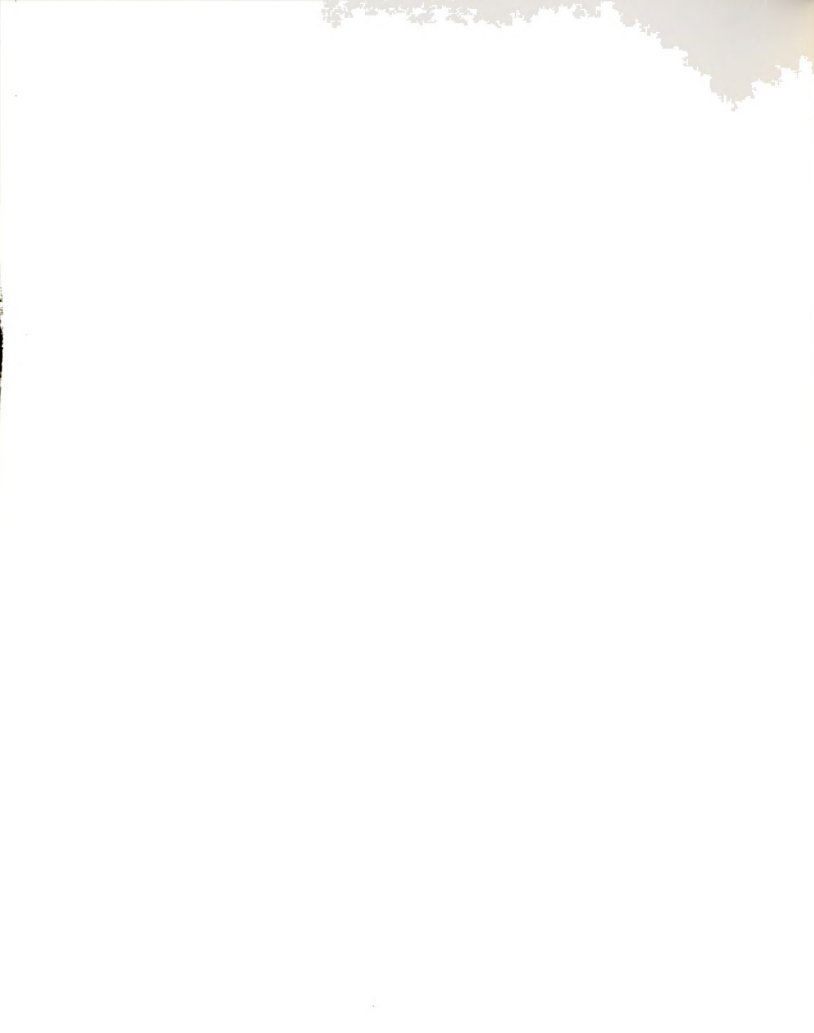
Only the initial parts of therapy were taped. There was a great deal of variability in the numbers of sessions recorded per patient. In order to adequately sample within the therapy, the author looked at the first recorded session, the last recorded session, and the session representing the midpoint between these two. Some tapes were not dated and it could not be determined which sessions they were. Seven tapes could not be dated for two subjects. Thus seven tapes were thrown out for each of them. One tape was thrown out for each of two other subjects. Only tapes that were dated were included in the selection of tapes representing the beginning, midpoint, and end of therapy. Only two tapes were analyzed for one patient because only two interviews had been recorded. One subject's tapes were incredibly difficult to hear. The last interview could not be understood. The investigator went back several interviews and could not find any that were clear. Thus only two sessions were coded for this patient.

Within a particular session the coding unit was a complete therapist statement between two patient statements. Uh, hu's, ah's were excluded when defining coding units. All other brief statements were included. The first coding unit within a session was the first therapist statement after a patient statement. If the therapist began the session, this statement was not coded. The patient had to make a statement before the therapist statement could be cited. The contextual unit was the whole session.

Interrater reliability ($r = .99$) was obtained for 10 sessions (1 for each of 10 patients). These sessions were randomly selected by use of a random numbers table. The present investigator coded all the tapes. An undergraduate student receiving credit in psychology coded 10 of the tapes with the investigator. These particular tapes were coded at the same time so that the coding units could be kept track of.

The other rater was trained on a tape prepared by the present researcher in which this researcher was pretending to be the therapist and another graduate student was playing the role of the patient. In this "session" the author attempted to give examples of the various types of Mystification in the coding manual. After the author and the other rater went through this "session" together and discussed the codings, they both coded part of a session of one of the subjects that had initially been thrown out of the project as a result of organic difficulties. Ratings were then discussed for this tape.

Each coding unit was coded for Mystification. The present investigator coded a number of types of Mystification. The other rater made use of the coding manual to code for the presence or absence of Mystification in general. Specific types of Mystification were not coded by her. Since the author was coding the specific types of Mystification, each of her coding units could thus have more than one score. When determining reliability the author looked simply at whether or not Mystification occurred. Each unit of Mystification was then added to obtain a total Mystification score (the present investigator did not make predictions about the subcategories of Mystification but only wanted to explore possible patterns). Reliability was calculated by



by making use of the total score for each of the patients in the reliability sample.

Mystification was scored as 0, 1, or 2. Part Mystification was scored as 1, total Mystification as 2. (See Appendix B for Mystification Manual.) The score for a whole session was the total number of Mystifications divided by the total number of coding units. Each coding unit was simply the presence or absence of Mystification. Subcategories were not considered in the formal analysis. Scorer reliability was also not determined for these subcategories.

To determine if this was the best method for measuring Mystification two other techniques were tried after the data has been analyzed. The author noted that the Mystification process was often a complex state of affairs. If one type of Mystification occurred in a coding unit, several other types were typically present as well. Thus the author reanalyzed the data when all these Mystification categories were added. In this analysis each coding unit was therefore not bounded by a total score of two. It could have an upper bound of 6, 8, etc. The total number of Mystification was then divided by the number of coding units as had previously been the case. The third analysis concerned the change of subject Mystification category. Abrupt changes of subject were thought to reflect the Mystification process in that such categories appear to represent fragmented communication. However with some therapists it was noted that change of subject is a "medical history" type of approach for conducting therapy interviews. In such instances change of subject may not represent an adequate measure of Mystification. Thus the data analysis was rerun to see if change of subject affected the results obtained.

(Since these alternative ways of scoring did not make any difference, no reliability was rerun.)

Mystification (as measured by the three above approaches) was correlated with the Pathogenesis score of the therapist and with the following outcome measures: Thorndike-Gallup Vocabulary Test (TGV), Porteus Mazes (PM), Weschler Adult Intelligence Scale (WAIS), Feldman-Drasgow Visual-Verbal Test (VVT), Clinical Status Interview (CSI), and amount of time that patient was in hospital. Karon had also obtained data from the Rorschach and TAT. These two instruments were not used in this study since they at no time were related to the psychotherapy process. (This was also true of the TGV which was selected because it was an intellectual test likely to be impaired by the schizophrenic process and hence least likely to show improvement with psychotherapy.)

Only the 6th month outcome data was used since it was during this period that psychotherapy was most intensive and all recorded therapy sessions were from this period. One would expect the greatest impact of the therapist to be at this time. When the patient is back in the community and seeing the therapist less often if at all, many other variables become important and affect the outcome scores. The corrected scores from Karon's initial investigation were used instead of raw scores. These scores had been corrected for their regression on the initial scores and demographic variables and thus represented the effects of treatment. The Porteus Maze had been corrected for initial PM and Take-not Take initially. The Clinical Status Interview was corrected for initial CSI and Social Class. WAIS was corrected for initial WAIS. VVT was corrected for initial VVT and Take-not Take initially. Days hospitalized was corrected for initial Porteus Maze

and sex. (Demographic variables were corrected for only if there was a significant regression of outcome scores on that demographic variable.)

Prediction 5 posed particular problems since the therapists saw a number of patients. If a therapist had only one patient, the relationship among his or her patients could not be looked at. If therapists had two or more patients, the relationship between these patients was considered. All the therapists that had more than one patient saw either two or three patients. If the therapist had three patients a random numbers table was used to pick out two of them.

CHAPTER III

RESULTS

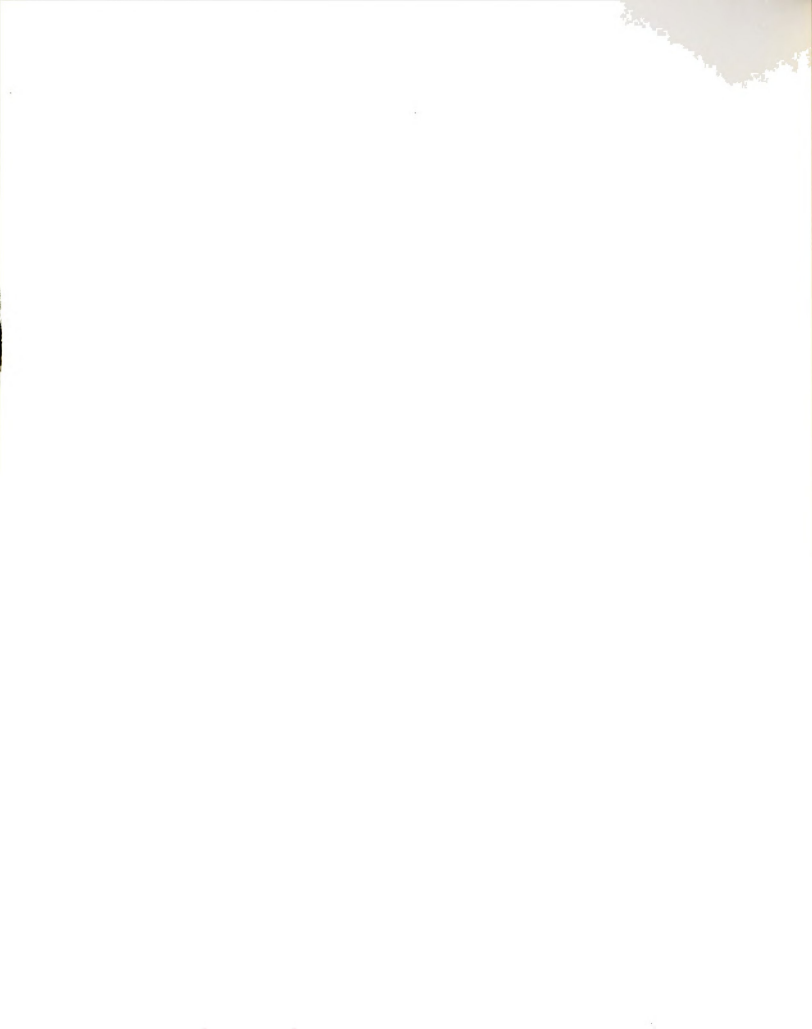
As noted previously Mystification and Pathogenesis should show a positive relationship. On one level Mystification is an example of not meeting the patient's needs and thus should be similar to Pathogenesis as measured by Meyer and Karon in the TAT. Both Mystification (Laing & Esterson, 1964) and Pathogenesis (Meyer & Karon, 1967; Mitchell, 1968, 1969; Nichols, 1970) have been found to exist in parents of schizophrenics.

Prediction 1: Mystification should be directly related to

Pathogenesis. The more pathogenic the therapist the more he should engage in Mystification.

Prediction 1 was not supported. Mystification and Pathogenesis were not significantly related ($r = .13$, $N = 7$ therapists). When the data analysis was rerun with all categories of Mystification added (complex mystification), the correlation remained the same ($r = .13$). When the change of subject category was taken out, little change resulted in the correlation ($r = .19$).

Similarly Mystification should be related to outcome. Mystification should particularly affect the thought disorder in that mystifying therapists do not help the patient work through the psychosis. Mystifying therapists create confusion in the patient.



Prediction 2: Mystification should be directly related to the amount of thought disorder. Greater Mystification should result in more thought disorder in the long run.

General intellectual functioning is best measured by the Thorndike-Gallup Vocabulary Test and the Weschler Adult Intelligence Scale (Parallel form, Weschler Belluevue II). However the TGV was chosen as a general measure of intellectual functioning least likely to be affected by thought disorder. The other measures of thought disorder are the Porteus Mazes and the Visual-Verbal Test. The PM is a measure of "foresight" or "planfulness." The VVT measures concept formation.

Significant correlations between Mystification and the WAIS were obtained ($r = -.63$, $\alpha = .05$, one-tailed, $df = 6$). There were no significant relationships between Mystification and the Thorndike-Gallup ($r = .46$), Porteus Mazes ($r = -.27$), VVT ($r = .24$). With the complex Mystification score the correlations were basically similar - Mystification and: TG ($r = .45$), PM ($r = -.27$), WAIS ($r = -.62$), VVT ($r = .22$). When Mystification was measured with the change of subject taken out little change resulted (TG, $r = .47$; PM, $r = -.20$; VVT, $r = .18$). In summary Prediction 2 was supported when thought disorder was measured by the WAIS, but not when thought disorder was measured by the VVT, TG, or PM. More will be said about these relationships subsequently.

Mystification should not only affect thought disorder but other measures of outcome as well. However, Mystification should affect measures of the thought disorder to a greater extent than other measures of outcome in that these particular measures of outcome are more apt to be affected by other variables as well.

Prediction 3: Mystification will be directly related to all measures of outcomes. The more that the therapist mystifies, the worse the therapy outcome.

Prediction 4: Mystification should be related to outcome measures of thought disorder to a greater extent than to the other measures of outcome.

Measures of outcome that are not specifically related to thought disorder, but at the same time are not independent of thought disorder are the CSI and days hospitalized. The CSI is a "Global" outcome measure of mental health. Karon and VandenBos (1981) asked raters and interviewers to take note of the following: "ability to take care of self, ability to work, sexual adjustment, social adjustment, absence of hallucinations and delusions, degree of freedom from anxiety and depression, satisfaction with life and self, achievement of capabilities, and benign versus malignant affect on others" (p. 407). Days hospitalized may indicate overall functioning to some extent but is also affected by the availability of beds, whether or not placement can be obtained in the community, family attitudes, etc.

Mystification was found to be significantly and strongly related to the CSI ($r = -.75$, $\alpha .05$, $df = 6$, one and two-tailed test). When corrected for attenuation the correlation rose to $-.83$ (CSI interrater reliability $.82$, Mystification interrater reliability $.99$). Mystification was not significantly related to days hospitalized ($r = .17$). The other two exploratory measures of Mystification made little difference in the results (complex Mystification and Clinical Status, $r = -.75$, complex Mystification and days hospitalized, $r = .16$).



When change of subject is taken out, the relationship between Mystification and the Clinical Status Interview is $r = -.81$ and Mystification and days hospitalized is $r = .21$.

Prediction 4 did not hold. Mystification was not found to be related to measures of thought disorder to a greater extent than to other measures of outcome. The two significant correlations were Mystification and WAIS ($r = -.63$) and Mystification and CSI ($r = -.75$). Little difference was found in the strengths of these correlations. However the CSI is not independent of thought disorder. Thus Prediction 4 cannot really be adequately tested. Nevertheless, there are no strong patterns between those measures which more directly measure thought disorder versus those that represent more global aspects of outcome.

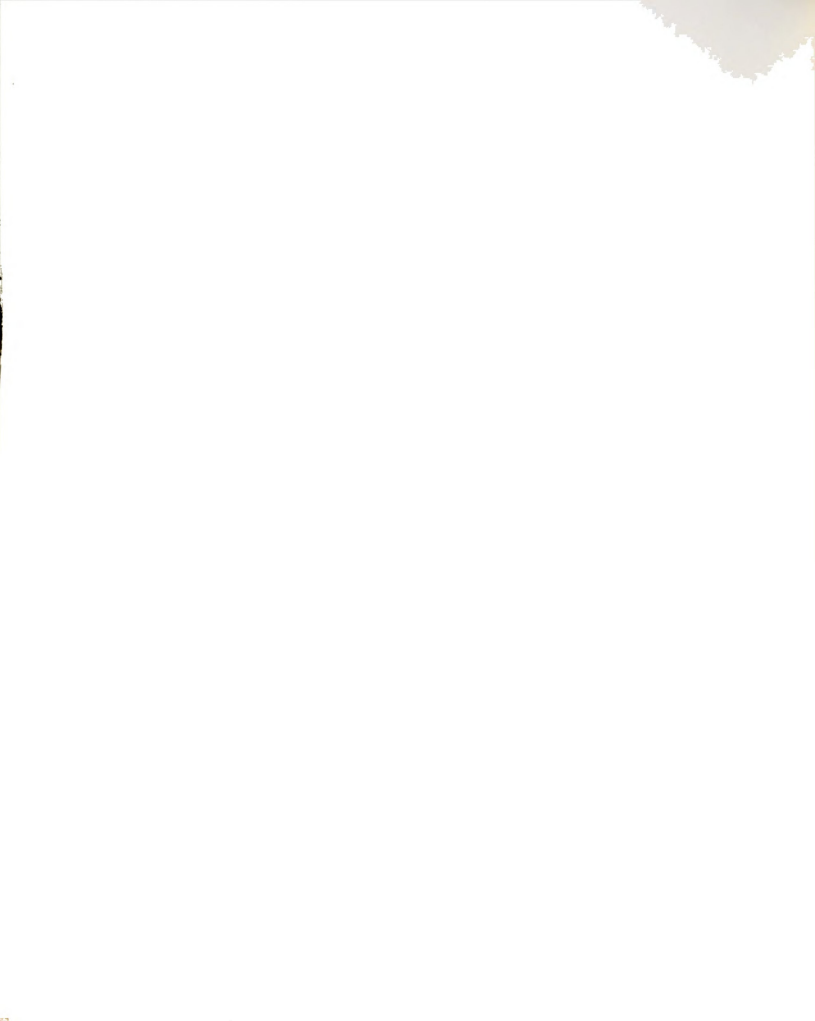
As the author noted previously, the first four predictions can be conceptualized in terms of projective identification. As such it is part of an interaction between two people. It may be that Mystification is a trait variable or that the therapist becomes a part of the projective identification process across time and persons. Projective identification by the patient may add to the underlying factor in the therapist. However there is some underlying factor in the therapist which can be seen across his patients.

Prediction 5: Mystification scores across a therapist's patients should be positively related.

Prediction 5 was strongly supported. Therapists were extremely consistent across their patients ($r = .94$, $df = 4$) (Guilford's intraclass correlation). The complex Mystification measure ($r = .98$,



df = 4) and Mystification measured with change of subject taken out ($r = .97$, df = 4) made little difference in the strong relationship.



CHAPTER IV

DISCUSSION

The following variables reached significance in Karon's six month outcome data, as being related to psychotherapy (WAIS, $p \leq .03$, VVT, $p \leq .01$, corrected days in hospital $p \leq .02$, and CSI, $p \leq .05$). Of these four significant variables in Karon's study, two were significantly related to Mystification (WAIS and CSI). The reasons for these particular relationships are not totally clear.

Surprisingly no relationship was found between Mystification and Pathogenesis. It may be that Mystification represents a specific type of communication deviance, whereas Pathogenesis is a more global measure of not meeting someone's needs. All forms of communication deviance could possibly be represented by Pathogenesis. Part of the problem may be a restriction of range in the Pathogenesis scores - thus lowering correlations that could have occurred had no range restriction been present. Unfortunately the most pathogenic and least pathogenic therapist's scores had to be thrown out of the data analysis. The tapes from the least pathogenic therapist were missing. The therapist with the highest Pathogenesis scores had patients that turned out to have organic difficulties and thus were removed from the project.

It is more difficult to discuss why particular other measures were significant or not significant. Specific measures of thought disorder other than the WAIS were not strongly affected by Mystification. It may be that the Porteus Maze and VVT are measures of some "core"

amount of thought disorder which does not readily change. However Karon found that therapy affects measures of the VVT at six months. The thought disorder as measured by the VVT does not remain constant. Mystification would be thought to affect the VVT since the VVT is a concept-formation task. Confusing statements would most likely result in confusing conceptualization. However Mystification is not simply a measure of problem in thinking. A large part of the Mystification Scale is concerned with induction and disagreement. This measure represents much more than confusion in communication.

The other significant relationship that Karon found was that psychotherapy affected days hospitalized. However it is not surprising that there was little relationship between Mystification and days hospitalized. The amount of time in hospital is affected by many variables such as the number of hospital beds and placement facilities in the community. In addition the amount of acting out that the patient is engaged in is most likely to determine length of hospitalization. Mystification may or may not affect such variables as physical aggression.

The most important relationship observed in the study is that between Mystification and the Clinical Status Interview. This is the measure of outcome that has the highest face validity. In many ways this measure represents overall mental functioning. This relationship shows that the mystifying therapist has an impact on functioning.

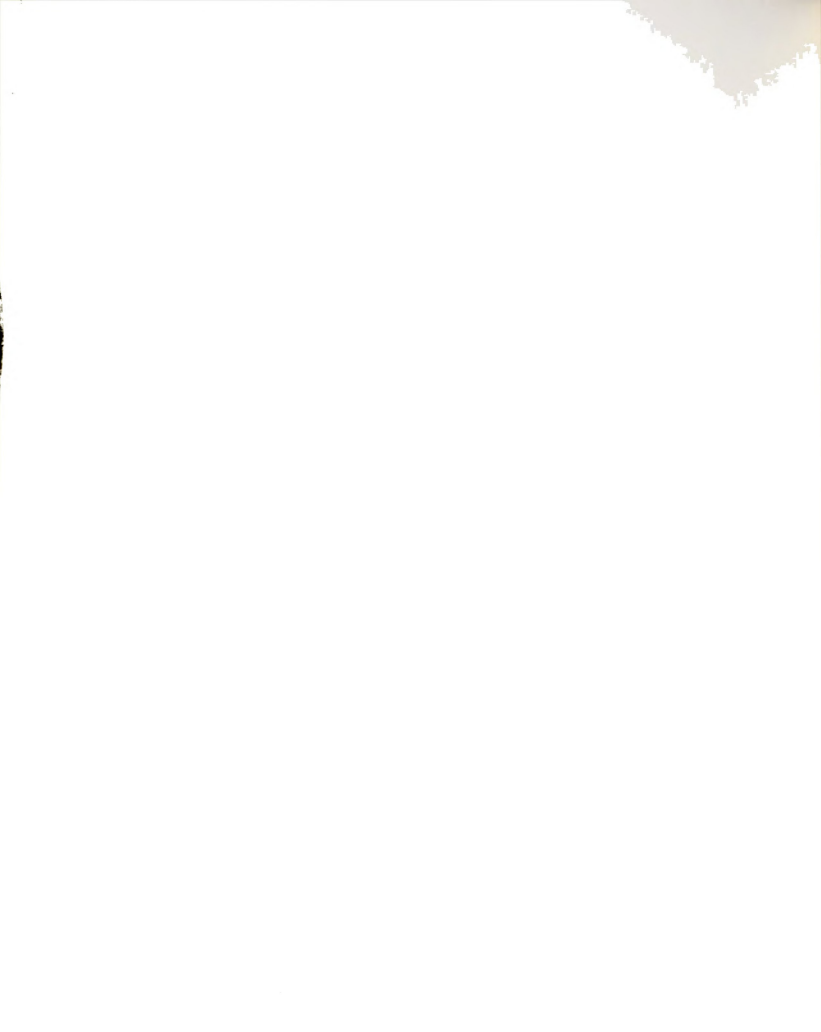
This is a particularly important relationship in that the concept of Mystification was initially taken from families of schizophrenics. The mystifying therapist does not help the patient to get better. Experience in a mystifying family has the same kind of impact. If inductions are being made, an adequate concept of self cannot be

developed. For example, if the therapist insists that a person is crazy the person will more apt to be crazy. (Remember that induction does not include interpretations about crazy behavior, etc.) Similarly if confusing or contradictory **statements** are made, an adequate representation of self or the external world cannot exist.

The last relationship found in this study was the high correlation of Mystification across therapists' patients; mystifying therapists were not just mystifying in relation to one patient but showed consistent Mystification across their patients. This pattern is a helpful start in looking at what occurs in a mystifying interaction and in defining if projective identification is a helpful conceptual tool in thinking about Mystification. Fortunately or unfortunately, this highly significant correlation results in more questions than answers in this study.

This research represents a preliminary investigation into Mystification in the therapeutic relationship. It shows that Mystification is important in determining the outcome of psychotherapy.

An even more interesting aspect is the relationship between Mystification and symptom patterns. During my coding of these tapes I noted what appears to be an inverse relationship between Mystification and symptoms when the therapist who scored highest on Mystification was observed. This particular inverse relationship is intriguing in that it helps to show connections in the manifestation of symptom patterns. When these relationships are observed in the therapy, it can indirectly show how symptoms are often manifested in the family. When the patient projects his craziness onto the therapist, the therapist takes on the confusion and engages in mystifying communication.



Since projective identification has occurred, the patient no longer exhibits symptoms of the particular moment. If the opposite happens the therapist's communication will be clear and concise. Since the confusion is projected **onto the patient** in the given instance, the patient will manifest confusion in the form of psychotic symptoms.

Thus at any one point in time the therapist's communication will be clear and the patient will show confusion or vice versa.

Such associations are extremely important to investigate more fully in further research projects.

Another area of interest is whether or not a mystifying therapist would affect the therapeutic outcome in nonschizophrenics to the same degree as with schizophrenics. Such an investigation might also help in determining patterns in schizophrenic families. One could for example look at the extent to which a mystifying family member might affect another family member who does not exhibit thought disorder.

A third research project that needs to be done in the future is to look specifically at ego boundary loss in relation to Mystification. What is the relationship between subjective accounts of ego boundary loss at a particular moment and Mystification? Such an investigation would help to delineate what the components of projective identification are or if projective identification is an adequate way to conceptualize Mystification. A way to look at this would be to have the patient and therapist relisten to their session just after it has been recorded and independently identify when they felt ego boundary loss.

Another interesting project is the relationship of Mystification to depth of interpretation. Does the mystifying therapist interpret

"deep" unconscious material or are these two variables independent? Mystification as measured here includes much more than interpretation, but "deep" interpretation might possibly be one part of the phenomena.

The weakness of this investigation represents primarily its exploratory nature. One major problem is that the Mystification Scale needs to be more adequately developed. Mystification varies from inductions and disagreements to confusing and contradictory statements. The scale was developed from Laing's conceptualizations and from listening to one particularly mystifying therapist in this project. Psychotherapy sessions from other mystifying therapists need to be obtained and made use of in further developments of the scale. In addition various types of weighting for the different categories need to be explored. It may be that some types of Mystification represent greater Mystification than other categories. One thing that was especially noted in this study was that when a therapist scores high on Mystification, the process is far from simple. The various levels of communication need to be investigated to adequately describe the phenomena. In addition, Mystification occurs across coding units. Thus Mystification needs to be studied both quantitatively and qualitatively. A minute descriptive analysis should be carried out. Such an analysis was done in the preliminary development of this scale. However, further analysis needs to be carried out in the future. In spite of all of these issues Mystification appears to be an extremely robust phenomena in that a highly mystifying therapist is easy to spot. In this study such therapists scored high across most dimensions. When samples of one therapist's sessions were played to a group of anthropologists and others engaged in extensive

studies of interactions, chaos was created in the group. Extremely strong affects were evident in the group. In my initial explorations of the problem, I found that I got severe headaches and had great difficulty in listening to the sessions. Since I am not a person who typically gets headaches, I felt that this was further evidence of the destructive impact of Mystification.

Another weakness is that Mystification as a specific manifestation of projective identification was also only briefly explored. Perhaps the process cannot be seen as an interaction but must be seen as something specifically in the therapist or as a trait variable. On the other hand, this interaction may occur just with schizophrenics and not with patient's who do not show thought disorder. The relationship between Mystification and projective identification needs to be more specifically delineated. The author used projective identification as a helpful way of conceptualizing the process but such conceptualization needs to be explored further if it is to become more than a loose conceptual tool or simply a possible way of thinking about the data.

Mystification is an extremely important variable for a number of reasons. It is one important factor in determining outcome in psychotherapy. In addition it has been shown to represent a large factor in schizophrenic families. If one wants to take a radical position, all of psychotherapy can be seen as a type of Mystification. Is the therapy process insight or persuasion? What is the fine line between Mystification and explanation? If Mystification is done in a deliberate sense can it result in positive change? These questions are only a few of the possibilities for further research in the area.

APPENDICES

APPENDIX A

PATIENT CHARACTERISTICS OF SAMPLE USED
IN MYSTIFICATION STUDY

APPENDIX A

PATIENT CHARACTERISTICS OF SAMPLE USED IN MYSTIFICATION STUDY

Marital Status

47% single
26% married
11% divorced
16% separated

Religion

74% Protestant
21% Catholic
5% none

Race

74% Negro
26% White

Education

5% college graduates
11% some college
32% 12th grade
26% 9th through 11th
21% 6th through 8th
5% less than 6th grade

$$\bar{x} = 10.47$$
$$\sigma^2 = 4.55$$

Current Occupation

11% none
16% unemployed
16% hospitalized
11% housewife
37% unskilled, semiskilled or skilled laborer
5% trade school
5% not listed

Age

$$\bar{x} = 29 \quad \sigma^2 = 55.4$$

(age not listed for one person)

Previous Hospitalization

5% not listed
68% none
16% one admission
11% two admissions

$$\bar{x} = 5.6 \text{ days}$$
$$\sigma^2 = 57.4$$

Sex

47% male
53% female



APPENDIX B
MYSTIFICATION SCALE



APPENDIX B

MYSTIFICATION SCALE

Examples of Working Through Defenses Versus Mystification

Working through unconscious material is not the same as Mystification. Mystification occurs when the therapist does not have an adequate basis for his position or is not consistent in the position that he takes.

If the therapist backs up his position with any of the following, do not score as Mystification:

1. Therapist points to specific nonverbal behaviors of the patient, or it seems evident that the therapist is noting nonverbal behaviors in the session.
 2. Therapist points to information that the patient has told him.
 3. Therapist points to behaviors that he has noted outside the interview.
 4. Therapist gives explanation of why he has taken the stance that he takes. This is in contrast to simply stating a disagreement or attribution.
 5. The data that the therapist is making use of is apparent in the session.
- Ex. Patient: I'm supposed to take care of my mother.
Therapist: No you are not. Your mother used to make you believe that you should take care of her. We talked about her making you do all the work. You do not have the responsibility as an adult to care for your mother.

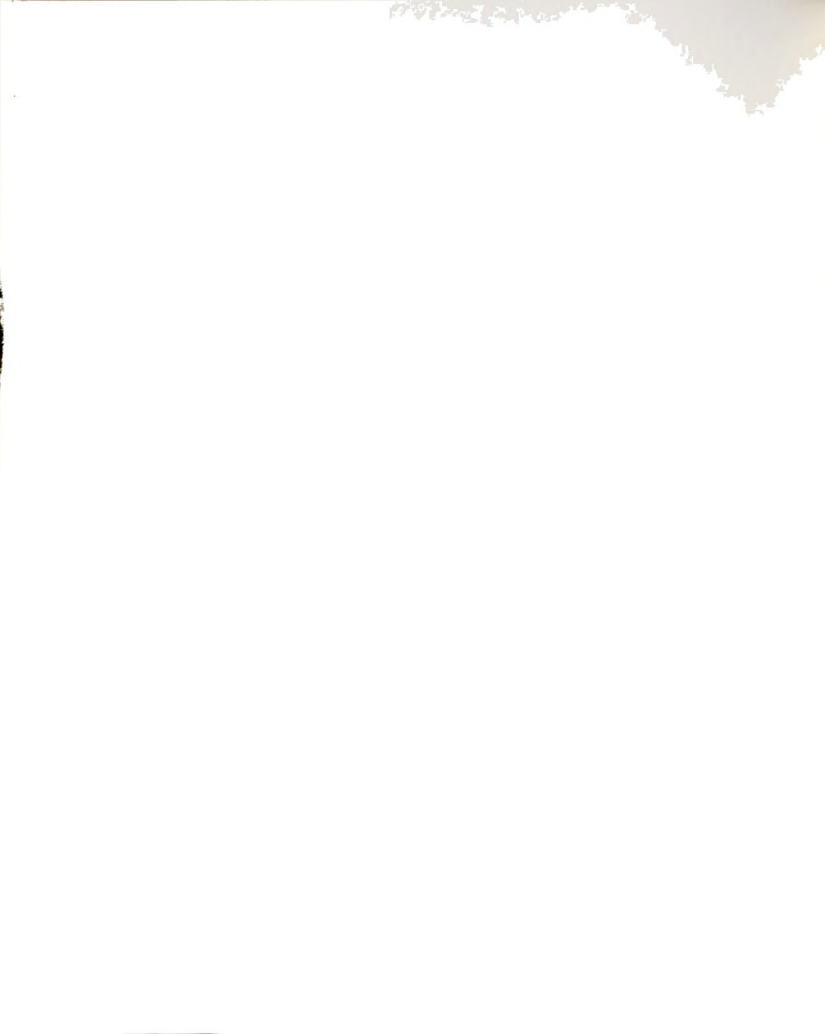
(This is not Mystification. The therapist gives the patient an explanation of why he feels he must care for his mother. In addition he tells the patient that caring for his mother does not represent the cultural norm.)

- Ex. Patient: I don't have anything to say.
Therapist: If you don't have anything to say, why do you look like you are trying to hold things back?

(This is not scored as Mystification. The therapist points to nonverbal behavior.)

- Ex. Therapist: Your parents are not always nice. You told me how they used to hit you all the time.

(This is not scored as Mystification. The therapist points to contradictions based on what the patient has told him.)



Ex. Patient: I don't have anything to say.
Therapist: Yes you do.

(This is scored as Mystification. The reason for the therapist's position is not clear.)

Comments

More than one type of Mystification may apply to a coding statement.
Score as many as apply.

If both childhood and adulthood are referred to, score both categories.
If the time period is not specified and you cannot tell whether the adult or childhood system should be used, use the adult system.

In the adult system past and present are scored on the categories.
Separate categories exist for future or conditional events.

Some Definitions

Family means the patient's extended or nuclear family.

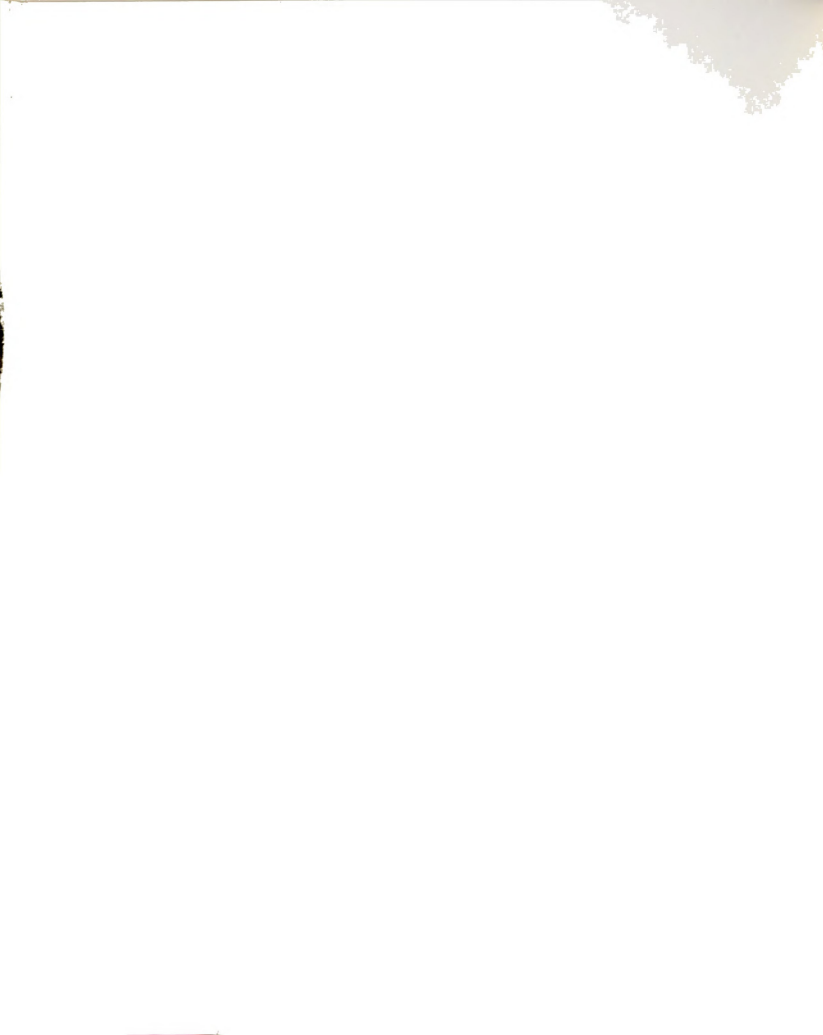
Others refers to all living things, objects, or concepts. (The word person is usually used to simplify the language.)

Therapist refers to the therapist that is being looked at in this study.

Internal behavior refers to images, dreams, and fantasy, as well as thoughts and feelings.

Self concept, family concept, person concept refer to enduring characteristics over time.

(Other definitions will be dealt with in the manual.)



Mystification Scale
(adulthood and general)

Adulthood - this part of the scale applies to phenomena after adolescence.

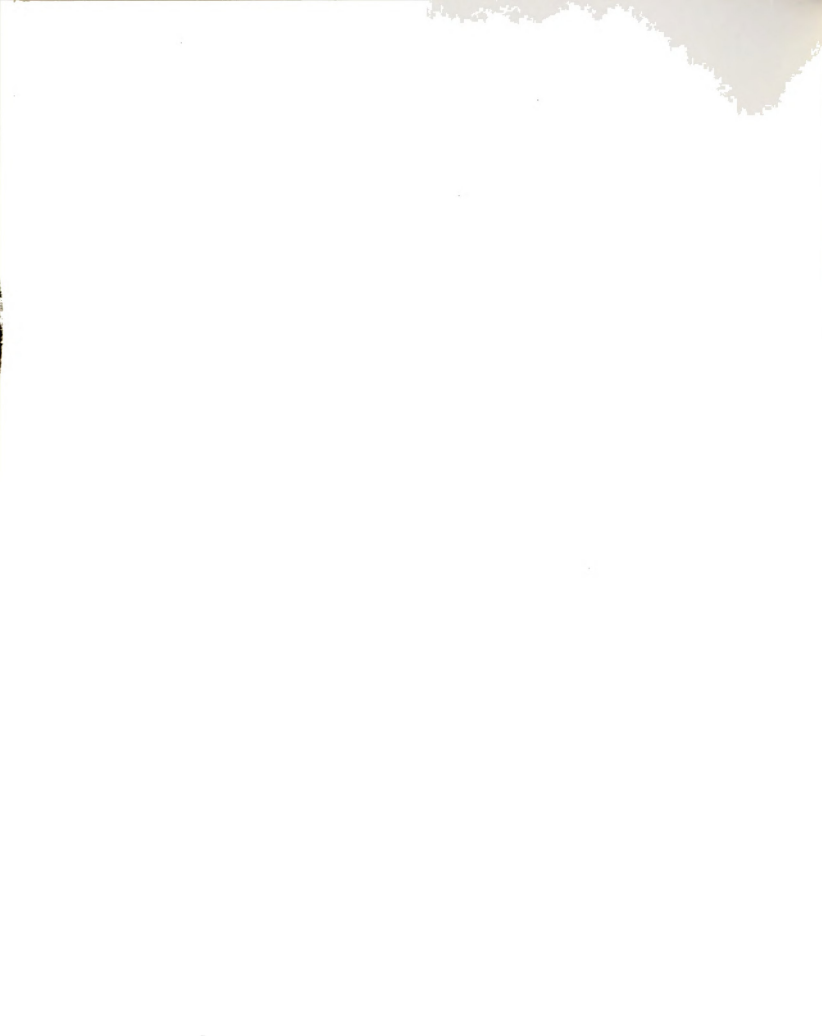
Coding unit - complete therapist statement between two complete patient statements.

Therapist statement is rated after preceding patient statement.
When determining coding unit disregard mm's, mmhm's.

Context - complete psychotherapy session.

External and Internal Physical Reality (includes past as well as present perceptions in adulthood)

- 1 Therapist attributes a visual perception or lack of visual perception to the patient when there is no data to indicate that this attribution is accurate.
Ex. The man was there. You saw him.
Ex. The man was not there. You did not see him.
- 2 Therapist disagrees with patient's visual perception when it is not clear whether or not patient's perception is accurate.
Ex. You did not see the woman walk across the street.
Ex. You did see the woman walk across the street.
- 3 Therapist attributes an auditory perception or lack of auditory perception to the patient when there is no data to indicate that this attribution is accurate.
Ex. You heard the nurse talking to you.
Ex. You did not hear the man walk across the room.
- 4 Therapist disagrees with patient's auditory perception or lack of auditory perception when it is not clear whether or not patient's perception is accurate.
Ex. Your aunt talked to you.
Ex. Your grandfather did not say anything. You did not hear him.
- 5 Therapist attributes a tactile perception or lack of tactile perception to the patient when there is no data to indicate that this attribution is accurate.
Ex. You felt her touch you.
Ex. A bug did not crawl across your feet.



- 6 Therapist disagrees with patient's tactile perception when it is not clear whether or not patient's perception is accurate.
 Ex. You did not feel a flower yesterday.
 Ex. You can feel the floor when you walk.
- 7 Therapist attributes an olfactory perception or lack of olfactory perception to the patient when there is no data to indicate that this attribution is correct.
 Ex. You smelled smoke yesterday.
 Ex. You did not smell perfume.
- 8 Therapist disagrees with patient's olfactory perception when it is not clear whether or not patient's perception is accurate.
 Ex. There was no skunk smell outside.
 Ex. You did smell perfume.
- 9 Therapist attributes a gustatory perception or lack of gustatory perception to the patient when there is no data to indicate that this attribution is accurate.
 Ex. You did not taste salt in the pudding.
 Ex. You taste foods when you eat.
- 10 Therapist disagrees with patient's gustatory perception when it is not clear whether or not the patient's perception is accurate.
 Ex. You did not taste sugar.
 Ex. You did taste milk yesterday.
- 11 Therapist attributes a kinesthetic perception or lack of kinesthetic perception to the patient when there is no data to indicate that this attribution is accurate.
 Ex. You felt like you were moving when you were going to sleep yesterday.
 Ex. You did not feel that you were traveling through space.
- 12 Therapist disagrees with patient's kinesthetic perception when it is not clear whether or not patient's perception is accurate.
 Ex. You do not feel that your leg is moving.
 Ex. You do feel that you move out of your body.
- 13 Therapist attributes a pain perception or lack of pain perception to the patient when there is no data to indicate that this attribution is accurate. (Note: This category involves physical and not psychological pain.)
 Ex. You do not feel like nails are sticking in you.
 Ex. You are in constant pain.



- 14 Therapist disagrees with patient's pain perception when it is not clear whether or not patient's perception is accurate.
Ex. You are not in pain. Stop this nonsense.
Ex. Your leg does constantly hurt you.
- 15 Therapist **attributes** a perception of hotness or coldness or lack of perception of hotness or coldness to the patient when there is no data to indicate that this attribution is accurate.
Ex. You do not feel cold.
Ex. You feel as if it is extremely cold outside.
- 16 Therapist disagrees with patient's perception of hotness or coldness when it is not clear whether or not patient's perception is accurate.
Ex. You do not feel cold in this room.
Ex. You feel like you need to put on a coat.
- 17 Therapist attributes sexual sensations or lack of sexual sensations to the patient when there is no data to indicate that this attribution is accurate.
Ex. You have sexual feelings most of the time.
Ex. You feel no sexual sensations at all.
- 18 Therapist disagrees with patient's perceptions of his sexual sensations when it is not clear whether or not patient's perception is accurate.
Ex. You do have sexual feelings.
Ex. You do not have sexual sensations while you are here at the hospital.
- 19 Therapist attributes a perception of time or lack of perception of time to the patient when there is no data to indicate that this attribution is accurate.
Ex. You feel as if everything is going very slowly.
Ex. You do not feel that it is evening.
- 20 Therapist disagrees with patient's time perceptions when it is not clear whether or not patient's perception is accurate.
Ex. You don't feel that time stands still.
Ex. You feel that it is evening not morning.
- 21 Therapist attributes an overall body state or lack of such a state to the patient when there is no data to indicate that this attribution is accurate.
Ex. You do not feel as if your body is dying.
Ex. You feel as if you are perfectly well physically.

- 22 Therapist disagrees about patient's overall body state or lack of such a state when it is not clear whether or not patient's perception is accurate.
- Ex. You do not feel sick.
Ex. You feel as if your body will break into bits. You do not feel like you have one body.
- 23 Therapist makes attributions about external or internal physical reality, but the particular mode of sensation is not specified. This category refers to modes of physical perception in general. Note: If specific behaviors are indicated the behavioral category should be scored and not this one. This category should only be used when none of the other physical reality categories specifically apply.
- Ex. The woman was there.
Ex. The car did not pass.
- These examples could refer to visual or auditory perception. The mode of perception is not clearly specified.
- 24 Therapist disagrees about external or internal physical reality, but the particular mode of sensation is not specified. There is no data to indicate whether or not the patient's perception is accurate.
- Ex. The woman was there. You do not know what you are talking about.
Ex. The nurse was not in your room yesterday.

Patient Affect

- 25 Therapist states that patient feels fear or anxiety or does not feel fear or anxiety when it is not clear whether or not the patient feels these affects. The therapist does not point to specific behaviors of the patient or refer to statements in the interview, etc.
- Ex. You are frightened.
Ex. You are not anxious.
- 26 Therapist disagrees about patient's statement of fear or anxiety or lack of fear or anxiety when it is not clear whether or not patient feels anxious or afraid.
- Ex. You are not afraid.
Ex. I know that you are frightened all the time no matter what you say.

- 27 Therapist states that patient feels anger or does not feel anger when it is not clear whether or not the patient feels anger.
- Ex. You were angry all day yesterday.
Ex. You are not angry now.
- 28 Therapist disagrees about patient's statement of anger or lack of anger when it is not clear whether or not the patient feels angry.
- Ex. You are angry. I don't care what you say.
Ex. You were not angry at the nurses yesterday.
- 29 Therapist states that the patient feels or does not feel startled when it is not clear whether or not this is the case.
- Ex. You were startled last night.
Ex. You don't feel startled at the moment.
- 30 Therapist disagrees about patient's statements of being or not being startled without providing justification.
- Ex. I know that you were startled when the new patient came in.
Ex. You didn't feel startled when your husband came last week.
- 31 Therapist states that patient feels or does not feel surprised when it is not clear whether or not this is the case.
- Ex. You were surprised to see your brother.
Ex. You are not surprised that you had group therapy yesterday.
- 32 Therapist disagrees about patient's statements of being or not being surprised without providing justification.
- Ex. I know that you were surprised to see him.
Ex. You are surprised now even if you think that you are not.
- 33 Therapist states that patient feels or does not feel distress-anguish when it is not clear whether or not this is the case.
- Ex. You are in constant anguish.
Ex. You're not distressed any longer.
- 34 Therapist disagrees about patient's statements of being or not being distressed without providing justification.
- Ex. You are in distress. You just want me to think that you are not. I know that you are.
- 35 Therapist states that patient feels or does not feel disgust when it is not clear whether or not patient feels disgust.

Ex. You were disgusted with the social worker.

Ex. You don't feel disgusted with the therapy. I know that.

- 36 Therapist disagrees about patient's statements of being or not being disgusted without providing justification.

Ex. I know that you are disgusted with being here.

Ex. You are disgusted. Why do you tell me that you are?

- 37 Therapist states that patient feels or does not feel envious when it is not clear whether or not this is the case.

Ex. I know that you are envious of your mother.

Ex. You don't envy her.

- 38 Therapist disagrees about patient's statement of being or not being envious without providing justification.

Ex. You are full of envy.

Ex. You don't envy your husband.

- 39 Therapist states that patient feels or does not feel jealousy when it is not clear whether or not this is the case.

Ex. You are jealous of your husband's relationship to your mother.

Ex. You never have feelings of jealousy.

- 40 Therapist disagrees about patient's statement of being or not being jealous without providing justification.

Ex. You are jealous. I know that you are feeling this.

Ex. You are not feeling jealous at the moment. Maybe you felt jealous yesterday but not today.

- 41 Therapist states that patient feels or does not feel sad when it is not clear whether or not this is the case.

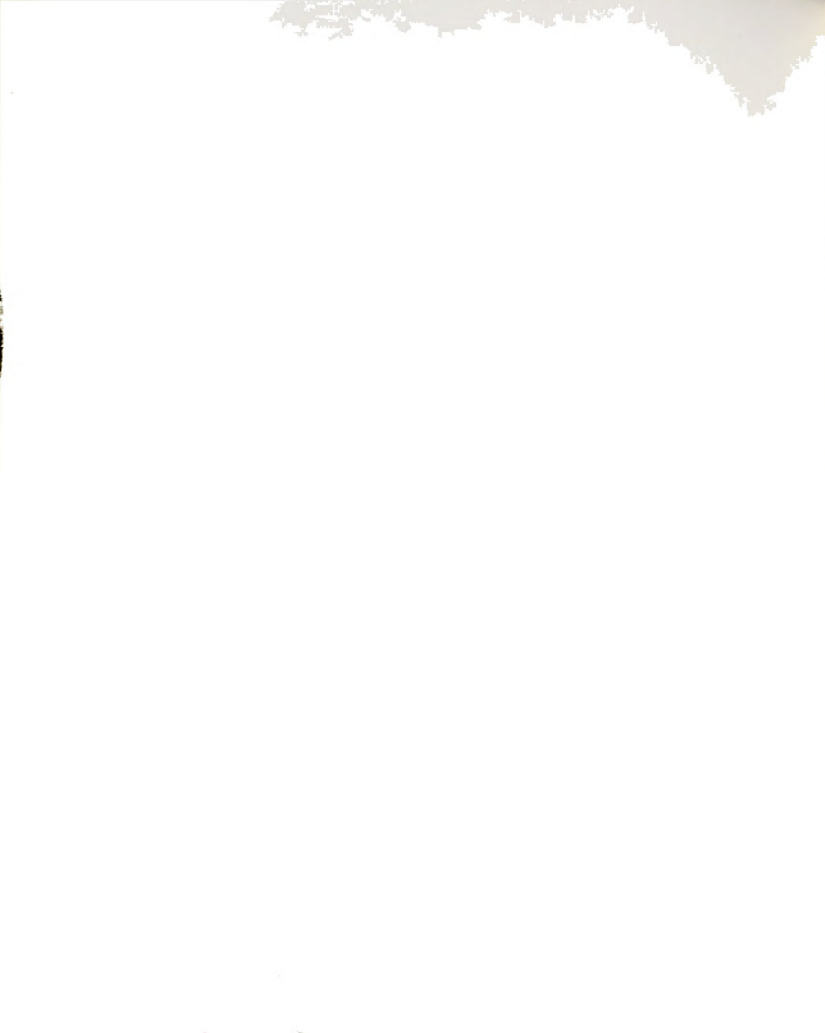
Ex. You don't feel sad. You have nothing to feel sad about.

Ex. I know that you feel sadness most of the time.

- 42 Therapist disagrees about patient's statement of feeling or not feeling sad without providing justification.

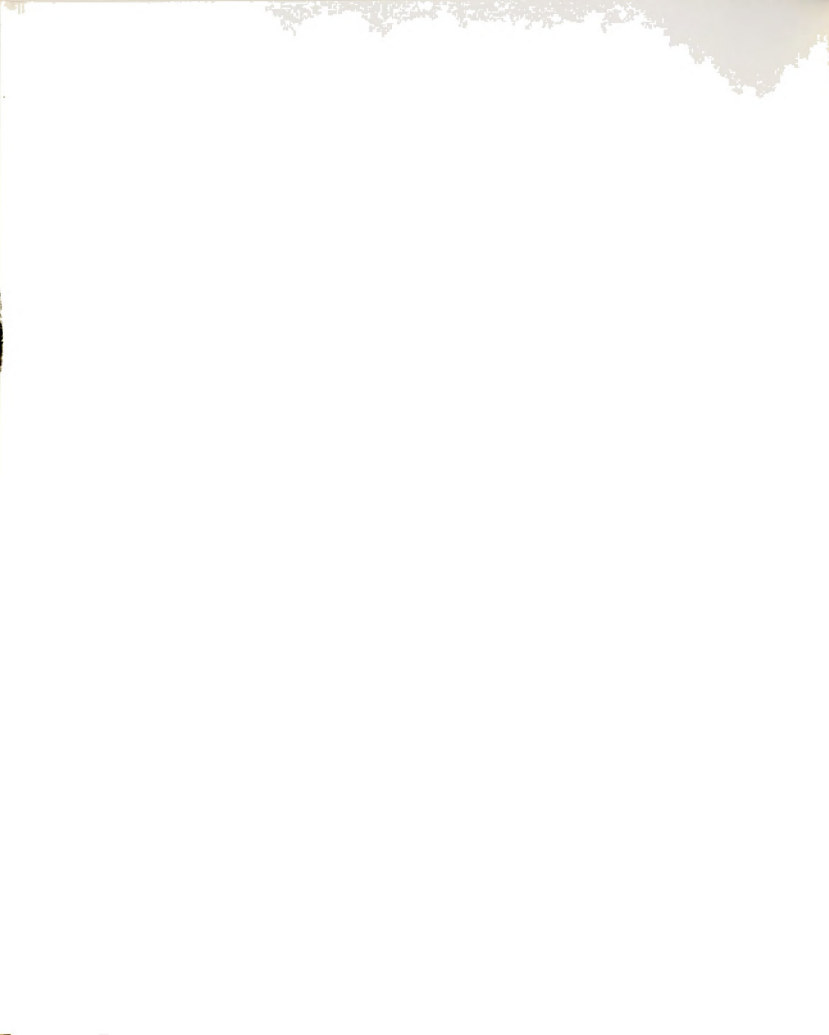
Ex. You have been sad for a year. I know that. I am a therapist.

Ex. You don't feel sad here. You don't have to do any work here.



- 43 Therapist states that patient feels or does not feel shame when it is not clear whether or not this is the case.
- Ex. I know that you are ashamed to be in the hospital.
Ex. You don't feel shame. You just think that you do.
- 44 Therapist disagrees about patient's statements of being or not being ashamed without providing justification.
- Ex. Stop denying. You feel shame about every day.
Ex. You are ashamed at being a patient even if you say that you are not.
- 45 Therapist states that patient feels or does not feel guilt when it is not clear whether or not this is the case.
- Ex. You feel guilty because you got yourself put in here.
Ex. You probably think that you feel guilty. I know that you don't.
- 46 Therapist disagrees about patient's statements of feeling or not feeling guilty without providing justification.
- Ex. You don't feel guilty. You feel nothing.
Ex. You felt guilty about being born.
- 47 Therapist states that patient feels or does not feel happiness or joy when it is not clear whether or not this is the case.
- Ex. You are happy that you are getting out of the hospital.
Ex. You haven't been happy for a long time.
- 48 Therapist disagrees about patient's statement of feeling or not feeling happiness or joy without providing justification.
- Ex. You don't feel joy at seeing her.
Ex. Don't tell me that you are happy. That is a lie.
- 49 Therapist states that the patient feels or does not feel excited when it is not clear whether or not this is the case.
- Ex. I know that you are excited about going to the game.
Ex. You haven't been excited about anything.
- 50 Therapist disagrees about patient's statement of feeling or not feeling excitement without providing justification.
- Ex. You can't be excited. There is no reason to be.
Ex. You never get excited about anything.

- 51 Therapist states that patient feels or does not feel hatred when it is not clear whether or not this is the case.
- Ex. I know that you hate your mother.
Ex. You don't hate anybody.
- This category includes a more global affective state than anger.
- 52 Therapist disagrees about patient's statement of feeling or not feeling hatred.
- Ex. I know that you hate him. Don't tell me that you don't.
Ex. You've had hatred for a long time. You must realize this.
- 53 Therapist states that patient feels or does not feel love when it is not clear whether or not this is the case.
- Ex. I know that you love your children.
Ex. You don't love anyone. You don't know how to love anyone.
- 54 Therapist disagrees with patient's statement of feeling or not feeling love.
- Ex. You don't love your mother. I know that you don't.
Ex. You love your husband even when you think you don't.
- 55 Therapist states that patient feels or does not feel positive affects in general when it is not clear whether or not this is the case.
- Ex. You feel good since you have been in therapy.
Ex. You don't feel great all the time.
- 56 Therapist disagrees with patient's statement of feeling or not feeling positive affects.
- Ex. You don't feel good. Why do you want me to think that?
Ex. You feel wonderful. Don't tell me that you don't.
- 57 Therapist states that the patient feels or does not feel negative affects in general when it is not clear whether or not this is the case.
- Ex. You feel lousy today.
Ex. You didn't feel terrible last week.
- 58 Therapist disagrees with patient's statement about feeling or not feeling negative affects without providing justification.
- Ex. You feel rotten.
Ex. You don't feel as bad as you think.



(Note: If an overall body state is indicated, code for body state. If the general affect statements do not refer specifically to a physical body state, code the general affect categories.)

- 59 Therapist states that the patient feels or does not feel confusion or craziness when it is not clear whether or not this is the case.

Ex. You feel confused day and night.

Ex. You don't feel crazy. The therapy has made you better.

- 60 Therapist disagrees with patient's statement of feeling or not feeling confused or crazy without providing justification.

Ex. Certainly you feel confused. You can't make me think that you don't.

Ex. You're not feeling crazy at the moment.

- 61 Therapist states that patient feels or does not feel emptiness when it is not clear whether or not this is the case.

Ex. You go around feeling empty most of the time.

Ex. You don't feel empty when you are in therapy.

- 62 Therapist disagrees about patient's statements about feeling or not feeling empty without providing justification.

Ex. You don't feel empty anymore.

Ex. You feel empty when you don't think that you do.

- 63 Therapist states that patient feels or does not feel loneliness when it is not clear whether or not this is the case.

Ex. You feel lonely when you are working.

Ex. You don't typically have feelings of loneliness.

- 64 Therapist disagrees about patient's statement about feeling or not feeling loneliness.

Ex. You haven't felt lonely for quite a while.

Ex. You feel lonely when you leave the hospital.

- 65 Therapist states that patient feels or does not feel hope when it is not clear whether or not this is the case.

Ex. You feel hope for the first time.

Ex. You don't know what it is to feel hope.

- 66 Therapist disagrees about patient's statements about feeling or not feeling hope.

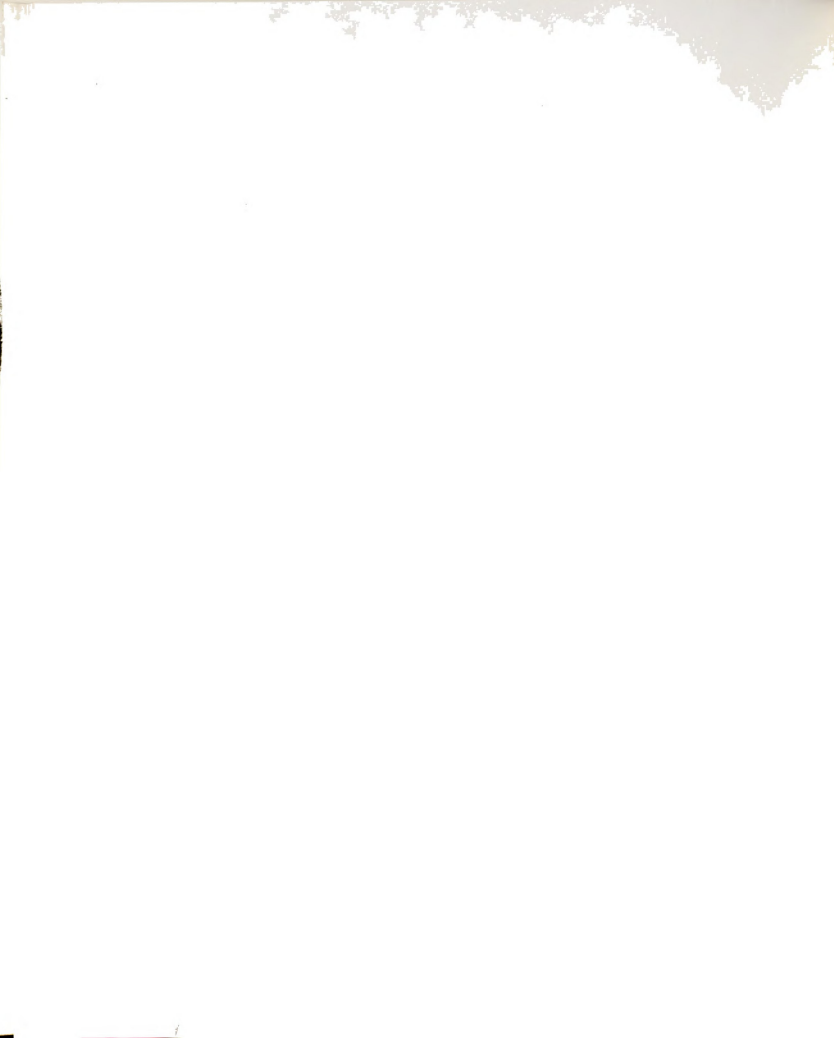
Ex. I don't agree that you have hope. You don't.

Ex. You have hope whether you think so or not.

- 67 Therapist states that patient feels or does not feel anything when it is not clear whether or not this is the case.
- Ex. You are able to feel nothing.
Ex. You do not feel anything. Why do you think that?
- 68 Therapist **disagrees** about patient's statement about feeling or not feeling anything without providing justification.
- Ex. You can feel.
Ex. You think that you can feel. You cannot.

Patient's Self Concept

- 69 Therapist makes positive statements about the patient as a person without providing data for his views.
- Ex. You are a strong person.
Ex. You are always a nice person.
- 70 Therapist disagrees with patient's statement of patient's positive views of himself. Therapist does not justify.
- Ex. You are not a good person.
Ex. You are not a bright person.
- 71 Therapist makes negative statements about the patient as a person without data for his views.
- Ex. You are crazy.
Ex. You are bad.
- 72 Therapist disagrees with patient's statement of patient's negative view of himself. Therapist does not justify his point.
- Ex. You are not crazy.
Ex. You are a nice person.
- 73 Therapist makes neutral statements about the patient as a person without providing data for his view.
- Ex. You are a busy person.
Ex. You are a scholar.
- 74 Therapist disagrees with patient's statement of patient's neutral view of himself. Therapist does not justify his point.
- Ex. You are not a busy person.
Ex. You are not a business type.



(Note: The neutral category is used when it is not clear whether the statement is positive or negative. It is also used when a negation is stated, but a positive or negative attribute is not specified. Ex. "You are not a crazy person." The therapist says that the person is not crazy. He does not go on to specify something positive or negative. For example, he does not go on to say that the patient is a healthy person.)

(Note: The self concept category applies to enduring characteristics over time. For example, if the therapist states that the patient is crazy and an enduring characteristic is stated or implied, the self concept category should be scored. If the therapist states that the patient is engaging in crazy behavior or is feeling crazy, then the behavior or affect category is scored.)

Patient's Motives or Intentions Towards Self

- 75 Therapist states that patient wants or has the intention of doing such and such (positive intention) to himself. Therapist does not provide adequate data for his position.

Ex. You want to help yourself.
Ex. You want to do well in school.

- 76 Therapist disagrees with patient's statements about his positive self motivation. Therapist does not provide data for his point.

Ex. You do not want to help yourself.
Ex. You want to hurt yourself.

- 77 Therapist states that patient wants or has the intention of doing such and such (negative intention) to himself.

Ex. You want to hurt yourself.
Ex. You want to fail in school.

- 78 Therapist disagrees with patient's statements about his negative self motivation. Therapist does not provide data for his point.

Ex. You don't want to hurt yourself.
Ex. You want to help yourself.

- 79 Therapist states that patient wants or has the intention of doing such and such (neutral intention) to himself.

Ex. You want to take a bath.
Ex. You want to gain some weight.

- 80 Therapist disagrees with patient's statements about his neutral self motivation. Therapist does not provide data for his point.

Ex. You don't want to wash your hair.

Ex. You don't want to give yourself some water right now.

Patient's Motives or Intentions Towards Family

- 81 Therapist states that patient wants or has the intention of doing such and such (positive intention) to his family.

Ex. You want to help your father.

Ex. You want to understand your brother.

- 82 Therapist disagrees with patient's statements about his positive motivation towards his family. Therapist does not provide data for his point.

Ex. You do not want to do nice things for your grandfather.

Ex. You want to kill your father.

- 83 Therapist states that patient wants or has the intention of doing such and such (negative intention) to his family.

Ex. Before you came into the hospital you wanted to make your mother do all the work even though she was feeling bad.

Ex. You want to make your children take care of you.

- 84 Therapist disagrees with patient's statements about his negative motivation towards his family.

Ex. You did not want to hurt your wife.

Ex. You do not have the intentions of being nasty to your cousin.

- 85 Therapist states that patient wants or has the intention of doing such and such (neutral intention) to his family. Therapist does not provide data.

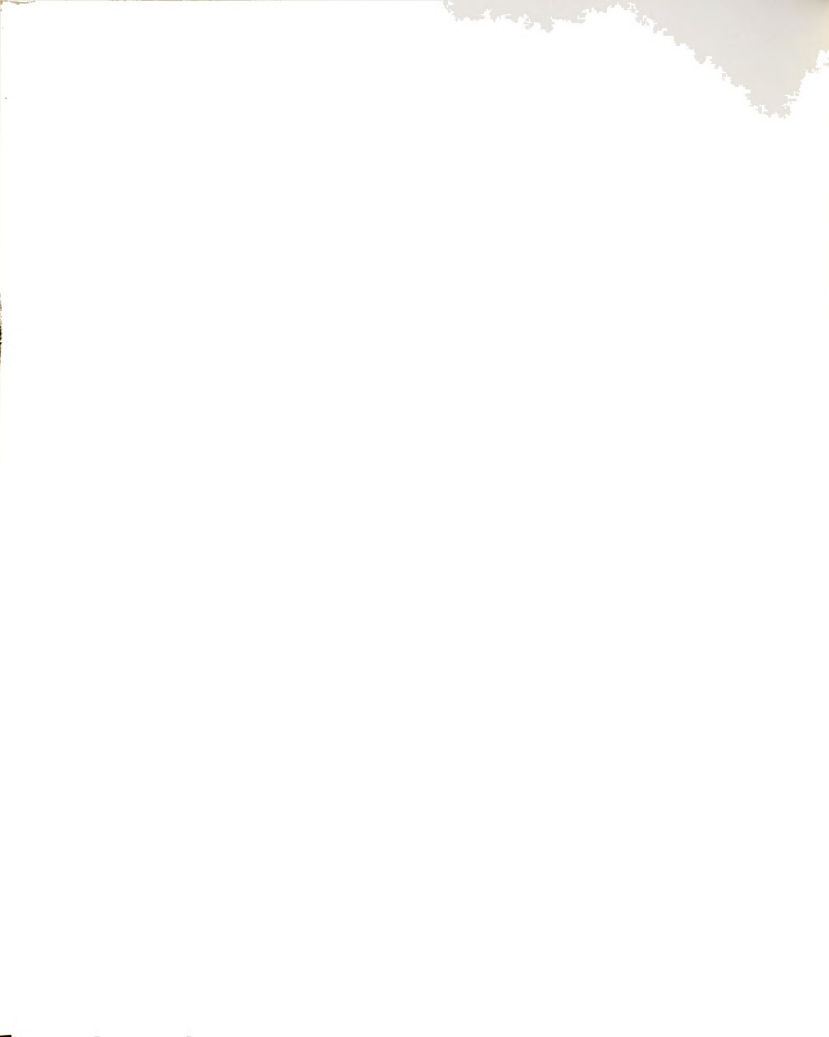
Ex. You want to go visit your parents.

Ex. You have the intention of seeing your mother today.

- 86 Therapist disagrees with patient's statements about his neutral motivation towards his family.

Ex. You don't want to take your mother to the store.

Ex. You don't want to go fishing with your uncle.

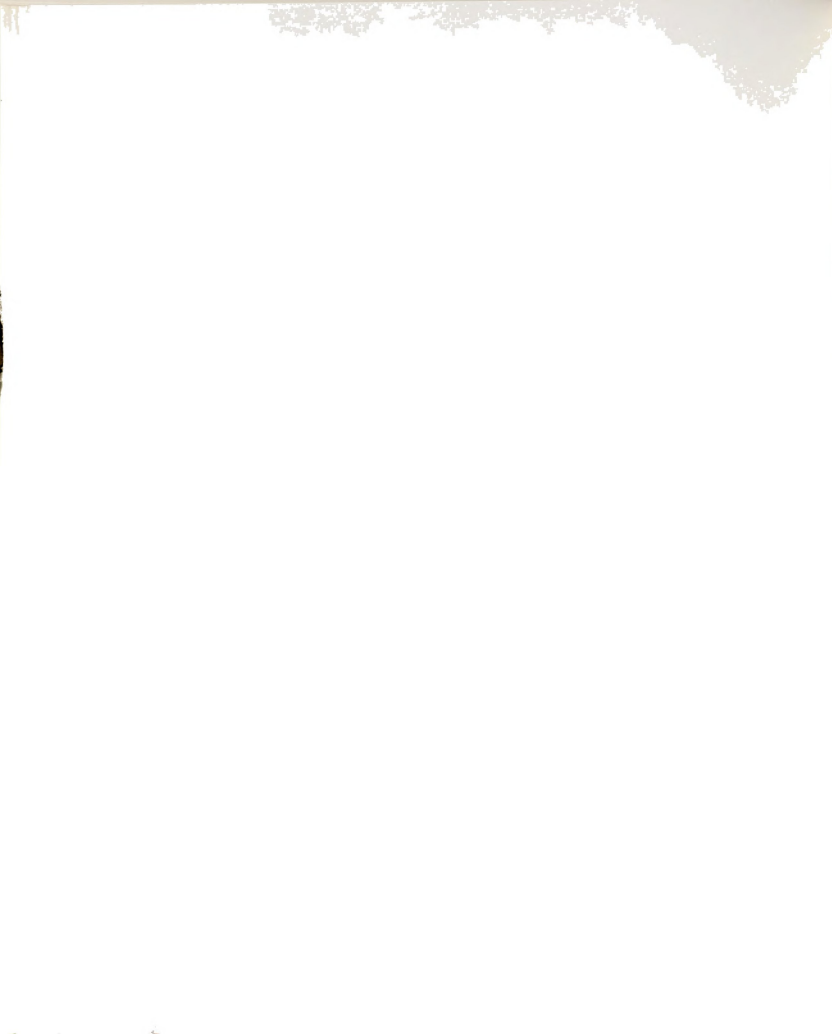


Patient's Motives or Intentions Towards Others (aside from family)

- 87 Therapist states that patient wants or has the intention of doing such and such to others (positive intention). Therapist does not provide data for his point.
- Ex. You want to praise your friend.
Ex. You are trying to be nice to your teacher.
- 88 Therapist disagrees with patient's statements about his positive motivations towards others.
- Ex. You don't want to help your friend.
Ex. You do not mean to help the woman across the street.
- 89 Therapist states that patient wants or has the intention of doing such and such to others (negative intention).
- Ex. You want to be nasty to the psychiatrist.
Ex. You want to go to the ward and hit the nurse.
- 90 Therapist disagrees with patient's statements about his negative motivation towards others.
- Ex. You don't want to be a pain to the psychologist.
Ex. You don't want to give the dog such a hard time.
- 91 Therapist states that patient wants or has the intention of doing such and such to others (neutral intention).
- Ex. You want to see the grocer today.
Ex. You want to give the dog a bath.
- 92 Therapist disagrees with patient's statements about his neutral intentions towards others.
- Ex. You do not want to go for a walk with the other patient.
Ex. You do not want to see the grocer.

Patient's Motives or Intentions Towards Therapist

- 93 Therapist states that patient wants or has the intention of doing such and such to the therapist (positive intentions).
- Ex. You want to spare me some of the pain that you feel.
Ex. You have the intention of being nice to me.
- 94 Therapist disagrees with patient's statements about his positive intentions towards the therapist.
- Ex. You don't want me to be a good therapist.
Ex. You don't want to be nice to me.



- 95 Therapist states that patient wants or has the intention of doing such and such to the therapist (negative intention).
Therapist does not provide data for his point.
- Ex. You want to destroy this therapy so you can make me fail.
Ex. You have the intention of being as nasty as you can to me.
- 96 Therapist disagrees with patient's statements about his negative intentions towards the therapist.
- Ex. You don't really want to hurt me.
Ex. You don't want to be uncooperative in your therapy so that I will fail.
- 97 Therapist states that patient wants or has the intention of doing such and such to the therapist (neutral intentions).
- Ex. You want to change the time of our sessions.
Ex. You want to see me today.
- 98 Therapist disagrees with patient's statements about his netral intentions towards the therapist.
- Ex. You don't want to change the time of our sessions.
Ex. You don't want to see me today.

Patient's Motives or Intentions (recipient not specified)

- 99 Therapist states that patient wants or has the intention of doing such and such. The recipient of the intention is not specified (positive intention).
- Ex. You want to care.
Ex. You have the intention of being nice.
- 100 Therapist disagrees with patient's statements about his positive intentions.
- Ex. You don't want to care.
Ex. You don't have the intention of being nice.
- 101 Therapist states that patient wants or has the intention of doing such and such (negative intention). The recipient of the intention is not specified. Therapist does not provide data for his point.
- Ex. You want to hurt.
Ex. You don't have the intention of being nasty.
- 102 Therapist disagrees with patient's statements about his negative intentions.
- Ex. You don't want to cause problems.
Ex. You don't have the intention of being nasty.

- 103 Therapist states that patient wants or has the intention of doing such and such (neutral intention). The recipient of the intention is not specified. Therapist does not provide data for his point.

Ex. You have the desire to go to the play.

Ex. You want to clean your house.

- 104 (disagreement of neutral intention)

(Note: In the intention categories others includes all living things, objects, or concepts. Family includes nuclear and extended family. Therapist refers to the therapist studied in this project.)

(Note: Negations should be included in the neutral category unless the implication is otherwise. For example, if the therapist states that the patient does not want to hurt his family, but does not specify or imply that the patient wants to help them, the neutral category should be coded. If the therapist implies or states positive intent, the statement should be scored under positive attribution. The same applies for negations of positive intentions. This instruction only refers to attribution categories. Disagreement categories are scored in the usual manner.)

External Behavior Attribution in Self

- 105 Therapist states that patient behaves in a certain way (positive behavior). Therapist does not provide data.

Ex. You take care of your children.

Ex. You want to help your mother the other day.

- 106 Therapist disagrees with patient's statements that the patient engaged in a specific behavior. Therapist does not provide data for his point of view (positive behavior).

Ex. You don't care for your children. You hurt them.

Ex. You don't do the things that you are supposed to do at your house. Don't tell me that you do.

- 107 Therapist states that patient behaves in a certain way (negative behavior). Therapist does not provide data.

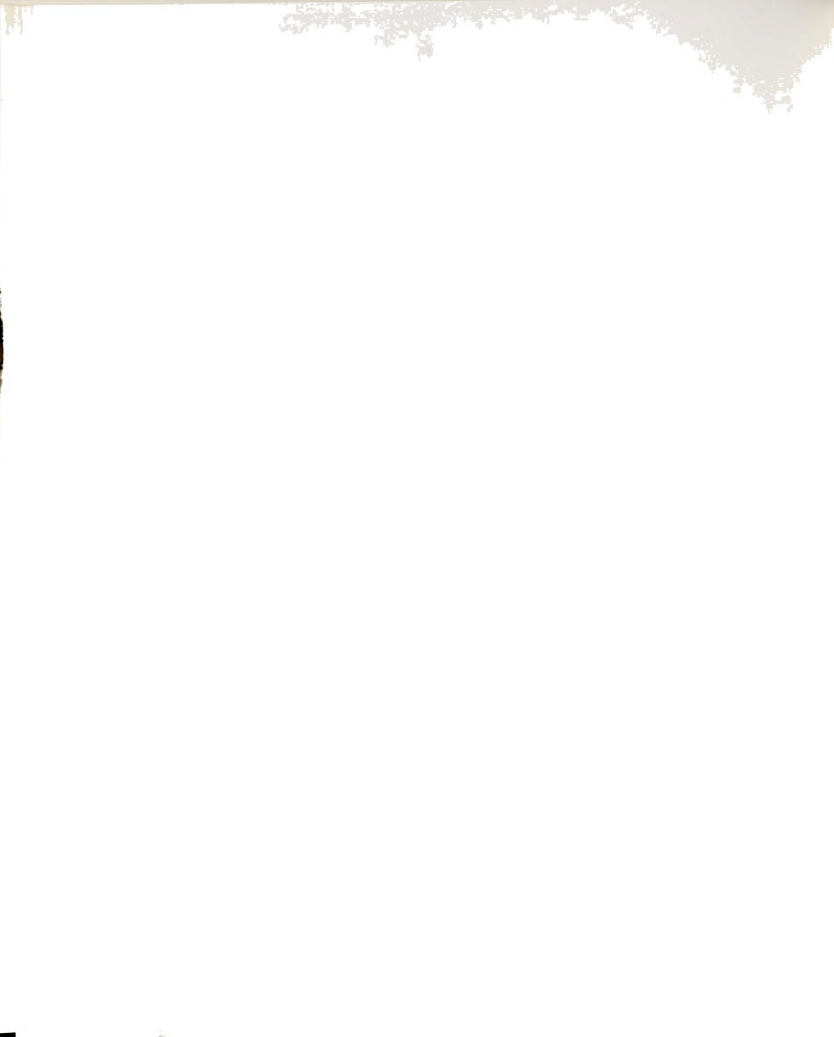
Ex. You hit your children.

Ex. You haven't been doing things that a mother is supposed to be doing. You leave your children out in the streets.

- 108 Therapist disagrees with patient's statements that the patient engaged in a specific behavior (negative behavior). Therapist does not provide data.

Ex. You don't hit your children.

Ex. I know that you have been giving your children food even though you say that you have not.



- 109 Therapist states that patient behaves in a certain way (neutral behavior). Therapist does not provide data.

Ex. You went to work the other day.

Ex. You went for a walk with the other patient.

- 110 Therapist disagrees with patient's statements that the patient engaged in a specific behavior (neutral behavior). Therapist does not provide data.

Ex. I know that you didn't go to the store even though you say that you did.

Ex. You didn't take a bath yesterday. Don't try to make me think that you did.

Internal Behavior Attribution in Self

- 111 Therapist states that patient had certain feelings or thoughts (positive internal behavior). Therapist does not provide data.

Ex. You thought that you would go help your husband.

Ex. You feel certain about what you are doing.

- 112 Therapist disagrees with patient's statements about patient's thoughts or feelings (positive internal behavior). Therapist does not provide data.

Ex. You do not think that you are being cooperative.

Ex. You don't feel certain about what you are doing.

- 113 Therapist states that patient had or has certain feelings or thought (negative internal behavior). Therapist does not provide data.

Ex. You doubt constantly.

Ex. You thought about hurting your son.

- 114 Therapist disagrees with patient's statements about patient's thoughts or feelings (negative internal behavior). Therapist does not provide data.

Ex. No you didn't feel inferior the other day.

Ex. You have no thoughts about hurting your family. How can you tell me that.

- 115 Therapist states that patient had or has certain thoughts or feelings (neutral internal behavior). Therapist does not provide data.

Ex. You have the feeling that you should go to the movie.

Ex. You think that you are talking to me at the moment.

- 116 Therapist disagrees with patient's statements about patient's thoughts or feelings (neutral internal behavior). Therapist does not provide data.

Ex. You are not thinking about going to O.T. right now.
Ex. You do not **feel that you** are about to move to another state.

(Note: The behavior categories refer to events which are more complicated than the physical reality categories in that in the behavior categories specific modes of perception cannot be clearly inferred. This category includes external events that are occurring or have occurred. It also includes internal feelings or thoughts. If a feeling refers to affects, the affect category should be coded. If intention or motivation is mentioned, the motivation category should be coded.)

(Note: Negations are coded under the neutral internal or external behavior categories unless a positive or negative attribution is implied or stated. For example, if the therapist indicates that the patient does not feel inferior, but does not indicate that he feels good, the neutral category should be coded. The same applies to negations that concern negative material. Disagreement categories should be scored in the usual manner.)

Hypothetical Situations

- 117 Therapist states that patient can or cannot have sensations or perceptions. Therapist does not provide data for his point.
(See attached list of affects and code these)

Ex. You can hear the plane.
Ex. It is possible that you can see the woman across the street.

- 118 Therapist disagrees with patient's statement about the possibility of the patient experiencing or not experiencing sensations or perceptions.

Ex. I know that it is possible that you can feel it if a bug crawls on your feet.
Ex. You cannot feel that your body is dying. How could you feel that?

- 119 Therapist states that patient can or cannot feel affects. Therapist does not provide data. (See attached lists of affects and code these)

Ex. You can't feel anger. It is not possible that you would be able to feel this.
Ex. You could feel sadness.

- 120 Therapist disagrees with patient's statement about the possibility of the patient feeling or not feeling affect.
- Ex. You could not feel empty.
Ex. It is not possible that you could feel good.
- 121 Therapist states the possibility of a positive patient-self concept.
Therapist does not provide adequate data for his point.
- Ex. You could be a nice person.
Ex. You can be a good person.
- 122 Therapist disagrees with patient's statements about the possibility of a positive self concept in the patient.
- Ex. You can't be a good person.
Ex. It is not possible that you could be an intelligent person.
- 123 Therapist states the possibility of a negative patient-self concept.
Therapist does not provide adequate data for his point.
- Ex. You can be a totally incompetent person.
Ex. You could be an extremely dumb person.
- 124 Therapist disagrees with patient's statements about the possibility of a negative self concept in the patient.
- Ex. It is not possible that you could be dumb.
Ex. You cannot be incompetent.
- 125 Therapist states the possibility of a neutral patient-self concept.
Therapist does not provide adequate data for his point.
- Ex. You could be a scholar.
Ex. You could be a business type.
- 126 Therapist disagrees with patient's statements about the possibility of a neutral self concept in the patient.
- Ex. You could not be a business type. I don't know why you think that would be possible.
Ex. You could not be an athletic type.

(Note: A negation is scored as neutral unless a positive or negative aspect is stated or implied. For example, if the therapist states that the patient could not be a dumb person, but does not imply or state a positive emphasis, the statement should be scored as neutral. The same applies to negations of positive self-concept statements. These instructions apply only to attributions. Disagreements are scored as usual.)

- 127 Therapist states that the patient could have a positive intention or motivation toward himself (patient). Therapist does not provide data for his assertion.

Ex. You could want to help yourself.

Ex. You can want to give yourself what you need.

- 128 Therapist disagrees with patient's statement of the possibility of a positive intention or motivation toward himself (patient).

Ex. You cannot want to make things good for yourself.

Ex. It is not possible that you could want to get those things that you need.

- 129 Therapist states that the patient could have a negative intention or motivation toward himself (patient). Therapist does not provide data for his assertion.

Ex. You could want to kill yourself.

Ex. It is possible that you have the desire to be nasty to yourself.

- 130 Therapist disagrees with patient's statement of the possibility of a negative intention or motivation toward himself.

Ex. You could not wish to kill yourself.

Ex. It is not possible that you have the desire to be nasty to yourself even though you tell me that you do.

- 131 Therapist states that the patient could have a neutral intention or motivation towards himself (patient). Therapist does not provide data for his assertion.

Ex. You could want to give yourself a bath.

Ex. You could want to get that dress for yourself.

- 132 (disagreement of neutral intention)

- 133 Therapist states that the patient could have a positive intention or motivation towards his family. Therapist does not provide data for his assertion.

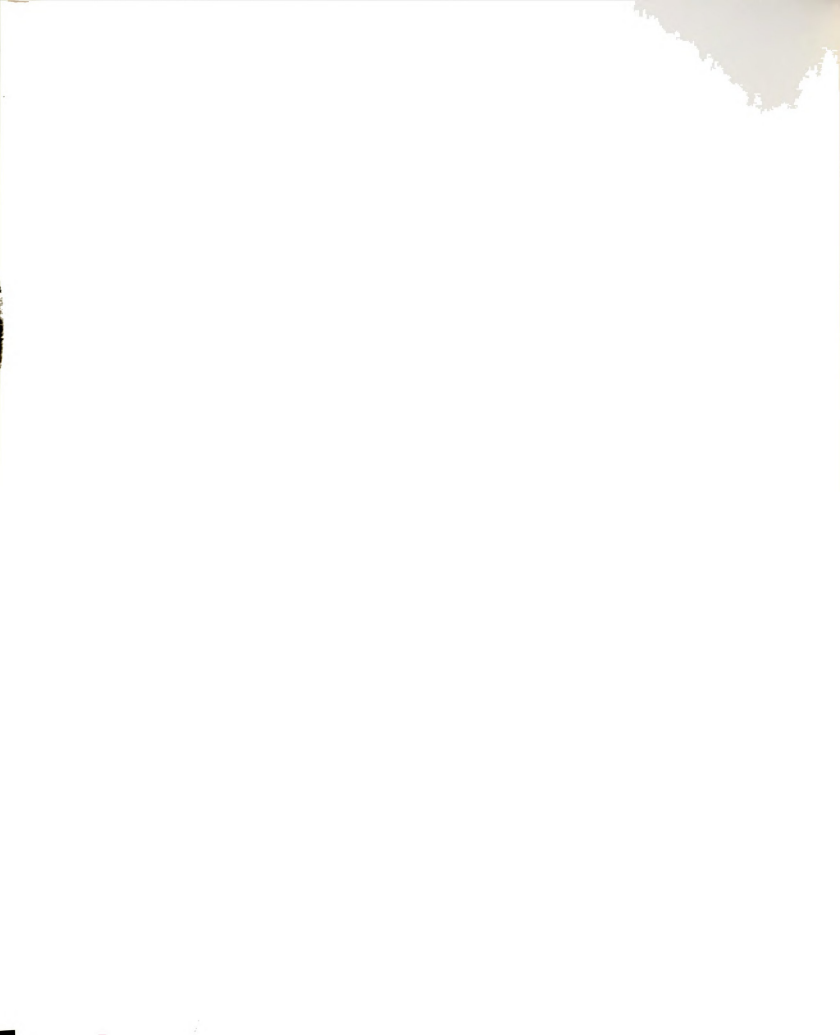
Ex. You could want to help your mother with her work.

Ex. You could want to show affection to your family.

- 134 Therapist disagrees with patient's statement of the possibility of a positive intention or motivation towards his family.

Ex. It is not possible that you would want to do nice things for your children.

Ex. I know that you would not want to care for your children.



- 135 Therapist states that the patient could have negative intentions or motivations towards his family. Therapist does not provide data for his assertion.

Ex. You could want to hit your children.

Ex. You could want to hate your family as much as possible.

- 136 Therapist disagrees with patient's statements of the possibility of a negative intention or motivation towards his family.

Ex. You could not want to hit your children.

Ex. You could not want to hate your family as much as possible even though you think that you do.

- 137 Therapist states that the patient could have neutral intentions or motivations towards his family. Therapist does not provide data for his assertion.

Ex. You could want to take your mother to the store.

Ex. You could want to take your son to a movie.

- 138 Therapist disagrees with patient's statements of the possibility of a neutral intention or motivation towards his family.

Ex. You could not want to take your mother to the store.

Ex. You could not want to take your son to a movie.

- 139 Therapist states that the patient could have positive intentions or motivations towards others.

Ex. You could want to be nice to your neighbor.

Ex. You could want to give affection to your friend.

- 140 Therapist disagrees with patient's statements of the possibility of positive intentions or motivations towards others.

Ex. You could not want to be nice to your neighbor.

Ex. You could not want to give affection to your friend.

- 141 Therapist states that the patient could have negative intentions or motivations towards others.

Ex. It is possible that you would want to kick the dog.

Ex. It is possible that you would want to be nasty to the psychologist.

- 142 Therapist disagrees with patient's statements of the possibility of negative intentions or motivations towards others.

Ex. You could not want to hit your friend.

Ex. You could not want to be hateful to the nurse.

- 143 Therapist states that the patient could have neutral intentions or motivations towards others.

Ex. You could want to take the cat and go across the street.
Ex. You could want to show the other patient the ward.

- 144 Therapist disagrees with patient's statements of the possibility of neutral intentions or motivations towards others.

Ex. You could not want to take the cat and go across the street.

Ex. You could not want to show the other patient the ward even though you tell me that you would want to do this.

- 145 Therapist states that the patient could have positive intentions or motivations towards the therapist. Therapist does not give data for his assertion.

Ex. You could want to like me.

Ex. You could want to try to help me by giving me information.

- 146 Therapist disagrees with patient's statements of the possibility of positive intentions or motivations towards the therapist.

Ex. You could not want to do something nice for me.

Ex. You could not want to like me.

- 147 Therapist states that the patient could have negative intentions or motivations towards the therapist. Therapist does not give data for his assertion.

Ex. You could have feelings of wanting to hurt me.

Ex. You could want me to fail in this therapy so you could get even with me.

- 148 Therapist disagrees with patient's statements of the possibility of negative intentions or motivations towards the therapist. Therapist does not give data for his assertion.

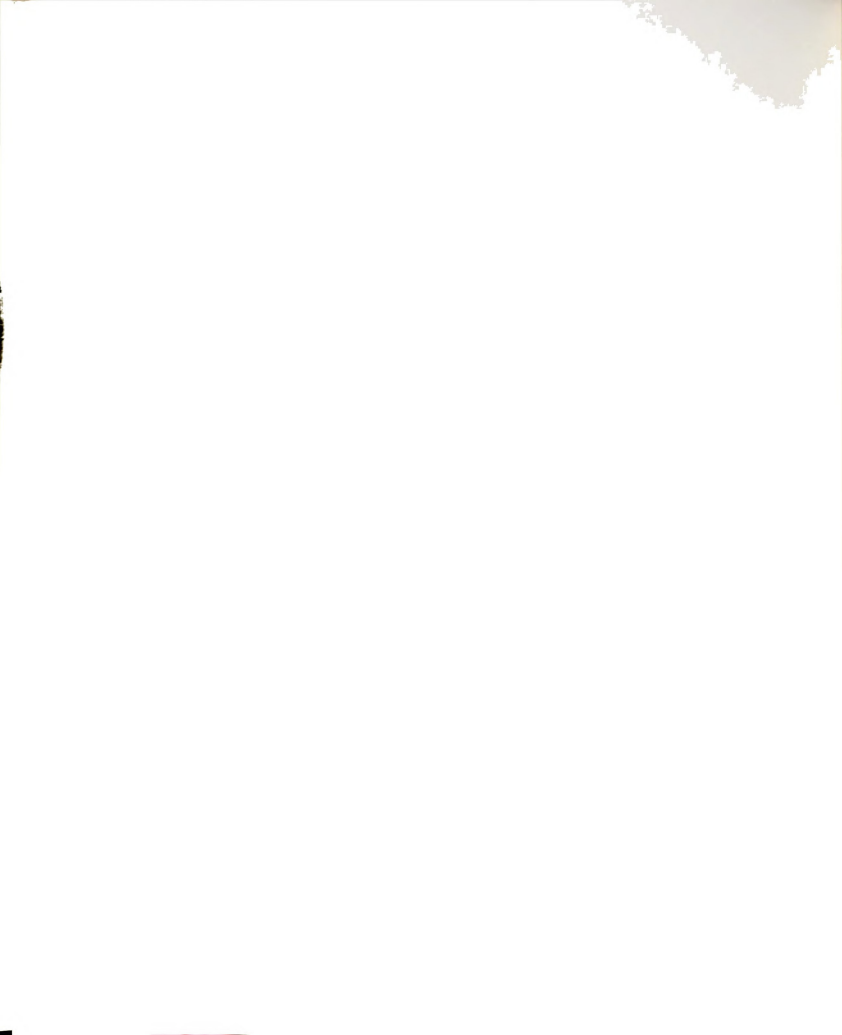
Ex. You could not have feelings of wanting to hurt me.

Ex. You could not want me to fail in this therapy. Why do you tell me that you could want this?

- 149 Therapist states that the patient could have neutral intentions or motivations towards the therapist. Therapist does not give data for his assertions.

Ex. You could want to move my coat for me.

Ex. You could want to move the books off my table.



- 150 Therapist disagrees with patient's statements of the possibility of neutral intentions or motivations towards the therapist.
Therapist does not give data for his assertion.
- Ex. You could not want to move my coat for me.
Ex. You could **not** want to move my books off the table.
- 151 Therapist states that patient could have positive intentions or motivations. The recipient of these intentions is not specified.
Therapist does not give data for his assertion.
- Ex. You could want to care.
Ex. You could want to be nice.
- 152 Therapist disagrees with patient's statements of the possibility of positive intentions or motivations. The recipient of these intentions is not specified. Therapist does not give data for his assertion.
- Ex. You could not want to care.
Ex. You could not want to do nice things.
- 153 Therapist states that patient could have negative intentions or motivations. The recipient of these intentions is not specified.
Therapist does not give data for his assertion.
- Ex. You could want to engage in destructive behavior.
Ex. You could want to go around hurting or destroying.
- 154 Therapist disagrees with patient's statements of the possibility of negative intentions or motivations. The recipient of these intentions is not specified.
- Ex. You could not want to engage in destructive behavior.
Ex. You could not want to go around hurting or destroying.
- 155 Therapist states that patient could have neutral intentions or motivations. The recipient of these intentions is not specified.
- Ex. You could have the desire to go to the play.
Ex. You could want to clean your house.
- 156 Therapist disagrees with patient's statements of the possibility of neutral intentions. The recipient of these intentions is not specified.
- Ex. You could not have the desire to go to the play.
Ex. You could not want to clean your house.

(Note: Family refers to patient's nuclear and extended family. Others refers to all living things, (but the family), objects, or concepts. Therapist refers to the therapist being looked at in this study.)

(Note: Negations should be scored as neutral intentions unless a positive or negative aspect is also stated or implied. For example, if the therapist states that the patient would not want to hurt his family, but does not state or imply a positive intention, the neutral intention should be coded.)

- 157 Therapist states that patient could engage in positive external behavior. Therapist does not provide data.

Ex. You could care for your children adequately.

Ex. You could do nice things for your husband.

- 158 Therapist disagrees with the patient's statement that the patient could behave in a certain way (positive external behavior). Therapist does not provide data for his statement.

Ex. You could not care for your children adequately.

Ex. You could not do nice things for your husband.

- 159 Therapist states that patient could engage in negative external behavior. Therapist does not provide data.

Ex. You could hit your children everyday.

Ex. You could refuse to give your children food.

- 160 Therapist disagrees with the patient's statement that the patient could behave in a certain way (negative external behavior).

Ex. You could not be rude to the psychiatrist.

Ex. You could not refuse to talk to your son.

- 161 Therapist states that patient could engage in neutral external behavior. Therapist does not provide data for his point.

Ex. You could walk across the yard with the other patient.

Ex. You could take your dog out for a walk.

- 162 Therapist disagrees with the patient's statement that the patient could behave in a certain way (neutral external behavior).

Ex. You could not go over to the store.

Ex. You could not have your hair cut.

- 163 Therapist states that the patient could have certain thoughts or feelings (positive internal behavior).

Ex. You could have thoughts of helping your mother.

Ex. You could feel certain about what you are doing.

- 164 Therapist disagrees about the possibility of the patient having certain thoughts or feelings (positive internal behavior).
- Ex. You could not have thoughts of providing care for your children.
Ex. You **could not** have thoughts of being nice to your family.
- 165 Therapist states that the patient could have certain thoughts or feelings (negative internal behavior).
- Ex. You could think about hurting your father.
Ex. You could think about attacking me.
- 166 Therapist disagrees about the possibility of the patient having certain thoughts or feelings (negative internal behavior).
- Ex. You could not have thoughts about hurting your father. Why do you tell me that you could?
Ex. You could not have thoughts about hurting me.
- 167 Therapist states that the patient could have certain thoughts or feelings (neutral internal behavior).
- Ex. You could not think about going to the play.
Ex. You could not think about reading the book.
- 168 Therapist disagrees about the possibility of the patient having certain thoughts or feelings (neutral internal behavior).
- Ex. You could not think about going to the play.
Ex. You could not think about reading the book.
- (Note: Negations are coded under the neutral internal or external behavior categories unless a positive or negative attribution is implied or stated. For example, if the therapist indicates that the patient could not feel inferior but does not indicate that the patient could feel good, the neutral category should be coded. The same applies to negations that concern negative material. Disagreement categories should be scored in the usual manner.)
- (Note: Since hypothetical situations are hypothetical it may be difficult to judge whether or not mystification is occurring. Look at the context of the session. Look at whether the therapist has data to support his comments.)
- 169 Therapist states that patient will or will not experience sensations or perceptions. Therapist does not provide data for his point. (See attached lists of sensations and code these)
- Ex. You will hear the plane.
Ex. You will see your sister.



- 170 Therapist disagrees with patient's statement that the patient will or will not experience sensations or perceptions. There is not adequate data for the assertions.
- Ex. You will feel the bug crawling across your foot. Don't tell me that you will not.
- Ex. You will **not hear your** mother's voice.
- 171 Therapist states that the patient will or will not feel affects. (See attached list of affects and code these.)
- Ex. You will have feelings of sadness most of the time.
- Ex. You will be angry at your family continuously.
- 172 Therapist disagrees with patient's statement that the patient will or will not experience certain affects.
- Ex. You will not be feeling sad most of the time.
- Ex. You will not be angry at your family continuously.
- 173 Therapist makes positive statements about the patient as a person (future time period).
- Ex. You will be a good woman.
- Ex. You will be a bright person.
- 174 Therapist disagrees with patient's positive statements about the patient as a person (future time period).
- Ex. You will not be an adequate person even though you say that you will.
- Ex. You will not ever be normal.
- 175 Therapist makes negative statements about the patient as a person (future time period).
- Ex. You will always be crazy.
- Ex. You will never be a good mother.
- 176 Therapist disagrees with patient's negative statements about the patient as a person (future time period).
- Ex. You will not be as abnormal as you are indicating.
- Ex. You will not be a bad father.
- 177 Therapist makes neutral statements about the patient as a person (future time period).
- Ex. You will be a teacher.
- Ex. You will be a talking person.

- 178 Therapist disagrees with patient's neutral statements about the patient as a person (future time period).
Ex. You will not be a student.
Ex. You will not be a red haired person.
- 179 Therapist **states that the patient will have** positive intentions or motivations towards himself.
Ex. You will want to help yourself after you leave the hospital.
Ex. You will want to be nice to yourself.
- 180 Therapist disagrees with patient's statements about positive intentions or motivations towards himself.
Ex. You will not want to be kind to yourself.
Ex. You will not want to provide for your needs.
- 181 Therapist states that the patient will have negative intentions or motivations towards himself.
Ex. You will always want to hurt yourself.
Ex. You will always want to think that you are bad.
- 182 Therapist disagrees with patient's statements about negative intentions or motivations towards himself.
Ex. You will not want to be destructive towards yourself.
Ex. You will not always want to feel that you are inferior.
- 183 Therapist states that the patient will have neutral intentions or motivations towards himself.
Ex. You will always want to fix your dress.
Ex. You will always want to comb your hair at a certain time.
- 184 Therapist disagrees with patient's statements about neutral intentions or motivations towards himself.
Ex. You will not always want to fix your dress.
Ex. You will not always want to comb your hair at a certain time.
- 185 Therapist states that the patient will have positive intentions or motivations towards his family.
Ex. You will want to go over and help your mother with the garden.
Ex. You will want to be nice to your sister.

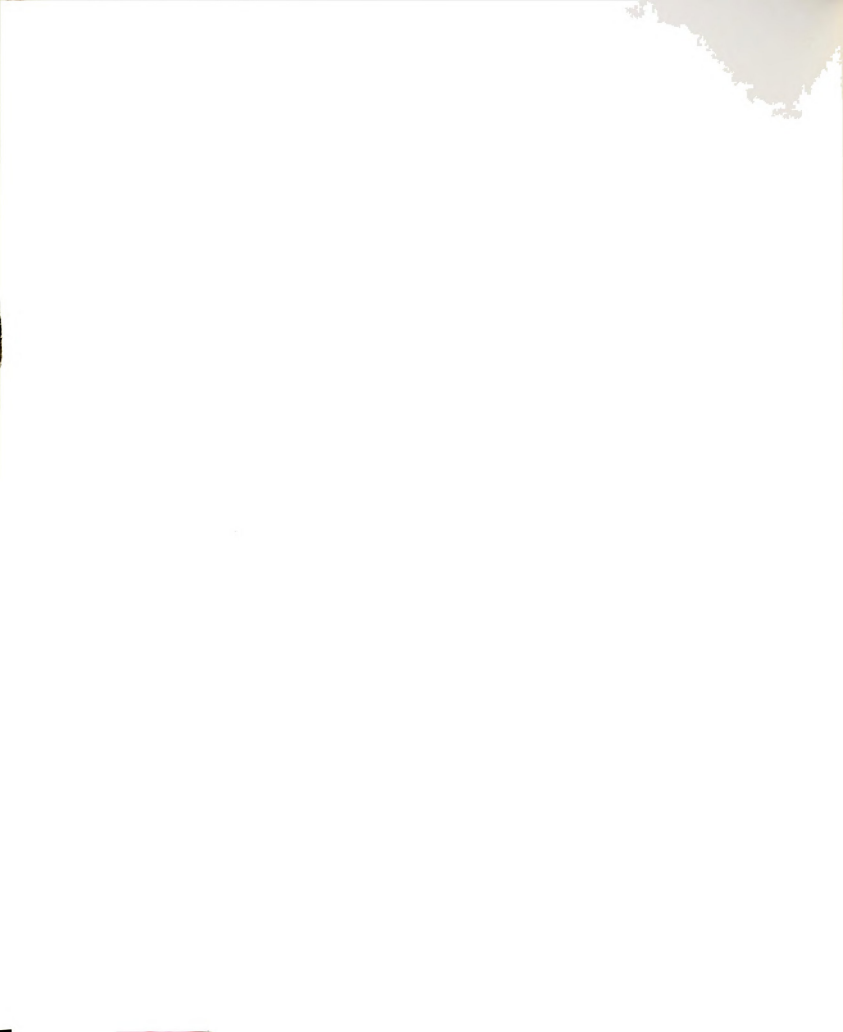
- 186 Therapist disagrees with patient's statements about positive intentions or motivations towards his family.
 Ex. You will not want to be affectionate towards your husband.
 Ex. You will not want to prepare the food for your children.
- 187 Therapist states **that the** patient will have negative intentions or motivations towards himself.
 Ex. You will have the desire to hurt your uncle.
 Ex. You will want to be nasty to your grandfather.
- 188 Therapist disagrees with patient's statements about negative intentions or motivations towards his family.
 Ex. You will not want to go about doing unkind things to your family. Why do you tell me that you will have such a motivation?
- 189 Therapist states that the patient will have neutral intentions or motivations towards his family.
 Ex. You will want to fix fish for your family instead of chicken.
- 190 Therapist disagrees with patient's statements about neutral intentions or motivations towards his family.
 Ex. You will not want to fix fish for your family instead of chicken.
- 191 Therapist states that the patient will have positive intentions or motivations towards others.
 Ex. You will want to help your neighbor take care of her children.
 Ex. You will have the desire to be with your friend when he needs you.
- 192 Therapist disagrees with patient's statements about positive intentions or motivations towards others.
 Ex. You will not want to help your friend with his work.
 Ex. You will not want to help your neighbor take care of her children.
- 193 Therapist states that the patient will have negative intentions or motivations towards others.
 Ex. You will have the impulse to hurt the psychologist.
 Ex. You will want to hit the doctor.

- 194 Therapist disagrees with patient's statements about negative intentions or motivations towards others.
 Ex. You will not want to hurt the psychologist even though you think that you will.
 Ex. You will not **want to** hit the doctor.
- 195 Therapist states that the patient will have neutral intentions or motivations towards others.
 Ex. You will want to help your friend pick out a dress.
 Ex. You will want to show your friend the new buildings.
- 196 Therapist disagrees with patient's statements about neutral intentions or motivations towards others.
 Ex. You will not want to help your friend pick out a dress.
 Ex. You will not want to show your friend the new buildings.
- 197 Therapist states that the patient will have positive intentions or motivations towards the therapist.
 Ex. You will want to be nice to me if you see me in the future.
 Ex. You will want to have good thoughts about me.
- 198 Therapist disagrees with patient's statements about positive intentions or motivations towards the therapist.
 Ex. You will not want to be nice to me if you see me in the future.
 Ex. You will not want to have good thoughts about me.
- 199 Therapist states that the patient will have negative intentions or motivations towards the therapist.
 Ex. You will have the desire to be rude to me in the future.
 Ex. You will have the impulse to hit me.
- 200 Therapist disagrees with patient's statements about negative intentions or motivations towards the therapist.
 Ex. You will not have the desire to be rude to me in the future.
 Ex. You will not have the impulse to hit me.
- 201 Therapist states that the patient will have neutral intentions or motivations towards the therapist.
 Ex. You will want to move my plants to a different place.
 Ex. You will want to put my book on the table.



- 202 Therapist disagrees with patient's statements about neutral intentions or motivations towards the therapist.
 Ex. You will not want to move my plants to a different place.
 Ex. You will not want to put my book on the table.
- 203 Therapist states that patient will have positive intentions or motivations. The recipient of the intentions is not specified.
 Ex. You will want to love.
 Ex. You will want to do nice things.
- 204 Therapist disagrees with patient's statements about positive intentions or motivations. The recipient of the intention is not specified.
 Ex. You will not want to love.
 Ex. You will not want to do nice things.
- 205 Therapist states that patient will have negative intentions or motivations. The recipient of the intentions is not specified.
 Ex. You will want to go around being angry most of the time.
 Ex. You will want to be destructive.
- 206 Therapist disagrees with patient's statements about negative intentions or motivations. The recipient of the intention is not specified.
 Ex. You will not want to go around being angry most of the time.
 Ex. You will not want to be destructive.
- 207 Therapist states that patient will have neutral intentions or motivations. The recipient of the intention is not specified.
 Ex. You will want to go to the store.
 Ex. You will want to study math.
- 208 Therapist disagrees with patient's statements about neutral intentions or motivations. The recipient of the intention is not specified.
 Ex. You will not want to go to the store.
 Ex. You will not want to study math.

(Note: Family refers to patient's nuclear or extended family. Others refers to all living things, objects, concepts. Therapist refers to the therapist in this study.)



(Note: Negations are scored as neutral intentions unless otherwise stated or implied. If the therapist states that the patient does not want to hurt anyone but does not add that the patient wants to help, the statement would be coded under neutral. This instruction applies to attributions. Disagreements are scored as usual.)

- 209 Therapist states that patient will do such and such, (positive behavior). Therapist does not provide data for his assertion.
- Ex. You will go over and give some money to your children.
 - Ex. You will listen to your daughter when she needs you.
- 210 Therapist disagrees with the patient's statement that the patient will do such and such (positive behavior).
- Ex. You will not help your mother with her work.
 - Ex. You will not give your son food.
- 211 Therapist states that patient will do such and such (negative behavior).
- Ex. You will go around yelling at your neighbors.
 - Ex. You will hit your children.
- 212 Therapist disagrees with the patient's statement that the patient will do such and such (negative behavior).
- Ex. You will not go around yelling at your neighbor.
 - Ex. You will not hit your children.
- 213 Therapist states that patient will do such and such (neutral behavior).
- Ex. You will go walking in the mountains.
 - Ex. You will learn to sew.
- 214 Therapist disagrees with the patient's statements that the patient will do such and such (neutral behavior).
- Ex. You will not go get the book at the store.
 - Ex. You will not paint landscapes.
- 215 Therapist states that patient will have certain thoughts or feelings (positive internal behavior).
- Ex. You will think that things are O.K. for you.
 - Ex. You will feel that you are doing nice things.
- 216 Therapist disagrees with the patient's statements that the patient will have certain thoughts or feelings (positive internal behavior).
- Ex. You will not think that things are O.K. for you.
 - Ex. You will not feel that you are doing nice things.

- 217 Therapist states that patient will have certain thoughts or feelings (negative internal behavior).
- Ex. You will feel that you have been destructive to your children.
- Ex. You will **think that** you hit people all of the time.
- 218 Therapist disagrees with the patient's statements that the patient will have certain thoughts or feelings (negative internal behavior).
- Ex. You will not think that you have been a bad mother.
- Ex. You will not think that you hit people all of the time.
- 219 Therapist states that patient will have certain thoughts or feelings (neutral internal behavior).
- Ex. You will think about going to swim quite often.
- 220 Therapist disagrees with the patient's statements that the patient will have certain thoughts or feelings (neutral internal behavior).
- Ex. You will not think about going to swim.

(Note: Negations are scored as neutral unless a positive or negative element is stated or implied. For example, if the therapist states that patient will not hurt her children but does not imply or state that she will care for them, the statement should be scored as neutral. This note only applies to attributions. Disagreements are scored as usual.)

Attributions About Causation of Patient's Illness

- 221 Therapist states that such and such caused the patient to become crazy when it is not evident that this is the case. Therapist does not provide adequate data to justify his assertion.
- Ex. Your mother made you crazy.

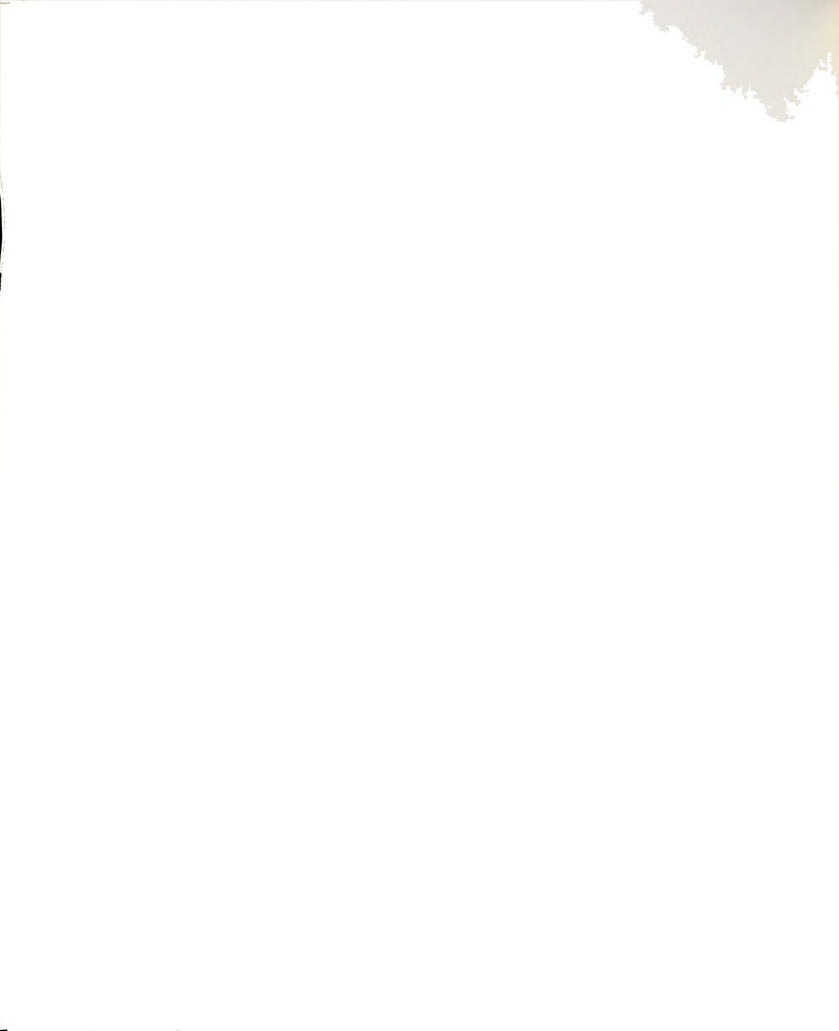
- 222 (disagreement about causation of patient's illness)

Disagreements Concerning Opinions and Judgments

- 223 Therapist disagrees with patient's opinion or judgment without providing adequate data to justify his disagreement.
- Ex. It is not the case that you should be out of the hospital.

Therapist's Presumed Omnipotence

- 224 Therapist indicates that he knows all about the patient or that he is all knowing.
- Ex. I know all about what you're thinking. I can tell you all about your life.



- 225 Therapist states that he will have ultimate control over the patient's life.

Ex. You cannot move to another state. I won't let you.

Ex. You cannot have any more children. I will not permit it.

World Seen as Punishing Agent for Wishes or Desires

- 226 Therapist states that world will punish patient for wishes and desires. Therapist does not present data to indicate his reasoning.

Ex. Your wish for love can only bring trouble.

Ex. You should not have sexual feelings or you will be punished.

Part Mystification - Psychic Reality and Therapist's Presumed Consensually Validated Reality

- 227 This category represents the therapist's attempts to acknowledge the patient's psychic reality at the same time that he overrides this reality with his own views. This category differs from pure mystification in that the patient's reality is recognized. However, the patient's reality is not accepted. Therapist does not provide data for his point or his point is not apparent to the observer.

Ex. I know how you feel, but the woman did not break into your house.

(Note: Part mystification is given a weight of 1. Pure mystification is given a weight of 2.)

(Note: If part mystification occurs, add this as a second score to the other categories so that it is clear whether the part mystification is behavior, intention, affect, etc.)

Family Attributions
(nuclear and extended family)

Family Effect

- 228 Therapist states that patient's family felt or feels fear or anxiety or does not feel fear or anxiety when it is not clear whether or not this is the case. The therapist does not present data for his position.

Ex. Your mother was frightened.

- 229 Therapist disagrees about patient's statement of fear or anxiety or lack of fear and anxiety in his family.

Ex. I know that your father is not anxious.

- 230 Therapist states that patient's family feels anger or does not feel anger when it is not clear whether or not this is the case.

Ex. Your cousin was not angry.

- 231 Therapist disagrees about patient's statement of anger or lack of anger in his family. Therapist does not provide data.

Ex. Your mother had feelings of anger last week.

- 232 Therapist states that patient's family feels or does not feel startled when it is not clear whether or not this is the case.

Ex. Your brother is not startled.

- 233 Therapist disagrees about patient's statement of a family member being or not being startled.

Ex. Your mother was not startled last night.

- 234 Therapist states that patient's family feels or does not feel surprised when it is not clear whether or not this is the case.

Ex. Your grandfather was surprised to see you.

- 235 Therapist disagrees about patient's statement of surprise or lack of surprise in his family.

Ex. Your grandfather was not surprised. You know that.

- 236 Therapist states that patient's family feels or does not feel distress-anguish when it is not clear whether or not this is the case.

Ex. Your mother is in constant anguish.

237 Therapist disagrees about patient's statement of his family being or not being distressed. Therapist does not provide data.

238 Therapist states that patient's family feels or does not feel disgust when it is not clear whether or not this is the case.

Ex. Your father is disgusted with you.

239 Therapist disagrees with patient's statement of his family being or not being disgusted. Therapist does not provide data.

Ex. Your father is not disgusted.

240 Therapist states that patient's family feels or does not feel envious when it is not clear whether or not this is the case.

Ex. Your mother is envious of your wealth.

241 Therapist disagrees with patient's statement of his family being or not being envious. Therapist does not provide data.

Ex. Your sister is not envious. You just imagine that.

242 Therapist states that patient's family feels or does not feel jealous when it is not clear whether or not this is the case.

Ex. Your cousin was jealous of you and your wife.

243 Therapist disagrees with patient's statement of his family being or not being jealous. Therapist does not provide data.

Ex. Your cousin is jealous. Don't tell me that he is not.

244 Therapist states that patient's family feels or does not feel sadness when it is not clear whether or not this is the case.

Ex. Your aunt is not sad.

245 Therapist disagrees with patient's statement of his family being or not being sad. Therapist does not provide data.

Ex. Your grandfather is sad about you being in here.

246 Therapist states that patient's family feels or does not feel shame when it is not clear whether or not this is the case.

Ex. Your father feels shame about you.

247 Therapist disagrees with patient's statement of his family being or not being ashamed.

Ex. Your family is ashamed. Don't tell me that they are not.

- 248 Therapist states that patient's family feels or does not feel guilt when it is not clear whether or not this is the case.

Ex. Your family has no feelings of guilt.

- 249 Therapist disagrees with patient's statement of his family feeling or not feeling guilty.

Ex. Your grandmother does feel guilty.

- 250 Therapist states that patient's family feels or does not feel happiness or joy when it is not clear whether or not this is the case.

Ex. Your family is feeling happy that you are doing better.

- 251 Therapist disagrees with patient's statement of his family feeling or not feeling happiness or joy.

Ex. Your father is not happy. Don't try to think that he is.

- 252 Therapist states that patient's family feels or does not feel excited when it is not clear whether or not this is the case.

Ex. Your mother is excited that you are going home from the hospital.

- 253 Therapist disagrees with patient's statement of his family feeling or not feeling excitement. Therapist does not provide data.

Ex. Your mother never is excited. You are wrong.

- 254 Therapist states that patient's family feels or does not feel hatred when it is not clear whether or not this is the case.

Ex. Your mother hates you.

- 255 Therapist disagrees with patient's statements of his family feeling or not feeling hatred. Therapist does not provide data.

Ex. Your mother does not hate.

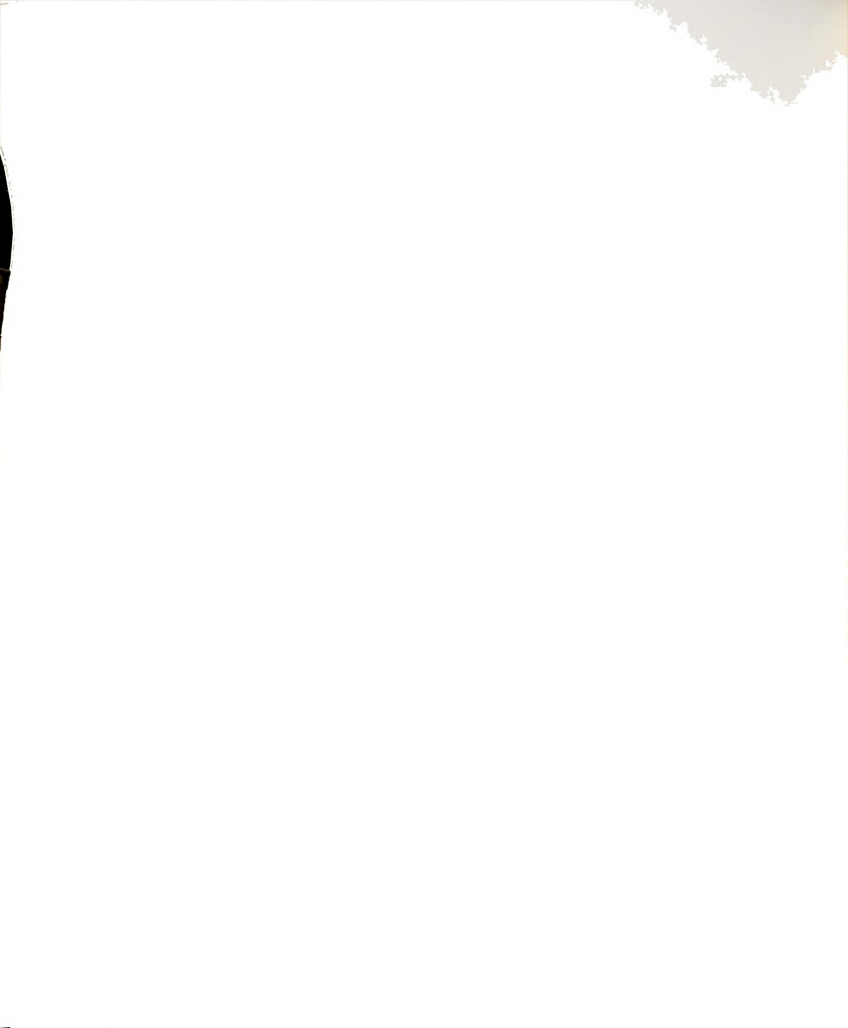
- 256 Therapist states that patient's family feels or does not feel love when it is not clear whether or not this is the case.

Ex. Your family loves you.

- 257 Therapist disagrees with patient's statements of his family feeling or not feeling love. Therapist does not provide data.

Ex. Your father does not love anything.

- 258 Therapist states that patient's family feels or does not feel positive affects in general when it is not clear whether or not this is the case.
- Ex. Your father feels good about life.
- 259 Therapist disagrees with patient's statements of his family feeling or not feeling positive affects in general. Therapist does not provide data.
- Ex. Your father does feel good about life.
- 260 Therapist states that patient's family feels or does not feel negative affects in general when it is not clear whether or not this is the case.
- Ex. Your brother felt bad for quite some time.
- 261 Therapist disagrees with patient's statements of his family feeling or not feeling negative affects in general. Therapist does not provide data.
- Ex. Your brother feels bad. Don't say that he doesn't.
- 262 Therapist states that patient's family feels or does not feel confusion or craziness when it is not clear whether or not this is the case.
- Ex. Your family feels confused a lot.
- 263 Therapist disagrees with patient's statements of his family feeling or not feeling confusion or craziness. Therapist does not provide data.
- Ex. Your mother was not confused last night.
- 264 Therapist states that patient's family feels or does not feel emptiness when it is not clear whether or not this is the case.
- Ex. Your cousin felt empty for several years.
- 265 Therapist disagrees with patient's statements of his family feeling or not feeling emptiness. Therapist does not provide data.
- Ex. No one in your family feels empty.
- 266 Therapist states that patient's family feels or does not feel loneliness when it is not clear whether or not this is the case.
- Ex. Your father never feels lonely.



- 267 Therapist disagrees with patient's statements of his family feeling or not feeling lonely. Therapist does not provide data.

Ex. Your mother always feels lonely. You know that.

268. Therapist states that patient's family feels or does not feel hope when it is not clear whether or not this is the case.

Ex. Your father has hope. That is extremely important.

- 269 Therapist disagrees with patient's statements of his family feeling or not feeling hope. Therapist does not provide data.

Ex. Your father does have hope. There is no point in you indicating otherwise.

- 270 Therapist states that patient's family feels or does not feel anything when it is not clear whether or not this is the case.

Ex. Your sister is able to feel nothing.

- 271 Therapist disagrees with patient's statements of his family feeling or not feeling anything. Therapist does not provide data.

Ex. Your whole family feels nothing.

Family Concept

- 272 Therapist makes positive statements about patient's family as people without providing data for his view.

Ex. Your mother is a good woman.

- 273 Therapist disagrees with patient's statement of patient's views of his family as people (positive views).

Ex. Your mother is not a good woman.

- 274 Therapist makes negative statement about patient's family as people without providing data for his view.

Ex. Your mother is a bitch.

- 275 Therapist disagrees with patient's statement of patient's views of his family as people (negative views).

Ex. Your father is not the bad person that you say.

- 276 Therapist makes neutral statement about patient's family as people without providing data for his view.

Ex. Your family is a busy family.

- 277 Therapist disagrees with patient's statement of patient's views of his family as people (neutral views).

Ex. Your mother is not an artist.

(Note: The neutral **category** is used when it is not clear whether the statement is positive or negative. It is also used when a negation is stated, but a positive or negative attribute is not specified. Ex., "Your mother is not a crazy person." The therapist says that the mother is not crazy. He does not go on to specify something positive or negative. For example, he does not go on to say that the mother is healthy.)

(Note: The family concept category applies to enduring characteristics over time. For example if the therapist states that the mother is crazy and an enduring characteristic is stated or implied, the family concept category should be scored. If the therapist states that the mother is engaging in crazy behavior or is feeling crazy, then the behavior or affect category is scored.)

Family's Motives or Intentions

- 278 Therapist states that patient's family has the intention of doing such and such to the patient (positive intention).

Ex. Your mother wants to understand you.

- 279 Therapist disagrees with patient's statement about his family's intentions or motivation towards him (positive intention).

Ex. Your mother does not want to help you.

- 280 Therapist states that patient's family has the intention of doing such and such to the patient (negative intention).

Ex. Your cousin wants to have you do his work.

- 281 Therapist disagrees with patient's statements about his family's intentions towards him (negative intention).

Ex. Your family does not want to hurt you. You just think that.

- 282 Therapist states that patient's family has the intention of doing such and such to the patient (neutral intention).

Ex. Your mother wants to bring you your dress.

- 283 Therapist disagrees with patient's statements about his family's intentions or motivations towards him (neutral intentions).

Ex. Your mother does not want to bring you your dress.

- 284 Therapist states that patient's family has the intention of doing such and such (positive intention). Recipient is anyone but the patient or recipient may not be specified.

Ex. Your sister wants to care.

- 285 Therapist **disagrees with** patient's statements about his family's intentions or motivations (positive intention). Recipient is anyone but the patient or recipient may not be specified.

Ex. Your father does not want to care about your brother.

- 286 Therapist states that patient's family has the intention of doing such and such (negative intention). Recipient is anyone but the patient or recipient may not be specified.

Ex. Your uncle wants to be destrutive.

- 287 Therapist disagrees with patient's statements about his family's intentions or motivation (negative intention). Recipient is anyone but the patient or recipient may not be specified.

Ex. Your father does not have the impulse to be rude.

- 288 Therapist states that patient's family has the intention of doing such and such (neutral intention). Recipient is anyone but the patient or recipient may not be specified.

Ex. Your brother wants to see his friend.

- 289 Therapist disagrees with patient's statements about his family's intentions or motivations (neutral intention). Recipient is anyone but patient or recipient may not be specified.

Ex. Your brother does not want to go to the movie. Why do you tell me that he does?

- (Note: Negations should be included in the neutral category unless the implication is otherwise. For example, if the therapist states that the patient's family does not want to hurt the patient, but does not specify or imply that the family wants to help him, the neutral category should be coded. If the therapist implies or states positive intent, the statement should be scored under positive attributions. The same applies for negations of positive intentions. This instruction only refers to attribution categories. Disagreement categories are scored in the usual manner.)

External Behavior Attribution in Family

- 290 Therapist states that patient's family behaves in a certain way (positive behavior). Therapist does not provide data for his points.

Ex. Your mother has been doing nice things.

- 291 Therapist disagrees with patient's statements that the patient's family engaged in specific behaviors. Therapist does not provide data for his point of view (positive behavior).

Ex. Your father has not been taking care of you even though you think that he has.

- 292 Therapist states that patient's family behaves in a certain way (negative behavior). Therapist does not provide data for his points.

Ex. Your mother hit your brother.

- 293 Therapist disagrees with patient's statements that the patient's family engaged in specific behaviors. Therapist does not provide data for his point of view (negative behaviors).

Ex. Your mother did not talk nasty to you.

- 294 Therapist states that patient's family behaves in a certain way (neutral behavior). Therapist does not provide data for his points.

Ex. Your father went to work the other day.

- 295 Therapist disagrees with patient's statements that the patient's family engaged in specific behaviors. Therapist does not provide data for his point of view (neutral behavior).

Ex. Your father did not go to work the other day. Why do you tell me that he did?

Internal Behavior Attribution in Family

- 296 Therapist states that patient's family had certain feelings or thoughts (positive internal behavior). Therapist does not provide data for his points.

Ex. Your mother felt that she cared for you.

- 297 Therapist disagrees with patient's statements about patient's family's thoughts or feelings (positive internal behavior).

Ex. Your mother does not think about doing nice things for you.

- 298 Therapist states that patient's family has certain feelings or thoughts (negative internal behavior). Therapist does not provide data for his points.

Ex. Your mother feels that she is no good.



- 299 Therapist disagrees with patient's statements about patient's family's thoughts or feelings (negative internal behavior). Therapist does not provide data for his points.

Ex. Your mother does not feel that she is no good.

- 300 Therapist states that patient's family has certain feelings or thoughts (neutral internal behavior). Therapist does not provide data for his points.

Ex. Your brother thinks about his math.

- 301 Therapist disagrees with patient's statements about patient's family's thoughts or feelings (neutral internal behavior).

Ex. Your sister has not been thinking about physics.

(Note: The behavior categories refer to events which are more complicated than the physical reality categories in that in the behavior categories specific modes of perception cannot be clearly inferred. This category includes external events that are occurring or have occurred. It also includes internal feelings or thoughts. If a feeling refers to affects, the affect category should be coded. If intention or motivation is mentioned, the motivation category should be coded.)

(Note: Negations are coded under the neutral internal or external behavior categories unless a positive or negative attribution is implied or stated. For example, if the therapist indicates that the patient's family does not feel inferior, but does not indicate that they feel good, the neutral category should be coded. The same applies to negations that concern negative material. Disagreement categories should be scored in the usual manner.)

Hypothetical Situations

- 302 Therapist states that patient's family can or cannot feel affects. Therapist does not provide data for his view. (See attached list of affects and code these)

Ex. Your mother could be angry.

- 303 Therapist disagrees with patient's statements about the possibility of the patient's family feeling or not feeling affect.

Ex. Your mother could not feel empty.

- 304 Therapist states the possibility of a positive family concept. Therapist does not provide data for his point.

Ex. Your father could be a nice person.

- 305 Therapist disagrees with patient's statement of the possibility of a positive family concept.

Ex. Your mother could not be a good person.

- 306 Therapist states the possibility of a negative family concept.
Therapist does not provide data for his point.

Ex. Your sister could be a stupid woman.

- 307 Therapist disagrees with patient's statement of the possibility of a negative family concept.

Ex. Your sister could not be a stupid woman.

- 308 Therapist states the possibility of a neutral family concept.
Therapist does not provide data for his point.

Ex. Your family could be a busy family.

- 309 Therapist disagrees with patient's statement of the possibility of a neutral family concept.

Ex. Your family could not be a busy family.

(Note: A negation is scored as neutral unless a positive or negative aspect is stated or implied. For example, if the therapist states that the patient's brother could not be a dumb person, but does not imply or state a positive emphasis, the statement should be scored as neutral. The same applies to negations of positive family concept statements. These instructions apply to attributions. Disagreements are scored as usual.)

- 310 Therapist states that the patient's family could have a positive intention or motivation toward the patient. Therapist does not provide data for his assertion.

Ex. Your family could want to help you.

- 311 Therapist disagrees with patient's statement of the possibility that patient's family could have a positive intention or motivation toward the patient. Therapist does not provide data for his assertion.

Ex. Your family could not want to help you.

- 312 Therapist states that the patient's family could have a negative intention or motivation toward the patient. Therapist does not provide data for his assertion.

Ex. Your mother could want to see you remain crazy.



- 313 Therapist disagrees with patient's statement of the possibility that patient's family could have a negative intention or motivation toward the patient. Therapist does not provide data for his assertion.

Ex. Your mother could not want to see you remain crazy.

- 314 Therapist states that the patient's family could have a neutral intention or motivation toward the patient. Therapist does not provide data for his assertion.

Ex. Your aunt could want to take you over to visit some friends.

- 315 Therapist disagrees with patient's statement of the possibility that patient's family could have a neutral intention or motivation toward the patient. Therapist does not provide data for his assertion.

Ex. Your aunt could not want to take you over to visit some friends.

- 316 Therapist states that the patient's family could have a positive intention or motivation. Recipient of the intention is anyone other than the patient or recipient may not be specified.

Ex. Your family could want to help your brother.

- 317 Therapist disagrees with patient's statement of the possibility that patient's family could have a positive intention or motivation. Recipient of the intention is anyone other than the patient or recipient may not be specified.

Ex. Your family could not want to help your brother.

- 318 Therapist states that the patient's family could have a negative intention or motivation. Recipient of the intention is anyone other than the patient or recipient may not be specified. Therapist does not provide data for his assertion.

Ex. Your family could want to be destructive.

- 319 Therapist disagrees with patient's statement of the possibility that patient's family could have a negative intention or motivation. Recipient of the intention is anyone other than the patient or recipient may not be specified. Therapist does not provide data for his assertion.

Ex. Your family could not want to be destructive.



- 320 Therapist states that the patient's family could have a neutral intention or motivation. Recipient of the intention is anyone other than the patient or recipient may not be specified. Therapist does not provide data for his assertion.

Ex. Your mother could want to go visiting.

- 321 Therapist disagrees with patient's statement of the possibility that patient's family could have a neutral intention or motivation. Recipient of the intention is anyone other than the patient or recipient may not be specified. Therapist does not provide data for his assertion.

Ex. Your mother could not want to go visiting.

(Note: Negations should be scored as neutral intentions unless a positive or negative aspect is also stated or implied. For example, if the therapist states that the patient's family does not want to hurt the patient, but does not state or imply a positive intention, the neutral intention should be coded.)

- 322 Therapist states that the patient's family could engage in positive external behavior. Therapist does not provide data.

Ex. Your mother could care for her children adequately.

- 323 Therapist disagrees with the patient's statement that the patient's family could behave in a certain way (positive external behavior). Therapist does not provide data for his statement.

Ex. Your mother could not care for her children adequately.

- 324 Therapist states that the patient's family could engage in negative external behavior. Therapist does not provide data.

Ex. Your brother could go around making people feel bad.

- 325 Therapist disagrees with the patient's statement that the patient's family could behave in a certain way (negative external behavior). Therapist does not provide data for his statement.

Ex. Your brother could not go around making people feel bad. You just think that.

- 326 Therapist states that the patient's family could engage in neutral external behavior. Therapist does not provide data.

Ex. Your mother could go visiting.



- 327 Therapist disagrees with patient's statement that the patient's family could behave in a certain way (neutral external behavior). Therapist does not provide data for his statements.

Ex. Your mother could not go visiting.

- 328 Therapist states that the patient's family could have certain thoughts or feelings (positive internal behavior). Therapist does not provide data.

Ex. Your cousin could think nice things about you.

- 329 Therapist disagrees with patient's statement that the patient's family could have certain thoughts or feelings (positive internal behavior). Therapist does not provide data for his statements.

Ex. Your cousin could not think nice things about you.

- 330 Therapist states that the patient's family could have certain thoughts or feelings (negative internal behavior). Therapist does not provide data.

Ex. Your mother could feel that she is not a good person.

- 331 Therapist disagrees with patient's statement that the patient's family could have certain thoughts or feelings (negative internal behavior). Therapist does not provide data for his statements.

Ex. Your mother could not feel that she is not a good person.

- 332 Therapist states that the patient's family could have certain thoughts or feelings (neutral internal behavior). Therapist does not provide data.

Ex. Your mother could have been thinking that she needs to go to the store.

- 333 Therapist disagrees with patient's statements that the patient's family could have certain thoughts or feelings (neutral internal behavior). Therapist does not provide data for his statements.

Ex. Your mother could not have been thinking that she needs to go to the store. Don't tell me that.

(Note: Negations are coded under the neutral internal or external behavior categories unless a positive or negative attribution is implied or stated. For example, if the therapist indicates that the patient's mother could not feel inferior but does not indicate that she could feel good, the neutral category should be coded. The same applies to negations that concern negative material. Disagreement categories should be scored in the usual manner.)

(Note: Since hypothetical situations are hypothetical it may be difficult to judge whether or not mystification is occurring. Look at the context of the session. Look at whether the therapist has data to support his comments.)

- 334 Therapist **states that** the patient's family will or will not feel affects. (See attached list of affects and code these)

Ex. Your father will have feelings of sadness most of the time.

- 335 Therapist disagrees with patient's statement that the family will or will not experience certain affects.

Ex. Your father will not have feelings of sadness most of the time.

- 336 Therapist makes positive statement about the patient's family as a family (future time period).

Ex. Your mother will be a good woman.

- 337 Therapist disagrees with patient's positive statements about his family as a family (future time period). Therapist does not provide data.

Ex. Your mother will not be a good woman.

- 338 Therapist makes negative statements about the patient's family as a family (future time period).

Ex. Your mother will be a mystifying woman.

- 339 Therapist disagrees with patient's negative statements about the patient's family as a family (future time period).

Ex. Your mother will not be a mystifying woman. You just imagine that.

- 340 Therapist makes neutral statements about the patient's family as a family (future time period).

Ex. Your father will be a busy man.

- 341 Therapist disagrees with patient's neutral statements about the patient's family as a family (future time period).

Ex. Your father will not be a busy man.

- 342 Therapist states that patient's family will have a positive intention or motivation toward the patient. Therapist does not provide data for his assertion.

Ex. Your uncle will want to be nice to you.



- 343 Therapist disagrees with patient's statement that the patient's family will have a positive intention or motivation toward the patient. Therapist does not provide data for his assertion.

Ex. Your uncle will not want to be nice to you.

- 344 Therapist states that patient's family will have a negative intention or motivation toward the patient. Therapist does not provide data for his assertion.

Ex. Your child will want to hit you.

- 345 Therapist disagrees with patient's statement that the patient's family will have a negative intention or motivation toward the patient. Therapist does not provide data for his assertion.

Ex. Your child will not want to hit you.

- 346 Therapist states that patient's family will have a neutral intention or motivation toward the patient.

Ex. Your sister will want you to wear the blue dress instead of the green dress.

- 347 Therapist disagrees with patient's statement that the patient's family will have a neutral intention or motivation toward the patient. Therapist does not provide data for his assertion.

Ex. Your sister will not want you to wear the blue dress instead of the green dress. You do not know what you are talking about.

- 348 Therapist states that patient's family will have a positive intention or motivation. The recipient of the intention is anyone other than the patient or the recipient may not be specified. Therapist does not provide data for his assertion.

Ex. Your daughter will want to help her father.

- 349 Therapist disagrees with patient's statement that the patient's family will have a positive intention or motivation. The recipient of the intention is anyone other than the patient or the recipient may not be specified. Therapist does not provide data for his assertions.

Ex. Your brother will want to be kind.

- 350 Therapist states that patient's family will have a negative intention or motivation. The recipient of the intention is anyone other than the patient or the recipient may not be specified. Therapist does not provide data for his assertion.

Ex. Your mother will want to be evil.



- 351 Therapist disagrees with patient's statement that the patient's family will have a negative intention or motivation. The recipient of the intention is anyone other than the patient or the recipient may not be specified. Therapist does not provide data for his assertion.

Ex. Your mother will not want to be evil. You think that all the time.

- 352 Therapist states that patient's family will have a neutral intention or motivation. The recipient of the intention is anyone other than the patient or the recipient may not be specified. Therapist does not provide data for his assertion.

Ex. Your mother will want to work in the family garden.

- 353 Therapist disagrees with patient's statement that the patient's family will have a neutral intention or motivation. The recipient of the intention is anyone other than the patient or the recipient may not be specified. Therapist does not provide data for his assertion.

Ex. Your mother will not want to sew her dress.

(Note: Negations should be scored as neutral intentions unless a positive or negative aspect is also stated or implied. For example, if the therapist states that the patient's family will not want to hurt the patient, but does not state or imply a positive intention, the neutral intention should be coded.)

- 354 Therapist states that the patient's family will engage in positive external behavior. Therapist does not provide data.

Ex. Your mother will care for her children adequately.

- 355 Therapist disagrees with the patient's statement that the patient's family will behave in a certain way (positive external behavior). Therapist does not provide data for his statement.

Ex. Your mother will not care for her children adequately.

- 356 Therapist states that the patient's family will engage in negative external behavior. Therapist does not provide data.

Ex. Your brother will go around making people feel bad.

- 357 Therapist disagrees with the patient's statement that the patient's family will behave in a certain way (negative external behavior). Therapist does not provide data.

Ex. Your brother will not go around making people feel bad.



- 358 Therapist states that the patient's family will engage in neutral external behavior. Therapist does not provide data.

Ex. Your mother will go visiting.

- 359 Therapist disagrees with the patient's statement that the patient's family will behave in a certain way (neutral external behavior). Therapist does not provide data.

Ex. Your mother will not go visiting.

- 360 Therapist states that the patient's family will have certain thoughts or feelings (positive internal behavior). Therapist does not provide data.

Ex. Your cousin will think nice things about you.

- 361 Therapist disagrees with patient's statement that the patient's family will have certain thoughts or feelings (positive internal behavior). Therapist does not provide data for his statements.

Ex. Your cousin will not think nice things about you.

- 362 Therapist states that the patient's family will have certain thoughts or feelings (negative internal behavior). Therapist does not provide data.

Ex. Your mother will feel that she is not a good person.

- 363 Therapist disagrees with patient's statement that the patient's family will have certain thoughts or feelings (negative internal behavior). Therapist does not provide data for his statements.

Ex. Your mother will not feel that she is not a good person.

- 364 Therapist states that the patient's family will have certain thoughts or feelings (neutral internal behavior). Therapist does not provide data.

Ex. Your mother will think that she needs to go to the store.

- 365 Therapist disagrees with patient's statements that the patient's family will have certain thoughts or feelings (neutral internal behavior). Therapist does not provide data for his statements.

Ex. Your mother will not think that she needs to go to the store.

(Note: Negations are coded under neutral internal or external behavior categories unless a positive or negative attribution is implied or stated. For example, if the therapist indicates that the patient's mother will not feel inferior but does not imply or state that she will feel good, the neutral category should be coded. The same applies to negations that concern negative

material. This instruction only applies to attributions.
Disagreement categories should be scored in the usual mannner.)

(Note: If the therapist states that a particular affect will be felt,
the affect category should be coded rather than the internal
behavior category.)



Attributions in Others Besides Patient's Family
(all living things (other than family),
objects, or concepts)

Affect in Others

- 366 Therapist states that a person felt or feels fear or anxiety or does not feel fear or anxiety when it is not clear whether or not this is the case. Therapist does not present data for his position.

Ex. Your friend was frightened.

- 367 Therapist disagrees with patient's statement of fear or anxiety or lack of fear or anxiety in others.

Ex. I know that your friend is not anxious.

- 368 Therapist states that a person felt or feels anger or does not feel anger when it is not clear whether or not this is the case. Therapist does not present data for his position.

Ex. The man across the street is not angry.

- 369 Therapist disagrees with patient's statement of anger or lack of anger in others.

Ex. The psychologist had feelings of anger last week.

- 370 Therapist states that a person felt or feels startled or does not feel startled when it is not clear whether or not this is the case. Therapist does not present data for his position.

Ex. Your friend is not startled.

- 371 Therapist disagrees with patient's statement of another person being or not being startled.

Ex. Your friend was not startled last night.

- 372 Therapist states that a person felt or feels or does not feel surprised when it is not clear whether or not this is the case. Therapist does not present data for his position.

Ex. The psychiatrist was surprised to see you.

- 373 Therapist disagrees with patient's statement of another person being or not being surprised.

Ex. The social worker was not surprised. You know that.



- 374 Therapist states that a person feels or does not feel distress-anguish when it is not clear whether or not this is the case.

Ex. Your friend is not in constant anguish.

- 375 Therapist disagrees with patient's statement of another person feeling or not feeling distress-anguish.

Ex. Your friend is in constant anguish. Don't tell me that he is not.

- 376 Therapist states that a person feels or does not feel disgust when it is not clear whether or not this is the case.

Ex. Your lover is disgusted with you.

- 377 Therapist disagrees with patient's statement of another person feeling or not feeling disgust. Therapist does not provide data.

Ex. Your lover is not disgusted with you.

- 378 Therapist states that a person feels or does not feel envious when it is not clear whether or not this is the case.

Ex. The scientist is envious of the artist.

- 379 Therapist disagrees with patient's statement of another person feeling or not feeling envious. Therapist does not provide data.

Ex. Your friend is not envious. You just imagine that.

- 380 Therapist states that a person feels or does not feel jealous when it is not clear whether or not this is the case.

Ex. Your friend is jealous of your relationship with your lover.

- 381 Therapist disagrees with patient's statement of another person feeling or not feeling jealous. Therapist does not provide data.

Ex. Your friend is jealous. Don't tell me that he is not.

- 382 Therapist states that a person feels or does not feel sad when it is not clear whether or not this is the case.

Ex. Your dog is sad about you being in here.

- 383 Therapist disagrees with patient's statement of another person feeling or not feeling sad. Therapist does not provide data.

Ex. The psychiatrist is going through some sadness right now. Don't deny that.

- 384 Therapist states that a person feels or does not feel shame when it is not clear whether or not this is the case.

Ex. The student feels shame because of the exam.

- 385 Therapist disagrees with patient's statement of another person feeling or not feeling shame. Therapist does not provide data.

Ex. The patients were ashamed. Don't tell me that they were not.

- 386 Therapist states that another person feels or does not feel guilt when it is not clear whether or not this is the case.

Ex. The psychiatrist has no feelings of guilt.

- 387 Therapist disagrees with patient's statement of another person feeling or not feeling guilt. Therapist does not provide data.

Ex. The plant does feel guilty.

- 388 Therapist states that another person feels or does not feel happiness or joy when it is not clear whether or not this is the case.

Ex. The teacher is feeling happy that school is out.

- 389 Therapist disagrees with patient's statement of another person feeling or not feeling happiness or joy. Therapist does not provide data.

Ex. Your friend is not happy. Don't try to think that he is.

- 390 Therapist states that another person feels or does not feel excited when it is not clear whether or not this is the case.

Ex. The nurse is excited that you are going home from the hospital.

- 391 Therapist disagrees with patient's statement of another person feeling or not feeling excitement. Therapist does not provide data.

Ex. The doctor is never excited. You are wrong.

- 392 Therapist states that another person feels or does not feel hatred when it is not clear whether or not this is the case.

Ex. The attendant has hated for a long time.

- 393 Therapist disagrees with patient's statement of another person feeling or not feeling hatred. Therapist does not provide data.

Ex. The psychiatrist does not hate you even though he gave you all that medicine. How can you tell me that he does.

- 394 Therapist states that another person feels or does not feel love when it is not clear whether or not this is the case.

Ex. The woman feels love.

- 395 Therapist disagrees with patient's statements of another person feeling or not feeling love. Therapist does not provide data.

Ex. The woman does not feel love.

- 396 Therapist states that another person feels or does not feel positive affects in general when it is not clear whether or not this is the case.

Ex. Your friend feels good about life.

- 397 Therapist disagrees with patient's statements of another person feeling or not feeling positive affects in general. Therapist does not provide data.

Ex. Your friend does feel good about life no matter what you think.

- 398 Therapist states that another person feels or does not feel negative affects in general when it is not clear whether or not this is the case.

Ex. The artist felt bad for quite some time.

- 399 Therapist disagrees with patient's statements of another person feeling or not feeling negative affects in general. Therapist does not provide data.

Ex. The potter has never felt bad.

- 400 Therapist states that another person feels or does not feel confusion or craziness when it is not clear whether or not this is the case.

Ex. The biologist feels confused a lot.

- 401 Therapist disagrees with patient's statements of another person feeling or not feeling confusion or craziness. Therapist does not provide data.

Ex. The lady on the ward was not confused last night.

- 402 Therapist states that another person feels or does not feel emptiness when it is not clear whether or not this is the case.

Ex. Your friend felt empty for several years.

- 403 Therapist disagrees with patient's statements of another person feeling or not feeling empty. Therapist does not provide data.

Ex. Everyone that you know feels empty. You know that.

- 404 Therapist states that another person feels or does not feel lonely when it is not clear whether or not this is the case.

Ex. The man never feels lonely.

- 405 Therapist disagrees with patient's statements of another person feeling or not feeling lonely. Therapist does not provide data.

Ex. Your friend always feels lonely. You know that.

- 406 Therapist states that another person feels or does not feel hope when it is not clear whether or not this is the case.

Ex. The new patient feels hope.

- 407 Therapist disagrees with patient's statements of another person feeling or not feeling hope. Therapist does not provide data.

Ex. Your friend does have hope. There is no point in you indicating otherwise.

- 408 Therapist states that another person feels or does not feel anything when it is not clear whether or not this is the case.

Ex. The other patient is able to feel nothing.

- 409 Therapist disagrees with patient's statements of another person feeling or not feeling anything. Therapist does not provide this.

Ex. All of your friends feel nothing.

Person Concept

- 410 Therapist makes positive statements about others as people without providing data for his view.

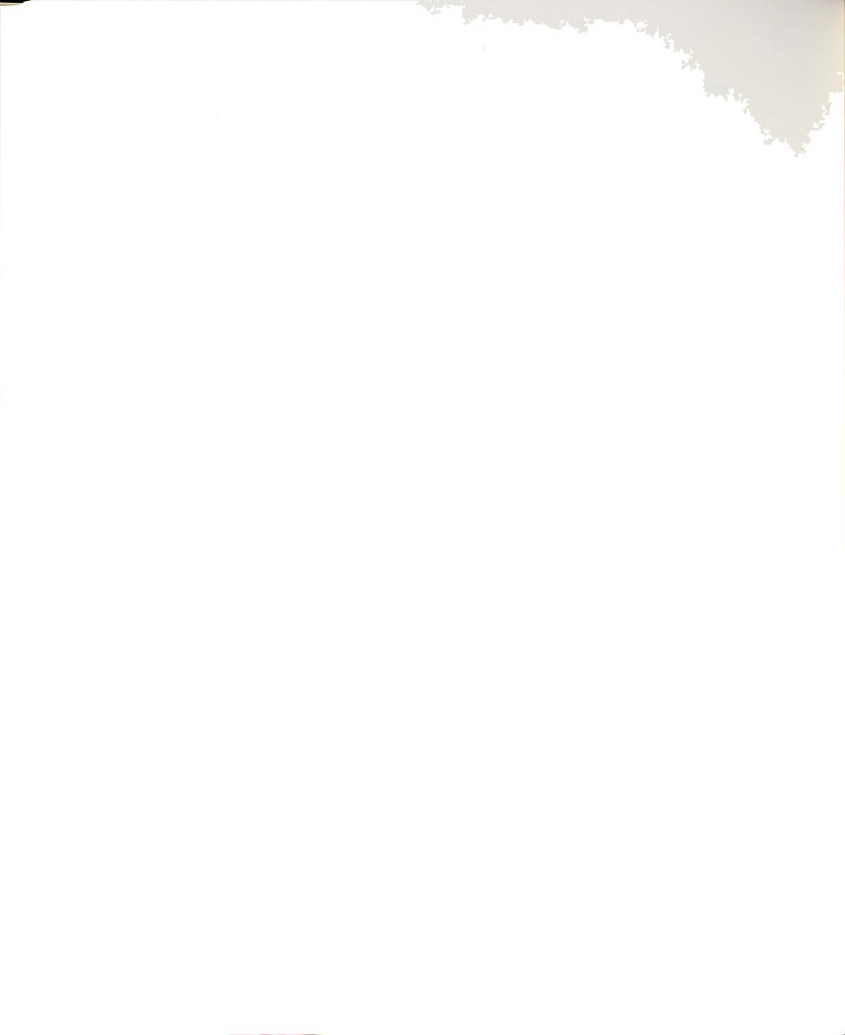
Ex. Your friends are intelligent people.

- 411 Therapist disagrees with patient's statement of patient's views of others as people (positive views).

Ex. The psychiatrist is not a good person.

- 412 Therapist makes negative statements about others as people without providing data for his view.

Ex. Your friend is cruel.



- 413 Therapist disagrees with patient's statement of patient's views of others as people (negative views).

Ex. Your friend is not cruel.

- 414 Therapist **makes** neutral statement about others as people without providing data for his views.

Ex. The man is a busy man.

- 415 Therapist disagrees with patient's statement of patient's views of others as people (neutral views). Therapist does not provide data.

Ex. The man is not a busy man.

(Note: The neutral category is used when it is not clear whether the statement is positive or negative. It is also used when a negation is stated, but a positive or negative attribute is not specified. Ex., "Your friend is not a crazy person." The therapist says that the friend is not crazy. He does not go on to specify something positive or negative. For example he does not go on to say that the friend is healthy.)

(Note: The person concept category applies to enduring characteristics over time. For example, if the therapist states that the friend is crazy and an enduring characteristic is stated or implied, the person concept category should be scored. If the therapist states that the friend is engaging in crazy behavior or is feeling crazy, then the behavior or affect category is scored.)

Other's Motives or Intentions Towards Patient

- 416 Therapist states that a person has the intention of doing such and such to the patient (positive intention). Therapist does not provide data.

Ex. The social worker wants to understand you.

- 417 Therapist disagrees with patient's statement about a person's intentions or motivations toward the patient (positive intention). Therapist does not provide data.

Ex. Your friend does not want to help you.

- 418 Therapist states that a person has the intention of doing such and such to the patient (negative intention). Therapist does not provide data.

Ex. Your friend wants to have you do his work.



- 419 Therapist disagrees with patient's statement about a person's intentions or motivations toward the patient (negative intentions). Therapist does not provide data.

Ex. Your **friend** does not want to hurt you. You just think that.

- 420 Therapist states that a person has the intention of doing such and such to the patient (neutral intention). Therapist does not provide data.

Ex. The woman wants to bring you your dress.

- 421 Therapist disagrees with patient's statements about a person's intentions or motivations toward the patient (neutral intention). Therapist does not provide data.

Ex. The woman does not want to bring you your dress.

- 422 Therapist states that a person has the intention of doing such and such (positive intention). Recipient is anyone but the patient or recipient may not be specified.

Ex. The man wants to care.

- 423 Therapist disagrees with patient's statements about a person's intentions or motivations (positive intention). Recipient is anyone but the patient or recipient may not be specified.

Ex. Your friend does not care about his wife.

- 424 Therapist states that a person has the intention of doing such and such (negative intention). Recipient is anyone but the patient or recipient may not be specified.

Ex. The psychologist wants to be destructive.

- 425 Therapist disagrees with patient's statements about a person's intentions or motivations (negative intention). Recipient is anyone but the patient or recipient may not be specified.

Ex. The psychologist does not want to be destructive.

- 426 Therapist states that a person has the intention of doing such and such (neutral intention). Recipient is anyone but the patient or recipient may not be specified.

Ex. Your friend wants to see the woman on the ward.



- 427 Therapist disagrees with patient's statements about a person's intentions or motivations (neutral intentions). Recipient is anyone but the patient or recipient may not be specified.

Ex. Your friend does not want to see the woman on the ward.
You want to see her.

(Note: Negations should be included in the neutral category unless the implication is otherwise. For example, if the therapist states that a person does not want to hurt the patient, but does not specify or imply that the person wants to help him, the neutral category should be coded. If the therapist implies or states positive intent, the statement should be scored under positive attributions. The same applies for negations of positive intentions. This instruction only refers to attribution categories. Disagreement categories are scored in the usual manner.)

(Note: This category does not apply to intentions or motivations in the therapist. The therapist can know what his own intentions or motivations are.)

(Note: Others refers to any living thing, objects, or concepts. Even though most of the examples have been of people, objects and concepts can be coded as well.)

External Behavior Attribution in Others

- 428 Therapist states that others behave in a certain way (positive behavior). Therapist does not provide data for his points.

Ex. The world has been doing nice things.

- 429 Therapist disagrees with patient's statements that others engaged in specific behaviors. Therapist does not provide data for his points (positive behavior).

Ex. The hospital has not been taking care of you even though you think that it has.

- 430 Therapist states that others behave in a certain way (negative behavior). Therapist does not provide data for his points.

Ex. Your friend hit the woman across the street.

- 431 Therapist disagrees with patient's statements that others engaged in specific behaviors. Therapist does not provide data for his points (negative behavior).

Ex. Your friend did not hit the woman across the street.

- 432 Therapist states that others behave in a certain way (neutral behavior). Therapist does not provide data for his point.

Ex. The patient went to work the other day.

- 433 Therapist disagrees with patient's statements that others engaged in specific behaviors. Therapist does not provide data for his points (neutral behavior).

Ex. The woman did not go to get the red dress. Don't tell me that she did.

Internal Behavior Attribution in Others

- 434 Therapist states that others had certain thoughts or feelings (positive internal behavior). Therapist does not provide data for his points.

Ex. The doctor felt that she cared for you.

- 435 Therapist disagrees with patient's statements about other's thoughts or feelings (positive internal behavior).

Ex. Your friend does not think about doing nice things for you.

- 436 Therapist states that others had certain thoughts or feelings (negative internal behavior). Therapist does not provide data for his points.

Ex. The patient feels that she is no good.

- 437 Therapist disagrees with patient's statements about other's thoughts or feeling (negative internal behaviors). Therapist does not provide data for his points.

Ex. The patient does not feel that she is no good.

- 438 Therapist states that others had certain thoughts or feelings (neutral internal behavior). Therapist does not provide data for his points.

Ex. Your friend thinks about his math.

- 439 Therapist disagrees with patient's statements about other's thoughts or feelings (neutral internal behavior). Therapist does not provide data for his points.

Ex. The student has not been thinking about physics.



(Note: The behavior categories refer to events which are more complicated than the physical reality categories in that in the behavior categories specific modes of perception cannot be clearly inferred. This category includes external events that are occurring or have occurred. It also includes internal feelings or thoughts. If a feeling refers to affects, the affect category should be coded. If intention or motivation is mentioned, the motivation category should be coded.)

(Note: Negations are coded under the neutral internal or external behavior categories unless a positive or negative attribution is implied or stated. For example, if the therapist indicates that a person does not feel inferior, but does not indicate that he feels good, the neutral category should be coded. The same applies to negations that concern negative material. This instruction only applies to attribution. Disagreement categories should be scored in the usual manner.)

Hypothetical Situations

- 440 Therapist states that others can or cannot feel affects. Therapist does not provide data for his views. (See attached list of affects and code these)

Ex. The nurse could be angry.

- 441 Therapist disagrees with patient's statement about the possibility of others feeling or not feeling affect.

Ex. The world could not feel empty.

- 442 Therapist states the possibility of a positive person concept. Therapist does not provide data for his point.

Ex. The woman could be an intelligent woman.

- 443 Therapist disagrees with patient's statement of the possibility of a positive person concept.

Ex. This hospital could not be a good place.

- 444 Therapist states the possibility of a negative person concept. Therapist does not provide data for his point.

Ex. Your friend could be a stupid man.

- 445 Therapist disagrees with the patient's statement of the possibility of a negative person concept.

Ex. Your friend could not be a stupid man.

- 446 Therapist states the possibility of a neutral person concept. Therapist does not provide data for his point.

Ex. Your friend could be a busy person.



- 447 Therapist disagrees with patient's statement of the possibility of a neutral person concept. Therapist does not provide data for his point.

Ex. Your friend could not be a busy person.

(Note: A negation is scored as neutral unless a positive or negative aspect is stated or implied. For example, if the therapist states that the patient's friend could not be a dumb person, but does not imply or state a positive emphasis, the statement should be scored as neutral. The same applied to negations of positive person concept statements. These instructions apply only to attributions. Disagreements are scored as usual.)

- 448 Therapist states that a person could have a positive intention or motivation toward the patient. Therapist does not provide data for his assertion.

Ex. The world could want to help you.

- 449 Therapist disagrees with patient's statement of the possibility that a person could have a positive intention or motivation toward the patient. Therapist does not provide data for his assertion.

Ex. The world could not want to help you.

- 450 Therapist states that a person could have negative intentions or motivations toward the patient.

Ex. People could want to see you remain crazy.

- 451 Therapist disagrees with patient's statement of the possibility that a person could have a negative intention or motivation toward the patient.

Ex. People could not want to see you remain crazy.

- 452 Therapist states that a person could have neutral intentions or motivations toward the patient.

Ex. Your friend could want to talk to you on Tuesday instead of Monday.

- 453 Therapist disagrees with patient's statement of the possibility that a person could have a neutral intention or motivation toward the patient. Therapist does not provide data for his assertion.

Ex. That man could not want to take you over to visit some friends.



- 454 Therapist states that a person could have a positive intention or motivation. Recipient of the intention is not specified or is anyone other than the patient.

Ex. The social worker could want to help the woman.

- 455 Therapist disagrees with patient's statement of the possibility that a person could have positive intentions or motivations. Recipient of the intention is anyone other than the patient or recipient may not be specified.

Ex. The hospital could not want to help that woman.

- 456 Therapist states that a person could have negative intentions or motivations. Recipient of the intention is not specified or is anyone other than the patient.

Ex. The hospital could want to be destructive.

- 457 Therapist disagrees with patient's statement of the possibility that a person could have negative intentions or motivations. Recipient of the intention is anyone other than the patient or recipient may not be specified.

Ex. The hospital could not want to be destructive.

- 458 Therapist states that a person could have neutral intentions or motivations. Recipient of the intention is not specified or is anyone other than the patient.

Ex. Your friend could want to go visiting.

- 459 Therapist disagrees with patient's statement of the possibility that a person could have neutral intentions or motivations. Recipient of the intention is anyone other than the patient or recipient may not be specified.

Ex. Your friend could not want to go visiting.

(Note: Negations should be scored as neutral intentions unless a positive or negative aspect is also stated or implied. For example, if the therapist states that a person could not want to hurt the patient, but does not state or imply a positive intention, the neutral intention should be coded.)

- 460 Therapist states that a person could engage in positive external behavior. Therapist does not provide data.

Ex. The patient could care for her children adequately.

- 461 Therapist disagrees with the patient's statement that a person could behave in a certain way (positive external behavior).
Therapist does not provide data for his statement.

Ex. The patient could not care for her children adequately.

- 462 **Therapist states that a person could engage in negative external behavior. Therapist does not provide data.**

Ex. Your friend could go around making people feel bad.

- 463 Therapist disagrees with the patient's statement that a person could behave in a certain way (negative external behavior).
Therapist does not provide data for his statement.

Ex. The doctor could not go around making people feel bad.
You just think that.

- 464 Therapist states that a person could engage in neutral external behavior. Therapist does not provide data.

Ex. The man could go visiting.

- 465 Therapist disagrees with the patient's statement that a person could behave in a certain way (neutral external behavior).
Therapist does not provide data.

Ex. The man could not go visiting.

- 466 Therapist states that a person could have certain thoughts or feelings (positive internal behavior). Therapist does not provide data.

Ex. Society could think nice things about you.

- 467 Therapist disagrees with the patient's statement that a person could have certain thoughts or feelings (positive internal behavior).
Therapist does not provide data.

Ex. Society could not think nice things about you. You just think that.

- 468 Therapist states that a person could have certain thoughts or feelings (negative internal behavior). Therapist does not provide data.

Ex. Your friend could not feel that she is a good person.

- 469 Therapist disagrees with the patient's statement that a person could have certain thoughts or feelings (negative internal behavior).
Therapist does not provide data.

Ex. The doctor could feel that he is O.K. You don't know what you are talking about.



- 470 Therapist states that a person could have certain thoughts or feelings (neutral internal behavior). Therapist does not provide data.

Ex. The woman across the street could have been thinking that she need to go to the store.

- 471 Therapist disagrees with the patient's statement that a person could have certain thoughts or feelings (neutral internal behavior). Therapist does not provide data for his statements.

Ex. The woman across the street could not have been thinking that she needs to go to the store. Don't tell me that.

(Note: Negations are coded under neutral internal or external behavior categories unless a positive or negative attribution is implied or stated. For example, if the therapist indicates that a person could not feel inferior but does not indicate that he could feel good, the neutral category should be coded. The same applies to negations that concern negative material. This instruction only applies to attribution categories. Disagreement categories should be scored in the usual manner.)

(Note: Since hypothetical situations are hypothetical it may be difficult to judge whether or not mystification is occurring. Look at the context of the session. Look at whether the therapist has data to support his comments.)

(Note: The thought or feeling (internal behavior) category does not apply to specific affects. If specific affects are stated the material should be coded under the affect category.)

- 472 Therapist states that a person will or will not feel affects. (See attached list of affects and code these)

Ex. Your friend will have feelings of sadness most of the time.

- 473 Therapist disagrees with patient's statement that a person will or will not experience certain affects.

Ex. Your friend will not have feelings of sadness most of the time.

- 474 Therapist makes positive statement about a person as a person (future time period). Therapist does not provide data.

Ex. Your friend will be a good friend.

- 475 Therapist disagrees with patient's positive statements about a person as a person (future time period). Therapist does not provide data.

Ex. Your friend will be a good friend. You should know that.



- 476 Therapist makes negative statement about a person as a person (future time period). Therapist does not provide data.

Ex. The woman across the street will be a mystifying woman.

- 477 Therapist disagrees with patient's negative statements about a person as a person (future time period). Therapist does not provide data.

Ex. The psychiatrist will not be a mystifying woman.
Psychiatrists are not like that. You just imagine that.

- 478 Therapist makes neutral statement about a person as a person (future time period). Therapist does not provide data.

Ex. Your friend will not be a busy person.

- 479 Therapist disagrees with patient's neutral statements about a person as a person (future time period). Therapist does not provide data.

Ex. Your friend will not be a busy person. Don't tell me that he will be a busy person.

- 480 Therapist states that a person will have a positive intention or motivation toward the patient. Therapist does not provide data for his assertion.

Ex. The new patient will want to be nice to you.

- 481 Therapist disagrees with patient's statement that a person will have a positive intention or motivation toward the patient. Therapist does not provide data for his assertion.

Ex. The world will not want to be nice to you.

- 482 Therapist states that a person will have a negative intention or motivation toward the patient. Therapist does not provide data for his assertion.

Ex. Your friend will want to hit you.

- 483 Therapist disagrees with patient's statement that a person will have a negative intention or motivation toward the patient. Therapist does not provide data for his assertion.

Ex. Your friend will not want to hit you. Don't talk about that in therapy.

- 484 Therapist states that a person will have a neutral intention or motivation toward the patient. Therapist does not provide data for his assertion.

Ex. The lady will want to wear the blue dress instead of the red dress.



- 485 Therapist disagrees with patient's statement that a person will have neutral intentions or motivations toward the patient.

Ex. The lady will not want to wear the blue dress instead of the green dress. You do not know what you are talking about.

- 486 Therapist states that a person will have positive intentions or motivations. The recipient of the intention is anyone other than the patient or the recipient may not be specified. Therapist does not provide data for his assertions.

Ex. Your friend will want to help his daughter.

- 487 Therapist disagrees with patient's statement that a person will have positive intentions or motivations. The recipient of the intention is anyone other than the patient or the recipient may not be specified. Therapist does not provide data for his assertions.

Ex. Your friend will not want to help his daughter.

- 488 Therapist states that a person will have negative intentions or motivations. The recipient of the intention is anyone other than the patient or the recipient may not be specified. Therapist does not provide data for his assertions.

Ex. The world will want to be evil.

- 489 Therapist disagrees with patient's statement that a person will have negative intentions or motivations. The recipient of the intention is anyone other than the patient or the recipient may not be specified. Therapist does not provide data for his assertion.

Ex. Your friend will not want to be evil. You think that all the time.

- 490 Therapist states that a person will have neutral intentions or motivations. The recipient of the intention is anyone other than the patient or the recipient may not be specified.

Ex. The woman will want to work in the garden.

- 491 Therapist disagrees with patient's statement that a person will have neutral intentions or motivations. The recipient of the intention is anyone other than the patient or the recipient may not be specified.

Ex. The woman will not want to work in the garden.



(Note: Negations should be scored as neutral intentions unless a positive of negative aspect is also stated or implied. For example, if the therapist states that a person will not want to hurt the patient, but does not state or imply a positive intention, the neutral intention should be coded. This instruction refers only to attribution categories. Disagreement categories are scored as usual.)

(Note: Person refers to any living thing, object, or concept.)

- 492 Therapist states that a person will engage in positive external behavior. Therapist does not provide data.

Ex. Your friend will care for his children adequately.

- 493 Therapist disagrees with the patient's statement that a person will behave in a certain way (positive external behavior). Therapist does not provide data.

Ex. Your friend will not care for his children adequately.

- 494 Therapist states that a person will engage in negative external behavior. Therapist does not provide data.

Ex. The man will go around making people feel bad.

- 495 Therapist disagrees with the patient's statement that a person will behave in a certain way (negative external behavior). Therapist does not provide data.

Ex. The man will not go around making people feel bad.

- 496 Therapist states that a person will engage in neutral external behavior. Therapist does not provide data.

Ex. Your friend will go visiting.

- 497 Therapist disagrees with the patient's statement that a person will behave in a certain way (neutral external behavior). Therapist does not provide data.

Ex. Your friend will not go visiting.

- 498 Therapist states that a person will have certain thoughts or feelings (positive internal behavior). Therapist does not provide data.

Ex. The social worker will think nice things about you.

- 499 Therapist disagrees with patient's statement that a person will have certain thoughts or feeling (positive internal behavior). Therapist does not provide data for his statements.

Ex. The social worker will not think nice things.

- 500 Therapist states that a person will have certain thoughts or feelings (negative internal behavior). Therapist does not provide data.

Ex. Your friend will feel that he is bad.

- 501 Therapist disagrees with patient's statement that a person will have certain thoughts or feelings (negative internal behavior). Therapist does not provide data.

Ex. Your friend will not feel that he is bad.

- 502 Therapist states that a person will have certain thoughts or feelings (neutral internal behavior). Therapist does not provide data.

Ex. The woman across the street will think that she needs to go to the store.

- 503 Therapist disagrees with patient's statement that a person will have certain thoughts or feeling (neutral internal behavior). Therapist does not provide data.

Ex. The woman across the street will not think that she needs to go to the store.

(Note: Negations are coded under neutral internal or external behavior categories unless a positive or negative attribution is implied or stated. For example, if the therapist indicates that a person will not feel inferior but does not imply or state that he will feel good, the neutral category should be coded. The same applies to negations that concern negative material. This instruction only applies to attributions. Disagreement categories should be scored in the usual manner.)

(Note: If the therapist states that a particular affect will be felt, the affect category should be coded rather than the internal behavior category.)

(Note: Person refers to all living things, objects, or concepts. The word person is only used to simplify the language. Person, however, does not include the patient's family.)



Patient Attributions and Inconsistent Therapist Behavior

Attributions Concerning Patient Responsibility

- 504 Therapist indicates that patient is responsible for dream material. Therapist criticizes or withdraws from the material or in other ways does not deal with the material as a dress.

Ex. You should not have dreams about the man being a clown. That is rude.

Ex. I don't want to hear such filthy material. How could you dream about such things.

(Note: Most material concerning patient responsibility is scored under the intention or motivation category. For example, if the therapist states that the patient does not mean it when the patient says that he is angry, the therapist is implying that the patient does not have the intention of being angry.)

Content-Tone of Voice Inconsistency

- 505 Therapist states that he feels or does not feel a certain affect. Therapist's tone of voice is inconsistent with content. (See attached list of affects and code these)
- 506 Therapist states positive intention toward patient. Tone of voice is inconsistent with content.
- 507 Therapist states negative intention toward patient. Tone of voice is inconsistent with content.
- 508 Therapist states neutral intention towards patient. Tone of voice is inconsistent with content.
- 509 Therapist states positive intention towards patient's family. Tone of voice is inconsistent with content.
- 510 Therapist states negative intention towards patient's family. Tone of voice is inconsistent with content.
- 511 Therapist states neutral intention towards patient's family. Tone of voice is inconsistent with content.
- 512 Therapist states positive intention towards others. Tone of voice is inconsistent with content.
- 513 Therapist states negative intention towards others. Tone of voice is inconsistent with content.
- 514 Therapist states neutral intention towards others. Tone of voice is inconsistent with content.



- 515 Therapist states positive intentions. Recipient is not specified.
Tone of voice is inconsistent with content.
- 516 Therapist states negative intention. Recipient is not specified.
Tone of voice is inconsistent with content.
- 517 Therapist states neutral intention. Recipient is not specified.
Tone of voice is inconsistent with content.
- 518 Therapist states that he engages in positive external behaviors.
Tone of voice is inconsistent with content.
- 519 Therapist states that he engages in negative external behavior.
Tone of voice is inconsistent with content.
- 520 Therapist states that he engages in neutral external behavior.
Tone of voice is inconsistent with content.
- 521 Therapist states that he feels or thinks a certain thing
(positive internal behavior). Tone of voice is inconsistent with
content.
- 522 Therapist states that he feels or thinks a certain thing (negative
internal behavior). Tone of voice is inconsistent with content.
- 523 Therapist states that he feels or thinks a certain thing (neutral
internal behavior). Tone of voice is inconsistent with content.
- 524 Any therapist statement in which the content is inconsistent with
the tone of voice and which does not fit previous content-tone of
voice categories.

(Note: All of the above content-tone of voice categories apply to the past, present, and future. The above categories also apply to hypothetical situations or conditional events. In other words, all time periods specified in this coding system are included.)

Therapist Inconsistency or Contradictions Within a Coding Statement

- 525 Therapist makes contradictory statements within a coding unit.
Inconsistency is judged by the content of the message.

Ex. It's O.K. for you to be involved in religion, but it does not help you. I'm not against you being involved in religion.

(The therapist is placing his values on the patient but does not directly acknowledge that this is occurring. There are a number of implicit contradictions.)

Ex. A lot of things that happen to you are delusional, but I believe you that this happened even though you are often delusional.



(The therapist is saying that he does and does not believe this patient.)

Paradoxical Therapist Statements

- 526 Therapist's statements within a coding unit represent a paradox. Paradox may not be represented by explicit content. One must think about the coding unit as a whole to get a sense of the unit. For example, the therapist may tell the patient to be independent but treat him as dependent. The therapist may tell the patient that they are equals but treat him as inferior.

Contaminated or Confused Categories

- 527 Therapist confuses or contaminates categories. For example, the therapist mentions the mother's cock. The male organ is contaminated with the concept of the mother. Instead of saying the mother's breast the therapist says the mother's cock.

- 528 (contaminated or confused statements in general)

(Note: This is a therapist contamination. It is not a response to a patient contamination. If the patient has spoken of the mother's cock, and the therapist responds to this, the material should not be coded here.)

(note: This category does not apply to standard psychoanalytic interpretations such as the mother's breast or the father's breast.)

Levels of Communication

- 529 Therapist abruptly switches level of communication without acknowledging switch or without making use of interpretation to make the switch. Thus patient and therapist end up on different existential levels.

Ex. Patient talks about feelings of loneliness in an existential sense. Therapist talks about whether anyone is present on a concrete level. The patient's existential position is not acknowledged.

Change of Subject

- 530 Therapist changes subject. The therapist does not openly state that a change of subject is occurring, or the change of subject is not part of an interpretation in which the therapist is trying to go deeper.

Ex. Patient: I have no money. Someone stole it.

Therapist: How was it for you when you were in the first grade?



- 531 Therapist does not change the subject at the beginning of his statement, but changes subject within the coding unit.

Ex. You grew up on the South. The sun is hot there. Why have you been hitting people on the ward?

Attributions Concerning Shoulds

- 532 Therapist states that the patient should or should not experience a particular sensation or perception. (See attached coding sheet for sensations and perceptions and code these.)

Ex. You should not feel pain.

- 533 Therapist states that the patient should or should not experience a particular affect. (See attached coding sheet for affects and code these.)

Ex. You should not feel anger.

- 534 Therapist states that the patient should or should not feel or think a certain thing.

Ex. You should think about feeling good.

- 535 Therapist states that the patient should or should not have particular intentions or motivations.

Ex. You should not have the intention of being nasty.

- 536 Therapist states that the patient should or should not have certain self concept.

Ex. You should not feel like you are a bad person.

(Note: The should categories apply to present, past, future, and conditional tense. In other words, the categories apply to all the time periods considered in this coding system.)

Disqualification of Importance of Material

- 537 Therapist states that what the patient says is of no consequence. Therapist does not provide data.

Ex. I don't give a damn about that. I don't care about it.

- 538 Therapist reduces patient's statement to imagination, fantasy, illness. Therapist does not provide data.

Ex. What you say is merely your imagination.



539 Therapist discounts patient's comments about the therapist. Patient appears to be accurate in his estimations. Therapist does not provide data for his disqualifications.

Ex. Patient: I don't think that you understand me. (Therapist appears **not** to understand patient.)
Therapist: I **do** understand.



Perceptions and Sensations

- a visual perception
- b auditory perception
- c tactile perception
- d olfactory perception
- e gustatory perception
- f kinesthetic perception
- g pain perception
- h hotness or coldness perceptions
- i sexual sensations
- j perception of time
- k overall body state
- l external or internal physical reality in general

Affects

- m fear or anxiety
- n anger
- o startle
- p surprise
- q distress-anguish
- r disgust
- s envy
- t jealousy
- u sadness
- v shame
- w guilt
- x happiness or joy
- y excitement
- z hatred
- aa love
- bb positive affects in general
- cc negative affects in general
- dd confusion or craziness
- ee emptiness
- ff loneliness
- gg hope
- hh not able to feel anything (nothingness)



Mystification Scale
(childhood and adolescence)

Childhood and adolescence - this part of the scale applies to phenomena through childhood and adolescence.

Coding unit - complete therapist statement between two complete patient statements.

Therapist statement is rated after preceding patient statement. When determining coding unit disregard mm's, mmhm's.

Context - complete psychotherapy session

External and Internal Physical Reality
(includes past perceptions in childhood and adolescence)

- 540 Therapist attributes a visual perception or lack of visual perception to the patient when there is no data to indicate that this attribution is accurate.

Ex. The man was there. You saw him when you were a child.
Ex. The man was not there. You did not see him when you were a child.

- 541 Therapist disagrees with patient's visual perception when it is clear whether or not patient's perception is accurate.

Ex. You did not see the woman walk across the street when you were six years old.
Ex. You did see the woman walk across the street when you were six years old.

- 542 Therapist attributes an auditory perception or lack of auditory perception to the patient when there is no data to indicate that this attribution is accurate.

Ex. You heard the nurse talking to you when you were a child.
Ex. You did not hear the man walk across the room when your mother died.

- 543 Therapist disagrees with patient's auditory perception or lack of auditory perception when it is not clear whether or not patient's perception is accurate.

Ex. Your aunt talked to you when you were little.
Ex. Your grandfather did not say anything. You did not hear him.

- 544 Therapist attributes a tactile perception or lack of tactile perception to the patient when there is no data to indicate that this attribution is accurate.

Ex. You felt her touch you when you were eight.
Ex. A bug did not crawl across your feet at that time.



- 545 Therapist disagrees with patient's tactile perception when it is not clear whether or not patient's perception is accurate.
- Ex. You did feel a flower that day.
Ex. You did feel the floor after you broke your leg when you were a child.
- 546 Therapist attributes an olfactory perception or lack of olfactory perception to the patient when there is no data to indicate that this attribution is correct.
- Ex. You smelled smoke that year.
Ex. You did not smell perfume.
- 547 Therapist disagrees with patient's olfactory perception when it is not clear whether or not patient's perception is accurate.
- Ex. There was no skunk smell outside.
Ex. You did smell perfume.
- 548 Therapist attributes a gustatory perception or lack of gustatory perception to the patient when there is no data to indicate that this attribution is accurate.
- Ex. You did not taste salt in the pudding when your mother made it for you.
Ex. You tasted the food you ate as a child.
- 549 Therapist disagrees with patient's gustatory perception when it is not clear whether or not the patient's perception is accurate.
- Ex. You did not taste sugar.
Ex. You did not taste milk when you were a baby.
- 550 Therapist attributes a kinesthetic perception or lack of kinesthetic perception to the patient when there is no data to indicate that this attribution is accurate.
- Ex. You felt like you were moving when you were going to sleep as a child.
Ex. You did not feel that you were traveling through space.
- 551 Therapist disagrees with patient's kinesthetic perception when it is not clear whether or not patient's perception is accurate.
- Ex. You did not feel that your leg was moving.
Ex. You did not feel that you moved out of your body when you were an adolescent.
- 552 Therapist attributes a pain perception or lack of pain perception to the patient when there is no data to indicate that this attribution is accurate. (Note: This category involves physical and not psychological pain.)



Ex. You did not feel like nails were sticking in you when you hurt yourself.

Ex. You were not in constant pain as a child.

- 553 Therapist disagrees with patient's pain perception when it is not clear whether or not patient's perception is accurate.

Ex. You were not in pain.

Ex. Your leg didn't constantly hurt you when you were growing up.

- 554 Therapist attributes a perception of hotness or coldness or lack of perception of hotness or coldness to the patient when there is no data to indicate that this attribution is accurate.

Ex. You did not feel cold.

Ex. You did feel as if it were extremely cold outside when you were a child.

- 555 Therapist disagrees with patient's perception of hotness or coldness when it is not clear whether or not patient's perception is accurate.

Ex. You did not feel cold in that room.

Ex. You did not feel like you needed to put on a coat at that time.

- 556 Therapist attributes sexual sensations or lack of sexual sensations to the patient when there is no data to indicate that this attribution is accurate.

Ex. You had sexual feelings most of the time when you were a child.

Ex. You did not have sexual feelings when you were in school.

- 557 Therapist disagrees with patient's perception of his sexual sensations when it is not clear whether or not patient's perception is accurate.

Ex. You did not have sexual feelings.

Ex. You did not have sexual sensations when you were a child.

- 558 Therapist attributes a perception of time or lack of perception of time to the patient when there is no data to indicate that this attribution is accurate.

Ex. You felt as if everything were going very slowly when you were a baby.

Ex. You did not feel that it was evening that day.

- 559 Therapist disagrees with patient's time perceptions when it is not clear whether or not patient's perception is accurate.

Ex. You didn't feel that time stood still.

Ex. You felt that it was evening not morning.

- 560 Therapist attributes an overall body state or lack of such a state to the patient when there is no data to indicate that this attribution is accurate.

Ex. You did not feel as if your body was dying.

Ex. You did not feel as if you were perfectly well

physically when you were little.

- 561 Therapist disagrees with patient's overall body state or lack of such a state when it is not clear whether or not patient's perception is accurate.

Ex. You did not feel sick.

Ex. You felt as if your body broke into bits. You did not feel like you had one body.

- 562 Therapist makes attributions about external or internal physical reality, but the particular mode of sensation is not specified. This category refers to modes of physical perception in general. (Note: If specific behaviors are indicated the behavioral category should only be used when none of the other physical reality categories specifically apply.)

Ex. The woman was there.

Ex. The cat did not pass.

(These examples could refer to visual or auditory perception. The mode of perception is not clearly specified.)

- 563 Therapist disagrees about external or internal physical reality, but the particular mode of sensation is not specified. There is no data to indicate whether or not the patient's perception is accurate.

Ex. The woman was there when you were in school. You do not know what you are talking about.

Ex. The nurse was not in your room when you were in the hospital as a child.

Patient Affect

- 564 Therapist states that patient felt fear or anxiety or did not feel fear or anxiety when it is not clear whether or not the patient felt these affects. The therapist does not present data.

Ex. You were frightened as a child.

Ex. You were not anxious.

- 565 Therapist disagrees about patient's statement of fear or anxiety or lack of fear or anxiety as a child or adolescent when it is not clear whether or not patient felt anxious or afraid.

Ex. You were not afraid.

Ex. I know that you were afraid all the time no matter what you say.



- 566 Therapist states that patient felt anger or did not feel anger when it is not clear whether or not the patient felt angry.

Ex. You were angry at your brother.

Ex. You were not angry in school.

- 567 Therapist disagrees about patient's statement of anger or lack of anger when it is not clear whether or not the patient felt angry.

Ex. You were angry. I don't care what you say.

Ex. You were not angry at your mother.

- 568 Therapist states that the patient felt startled when it is not clear whether or not this was the case.

Ex. You were startled that day by your father.

Ex. You didn't feel startled at that time.

- 569 Therapist disagrees about patient's statements of having been or not been startled without providing justification.

Ex. I know that you were startled when your sister came in.

Ex. You didn't feel startled when you saw your mother twenty years ago.

- 570 Therapist states that the patient felt surprised when it is not clear whether or not this was the case.

Ex. You were surprised to see your brother.

Ex. You were not surprised that your father came.

- 571 Therapist disagrees about patient's statements of having been or not having been surprised without providing justification.

Ex. I know that you were surprised to see him.

Ex. You were surprised then even if you think that you were not.

- 572 Therapist states that patient felt distress-anguish when it is not clear whether or not this was the case.

Ex. You were in constant anguish growing up.

Ex. You were not distressed at that time.

- 573 Therapist disagrees about patient's statement of having been or not having been distressed without providing justification.

Ex. You were in distress as an adolescent.

- 574 Therapist states that the patient felt or did not feel disgust when it is not clear whether or not the patient felt disgust.

Ex. You were disgusted with the teacher.

Ex. You didn't feel disgusted with your father.

- 575 Therapist disagrees with patient's statements of having been or not having been disgusted without providing justification.

Ex. I know that you were disgusted with being there.

Ex. You were not disgusted.

- 576 Therapist states that the patient felt or did not feel envious when it is not clear whether or not this was the case.

Ex. I know that you were envious of your mother.

Ex. You didn't envy her.

- 577 Therapist disagrees with patient's statements of having or not having been envious without providing justification.

Ex. You were full of envy.

Ex. You didn't envy your father.

- 578 Therapist states that patient felt or did not feel jealousy when it is not clear whether or not this was the case.

Ex. You were jealous of your friend's relationship to your mother.

Ex. You never had feelings of jealousy.

- 579 Therapist disagrees with patient's statements of having or not having been jealous without providing justification.

Ex. You were jealous. I know that you were feeling this.

Ex. You were not feeling jealous at that moment as a child.

- 580 Therapist states that patient felt or did not feel sad when it is not clear whether or not this was the case.

Ex. You didn't feel sad. You had nothing to feel sad about.

Ex. I know that you felt sadness most of the time.

- 581 Therapist disagrees with patient's statements of having or not having felt sad without providing justification.

Ex. You had been sad for a year at that time.

- 582 Therapist states that patient felt or did not feel shame when it is not clear whether or not this was the case.

Ex. I know that you were ashamed to be with your brother.

Ex. You didn't feel shame. You just think that you did.



- 583 Therapist disagrees about patient's statements of having or not having been ashamed. Therapist does not provide justification.
- Ex. You felt same most of the time as a child.
Ex. You were ashamed at being a child even if you say you were not.
- 584 Therapist states that patient felt or did not feel guilt when it is not clear whether or not this was the case.
- Ex. You felt guilty because you were a girl.
Ex. You probably think that you felt guilty. I know that you didn't.
- 585 Therapist disagrees about patient's statements of having or not having felt guilty. Therapist does not provide justification.
- Ex. You didn't feel guilty. You felt nothing.
Ex. As a child you felt guilty about being born.
- 586 Therapist states that patient felt or did not feel happiness or joy. Therapist does not provide justification.
- Ex. You were happy that you were leaving school.
Ex. You hadn't been happy for a long time as a child.
- 587 Therapist disagrees about patient's statement of having or not having felt happiness. Therapist does not provide justification.
- Ex. You didn't feel joy at seeing her when you were little.
Ex. Don't tell me that you were happy. That was a lie.
- 588 Therapist states that the patient felt or did not feel excited when it is not clear whether or not this was the case.
- Ex. I know that you were excited about going to the game when you were a child.
Ex. You weren't excited about anything.
- 589 Therapist disagrees with patient's statement of having or not having felt excitement. Therapist does not provide justification.
- Ex. You weren't excited. There was no reason to be.
Ex. You never got excited about anything.
- 590 Therapist states that patient felt or did not feel hatred when it is not clear whether or not this was the case.
- Ex. I know that you hated your mother when you were a child.
Ex. You didn't hate anybody.

- 591 Therapist disagrees with patient's statement of having or not having felt hatred. Therapist does not provide justification.

Ex. I know that you hated him. Don't tell me that you didn't.
Ex. You hated for a long time as a child.

- 592 Therapist states that patient felt or did not feel love when it is not clear whether or not this was the case.

Ex. I know that you loved your brother.
Ex. You didn't love anyone. You didn't know how to love anyone.

- 593 Therapist disagrees with patient's statement of having or not having felt love. Therapist does not provide data.

Ex. You didn't love your father.
Ex. You loved your mother even when you thought you didn't.

- 594 Therapist states that patient felt or did not feel positive affects in general when it is not clear whether or not this was the case.

Ex. You felt good when you were little.
Ex. You didn't feel great all the time.

- 595 Therapist disagrees with patient's statement of having or not having felt positive affects. Therapist does not provide data.

Ex. You didn't feel good. Why do you want me to think that you did?
Ex. You felt wonderful.

- 596 Therapist states that the patient felt or did not feel negative affects in general when it is not clear whether or not this was the case.

Ex. You felt lousy when you were six years old.
Ex. You didn't feel terrible as an adolescent.

- 597 Therapist disagrees with patient's statement about having or not having felt negative affects in general. Therapist does not provide justification.

Ex. You felt rotten.
Ex. You didn't feel as bad as you think.

(Note: If an overall body state is indicated, code for body state. If the general affect statements do not refer specifically to a physical body state, code the general affect category.)

- 598 Therapist states that the patient felt or did not feel confusion or craziness when it is not clear whether or not this is the case.

- 599 Therapist disagrees with patient's statement of having or not having felt confused or crazy. Therapist does not provide justification.

Ex. Certainly you felt confused when you were little. You can't make me think that you didn't.

Ex. You were not feeling crazy at that time.

- 600 Therapist states that patient felt or did not feel emptiness when it is not clear whether or not this is the case.

Ex. You went around feeling empty most of the time.

Ex. You didn't feel empty when you were in therapy as a child.

- 601 Therapist disagrees about patient's statements about having or not having felt empty. Therapist does not provide justification.

Ex. You didn't feel empty when you were sixteen.

Ex. You felt empty when you didn't think that you did.

- 602 Therapist states that patient felt or did not feel loneliness when it is not clear whether or not this was the case.

Ex. You felt lonely when you were in school.

Ex. You didn't typically have feelings of loneliness as a child.

- 603 Therapist disagrees with patient's statement about having or not having felt loneliness.

Ex. You didn't feel lonely when you were seven.

Ex. You felt lonely when your brother left you.

- 604 Therapist states that the patient felt or did not feel hope when it is not clear whether or not this was the case.

Ex. You felt hope for the first time when you were five.

Ex. You didn't know what it was like to feel hope.

- 605 Therapist disagrees about patient's statements about having or not having felt hope. Therapist does not provide justification.

Ex. I don't agree that you had hope. You didn't.

Ex. You had hope whether you think so or not.

- 606 Therapist states that patient felt or did not feel anything. Therapist does not provide data.

Ex. You were never able to feel.

Ex. You thought that you felt. You felt nothing.

- 607 Therapist disagrees about patient's having or not having felt anything. Therapist does not provide justification.

Ex. You did feel as a child.

Ex. You think that you felt. You did not.

Patient's Self Concept

- 608 Therapist makes positive statements about the patient as a person during the patient's childhood or adolescence.

Ex. You were a strong child.

Ex. You were always a nice person.

- 609 Therapist disagrees with patient's statement of patient's positive views of himself as a child or adolescent.

Ex. You were not a good little boy.

Ex. You were not a bright child.

- 610 Therapist makes negative statements about the patient as a person during the patient's childhood or adolescence. Therapist does not provide data for his views.

Ex. You were a crazy child.

Ex. You were bad.

- 611 Therapist disagrees with patient's statement of patient's negative views of himself as a child or adolescent. Therapist does not justify.

Ex. You were not crazy.

Ex. You were a nice child.

- 612 Therapist makes neutral statement about the patient as a person during the patient's childhood or adolescence. Therapist does not justify.

Ex. You were a busy child.

Ex. You were a scholar.

- 613 Therapist disagrees with patient's statement of patient's neutral view of himself as a child or adolescent.

Ex. You were not a busy person.

Ex. You were not a business type.

(Note: The neutral category is used when it is not clear whether the statement is positive or negative. It is also used when a negation is stated, but a positive or negative attribute is not specified. Ex., "You were not a crazy person." The therapist says that the person was not crazy. He does not go on to specify something positive or negative. For example,



he does not go on to say that the patient was a healthy person.)

(Note: The self concept category applies to enduring characteristics over time. For example, if the therapist states that the patient was crazy and an enduring characteristic is stated or implied, the self concept category should be scored. If the therapist states that the patient engaged in crazy behavior or felt crazy, then the behavior or affect category is scored.)

Patient's Motives or Intentions Towards Self

- 614 Therapist states that patient wanted or had the intention of doing such and such (positive intention) to himself as a child or adolescent. Therapist does not provide adequate data for his position.

Ex. You wanted to help yourself.

Ex. You wanted to do well in school.

- 615 Therapist disagrees with patient's statements about his positive self motivation during childhood and adolescence. Therapist does not provide data for his point.

Ex. You did not want to help yourself when you were little.

Ex. You wanted to hurt yourself.

- 616 Therapist states that patient wanted or had the intention of doing such and such (negative intention) to himself as a child or adolescent.

Ex. You wanted to hurt yourself.

Ex. You wanted to fail in school.

- 617 Therapist disagrees with patient's statements about his negative self motivation during childhood and adolescence. Therapist does not provide data for his point.

Ex. You didn't want to hurt yourself.

Ex. You wanted to help yourself when you were little.

- 618 Therapist states that patient wanted or had the intention of doing such and such (neutral intention) to himself as a child or adolescent.

Ex. You wanted to take a bath.

Ex. You wanted to gain some weight as an adolescent.

- 619 Therapist disagrees with patient's statements about his neutral self motivation during childhood and adolescence.

Ex. You didn't want to wash your hair that day.

Ex. You didn't want to give yourself some water when you were five.

Patient's Motives or Intentions Towards Family

- 620 Therapist states that patient wanted or had the intention of doing such and such (positive intention) to his family as a child or adolescent.

Ex. You wanted to help your father.

Ex. You wanted to understand your brother.

- 621 Therapist disagrees with patient's statements about his positive motivation towards his family when the patient was a child or adolescent. Therapist does not provide data for his point.

Ex. You didn't want to do nice things for your grandfather.

Ex. You wanted to kill your father.

- 622 Therapist states that patient wanted or had the intention of doing such and such (negative intention) to his family when the patient was a child or adolescent. Therapist does not provide data.

Ex. When you were a child you wanted your brother to do all the work.

Ex. You wanted to make your younger sisters take care of you.

- 623 Therapist disagrees with patient's statements about his negative motivation towards his family during childhood and adolescence. Therapist does not provide data.

Ex. You did not want to hurt your mother.

Ex. You did not have the intention of being nasty to your cousin when you were little.

- 624 Therapist states that patient wanted or had the intention of doing such and such (neutral intention) to his family when the patient was a child or adolescent. Therapist does not provide data.

Ex. You wanted to go visit your grandparents.

Ex. You had the intention of seeing your mother when you were a child.

- 625 Therapist disagrees with patient's statements about his neutral motivation towards his family during childhood and adolescence. Therapist does not provide data.

Ex. You didn't want to take your mother to the store that day.

Ex. You didn't want to go fishing with your uncle at that time.

Patient's Motives or Intentions Towards Others (aside from family)

- 626 Therapist states that patient wanted or had the intention of doing such and such to others (positive intention). Therapist does not provide data for his point.

Ex. You wanted to praise your friend.

Ex. When you were a child you were trying to be nice to your teacher.

- 627 Therapist disagrees with patient's statements about his positive motivations towards others during childhood and adolescence.

Ex. You didn't want to help your friend.

Ex. You didn't mean to help the woman across the street.

- 628 Therapist states that patient wanted or had the intention of doing such and such to others (negative intentions) when the patient was a child or adolescent. Therapist does not provide data.

Ex. You wanted to be nasty to the teacher.

Ex. You wanted to go to the house and hit the boy.

- 629 Therapist disagrees with patient's statements about his negative motivation towards others.

Ex. You didn't want to be a pain to your father.

Ex. You didn't want to give the dog such a hard time.

- 630 Therapist states that patient wanted or had the intention of doing such and such to others (neutral intention) when the patient was a child or adolescent. Therapist does not provide data.

Ex. You wanted to see the grocer that day.

Ex. You wanted to give the dog a bath.

- 631 Therapist disagrees with patient's statements about his neutral intentions towards others during childhood and adolescence. Therapist does not provide data.

Ex. You did not want to go for a walk with the boy.

Ex. You did not want to see the grocer that day.

Patient's Motives or Intentions (recipient not specified)

- 632 Therapist states that patient wanted or had the intention of doing such and such (positive intention) when the patient was a child or adolescent. The recipient of the intention is not specified. Therapist does not provide data.

Ex. You wanted to care.

Ex. You had the intention of being nice.



- 633 Therapist disagrees with patient's statements about his positive intentions during childhood and adolescence. The recipient of the intention is not specified. Therapist does not provide data.

Ex. You didn't want to care.

Ex. You didn't have the intention of being nice.

- 634 Therapist states that patient wanted or had the intention of doing such and such during childhood and adolescence (negative intention). The recipient of the intention is not specified. Therapist does not provide data for his point.

Ex. You wanted to hurt.

Ex. You had the intention of being destructive.

- 635 Therapist disagrees with patient's statements about his negative intentions during childhood or adolescence. Therapist does not provide data for his point.

Ex. You didn't want to cause problems.

Ex. You didn't have the intention of being nasty.

- 636 Therapist states that patient wanted or had the intention of doing such and such (neutral intention) during childhood or adolescence. The recipient of the intention is not specified. Therapist does not provide data for his point.

Ex. You had the desire to go to the play when you were a child.

Ex. You wanted to clean your toys.

- 637 Therapist disagrees with patient's statements about his neutral intentions during childhood or adolescence. The recipient of the intention is not specified. Therapist does not provide data for his point.

Ex. You didn't have the desire to go to the play when you were a child.

Ex. You didn't want to clean your toys.

(Note: In the intention categories others includes all living things, objects, or concepts. Family includes nuclear and extended family. Therapist refers to the therapist studied in this project.)

(Note: Negations should be included in the neutral category unless the implication is otherwise. For example, if the therapist states that the patient did not want to hurt his family, but does not specify or imply that the patient wanted to help them the neutral category should be coded. If the therapist implies or states positive intent, the statement should be scored under positive attribution. The same applies for negations of positive intentions. This instruction only refers to attribution categories. Disagreement categories are coded in the usual manner.)

External Behavior Attribution in Self

- 638 Therapist states that patient behaved in a certain way (positive behavior). Therapist does not provide data.

Ex. When you were little you took care of your fish.

Ex. You helped your mother.

- 639 Therapist disagrees with patient's statements that the patient engaged in a specific behavior as a child or adolescent. Therapist does not provide data for his point of view (positive behavior).

Ex. You didn't take care of your pets. You hurt them.

Ex. You didn't do the things that you were supposed to do at your house.

- 640 Therapist states that patient behaved in a certain way as a child or adolescent (negative behavior). Therapist does not provide data.

Ex. You hit your brother.

Ex. You didn't do what your parents wanted.

- 641 Therapist disagrees with patient's statements that the patient engaged in a specific behavior (negative behavior) as a child or adolescent. Therapist does not provide data.

Ex. You didn't hit your brother.

- 642 Therapist states that patient behaved in a certain way as a child or adolescent (neutral behavior). Therapist does not provide data.

Ex. You went to play.

Ex. You went for a walk with the other boy.

- 643 Therapist disagrees with patient's statements that the patient engaged in a specific behavior as a child or adolescent (neutral behavior). Therapist does not provide data.

Ex. I know that you didn't go to the store then.

Ex. You didn't take a bath when you were three.

Internal Behavior Attribution in Self

- 644 Therapist states that patient had certain feelings or thoughts as a child or adolescent (positive internal behavior). Therapist does not provide data.

Ex. You thought that you would go help your mother that day.

Ex. You felt certain about what you were doing.

- 645 Therapist disagrees with patient's statements about patient's thoughts or feelings as a child or adolescent (positive internal behavior). Therapist does not provide data.

Ex. You did not think that you were being cooperative.

Ex. You did not feel certain about what you were doing.

- 646 Therapist states that patient had certain thoughts or feelings during childhood and adolescence (negative internal behavior). Therapist does not provide data.

Ex. You doubted constantly.

Ex. You thought about hurting your mother.

- 647 Therapist disagrees with patient's statements about patient's thoughts or feelings (negative internal behavior) during childhood and adolescence. Therapist does not provide data.

Ex. No you didn't feel inferior when you were five.

Ex. You had no thoughts about hurting your family.

- 648 Therapist states that patient had certain thoughts or feelings during childhood or adolescence (neutral internal behavior). Therapist does not provide data.

Ex. You had the feeling that you should go to the movie.

Ex. You thought that you were talking to your mother at the moment.

- 649 Therapist disagrees with patient's statements about patient's thoughts or feelings (neutral internal behavior) during childhood and adolescence. Therapist does not provide data.

Ex. You were not thinking about going to play right then.

Ex. You did not feel that you were about to move to another house.

(Note: The behavior categories refer to events which are more complicated than the physical reality categories in that in the behavior categories specific modes of perception cannot be clearly inferred. This category includes external events that occurred. It also includes internal feelings or thoughts. If a feeling refers to affects, the affect category should be coded. If intention or motivation is mentioned, the motivation category should be coded.)

(Note: Negations are coded under the neutral internal or external behavior categories unless a positive or negative attribution is implied or stated. For example, if the therapist indicates that the patient did not feel inferior, but does not indicate that he felt good, the neutral category should be coded. The same applies to negations that concern negative material. This



instruction only applies to attribution categories. Disagreement categories should be scored in the usual manner.)

Hypothetical Situations

- 650 Therapist states that patient could or could not have sensations or perceptions as a child or adolescent. Therapist does not provide data for his point. (See attached list of sensations and code these.)
- Ex. You could hear the plane.
Ex. It is possible that you could see the woman across the street when you were little.
- 651 Therapist disagrees with patient's statements about the possibility that the patient experienced or did not experience sensations or perceptions.
- Ex. I know that it was possible that you could have felt it if a bug crawled on your feet.
Ex. You could not have felt that your body was dying when you were little. How could you have felt that?
- 652 Therapist states that patient could or could not feel affects as a child or adolescent. Therapist does not provide data. (See affected lists of affects and code these.)
- Ex. You couldn't have felt anger. It is not possible that you would have been able to feel this.
Ex. You could have felt sadness.
- 653 Therapist disagrees with patient's statement about the possibility of the patient having or not having felt affect.
- Ex. You could not have felt empty.
Ex. It is not possible that you could have felt good.
- 654 Therapist states the possibility that the patient could have had a positive self concept as a child or adolescent. Therapist does not provide data for his point.
- Ex. You could have been a nice person when you were little.
Ex. You could have been a good person.
- 655 Therapist disagrees with patient's statement about the possibility of a positive self concept in the patient during childhood or adolescence.
- Ex. You couldn't have been a good person.
Ex. It is not possible that you could have been an intelligent child.

- 656 Therapist states the possibility of a negative patient-self-concept during childhood or adolescence. Therapist does not provide adequate data for his point.
- Ex. You could have been a totally incompetent child.
Ex. You could have been an extremely dumb child.
- 657 Therapist disagrees with patient's statements about the possibility of a negative self concept in the patient during childhood or adolescence. Therapist does not provide data.
- Ex. It is not possible that you could have been dumb.
Ex. You could not have been incompetent.
- 658 Therapist states the possibility of a neutral patient-self-concept during childhood or adolescence. Therapist does not provide adequate data for his point.
- Ex. You could have been a scholar.
Ex. You could have been a business type.
- 659 Therapist disagrees with patient's statements about the possibility of a neutral self concept in the patient during childhood or adolescence.
- Ex. You could not have been a business type at that time. I don't know why you think that would have been possible.
Ex. You could not have been an athletic type as a child.
- (Note: A negation is scored as neutral unless a positive or negative aspect is stated or implied. For example, if the therapist states that the patient could not have been a dumb person, but does not imply or state a positive emphasis, the statement should be scored as neutral. The same applies to negations of positive self-concept statements. These instructions apply only to attributions. Disagreements are scored as usual.)
- 660 Therapist states that the patient could have had a positive intention or motivation toward himself (patient) as a child. Therapist does not provide data for his assertion.
- Ex. You could have wanted to help yourself then.
Ex. You could have wanted to give yourself what you needed.
- 661 Therapist disagrees with patient's statement of the possibility of a positive intention or motivation toward himself (patient) as a child or adolescent.
- Ex. You could not have wanted to make things good for yourself at that time.
Ex. You could not have wanted to have given yourself what you needed at that time.

- 662 Therapist states that the patient could have had a negative intention or motivation toward himself (patient). Therapist does not provide data for his assertion.
- Ex. You could have wanted to kill yourself.
Ex. It is possible that you could have had the desire to be nasty to yourself.
- 663 Therapist disagrees with patient's statement of the possibility of a negative intention or motivation toward himself during childhood or adolescence.
- Ex. You could not have wanted to kill yourself.
Ex. It is not possible that you could have had the desire to be nasty to yourself even though you tell me that you did.
- 664 Therapist states that the patient could have had a neutral intention or motivation towards himself (patient) during childhood or adolescence. Therapist does not provide data for his assertion.
- Ex. You could have wanted to give yourself a bath at that time.
Ex. You could have wanted to get that dress for yourself that year.
- 665 Therapist disagrees with patient's statement of the possibility of a neutral intention or motivation toward himself during childhood or adolescence. Therapist does not provide data for his assertion.
- Ex. You could not have wanted to give yourself a bath at that time.
Ex. You could not have wanted to get that dress for yourself that year.
- 666 Therapist states that the patient could have had a positive intention or motivation towards his family. Therapist does not provide data for his assertion.
- Ex. You could have wanted to help your mother with her work.
Ex. You could have wanted to show affection to your family when you were a child.
- 667 Therapist disagrees with patient's statement of the possibility of a positive intention or motivation toward his family during childhood or adolescence. Therapist does not provide data for his assertion.
- Ex. It is not possible that you would have wanted to do nice things for your parents.
Ex. I know that you would not have wanted to care for your sister.

- 668 Therapist states that the patient could have had negative intentions or motivations towards his family. Therapist does not provide data for his assertion.

Ex. You could have wanted to hit your mother.

Ex. You could have wanted to hate your family as much as possible.

- 669 Therapist disagrees with patient's statements of the possibility of negative intentions or motivations towards his family during childhood or adolescence.

Ex. You could not have wanted to hit your mother.

Ex. You could not have wanted to hate your family as much as possible even though you think that you did.

- 670 Therapist states that the patient could have had neutral intentions or motivations towards his family as a child or adolescent. Therapist does not provide data for his assertion.

Ex. You could have wanted to take your mother to the store.

Ex. You could have wanted to take your sister to a movie.

- 671 Therapist disagrees with patient's statements of the possibility of a neutral intention or motivation towards his family during childhood or adolescence.

Ex. You could not have wanted to take your mother to the store.

Ex. You could not have wanted to take your sister to a movie.

- 672 Therapist states that the patient could have had positive intentions or motivations towards others during childhood or adolescence. Therapist does not provide data for his assertion.

Ex. You could have wanted to be nice to your neighbor.

Ex. You could have wanted to give affection to your little friend.

- 673 Therapist disagrees with patient's statements of the possibility of positive intentions or motivations towards others during childhood or adolescence.

Ex. You could not have wanted to be nice to your neighbor.

Ex. You could not have wanted to give affection to your friend.

- 674 Therapist states that the patient could have had negative intentions or motivations towards others during childhood or adolescence. Therapist does not provide data for his assertions.

Ex. It is possible that you would have wanted to be nasty to kick the dog.

Ex. It is possible that you would have wanted to be nasty to the teacher.



- 675 Therapist disagrees with patient's statements of the possibility of negative intentions or motivations towards others during childhood or adolescence. Therapist does not provide data for his assertion.

Ex. You could not have wanted to hit your friend.

Ex. You could not have wanted to be hateful to the nurse.

- 676 Therapist states that the patient could have had neutral intentions or motivations towards others during childhood or adolescence. Therapist does not provide data for his assertion.

Ex. You could have wanted to take the cat and go across the street.

Ex. You could have wanted to show the other girl the school.

- 677 Therapist disagrees with patient's statements of the possibility of neutral intentions or motivations towards others during childhood or adolescence. Therapist does not provide data for his assertion.

Ex. You could not have wanted to take the cat and go across the street.

Ex. You could not have wanted to show the other girl the school even though you tell me that you would have wanted to have done this.

- 678 Therapist states that the patient could have had positive intentions or motivations during childhood or adolescence. Therapist does not provide data for his assertion. The recipient of these intentions is not specified.

Ex. You could have wanted to care.

Ex. You could have wanted to be nice.

- 679 Therapist disagrees with patient's statements of the possibility of positive intentions or motivations during childhood or adolescence. The recipient of these intentions is not specified. Therapist does not provide data for his assertion.

Ex. You could not have wanted to care.

Ex. You could not have wanted to do nice things.

- 680 Therapist states that the patient could have had negative intentions or motivations during childhood or adolescence. The recipient of these intentions is not specified. Therapist does not provide data for his assertion.

Ex. You could have wanted to engaged in destructive behavior.

Ex. You could have wanted to go around hurting or destroying.

- 681 Therapist disagrees with patient's statements of the possibility of negative intentions or motivations. The recipient of these intentions is not specified.

Ex. You could not have wanted to engaged in destructive behavior.

Ex. You could not have wanted to go around hurting or destroying.

- 682 Therapist states that the patient could have had neutral intentions or motivations during childhood or adolescence. The recipient of these intentions is not specified. Therapist does not provide data for his assertion.

Ex. You could have had the desire to go to the game.

Ex. You could have wanted to clean your room.

- 683 Therapist disagrees with patient's statements of the possibility of neutral intentions during childhood or adolescence. The recipient of these intentions is not specified. Therapist does not provide data for his assertions.

Ex. You could not have had the desire to go to the game.

Ex. You could not have wanted to clean your room.

(Note: Family refers to patient's nuclear and extended family. Others refers to all living things (but the family), objects, or concepts.)

(Note: Negations should be scored as neutral intentions unless a positive or negative aspect is also stated or implied. For example, if the therapist states that the patient could not have wanted to hurt his family, but does not state or imply a positive intention, the neutral intention should be coded.)

- 684 Therapist states that the patient could have engaged in positive external behaviors during childhood or adolescence. Therapist does not provide data.

Ex. You could have cared for your pets adequately.

Ex. You could have done nice things for your brother.

- 685 Therapist disagrees with the patient's statement that the patient could have behaved in a certain way (positive external behavior) during childhood or adolescence. Therapist does not provide data.

Ex. You could not have cared for your pets adequately.

Ex. You could not have done nice things for your brother.

- 686 Therapist states that the patient could have engaged in negative external behavior during childhood or adolescence. Therapist does not provide data.

Ex. You could have hit your sister everyday.

Ex. You could have refused to give your brother food.

- 687 Therapist disagrees with the patient's statement that the patient could have behaved in a certain way during childhood or adolescence (negative external behavior). Therapist does not provide data for his point.
- Ex. You could not have been rude to your mother.
Ex. You could not have refused to talk to your friend.
- 688 Therapist states that the patient could have engaged in neutral external behavior during childhood or adolescence. Therapist does not provide data for his point.
- Ex. You could have walked across the yard with your friend.
Ex. You could have taken your dog out for a walk.
- 689 Therapist disagrees with the patient's statement that the patient could have behaved in a certain way during childhood or adolescence (neutral external behavior).
- Ex. You could not have gone over to the store.
Ex. You could not have had your hair cut.
- 690 Therapist states that the patient could have had certain thoughts or feelings during childhood or adolescence (positive internal behavior). Therapist does not provide data for his points.
- Ex. You could have had thoughts of helping your mother.
Ex. You could have felt certain about what you are doing.
- 691 Therapist disagrees about the possibility of the patient having had certain thoughts or feelings (positive internal behavior). Therapist does not provide data for his points.
- Ex. You could not have had thoughts of providing care for your animals.
Ex. You could not have had thoughts of being nice to your family.
- 692 Therapist states that the patient could have had certain thoughts or feelings during childhood or adolescence (negative internal behavior). Therapist does not provide data for his points.
- Ex. You could have thought about hurting your father.
Ex. You could have had thoughts about hurting your grandfather.
- 693 Therapist disagrees about the possibility of the patient having had certain thoughts or feelings during childhood or adolescence (negative internal behavior). Therapist does not provide data for his points.
- Ex. You could not have had thoughts about hurting your grandfather.
Ex. You could not have had thoughts about hurting your mother.

- 694 Therapist states that the patient could have had certain thoughts or feelings during childhood or adolescence (neutral internal behavior). Therapist does not provide data for his point.

Ex. You could have thought about working in the flowers.

Ex. You could have thought about studying your math.

- 695 Therapist disagrees about the possibility of the patient having had certain thoughts or feelings (neutral internal behavior) during childhood or adolescence. Therapist does not provide data for his point.

Ex. You could not have thought about going to the play.

Ex. You could not have thought about reading the book.

(Note: Negations are coded under the neutral internal or external behavior categories unless a positive or negative attribution is implied or stated. For example, if the therapist indicates that the patient could not have felt inferior but does not indicate that the patient could have felt good, the neutral category should be coded. The same applies to negations that concern negative material. This instruction only applies to attribution categories. Disagreement categories should be scored in the usual manner.)

(Note: Since hypothetical situations are hypothetical it may be difficult to judge whether or not mystification is occurring. Look at the context of the session. Look at whether the therapist has data to support his comments.)



Family Attributions
(nuclear and extended family)

Family Affect

- 696 Therapist states that patient's family felt or did not feel fear or anxiety during the patient's childhood or adolescence. The therapist does not present data for his position.

Ex. Your mother was frightened when you were a baby.

- 697 Therapist disagrees with patient's statement of fear or anxiety or lack of fear and anxiety in his family during the patient's childhood or adolescence.

Ex. I know that your father was not anxious.

- 698 Therapist states that patient's family felt or did not feel anger during the patient's childhood or adolescence. Therapist does not provide data for his point.

Ex. Your cousin was not angry when you were small.

- 699 Therapist disagrees with patient's statement of anger or lack of anger in his family during the patient's childhood or adolescence. Therapist does not provide data for his position.

Ex. Your mother had feelings of anger when you were four.

- 700 Therapist states that patient's family felt or did not feel startled during the patient's childhood or adolescence when it is not clear whether or not this was the case.

Ex. Your brother was not startled that time.

- 701 Therapist disagrees about patient's statement of a family member being or not being startled during the patient's childhood or adolescence. Therapist does not provide data for his position.

Ex. Your mother was not startled that night.

- 702 Therapist states that patient's family felt or did not feel surprised during the patient's childhood or adolescence when it is not clear whether or not this was the case.

Ex. Your grandfather was surprised to see you.

- 703 Therapist disagrees about patient's statement of surprise or lack of surprise in his family during the patient's childhood or adolescence. Therapist does not provide data for his position.

Ex. Your grandfather was not surprised.

- 704 Therapist states that patient's family felt or did not feel distress-anguish during the patient's childhood or adolescence when it is not clear whether or not this was the case.

Ex. Your mother was in constant anguish.

- 705 Therapist disagrees about patient's statement of distress-anguish or lack of distress-anguish in his family during the patient's childhood or adolescence. Therapist does **not** provide data for his position.

Ex. Your mother was not in constant anguish when you were little.

- 706 Therapist states that patient's family felt or did not feel disgust during the patient's childhood or adolescence when it is not clear whether or not this was the case.

Ex. Your father was disgusted with you.

- 707 Therapist disagrees with patient's statement of disgust or lack of disgust in his family during the patient's childhood or adolescence. Therapist does not provide data for his position.

Ex. Your father was not disgusted.

- 708 Therapist states that patient's family felt or did not feel envious during the patient's childhood or adolescence when it is not clear whether or not this was the case.

Ex. Your mother was envious of your looks.

- 709 Therapist disagrees with patient's statement of his family having been or not having been envious during his childhood or adolescence. Therapist does not provide data for his position.

Ex. Your sister was not envious.

- 710 Therapist states that patient's family felt or did not feel jealous during the patient's childhood or adolescence. Therapist does not provide data for his position.

Ex. Your cousin was jealous of you and your mother.

- 711 Therapist disagrees with patient's statement of his family having or not having been jealous during the patient's childhood or adolescence. Therapist does not provide data for his position.

Ex. Your cousin was jealous. Don't tell me that he was not.

- 712 Therapist states that patient's family felt or did not feel sadness during his childhood or adolescence when it is not clear whether or not this was the case.

Ex. Your aunt was not sad.

- 713 Therapist disagrees with patient's statement of sadness or lack of sadness in his family during the patient's childhood or adolescence. Therapist does not provide data for his position.

Ex. Your grandfather was sad.

- 714 Therapist states that patient's family felt or did not feel shame during the patient's childhood or adolescence when it is not clear whether or not this was the case.

Ex. Your father felt shame about you.

- 715 Therapist disagrees with patient's statement of shame or lack of shame in his family during the patient's childhood or adolescence. Therapist does not provide data for his position.

Ex. Your family was ashamed. Don't tell me that they were not.

- 716 Therapist states that patient's family felt or did not feel guilt during the patient's childhood or adolescence when it is not clear whether or not this was the case. Therapist does not provide data for his position.

Ex. Your family had not feelings of guilt.

- 717 Therapist disagrees with patient's statement of guilt or lack of guilt in his family during the patient's childhood or adolescence. Therapist does not provide data for his position.

Ex. Your grandmother did feel guilty.

- 718 Therapist states that patient's family felt or did not feel happiness or joy during the patient's childhood or adolescence when it is not clear whether or not this was the case. Therapist does not provide data.

Ex. Your family felt happy that you were O.K.

- 719 Therapist disagrees with patient's statement of happiness or joy or lack of happiness or joy in his family during the patient's childhood or adolescence. Therapist does not provide data for his position.

Ex. Your father was not happy. Don't try to think that he was.

- 720 Therapist states that patient's family felt or did not feel excited during the patient's childhood or adolescence when it is not clear whether or not this was the case.

Ex. Your mother was excited that you were going home from the hospital.

- 721 Therapist disagrees with patient's statement of excitement or lack of excitement during the patient's childhood or adolescence. Therapist does not provide data for his position.

Ex. Your mother was never excited. You are wrong.

- 722 Therapist states that patient's family felt or did not feel hatred during the patient's childhood or adolescence when it is not clear whether or not this was the case.

Ex. Your mother hated you.

- 723 Therapist disagrees with patient's statement of hatred or lack of hatred in his family during the patient's childhood or adolescence. Therapist does not provide data for his position.

Ex. Your mother did not hate.

- 724 Therapist states that patient's family felt or did not feel love during the patient's childhood or adolescence when it is not clear whether or not this was the case.

Ex. Your family loved you.

- 725 Therapist disagrees with patient's statement of love or lack of love in his family during the patient's childhood or adolescence. Therapist does not provide data for his position.

Ex. Your father did not love anything.

- 726 Therapist states that patient's family felt or did not feel positive affects in general during the patient's childhood or adolescence when it is not clear whether or not this was the case.

Ex. Your father felt good about life.

- 727 Therapist disagrees with patient's statement of positive affects in general or lack of positive affects in general during the patient's childhood or adolescence. Therapist does not provide data for his position.

Ex. Your father did not feel good about life.

- 728 Therapist states that patient's family felt or did not feel negative affects in general during the patient's childhood or adolescence when it was not clear whether or not this was the case.

Ex. Your brother felt bad for quite some time.

- 729 Therapist disagrees with patient's statement of negative affects in general or lack of negative affects in general during the patient's childhood or adolescence. Therapist does not provide data for his position.

Ex. Your brother felt bad. Don't say that he didn't.

- 730 Therapist states that patient's family felt or did not feel confusion or craziness during the patient's childhood or adolescence when it is not clear whether or not this was the case.

Ex. Your family felt confused a lot.

- 731 Therapist disagrees with patient's statement of confusion or craziness or lack of confusion or craziness during the patient's childhood or adolescence. Therapist does not provide data for his position.

Ex. Your mother was not confused that time.

- 732 Therapist states that patient's family felt or did not feel emptiness when it is not clear whether or not this was the case.

Ex. Your cousin felt empty for several years when you were little.

- 733 Therapist disagrees with patient's statements of emptiness or lack of emptiness during the patient's childhood or adolescence. Therapist does not provide data for his position.

Ex. No one in your family felt empty.

- 734 Therapist states that patient's family felt or did not feel loneliness during the patient's childhood or adolescence when it is not clear whether or not this was the case.

Ex. Your father never felt lonely.

- 735 Therapist disagrees with patient's statements of loneliness or lack of loneliness during the patient's childhood or adolescence. Therapist does not provide data for his position.

Ex. Your mother always felt lonely. You know that.

- 736 Therapist states that patient's family felt or did not feel hope when it was not clear whether or not this was the case.

Ex. Your father had hope. That was extremely important.

- 737 Therapist disagrees with patient's statement of hope or lack of hope during the patient's childhood or adolescence. Therapist does not provide data for his position.

Ex. Your father did have hope. There is no point in you indicating otherwise.



- 738 Therapist states that patient's family felt or did not feel anything during the patient's childhood or adolescence when it is not clear whether or not this was the case.

Ex. Your sister was able to feel nothing.

- 739 Therapist disagrees with patient's statement of his family having felt or not felt anything during his childhood or adolescence. Therapist does not provide data.

Ex. Your whole family felt nothing.

Family Concept

- 740 Therapist makes positive statements about patient's family as people during the patient's childhood or adolescence. Therapist does not provide data for his views.

Ex. Your mother was a good woman.

- 741 Therapist disagrees with patient's statement of patient's views of his family as people (positive views) during his childhood or adolescence.

Ex. Your mother was not a good woman.

- 742 Therapist makes negative statements about patient's family as people during the patient's childhood or adolescence without providing data for his view.

Ex. Your mother was a bitch.

- 743 Therapist disagrees with patient's statements of patient's views of his family as people during the patient's childhood and adolescence. Therapist does not provide data (negative views).

Ex. Your father was not the bad person that you say.

- 744 Therapist makes neutral statement about patient's family as people during the patient's childhood or adolescence without providing data for his view.

Ex. Your family was a busy family.

- 745 Therapist disagrees with patient's statement of patient's views of his family as people during the patient's childhood or adolescence. Therapist does not provide data (neutral views).

Ex. Your mother was not an artist.

(Note: The neutral category is used when it is not clear whether the statement is positive or negative. It is also used when a negation is stated, but a positive or negative attribute is not specified. Ex., "Your mother was not a crazy person." Therapist says that the mother was not crazy. He does not go on to specify something positive or negative. For example, he does not go on to say that the mother was healthy.)

(Note: The family concept category applies to enduring characteristics over time. For example if the therapist states that the mother was crazy and an enduring characteristic is stated or implied, the family concept category should be scored. If the therapist states that the mother engaged in crazy behavior or was feeling crazy, then the behavior or affect category is scored.)

Family's Motives or Intentions

- 746 Therapist states that patient's family had the intention of doing such and such to the patient (positive intention) during the patient's childhood or adolescence.

Ex. Your mother wanted to understand you.

- 747 Therapist disagrees with patient's statement about his family's intentions or motivations towards him (positive intentions) during the patient's childhood or adolescence.

Ex. Your mother did not want to help you.

- 748 Therapist states that the patient's family had the intention of doing such and such to the patient (negative intention) during the patient's childhood or adolescence.

Ex. Your cousin wanted to have you do his work.

- 749 Therapist disagrees with patient's statements about his family's intentions towards him (negative intention) during his childhood or adolescence. Therapist does not provide data.

Ex. Your family did not want to hurt you. You just think that.

- 750 Therapist states that patient's family had the intention of doing such and such to the patient (neutral intention) during the patient's childhood or adolescence.

Ex. Your mother wanted to bring you your dress.

- 751 Therapist disagrees with patient's statements about his family's intentions or motivations towards him (neutral intentions) during the patient's childhood or adolescence.

Ex. Your mother did not want to bring you your dress.

- 752 Therapist states that patient's family had the intention of doing such and such (positive intention) during the patient's childhood or adolescence. Recipient was anyone but the patient or recipient may not be specified.

Ex. Your sister wanted to care.

- 753 Therapist disagrees with patient's statements about his family's intentions or motivations during the patient's childhood or adolescence (positive intention). Recipient is anyone but the patient or recipient may not be specified. Therapist does not provide data.

Ex. Your father did not want to care about your brother.

- 754 Therapist states that patient's family had the intention of doing such and such (negative intention) during the patient's childhood or adolescence. Recipient is anyone but the patient or recipient may not be specified. Therapist does not provide data.

Ex. Your uncle wanted to be destructive.

- 755 Therapist disagrees with patient's statements about his family's intentions or motivations during the patient's childhood or adolescence (negative intention). Recipient is anyone but the patient or recipient may not be specified. Therapist does not provide data.

Ex. Your father did not have the impulse to be rude.

- 756 Therapist states that patient's family had the intention of doing such and such (neutral intention) during the patient's childhood or adolescence. Recipient is anyone but the patient or recipient may not be specified.

Ex. Your brother wanted to see his friend.

- 757 Therapist disagrees with patient's statements about his family's intentions or motivations (neutral intention) during the patient's childhood or adolescence. Recipient is anyone but the patient or recipient may not be specified.

Ex. Your brother did not want to go to the movie.

(Note: Negations should be included in the neutral category unless the implication is otherwise. For example, if the therapist stated that the patient's family did not want to hurt the patient, but did not specify or imply that the family wanted to help him, the neutral category should be coded. If the therapist implies or states positive intent, the statement should be scored under positive attributions. The same applies for negations of positive intentions. This instruction only refers to attribution categories. Disagreement categories are scored in the usual manner.)

External Behavior Attribution in Family

- 758 Therapist states that patient's family behaved in a certain way during the patient's childhood or adolescence (positive behavior). Therapist does not provide data for his points.

Ex. Your mother had been doing nice things.

- 759 Therapist disagrees with patient's statements that the patient's family engaged in specific behavior during the patient's childhood or adolescence. Therapist does not provide data for his point of view (positive behavior).

Ex. Your father had not been taking care of you even though you think that he had.

- 760 Therapist states that patient's family behaved in a certain way (negative behavior) during the patient's childhood or adolescence. Therapist does not provide data for his points.

Ex. Your mother hit your brother when he was little.

- 761 Therapist disagrees with patient's statements that the patient's family engaged in specific behaviors during the patient's childhood or adolescence (negative behavior). Therapist does not provide data for his point of view.

Ex. Your mother did not talk nasty to you when you were little.

- 762 Therapist states that patient's family behaved in a certain way (neutral behavior) during the patient's childhood or adolescence. Therapist does not provide data for his points.

Ex. Your father went to work when you were three.

- 763 Therapist disagrees with patient's statements that the patient's family engaged in specific behaviors during the patient's childhood or adolescence. Therapist does not provide data for his point of view (neutral behavior).

Ex. Your father did not go to work that day. Why do you tell me that he did?

Internal Behavior Attribution in Family

- 764 Therapist states that patient's family had certain feelings or thoughts during the patient's childhood or adolescence (positive internal behavior). Therapist does not provide data for his points.

Ex. Your mother felt that she cared for you.

- 765 Therapist disagrees with patient's statements about patient's family's thoughts or feelings during the patient's childhood or adolescence (positive internal behavior). Therapist does not provide data for his points.

Ex. Your mother did not think about doing nice things for you.

- 766 Therapist states that patient's family had certain feelings or thoughts (negative internal behavior) during the patient's childhood or adolescence. Therapist does not provide data for his points.

Ex. Your mother felt that she was no good.

- 767 Therapist disagrees with patient's statements about patient's family's thoughts or feelings (negative internal behavior). Therapist does not provide data for his points.

Ex. Your mother did not feel that she was no good.

- 768 Therapist states that patient's family has certain feelings or thoughts (neutral internal behavior) during the patient's childhood or adolescence. Therapist does not provide data for his points.

Ex. Your brother thought about his math.

- 769 Therapist disagrees with patient's statements about patient's family's thoughts or feeling during the patient's childhood or adolescence (neutral internal behavior). Therapist does not provide data for his points.

Ex. Your sister had not been thinking about physics.

(Note: The behavior categories refer to events which are more complicated than the physical reality categories in that in the behavior categories specific modes of perception cannot be clearly inferred. This category includes external events that have occurred. It also includes internal feelings or thoughts. If a feeling refers to affects, the affect category should be coded. If intention or motivation is mentioned, the motivation category should be coded.)

(Note: Negations are coded under the neutral internal or external behavior categories unless a positive or negative attribution is implied or stated. For example, if the therapist indicates that the patient's family did not feel inferior, but does not indicate that they felt good, the neutral category should be coded. The same applies to negations that concern negative material. This instruction only applies to attributions. Disagreement categories should be scored in the usual manner.)



Hypothetical Situations

- 770 Therapist states that patient's family could or could not have felt affects during the patient's childhood or adolescence. Therapist does not provide data for his view. (See attached list of affects and code these)

Ex. Your mother could not have been angry.

- 771 Therapist disagrees with patient's statements about the possibility of the patient's family having felt or not having felt affects during the patient's childhood or adolescence.

Ex. Your mother could not have felt empty.

- 772 Therapist states the possibility of a positive family concept during the patient's childhood or adolescence. Therapist does not provide data for his point.

Ex. Your father could have been a nice person.

- 773 Therapist disagrees with patient's statement of the possibility of a positive family concept during the patient's childhood or adolescence. Therapist does not provide data for his points.

Ex. Your mother could not have been a good person.

- 774 Therapist states the possibility of a negative family concept during the patient's childhood or adolescence. Therapist does not provide data for his points.

Ex. Your sister could have been a stupid woman.

- 775 Therapist disagrees with patient's statement of the possibility of a negative family concept during the patient's childhood or adolescence. Therapist does not provide data for his points.

Ex. Your sister could not have been a stupid woman.

- 776 Therapist states the possibility of a neutral family concept during the patient's childhood or adolescence. Therapist does not provide data for his points.

Ex. Your family could have been a busy family.

- 777 Therapist disagrees with patient's statement of the possibility of a neutral family concept during the patient's childhood or adolescence.

Ex. Your family could not have been a busy family.



(Note: A negation is scored as neutral unless a positive or negative aspect is stated or implied. For example, if the therapist states that the patient's brother could not have been a dumb person, but does not imply or state a positive emphasis, the statement should be scored as neutral. The same applies to negations of positive family concept statements. These instructions apply to attributions. Disagreements are scored as usual.)

- 778 Therapist states that the patient's family could have had a positive intention or motivation toward the patient during the patient's childhood or adolescence. Therapist does not provide for his assertion.

Ex. Your family could have wanted to help you.

- 779 Therapist disagrees with patient's statement of the possibility that patient's family could have had a positive intention or motivation toward the patient during the patient's childhood or adolescence. Therapist does not provide data for his assertion.

Ex. Your family could not have wanted to help you.

- 780 Therapist states that the patient's family could have had a negative intention or motivation toward the patient during the patient's childhood or adolescence. Therapist does not provide data for his assertion.

Ex. Your mother could have wanted to see you become crazy.

- 781 Therapist disagrees with patient's statement of the possibility that patient's family could have had a negative intention toward the patient during the patient's childhood or adolescence. Therapist does not provide data for his assertion.

Ex. Your mother could not have wanted to see you become crazy.

- 782 Therapist states that the patient's family could have had a neutral intention or motivation toward the patient during the patient's childhood or adolescence. Therapist does not provide data for his assertion.

Ex. Your aunt could have wanted to take you over to visit some friends.

- 783 Therapist disagrees with patient's statement of the possibility that patient's family could have had a neutral intention or motivation toward the patient during the patient's childhood or adolescence. Therapist does not provide data for his assertion.

Ex. Your aunt could not have wanted to take you over to visit some friends.

- 784 Therapist states that the patient's family could have had a positive intention or motivation during the patient's childhood or adolescence. Recipient of the intention is anyone other than the patient or recipient may not be specified. Therapist does not provide data for his assertion.

Ex. Your family could have wanted to help your brother.

- 785 Therapist disagrees with patient's statement of the possibility that patient's family could have had a positive intention or motivation. Recipient of the intention is anyone other than the patient or recipient may not be specified. Therapist does not provide data for his assertion.

Ex. Your family could not have wanted to help your brother.

- 786 Therapist states that patient's family could have had a negative intention or motivation. Recipient of the intention is anyone other than the patient or recipient may not be specified. Therapist does not provide data for his assertion.

Ex. Your family could have wanted to be destructive.

- 787 Therapist disagrees with patient's statement of the possibility that patient's family could have had a negative intention or motivation. Recipient of the intention is anyone other than the patient or recipient may not be specified. Therapist does not provide data for his assertion.

Ex. Your family could not have wanted to be destructive.

- 788 Therapist states that the patient's family could have had a neutral intention or motivation during the patient's childhood or adolescence. Recipient of the intention is anyone other than the patient or recipient may not be specified. Therapist does not provide data for his assertion.

Ex. Your mother could have wanted to go visiting.

- 789 Therapist disagrees with patient's statement of the possibility that patient's family could have had a neutral intention or motivation. Recipient of the intention is anyone other than the patient or recipient may not be specified. Therapist does not provide data for his assertion.

Ex. Your mother could not have wanted to go visiting.

(Note: Negations should be scored as neutral intentions unless a positive or negative aspect is also stated or implied. For example, if the therapist states that the patient's family did not want to hurt the patient, but does not state or imply a positive intention, the neutral intention should be coded.)

- 790 Therapist states that the patient's family could have engaged in positive external behavior during the patient's childhood or adolescence. Therapist does not provide data.

Ex. Your mother could have cared for her children adequately.

- 791 Therapist disagrees with the patient's statement that the patient's family could have behaved in a certain way (positive external behavior) during the patient's childhood or adolescence. Therapist does not provide data for his statement.

Ex. Your mother could not have cared for her children adequately.

- 792 Therapist states that the patient's family could have engaged in negative external behavior during the patient's childhood or adolescence. Therapist does not provide data.

Ex. Your brother could have gone around making other people feel bad.

- 793 Therapist disagrees with patient's statement that the patient's family could have behaved in a certain way (negative external behavior) during the patient's childhood or adolescence. Therapist does not provide data for his statement.

Ex. Your brother could not have gone around making people feel bad. You just think that.

- 794 Therapist states that the patient's family could have engaged in neutral external behavior during the patient's childhood or adolescence. Therapist does not provide data for his statements.

Ex. Your mother could have gone visiting.

- 795 Therapist disagrees with patient's statement that the patient's family could have behaved in a certain way (neutral external behavior) during the patient's childhood or adolescence. Therapist does not provide data for his statements.

Ex. Your mother could not have gone visiting.

- 796 Therapist states that the patient's family could have had certain thoughts or feelings (positive internal behavior) during the patient's childhood or adolescence. Therapist does not provide data.

Ex. Your cousin could have thought nice things about you.

- 797 Therapist disagrees with patient's statement that the patient's family could have had certain thoughts or feelings (positive internal behavior) during the patient's childhood or adolescence. Therapist does not provide data for his statement.

Ex. Your cousin could not have thought nice things about you.

- 798 Therapist states that the patient's family could have had certain thoughts or feelings (negative internal behavior) during the patient's childhood or adolescence. Therapist does not provide data.

Ex. Your mother could have felt that she was not a good person.

- 799 Therapist disagrees with patient's statement that the patient's family could have had certain thoughts or feelings (negative internal behavior) during the patient's childhood or adolescence. Therapist does not provide data for his statements.

Ex. Your mother could not have felt that she was a good person.

- 800 Therapist states that the patient's family could have had certain thoughts or feelings during the patient's childhood or adolescence (neutral internal behavior). Therapist does not provide data.

Ex. Your mother could have been thinking that she needed to go to the store.

- 801 Therapist disagrees with patient's statement that the patient's family could have had certain thoughts or feelings during the patient's childhood or adolescence (neutral internal behavior). Therapist does not provide data for his statements.

Ex. Your mother could not have been thinking that she needed to go to the store. Don't tell me that.

(Note: Negations are coded under the neutral internal or external behavior categories unless a positive or negative attribution is implied or stated. For example, if the therapist indicates that the patient's mother could not have felt inferior but does not indicate that she could have felt good, the neutral category should be coded. The same applies to negations that concern negative material. This instruction only applies to attribution categories. Disagreement categories should be scored in the usual manner.)

(Note: Since hypothetical situations are hypothetical, it may be difficult to judge whether or not mystification is occurring. Look at the context of the session. Look at whether the therapist has data to support his comments.)

Attributions in Others Besides Patient's Family
(all living things {other than family}, objects, or concepts)

Affect in Others

- 802 Therapist states that a person felt or did not feel fear or anxiety during the patient's childhood when it is not clear whether or not this was the case. Therapist does not present data for his position.

Ex. Your friend was frightened.

- 803 Therapist disagrees with patient's statement of fear or anxiety or lack of fear or anxiety in others during the patient's childhood or adolescence. Therapist does not present data for his position.

Ex. I know that your friend was not anxious.

- 804 Therapist states that a person felt or did not feel anger during the patient's childhood or adolescence when it is not clear whether or not this was the case. Therapist does not provide data for his position.

Ex. The man across the street was not angry.

- 805 Therapist disagrees with patient's statement of anger or lack of anger in others during the patient's childhood or adolescence. Therapist does not provide data for his position.

Ex. The teacher had feelings of anger that year.

- 806 Therapist states that a person felt or did not feel startled during the patient's childhood or adolescence when it is not clear whether or not this was the case.

Ex. Your friend was not startled.

- 807 Therapist disagrees with patient's statement of another person being or not being startled during the patient's childhood or adolescence. Therapist does not present data for his position.

Ex. Your friend was not startled that night.

- 808 Therapist states that a person felt or did not feel surprised when it is not clear whether or not this was the case. Therapist does not present data for his position.

Ex. The man was surprised to see you.

- 809 Therapist disagrees with patient's statement of another person being or not being surprised during the patient's childhood or adolescence.

Ex. The teacher was not surprised. You know that.

- 810 Therapist states that a person felt or did not feel distress-anguish during the patient's childhood or adolescence when it is not clear whether or not this was the case.

Ex. Your friend was not in constant anguish.

- 811 Therapist disagrees with patient's statement of another person feeling or not feeling distress-anguish during the patient's childhood or adolescence. Therapist does not provide data for his position.

Ex. Your friend was in constant anguish. Don't tell me that he was not.

- 812 Therapist states that a person felt or did not feel disgust during the patient's childhood or adolescence when it is not clear whether or not this was the case.

Ex. Your lover was disgusted with you.

- 813 Therapist disagrees with patient's statement of another person feeling or not feeling disgust during the patient's childhood or adolescence. Therapist does not provide data.

Ex. Your lover was not disgusted with you.

- 814 Therapist states that a person felt or did not feel envious when it is not clear whether or not this was the case.

Ex. When you were a child the scientist was envious of the artist.

- 815 Therapist disagrees with patient's statement of another person feeling or not feeling envious during the patient's childhood or adolescence. Therapist does not provide data.

Ex. Your friend was not envious. You just imagine that.

- 816 Therapist states that a person felt or did not feel jealous during the patient's childhood or adolescence when it is not clear whether or not this was the case.

Ex. Your friend was jealous of your friendship with your lover.

- 817 Therapist disagrees with patient's statement of another person feeling or not feeling jealous during the patient's childhood or adolescence. Therapist does not provide data.

Ex. Your friend was jealous. Don't tell me that he was not.

- 818 Therapist states that a person felt or did not feel sad during the patient's childhood or adolescence when it is not clear whether or not this was the case.

Ex. Your dog was sad.

- 819 Therapist disagrees with patient's statement of another person feeling or not feeling sad during the patient's childhood or adolescence. Therapist does not provide data.

Ex. Your friend went through some sadness. Don't deny that.

- 820 Therapist states that a person felt or did not feel shame when it is not clear whether or not this was the case.

Ex. The student felt shame because of the exam.

- 821 Therapist disagrees with patient's statement of another person feeling or not feeling shame during the patient's childhood or adolescence. Therapist does not provide data.

Ex. The patients were ashamed when you were little. Don't tell me that they were not.

- 822 Therapist states that another person felt or did not feel guilt during the patient's childhood or adolescence. Therapist does not provide data.

Ex. The teacher had no feelings of guilt.

- 823 Therapist disagrees with patient's statement of another person feeling or not feeling guilt during the patient's childhood or adolescence. Therapist does not provide data.

Ex. Your friend felt guilty.

- 824 Therapist states that another person felt or did not feel happiness or joy during the patient's childhood or adolescence when it is not clear whether or not this was the case.

Ex. The teacher felt happy that school was out.

- 825 Therapist disagrees with patient's statement of another person feeling or not feeling happiness or joy during the patient's childhood or adolescence. Therapist does not provide data.

Ex. Your friend was not happy. Don't try to think that he was.

- 826 Therapist states that another person felt or did not feel excited when it is not clear whether or not this was the case.

Ex. The nurse was excited when you went home from the hospital as a child.

- 827 Therapist disagrees with patient's statement of another person feeling or not feeling excitement during the patient's childhood or adolescence. Therapist does not provide data.

Ex. Your friend was never excited.

- 828 Therapist states that another person felt or did not feel hatred during the patient's childhood or adolescence when it is not clear whether or not this was the case.

Ex. The man hated for a long time.

- 829 Therapist disagrees with patient's statement of another person feeling or not feeling hatred during the patient's childhood or adolescence. Therapist does not provide data.

Ex. Your friend did not hate you.

- 830 Therapist states that another person felt or did not feel love during the patient's childhood or adolescence when it is not clear whether or not this was the case.

Ex. The woman felt love.

- 831 Therapist disagrees with patient's statements of another person feeling or not feeling love during the patient's childhood or adolescence. Therapist did not provide data.

Ex. The woman did not feel love.

- 832 Therapist states that another person felt or did not feel positive affects in general when it is not clear whether or not this was the case.

Ex. Your friend felt good about life.

- 833 Therapist disagrees with patient's statement of another person feeling or not feeling positive affects in general during the patient's childhood or adolescence. Therapist does not provide data.

Ex. Your friend did feel good about life no matter what you think.

- 834 Therapist states that another person felt or did not feel negative affects in general during the patient's childhood or adolescence when it is not clear whether or not this was the case.

Ex. The artist felt bad for quite some time.



- 835 Therapist disagrees with patient's statements of another person feeling or not feeling negative affects in general during the patient's childhood or adolescence. Therapist does not provide data.

Ex. The potter never felt bad.

- 836 Therapist states that another person felt or did not feel confusion or craziness during the patient's childhood or adolescence when it is not clear whether or not this was the case.

Ex. The biologist felt confused a lot during that time.

- 837 Therapist disagrees with patient's statements of another person feeling or not feeling confusion or craziness during the patient's childhood or adolescence. Therapist does not provide data.

Ex. Your friend was not confused that year.

- 838 Therapist states that another person felt or did not feel emptiness when it is not clear whether or not this was the case.

Ex. Your friend felt empty for several years when you were a child.

- 839 Therapist disagrees with patient's statements of another person feeling or not feeling empty during the patient's childhood or adolescence. Therapist does not provide data.

Ex. Everyone that you knew during that time felt empty.

- 840 Therapist states that another person felt or did not feel lonely during the patient's childhood or adolescence. Therapist does not provide data.

Ex. The man never felt lonely then.

- 841 Therapist disagrees with patient's statements of another person feeling or not feeling lonely during the patient's childhood or adolescence. Therapist does not provide data.

Ex. Your friend always felt lonely at that time. You know that.

- 842 Therapist states that another person felt or did not feel hope during the patient's childhood or adolescence when it is not clear whether or not this was the case.

Ex. The girl felt hope.

- 843 Therapist disagrees with patient's statements of another person feeling or not feeling hope during the patient's childhood or adolescence. Therapist does not provide data.

Ex. Your friend did not have hope. There is no point in you indicating otherwise.

- 844 Therapist states that another person felt or did not feel anything when it is not clear whether or not this was the case.

Ex. The man felt nothing when you were little.

- 845 Therapist disagrees with patient's statements of another person feeling or not feeling anything during the patient's childhood or adolescence. Therapist does not provide data for his views.

Ex. All of your friends felt nothing.

Person Concept

- 846 Therapist makes positive statements about others as people during the patient's childhood or adolescence. Therapist does not provide data for his views.

Ex. Your friends were intelligent people.

- 847 Therapist disagrees with patient's statement of patient's views of others as people during the patient's childhood or adolescence (positive views). Therapist does not provide data.

Ex. The woman was not a good person.

- 848 Therapist makes negative statements about others as people during the patient's childhood or adolescence. Therapist does not provide data.

Ex. Your friend was cruel.

- 849 Therapist disagrees with patient's statement of patient's views of others as people during the patient's childhood or adolescence (negative views). Therapist does not provide data.

Ex. Your friend was not cruel.

- 850 Therapist makes neutral statements about others as people during the patient's childhood or adolescence. Therapist does not provide data.

Ex. The man was busy man.

- 851 Therapist disagrees with patient's statement of patient's views of others as people (neutral views) during the patient's childhood or adolescence. Therapist does not provide data.

Ex. The man was not a busy one.

- (Note: The neutral category is used when it is not clear whether the statement is positive or negative. It is also used when a negation is stated, but a positive or negative attribute is not specified. Ex., "Your friend was not a crazy person." The therapist says that the friend was not crazy. He does not go on to specify something positive or negative. For example, he does not go on to say that the friend was healthy.)
- (Note: The person concept category applies to enduring characteristics over time. For example, if the therapist states that the friend was crazy and an enduring characteristic is stated or implied, the person concept category should be scored. If the therapist states that the friend engaged in crazy behavior or felt crazy, then the behavior or affect category is scored.)

Other's Motives or Intentions Towards Patient

- 852 Therapist states that a person had the intention of doing such and such to the patient (positive intention) during the patient's childhood or adolescence. Therapist does not provide data.
- Ex. The teacher wanted to understand you.
- 853 Therapist disagrees with patient's statement about a person's intentions or motivations toward the patient during the patient's childhood or adolescence (positive intention). Therapist does not provide data.
- Ex. Your friend did not want to help you.
- 854 Therapist states that a person had the intention of doing such and such to the patient during the patient's childhood or adolescence (negative intention). Therapist does not provide data.
- Ex. Your friend wanted to have you do his work.
- 855 Therapist disagrees with patient's statements about a person's intentions or motivations toward the patient during the patient's childhood or adolescence (negative intentions). Therapist does not provide data.
- Ex. Your friend did not want to hurt you. You just think that.
- 856 Therapist states that a person has the intention of doing such and such to the patient (neutral intention) during the patient's childhood or adolescence. Therapist does not provide data.
- Ex. The woman wanted to bring you your dress.
- 857 Therapist disagrees with patient's statements about a person's intentions or motivations toward the patient (neutral intention) during the patient's childhood or adolescence. Therapist does not provide data.

- 858 Therapist states that a person had the intention of doing such and such during the patient's childhood or adolescence (positive intentions). Recipient is anyone other than the patient or recipient may not be specified.

Ex. The man wanted to care.

- 859 Therapist disagrees with patient's statements about a person's intentions or motivations during the patient's childhood or adolescence (positive intentions). Recipient is anyone but the patient or recipient may not be specified.

Ex. Your friend did not care about your mother.

- 860 Therapist states that a person had the intention of doing such and such (negative intention) during the patient's childhood or adolescence. Recipient is anyone but the patient or recipient may not be specified.

Ex. The psychologist wanted to be destructive.

- 861 Therapist disagrees with patient's statements about a person's intentions or motivations (negative intentions) during the patient's childhood or adolescence. Recipient is anyone but the patient or recipient may not be specified.

Ex. The psychologist did not want to be destructive. You just think that.

- 862 Therapist states that a person had the intention of doing such and such (neutral intention) during the patient's childhood or adolescence. Recipient is anyone by the patient or recipient may not be specified.

Ex. Your friend wanted to see the woman.

- 863 Therapist disagrees with patient's statements about a person's intentions or motivations (neutral intention) during the patient's childhood or adolescence. Recipient is anyone but the patient or recipient may not be specified.

Ex. Your friend did not want to see the woman.

(Note: Negations should be included in the neutral category unless the implication is otherwise. For example, if the therapist states that a person did not want to hurt the patient, but did not specify or imply that the person wanted to help him, the neutral category should be coded. If the therapist implies or states positive intent, the statement should be scored under positive attributions. The same applies for negations of positive intentions. This instruction only refers to attribution categories. Disagreement categories are scored in the usual manner.)



(Note: Others refers to any living thing, objects, or concepts. Even if most of the examples have been of people, objects, and concepts can be coded as well.)

External Behavior Attribution in Others

- 864 Therapist states that others behaved in a certain way (positive behavior) during the patient's childhood or adolescence. Therapist does not provide data for his points.

Ex. The world was nice to you at that time.

- 865 Therapist disagrees with patient's statements that others engaged in specific behaviors during the patient's childhood or adolescence (positive behavior). Therapist does not provide data for his points.

Ex. The hospital had not been taking care of you when you were little.

- 866 Therapist states that others behaved in a certain way (negative behavior) during the patient's childhood or adolescence. Therapist does not provide data for his point.

Ex. Your friend hit the boy at school.

- 867 Therapist disagrees with patient's statements that others engaged in specific behaviors (negative behavior) during the patient's childhood or adolescence. Therapist does not provide data for his points.

Ex. Your friend did not hit the boy.

- 868 Therapist states that others behaved in a certain way (neutral behavior) during the patient's childhood or adolescence. Therapist does not provide data for his points.

Ex. The boy went out to play.

- 869 Therapist disagrees with patient's statements that others engaged in specific behaviors (neutral behaviors) during the patient's childhood or adolescence. Therapist does not provide data for his points.

Ex. The woman did not go get the red dress.

Internal Behavior Attribution in Others

- 870 Therapist states that others had certain thoughts or feelings (positive internal behavior) during the patient's childhood or adolescence. Therapist does not provide data for his points.

Ex. The doctor felt that she had cured you.

- 871 Therapist disagrees with patient's statements about other's thoughts or feelings (positive internal behavior) during the patient's childhood or adolescence. Therapist does not provide data for his points.

Ex. Your friend did not think about doing nice things for you.

- 872 Therapist states that others had certain thoughts or feelings (negative internal behavior) during the patient's childhood or adolescence. Therapist does not provide data.

Ex. The boy felt that he was no good.

- 873 Therapist disagrees with patient's statements about other's thoughts or feelings (negative internal behaviors) during the patient's childhood or adolescence. Therapist does not provide data for his points.

Ex. The boy did not feel that he was no good.

- 874 Therapist states that others had certain thoughts or feelings (neutral internal behavior) during the patient's childhood or adolescence. Therapist does not provide data for his points.

Ex. Your friend thought about his math.

- 875 Therapist disagrees with patient's statements about other's thoughts or feelings during the patient's childhood or adolescence (neutral internal behavior). Therapist does not provide data for his points.

Ex. The student had not been thinking about physics.

(Note: The behavior categories refer to events which are more complicated than the physical reality categories in that in the behavior categories specific modes of perception cannot be clearly inferred. This category includes external events that occurred. It also includes internal feelings or thoughts. If a feeling refers to affects, the affect category should be coded. If intention or motivation is mentioned, the motivation category should be coded.)

(Note: Negations are coded under the neutral internal or external behavior categories unless a positive or negative attribution is implied or stated. For example, if the therapist indicates that a person did not feel inferior, but does not indicate that he felt good, the neutral category should be coded. The same applies to negations that concern negative material. This instruction only applies to attribution. Disagreement categories should be scored in the usual manner.)



Hypothetical Situations

- 876 Therapist states that others could or could not have felt affects during the patient's childhood or adolescence. Therapist does not provide data for his view. (See attached list of affects and code these)

Ex. The woman could have been angry.

- 877 Therapist disagrees with patient's statement about the possibility of others feeling or not feeling affect during the patient's childhood or adolescence.

Ex. The man could not have felt empty.

- 878 Therapist states the possibility of a positive person concept. Therapist does not provide data for his point.

Ex. The woman could have been an intelligent person.

- 879 Therapist disagrees with patient's statement of the possibility of a positive person concept.

Ex. The hospital could not have been a good place at that time.

- 880 Therapist states the possibility of a negative person concept. Therapist does not provide data for his point.

Ex. Your friend could have been a stupid boy.

- 881 Therapist disagrees with the patient's statement of the possibility of a negative person concept.

Ex. Your friend could not have been a stupid boy.

- 882 Therapist states the possibility of a neutral person concept. Therapist does not provide data for his point.

Ex. Your friend could have been a busy person.

- 883 Therapist disagrees with patient's statement of the possibility of a neutral person concept. Therapist does not provide data for his point.

Ex. Your friend could not have been a busy person.

(Note: A negation is scored as neutral unless a positive or negative aspect is stated or implied. For example, if the therapist states that the patient's friend could not have been a dumb person, but does not imply or state a positive emphasis, the statement should be scored as neutral. The same applies to negations of positive person-concept statements. These instructions apply only to attributions. Disagreements are scored as usual.)

- 884 Therapist states that a person could have had a positive intention or motivation toward the patient during the patient's childhood or adolescence. Therapist does not provide data for his assertion.

Ex. The world could have wanted to help you.

- 885 Therapist disagrees with patient's statement of the possibility that a person could have had a positive intention or motivation toward the patient. Therapist does not provide data for his assertion.

Ex. The world could not have wanted to help you.

- 886 Therapist states that a person could have had negative intentions or motivations toward the patient during the patient's childhood or adolescence. Therapist does not provide data.

Ex. People could have wanted to see you become crazy.

- 887 Therapist disagrees with patient's statement of the possibility that a person could have had a negative intention or motivation toward the patient during the patient's childhood or adolescence. Therapist does not provide data.

Ex. People could not have wanted to see you remain crazy.

- 888 Therapist states that a person could have had neutral intentions or motivations toward the patient during the patient's childhood or adolescence. Therapist does not provide data.

Ex. Your friend could have wanted to talk to you that time.

- 889 Therapist disagrees with patient's statement of the possibility that a person could have had neutral intentions or motivations toward the patient during the patient's childhood or adolescence. Therapist does not provide data for his assertion.

Ex. That man could not have wanted to take you over to visit some friends.

- 890 Therapist states that a person could have had positive intentions or motivations during the patient's childhood or adolescence. Recipient of the intention is not specified or is anyone other than the patient. Therapist does not provide data.

Ex. The social worker could have wanted to help the girl.

- 891 Therapist disagrees with patient's statement of the possibility that a person could have had positive intentions or motivations during the patient's childhood. Therapist does not provide data. Recipient of the intentions is anyone other than the patient or recipient may not be specified.

Ex. The hospital could not have wanted to help the girl.

- 892 Therapist states that a person could have had negative intentions or motivations during the patient's childhood or adolescence. Recipient of the intention is not specified or is anyone other than the patient. Therapist does not provide data.

Ex. The hospital could have wanted to be destructive.

- 893 Therapist disagrees with patient's statement of the possibility that a person could have had negative intentions or motivations. Recipient of the intention is anyone other than the patient or recipient may not be specified. Therapist does not provide data.

Ex. The hospital could not have wanted to be destructive when you were a child.

- 894 Therapist states that a person could have had neutral intentions or motivations during the patient's childhood or adolescence. Recipient of the intentions is not specified or is anyone other than the patient. Therapist does not provide data.

Ex. Your friend could have wanted to go visiting.

- 895 Therapist disagrees with patient's statement of the possibility that a person could have had neutral intentions or motivations during the patient's childhood or adolescence. Recipient of the intention is anyone other than the patient or recipient may not be specified. Therapist does not provide data.

Ex. Your friend could not have wanted to go visiting.

- (Note: Negations should be scored as neutral intentions unless a positive or negative aspect is also stated or implied. For example, if the therapist states that a person could not have wanted to hurt the patient, but does not state or imply a positive intention, the neutral category should be coded.)

- 896 Therapist states that a person could have engaged in positive external behavior during the patient's childhood or adolescence. Therapist does not provide data.

Ex. The woman could have cared for her children adequately.

- 897 Therapist disagrees with the patient's statement that a person could have behaved in a certain way (positive external behavior) during childhood or adolescence. Therapist does not provide data for his statement.

Ex. The woman could not have cared for her children adequately.

- 898 Therapist states that a person could have engaged in negative external behavior during the patient's childhood or adolescence. Therapist does not provide data.

Ex. Your friend could have gone around making people feel bad.

- 899 Therapist disagrees with the patient's statement that a person could have behaved in a certain way (negative external behavior) during the patient's childhood or adolescence. Therapist does not provide data for his statement.

Ex. The doctor could not have gone around making people feel bad.

- 900 Therapist states that a person could have engaged in neutral external behavior during the patient's childhood or adolescence. Therapist does not provide data.

Ex. The man could have gone visiting.

- 901 Therapist disagrees with the patient's statement that a person could have behaved in a certain way (neutral external behavior) during the patient's childhood or adolescence. Therapist does not provide data.

Ex. The man could not have gone visiting.

- 902 Therapist states that a person could have had certain thoughts or feelings (positive internal behavior) during the patient's childhood or adolescence. Therapist does not provide data.

Ex. Society could have thought nice things about you.

- 903 Therapist disagrees with the patient's statement that a person could have had certain thoughts or feelings (positive internal behavior) during the patient's childhood or adolescence. Therapist does not provide data.

Ex. Society could not have thought nice things about you.

- 904 Therapist states that a person could have had certain thoughts or feelings (negative internal behavior) during the patient's childhood or adolescence. Therapist does not provide data.

Ex. Your friend could not have felt that she was a good person.

- 905 Therapist disagrees with the patient's statement that a person could have had certain thoughts or feelings (negative internal behavior) during the patient's childhood or adolescence. Therapist does not provide data.

Ex. The boy could have felt that he was O.K. You don't know what you are talking about.

- 906 Therapist states that a person could have had certain thoughts or feelings (neutral internal behavior) during the patient's childhood or adolescence. Therapist does not provide data.

Ex. The woman could have thought that she needed to go to the store.

- 907 Therapist disagrees with the patient's statement that a person could have had certain thoughts or feelings (neutral internal behavior) during the patient's childhood or adolescence. Therapist does not provide data.

Ex. The woman could not have thought that she needed to go to the store.

(Note: Negations are coded under neutral internal or external behavior categories unless a positive or negative attribution is implied or stated. For example, if the therapist indicates that a person could not have felt inferior but does not indicate that he could have felt good, the neutral category should be coded. The same applies to negations that concern negative material. This instruction only applies to attribution categories. Disagreement categories should be scored in the usual manner.)

(Note: Since hypothetical situations are hypothetical, it may be difficult to judge whether or not mystification is occurring. Look at the context of the session. Look at whether the therapist has data to support his comments.)

(Note: The thought or feeling (internal behavior) category does not apply to specific affects. If specific affects are stated the material should be coded under the affect category.)

(Note: Person refers to any living thing, object, or concept. The word person has been used here to simplify the language.)



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