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ABSTRACT

This paper describes by illustrative examples from therapeutic encounters the nine stages of an Intrapersonal Exploration (DX) scale. It is a revision of an earlier scale, based upon the theoretical conception of intrapersonal exploration as a sufficient antecedent condition for constructive personality change in psychotherapy. The scale is essentially an attempt to measure the extent to which the patient is engaged in self-exploration, with additional weightings given for personally private and personally damning material. In one study, six naive raters, using 358 samples of individual psychotherapy, yielded inter-rater reliabilities of between .58 and .78. This indicates to the author that the scale is explicit enough not to require 'background' or theoretical information for its use. Two other studies also yielded reasonably high inter-rater reliabilities. The scale ranges from zero (no demonstrable intrapersonal exploration) to nine (a very high level of self-probing and exploration). The judgments are based on the content of patient utterances. Test validity is not discussed. (Author/NG)

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THE MEASUREMENT OF DEPTH OF INTRAPERSONAL EXPLORATION

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The present scale is a revision of the earlier entitled "A Tentative Scale for the Measurement of Depth of Intrapersonal Exploration (DX)."[3] It is based upon the theoretical conception of intrapersonal exploration as a sufficient antecedent condition for constructive personality change in psychotherapy. Some aspects of the present scale were derived from the original process scale developed by Rablen, Rogers and Walker[2] and later refinements of the sub-scales by Gendlin, Tomlinson and van der Veen.[1]

The current DX Scale is essentially an attempt to measure the extent to which the patient is engaged in self-exploration, with additional weightings given for personally private and personally damning material.

An earlier tentative scale included depth of exploration factors of relationship quality, personal constructs, relationship to problem elements of the self, immediacy of feeling, and defensiveness or congruence. Recent research has evaluated these factors and has indicated that they show no relationship at all to either the outcomes of therapy or the conditions offered by the therapist. For this reason they are omitted in the current scale.[9]

A recent study[6] using six raters on each of 358 samples of individual psychotherapy for a total of 2,148 ratings, inter-judge correlations yielded reliabilities between the six judges ranging between .58 and .78 for the Depth of Intrapersonal

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Exploration Scale (using the present scale). Further, since naive raters were used who had no training in psychology nor acquaintance with psychotherapy or psychotherapeutic theories, that data suggests that the current scale is explicit enough not to require a great deal of "background" clinical or theoretic information for its use.

In a second study, the rate-rerate reliability for the DX Scale (basic plus correction) is indicated by a Pearson correlation of .83.[7] A third study,[5] again using naive raters, only this time on a series of samples taken from therapy interviews with chronic hospitalized patients, used four raters, three of whom rated each of the samples and then rerated them. The seven sets of ratings were intercorrelated, yielding Pearson correlations between .43 and .76.

Considering the nature and ambiguity of the intrapersonal situations being rated, the ratings of patient depth of intrapersonal exploration seem much more than adequately reliable.

General

The following is a 9-point scale attempting to define the extent to which patients engage in self-exploration ranging from no demonstrable intrapersonal exploration to a very high level of self-probing and exploration. While this basic scale is intended to be a continuum, the specific definitions for each level should be rigidly adhered to in assigning ratings. After the basic scale rating is made, the appropriate corre[illegible]s should be added to determine the final assigned scale value.

In the use of the scale, it is desirable to make the best judgments possible even on relatively ambiguous samples of therapeutic interaction. Interactions that appear ambiguous and thus do not clearly lend themselves to the scale should be rated,

if possible, and then circled so that the possibility of later subjecting them to separate analyses becomes possible. The data to date, however, suggests that different samples are ambiguous to different judges and that there appears to be very few samples that are inherently ambiguous and, therefore, non-ratable.

Basic Scale of Depth of Intrapersonal Exploration

Stage 0

No personally relevant material and no opportunity for it to be discussed.

Definition of personally relevant material: Personally relevant material refers to emotionally tinged experiences or feelings, or to feelings or experiences of significance to the self. This would include self-descriptions that are intended to reveal the self to the therapist and the communications of personal values, perceptions of one's relationships to others, one's personal role and self-worth in life, as well as communications indicating upsetness, emotional turmoil, or expressions of more specific feelings of anger, affection, etc.

Example 1:

T: So you'll see Mrs. Smith about taking those tests? Have you got your slip?

C: Yeah.

T: As I mentioned earlier, I have to leave a little early today. (Phone rings) Hello, yes, this is Dr. Jones. Right, right, OK, right away. Goodbye. (Hangs up) So then I'll see you next Tuesday?

C: At ten?

T: Yes, or a little bit after. OK, I'll see you next week.

Example II

T: Well, first I went to Harvard and then I was at Duke for a while. It is a long haul. You have to take courses and have supervised therapy hours, about two thousand, all told. Then, because you probably have to work some to support your family, it is a long time before the degree finally comes. But I suppose that you've the idea -- it is a long haul. Now that I have told you a little about myself and how one becomes a therapist, perhaps . . .

Stage I

The patient actively evades personally relevant material (such as by changing the subject, refusing to respond at all, etc.).

Thus, personally relevant material is not discussed. The patient does not respond to personally relevant material even when the therapist speaks of it.

Example I:

T: As though you're just feeling kind of down about these things . . .

C: Tired.

T: What?

C: Tired.

T: Tired . . . kind of worn out?

C: Couldn't sleep last night. (Pause)

T: You're just feeling kind of worn out. (Client does not respond -- silence to end of tape.)

Example II:

C: Dining room?

T: Hmm?

C: You're dialing room? (Pause) That's why the operator always answers when I dial half around.

T: Is this your dialing room?

C: Sometimes when I'm in the kitchen, umm, whenever I make a dial, dialed numbers, it reminds me of dinner. What are we having today, do you know? (Pause)

T: Something good? (30-second pause -- dialing of telephone -- another long pause) It's kind of interesting to make phone calls even when they're not real?

C: (Dialing telephone and talking at the same time) It seems like fun.

T: Not so much fun. (Telephone is dialed 18 times.)

C: Could I go back now? I don't want to do anything 'til they make me dress.

T: I think you can. Umm, I guess you feel this isn't very interesting, is it? I'm sorry I couldn't do a better job of playing a brother-in-law, but I didn't know what kind of guy he is.

C: (Mumbles) You did quite good.

T: Did I? (Silence to end)

Stage 2

The patient does not volunteer personally relevant material but he does not actually evade responding to personally relevant material when the therapist introduces it to the interpersonal situation.

Example I:

T: I gather it is rather tiresome for you to wait because unless somebody else says something you don't know when it'll be, you'll be out.

C: Uh huh. I hope someone does something for me pretty soon. (Long silence)

T: There's such a feeling about all this as if -- me, I'm powerless. I can't do a thing.

C: You wait until your doctor tells you . . . can do something but . . . (Silence)

Example II:

(Five minutes of silence have preceded this interchange.)

T: Our time is nearly up. I guess you just feel kind of somber?

C: Yeah, hopeless.

T: Hopeless . . .

C: Everything . . .

T: Everything's a mess, nothing can . . . . nothing can work out. (Pause) It's just hopeless. (Pause) . . . feeling might be going into it or talking about it. It's hopeless anyway.

C: Yeah, I . . . nothing makes sense anymore. (Laughs)

T: Hmm?

C: Nothing makes sense anymore.

T: Nothing makes sense.

C: Just don't know . . .

T: Messy, hopeless . . . (Mumble) . . .

Stage 3

The patient does not himself volunteer to share personally relevant material with the therapist, but he responds to personally relevant material introduced by the therapist. He may agree or disagree with the therapist's remarks and may freely make brief remarks, but he does not add significant new material.

Example I:

T: And I guess you don't need to, uh, see that doctor at all. But I'll see him and ask him if you'd like me to?

C: Yes, I would.

T: Okay. I wanted to ask him also about your staffing because it was scheduled for this Monday and they must have had some kind of mix-up again. They didn't have it, did they?

C: No. Uh uh. They didn't call on it. (Silence)

C: There are a few new patients over there now.

T: Oh . . . a few new faces in the building?

C: Oh no. They're from . . . well, we have one there, two, is, but there's a couple from over here I know.

T: Um hmm.

C: I got, you know, she came over there.

Example II:

T: What did you do during those couple of years?

C: Nothing. Just stayed home.

T: Stayed home?

C: Right.

T: That's when you stayed home and looked after your little sister?

C: Yes. Except one year I did have a summer job.

T: How did that go?

C: Okay. But it was dirty.

T: Your sister . . . how did that go?

C: Not too good.

T: Not too good? You didn't like her?

C: That's right. (Yawns)

T: Did you always resent her? Or did it start at a particular time?

C: Right when she came . . .

T: When she was born?

C: I think so.

T: Do you have any ideas about that? (Silence to end)

Stage 4

Personally relevant material is discussed (volunteered in part or in whole). Such volunteer discussion is done (1) in a mechanical manner (noticeably lacking in spontaneity or as a "reporter" or "observer"), and, (2) without demonstration of emotional feeling. In addition, there is simply discussion without movement by the patient toward further exploring the significance or meaning of the material or toward further exploration of that feeling in an effort to uncover related feelings or material. Both the emotional remoteness and the mechanical manner of the patient make his discussion often seem to sound rehearsed.

Example I:

C: (Talks in a flat, monotone) . . . It was hot, too.

T: It was a kind of hectic and not too satisfying experience, I take it?

C: I mean the whole day was a flop. (Nervous laugh) It started out we were just goin' to take a ride. A trip. Take a ride up north. I . . . 'cause I knew all the places would be busy, you know, and with the children it isn't too nice . . . and . . . so I . . . Nobody seemed to know where they . . . where they wanted to go . . . I mean it wasn't too well planned in the first place. Thought we'd just get out for a while and drive and stop off if we saw something we would like to see.

And then he said the night before we weren't going to go, 'cause they were acting up some . . . and they were crying over that. Because one was trying to boss the other. (Laughs nervously) And then on the way up we stopped every few miles and looked at a map. (Said slowly, with a tired and resigned tone of voice) It was . . . I don't know . . . it was . . . it wasn't nice.

T: Is it kind of discouraging to see the same darned old pattern of . . . ?

C: It was the same all over again . . . (Long pause) . . . it certainly was . . . Got a good start anyway.

T: You had a good start.

C: I say it had a good start. (Following told in a dry monotone) I did quite a bit of work Monday night. And Sunday night I made a dinner and was doing the dishes at 9:30 that night so we could go and get a good start and all. It was hot that night and the kids didn't want to settle down. I tried to get them to settle down and maybe I got kind of nasty to them. Then he told me, "Well, we're not going to go tomorrow. We're going to stay home or get up late . . . " I didn't know what it was all about and just didn't do much. I stayed in the bedroom. I couldn't quiet them down. And they were so excited. It was late enough. It was 10:00 or something like that. Ten-thirty, I think it was. He had worked from about 4:00, no 5:00, to about 9:00. No, 8:00. We didn't get there until quarter to nine.

Example II:

C: Yeah . . . and let's see, what else did we do last weekend? We went to look at some new houses. The landlord said that we may not have to move. But my husband is going to talk to him again this week and then we'll know more . . .

T: Um hum.

C: S . . .

T: You may not have to go through that, huh?

C: Yes, may not have to go through that.

T: Yes, um hum.

C: When we go through some houses that you can buy without a down payment -- just closing costs. But they're so expensive, but at least it's something and my husband sort of would like to buy one of those.

T: Hmm, at least that's possible.

C: Yes.

T: And then you could have your own stuff in it without . . .

C: Yes.

T: That situation doesn't seem as much of a problem as it did recently.

C: No, not as much of a problem. (Voices flat and trailing off)

T: Still unsettled, but . . .

C: (Pause) If we have to move we just have to move, that's all. We . . . we might buy a place without a down payment . . .

T: If you have to . . .

C: Yes. My husband wants to anyway, so we might . . . I don't know yet. (Pause)

T: I can't get how that feels to you . . . would that be fun or are you a little concerned?

C: What?

T: About that?

C: What?

T: Buying a house.

C: Well, in a way that'd be nice. You know, it would be a new house . . .

T: Yes.

C: But the trouble is they want so much money for them.

T: Hmm.

C: I think you would pay a little bit more that way than it was actually worth if you were to get it . . .

T: Yes, you do. Yes, you do . . .

C: Without a down payment. (Long pause)

T: Our time is up?

C: Is it up? Well, I'd better go now.

T: I'll see you . . . ?

C: Tuesday.

Stage 5

Stage 4 is achieved except that the material is discussed either with feeling, indicating emotional proximity, or with spontaneity, but not both. (Voice quality is main cue.)

Example I:

C: He's the only close relative I have. But he's wrapped up in his own family up there . . . and he doesn't seem to . . . to realize that this house is the type . . . it's dear to me . . . I don't want to sell it, it . . . I really don't.

T: But he wants to sell it.

C: . . . He wants to sell it. He's eager to get rid of it because it's not worth

keeping . . . to him, because he has his own home. But this is all the home that I have. (Pause) But of course he is perfectly willing to sell it for as much money as he can get, and on that score he doesn't give me any trouble. He doesn't want a sacrifice sale as my guardian seems to want . . .

T: That's one of the few things that you have found, that you have to look forward to . . . and going back to it . . .

C: . . . Going back there is one of the . . . I know I can't live there alone . . . one of the few things I have to look forward to. I know I can't live there alone as soon as I leave the hospital because I don't have the money to keep it up. But, given a few years, I could. And I was hopeful that, if I could get a job then perhaps I could get a mortgage on the house and pay off my hospital bill because . . . you see, that's the whole catch, is the what do they call it . . . the collections board or what is that? Bureau of board or something of Collections and Deportations.

T: I don't know . . .

C: . . . here in ----------, wants the house sold so I can pay my hospital bill. But if they sell it for the ridiculously low price that it's listed at, it won't even pay my hospital bill.

T: Yes.

C: That, to me, seems stupid. I mean it, it would seem to me . . . that since they can't get the full amount of my hospital bill out of it, by selling it at the list price they would be . . . it would be better not to force sale of it and apply the rent that we get on my hospital bill. Or, at least my share of the rent . . . But they don't seem to figure that that's . . . oh, I don't know. I give up.

T: Yes. . . it's a rather narrow way that they look at it . . . very cold and inhuman like.

C: I don't know.

T: I think it would make me pretty darn mad if they tried to take my house away from me. Especially one that . . . I lived in for a long time and was really a part of me.

C: (Groans softly)

Example II:

T: Part of what it says to me is, "Boy, I had a wonderful time this weekend, and I found that my home was getting put together again, that I don't have to worry about my mother taking my son. My husband is doing something good, and when I do get out of here, at least I have something to look forward to now."

C: That's right. I mean, no matter what, what you said now, I mean I didn't let it, let it bother me, it being that like my sister was quite ill and expecting another baby. I think she has about five or six children now, I mean, my mother said, well, she had a seven or eight hundred dollar doctor bill. She was just . . . just, it's just the insinuation that. . . the . . . uh . . . they could afford it, and I couldn't and I belonged here in . . . and didn't have the money financially to do, uh, to do what, what uh . . . the rest of my family, with their big homes and that, can do. 'Cause we're in no position and never did have our, our own home, and . . . uh . . . but it didn't bother me, being that my husband was home now and able to take some responsibility. And, if he wouldn't have went and taken this job, coast-to-coast on the road there, I know I never would have been back in here again.

T: Mmm.

C: 'Cause, uh, then my son was out there more than he was home and my, my mother wanted me to go back already. I mean, I wasn't home a month, and she said, "I think you ought to, uh . . . take her back in there again." And uh, in . . . back to, again. So, uh . . . that's just . . . so now I, it doesn't, it doesn't bother me though, because I know now she wouldn't be able to take them and, and to keep them out there. I mean and, that they couldn't commit me now, if my husband doesn't, uh . . . knows, uh . . . that . . . uh . . . there's nothing wrong with me.

T: Mmm . . . before you had a feeling everybody was working to get you in here . . . keep you in here.

C: They were. My relatives, I mean, they, they, they seemed to think all the while there was something wrong with me.

T: And now you have kind of proof that, at least your husband and probably your children, are on your side.

C: Hmm . . . (Pause) . . . Well, I was . . . there was never enough money . . . my husband worked in a quarry at that time, too, and Billy was a baby, and I never was in the hospital to have either one of them, and I had to depend on my mother for that. Now, I went home to have both of them, the second time he was in the army. And it was fifteen, fifteen years ago. And, uh . . . it seemed he always . . . when they had to, someone does something like that for you, you always have to be under obligation to someone. And I mean, they want to do something then like they . . . she wanted my son in there then . . . the youngest one, because she took care of him from the time he was a baby and spoiled him. And, uh . . . was always afraid

someday that when he would grow up, that . . . well that's just what did happen. And I guess I worried a little bit too much about it. And now, well, now I have the feeling that it . . . that, uh . . . things'll be, be different. 'Cause he's first anyway, my husband . . . to, to, to . . . take the responsibility that no one else could have, because the one that's nineteen, well, he's on his own with his own job and that, and nobody would bother him anymore. So, he doesn't get into any trouble. Sometimes too much money isn't good either for, for boys of that age.

T: So, almost as long as you've had Billy, you've always been afraid that somebody would want to take him away from you? Your mother?

C: Yeah . . . the youngest one . . . not the oldest one. The youngest one.

T: [redacted]

C: Well, I had, I had to go home that time because I . . . he left me already and, and early in winter, and he was born first in September, and I had to depend on my relatives that whole summer for something to eat. And, uh . . . then, then I had to go to my mother's . . . there was no place . . . I live in a small apartment. And, uh . . . there . . .

Stage 6

Stage 6 applies to data in which Stage 4 is achieved except that the personally relevant material is discussed with both spontaneity and feeling. There is clear indication that the patient is speaking with feeling so that his communication is emotion-laden.

Example I:

C: (Speaks with trembling voice throughout interview, almost always on the verge of sobbing, and in instances, does weep.) Do you have a match, or don't you use them?

T: Yes, I have one . . .

C: (Lights cigarette) Thank you.

T: You're welcome.

C: (Pause) . . . Like I said, you can't go back to living like that. (Pause) I've said, and even if he said he wouldn't do those things again, I'd still . . . I mean I just can't trust him anymore. (Voice becomes very thick) I know it'd be that way. Not because I want to go back again. It'd be on account of the children. I don't want to come home. (Long pause) So there he's again using it. Now it's my fault. I don't want to go home so they think I don't want to come to them, back to them, (crying) see?

T: Yes.

C: And since . . .

T: (Very quietly) Seems like everything gets twisted the wrong way so that you come out the goat.

C: I really felt bad last week. I've been taking the kids up to my folks. See? And I said, I told them, why I can't go back with him and like that. I said, "He'd do the same things all over again." And they said, "Oh, you don't want to come home with us. You don't love us. You don't want to be with us." You know? Like that. I try to explain to them. (Very upset) It's so hard and you hate to get them upset again. I mean, they've been upset so much already. (Long pause)

I don't know what to do.

T: At times it must seem impossible that you could be so completely misunderstood, doesn't it, as if no one can see this thing the way it looks to you?

C: (Weeping) . . . so there again he's using it.

Example II:

C: Dr. Smith showed me exactly how they do this. I was working at. . . at that time.

T: Um hmm.

C: But it sure . . . God! I never saw a fella, I never saw a child, change so much from a. . . well, I had a picture of him before and after. I just never saw . . . he was just . . . (Pause, groping for words)

T: Very striking, I guess.

C: Huh?

T: It must have been very striking.

C: Ohboy, (nervous laughter) it was, uh, it was, uh, well . . . I just . . . never. You just don't believe it. That's all, because people just dont . . . well, you saw pictures of malnutrition and . . .

T: Um hmm, yes.

C: He was just bone. And his stomach all puffed and the shoulder . . . that's just exactly the way he looked. His legs was about, uh, as that (demonstrates how large) that big around. He walked around and never said hardly anything. 'Course you couldn't blame him, poor kid. Sittin' up here with gas pressing on his diaphragm. It's a wonder he could breathe. And just like that (snaps fingers) you

see a person get an operation . . . and then all of a sudden he's straight as, well, just as tall and straight as you or I. (Voice cracks with emotion) Can't help but appreciate the people who develop those things, take the time to develop those things. And that, that, that, well, that . . . that was . . . well, I'll tell you, I'm kind of a calloused individual but I sure was grateful for that. There's no getting around that. I used to worry about that little fella. I guess I worried more about him than his mother.

T: Uh hmm, hum.

C: He'll go along now. He's strong. Boy, he's strong. Before he wasn't very strong, but now . . . just as strong as they come now. The other, I got a girl, she's got a crossed eye. She wears glasses. That'll straighten itself out. Outside of that, they haven't any ailments outside of childhood meanness.

Stage 7

Tentative probing toward intrapersonal exploration. There is an inward probing to newly discover feelings or experiences. The patient is searching for discovery of new feelings which he struggles to reach and hold on to. The individual may speak with many private distinctions or with "personal" meanings to common words. It may be clear that he recognizes the value of self-exploration, but it must be clear that he is trying to actively explore himself and his world even though at the moment he is doing so perhaps fearfully and tentatively.

Example I.

C: What . . . do you think about this, what would anybody get out of this?

T: Hmm. Not quite sure what you're asking.

C: This kind of therapy?

T: Hmm. You mean, "What is there in it for me?"

C: What could, could anybody get out of it?

T: Uh hmm. Well, saying, "Right now I don't really feel I am getting anything."

C: Well, I guess I haven't been in it long enough.

T: Uh hmm. Well, anyway, is it uh, "Few times we have talked, I don't really feel I've gotten much out of it."?

C: Umm, I ain't got nothing.

T: Uh hmm. "Am I just going to go on this way or when do you . . . gonna get anything. It's just pretty useless, pretty hopeless."

C: Seem to be hopeless.

T: Uh hmm. Doesn't seem to do anything or help really at all.

C: And I don't think this hospital ever done me any good yet. 'Cause I think I got worse since I been here.

T: "I felt really worse. I guess especially since I had read last night about this other fellow."

C: Oh, I've always thought that.

T: Um hmm.

C: Guess that was a couple of weeks ago. I haven't gotten any better.

T: Hmm.

C: I'm . . . I just don't care for anything now.

T: Not much interested in anything. Don't care what happens or . . . doesn't happen.

C: Don't care if I live today or die tomorrow.

T: Nothing really has any meaning or purpose. (Pause)

C: Seems funny that . . . the whole world seems all funny.

T: Sort of distant or . . .

C: Don't even seem like it's real.

T: Uh hmm. Sort of like seeing a movie, or what?

C: No, it ain't like seeing a movie. You know it's real but you don't feel it.

T: Um hmm. "I know this is all there is, that this is, this is really real but it don't seem that way."

C: Seems so crazy. (Laughs)

T: Umm. Logically it doesn't make sense but it sure seems that way.

C: Don't make no sense to me. I don't feel like, like one person's got, uh, like he should say, "You get in here and spend the rest of your life in prison." I don't see how he can judge another person like that.

T: Uh hmm. How can one person make this decision?

Example II:

C: (Coughs) There are a lot of things that, that hurt. Yet I know I shouldn't . . . let them bother me because some way they seem foolish, but in other ways they carry a great deal of weight. (Pause)

T: Um hmm. You know that there's an irrational part of it, but knowing that doesn't prevent you from feeling that.

C: No. Nor does it stop me from undergoing the compulsions. (Pause)

T: That was an example, and even talking about it . . .

C: It just makes my heart beat fast. I just feel myself going up.

T: Were you ever afraid that you might do something like that? Try and recall . . .

C: Well, just the thought of it frightens me . . . so much. It's like the, I think I told you one time, it's like playing a game, only you don't want to play it. That every thought would come into your mind . . . successively each time. Then there's a counterpart. I mean you can, you can't have any good feelings without having bad . . .

T: . . . without having bad feelings.

C: And then . . .

T: . . . then have the reverse of that, is if you have a bad feeling. You try to think something good, or you try to do something that gets rid of the bad.

C: Well, I, I never get that far. About the best I get is the bad feeling and then I have to undergo my washing, or (Pause) . . .

T: Um hmm.

C: Dr. Smith told me one time . . . I don't quite believe it . . . that it was due to the . . . the church . . . the ceremonies, involved the Catholic Church. Now I, I . . .

T: Who's Dr. Smith?

C: he was down to the County.

T: Umm.

C: And, uh, that seems kind of (Pause) . . . I think he was a little bit queer, I don't know.

T: It doesn't seem to make sense to you, that part of it, or whatever it was that he meant by that.

C: Oh, he told me another one, too. That people (clears throat), that unconsciously try to keep from giving out to a doctor, you know, that sounds like a psychiatrist, generally have constipation, and those people that, uh, give out pretty freely, have good running bowels or loose bowels. Now that, hah, does that make any sense to you? Is there . . .

T: The important thing is that it didn't make any sense to you.

C: No, it didn't. Just the same as . . .

T: Or at least that didn't give you an answer or clue for ah, what's going on around here, impulse.

C: That's right. But he, as I say, said it was again the church, the, the ceremonies, and all that, ah, you know, you know how a Catholic Church operates.

T: Umm. (Pause)

C: Oh, there's been some lulus. Dr. Jones said he thought it due . . . to my marrying against my father's wishes. That didn't strike a responding cord either.

T: Yes, a lot of people have suggested a lot of different things, but you've never hit upon anything yourself that makes sense to you.

C: No, I haven't . . . except for the last couple times in here talkin' to you. I don't know if it's helped, maybe some.

T: Yah, I certainly get this feeling, that you're getting close to some things.

C: Well, I sure hope so.

T: You're kind of, ah, grasping at some things. You haven't quite got them yet, but you're close.

C: If I could get the beginning of it, I think it would help a great deal.

T: It's as though that there's something there that's been forgotten, or . . .

Stage 8

Active intrapersonal exploration. He is following a "connected" chain of thoughts in focusing upon himself and actively exploring himself. He may be discovering new feelings, new aspects of himself. He is actively exploring his feelings, his values, his perceptions of others, his relationships, his fears, his turmoil, and his life-choices.

Example I:

C: (She is relating experiences in Germany during World War II) I don't want to exaggerate, but, why you could have kidded for some things! And the pendulum was always swinging. You never knew. You'd steal carrots to eat because you were always so dreadfully hungry. There was no clothing, no fuel . . . and the cold . . . (Voice soft, reflects a great deal of concentration) They had . . . they always announced the dead, those who had been killed in the war. And one always went and read the lists. I don't recall exactly where they were . . . (Pause) It was conducive to think that life was . . .

T: Unendurable, and getting used to the, that way of living.

C: Yes, yes, uh, hum, I had no . . . I was not . . . I have a very close girlfriend who shared my things, but I was not kind and tender with my brothers. I remember one thing that really shames me still. I was to watch out for them, and my younger brother fell and bruised his head one day, and I just pulled his cap over that. Really, really, but . . . but my excuse, I think I can say, was that nobody ever treated me lovingly. At least I think that.

T: It was a hard life and you had to be hard. This is what you knew.

C: I think I was harder than I really had to be but I was just, ah, hard . . .

T: Because you hadn't been taught to be soft and loving.

C: Yes, ah, yes. I don't know whether you teach somebody to be, to be . . . do you?

T: Well, you haven't experienced it?

C: I feel that way now, toward my family, my husband and children . . . I can . . . love them.

Example II:

C: I think, ah, ah, I think you are probably right and, and, and, I wouldn't believe it. But I have the results and I owe the results to you. (Pauses, makes a series of tentative starts, then continues) Sometimes it may, must be a process of getting better that you make out of something that you hear, like, like an attack that galvanizes you into action, because in the end this is what I must do myself and I, and ah, ah . . . I know the tender subtleties that are involved and I know the immense vulnerability of any person. I didn't think I could hurt as much and I didn't think that could be, ah . . . take the bite of others as well as their bark. I talked to my husband yesterday about mother's death. It was very lonely and very stupid in a poorly run hospital on a Sunday afternoon where they just sort of gave her no care at all and I, I said to my husband how terrible, how terrible that was and he pointed out rather patiently to me, he said, "Well, your brother brought her there in the afternoon and then she died four or five hours later." And that nobody was there was unfortunate but basically somebody was there, and, and, and, my brother and my sister-in-law were as concerned as you would have been only they were told there was no

. . . danger at all and so in the meantime my mother had died. And I found myself so gratefully holding onto this explanation. Why I am unable to, to find the positive explanation, I don't know, but I am constantly unable to look at the positive side. Yet I think I can learn it . . . (Pause) Certainly if meaninglessness doesn't do it then I think willingness will do it. And, and, I thought, I thought now here he knows I have a problem and we not only talk about . . .

T: I think I was trying to say to you something about this . . .

C: And don't you think I can find out? I mean beyond the words are . . . is . . . this universe where . . .

T: Yes . . .

Stage 9

Stage 9 is an extension of the scale to be used for those rare moments when the patient is deeply exploring and being himself, or for those rare moments when he achieves a significant new perceptual base for his view of himself of the world. This is to be used at the judge's discretion.

Corrections

The following corrections should be applied to each basic rating where appropriate:

A If a therapist is doing the talking but is speaking for the patient (i. e., depth reflection) and the patient is "with" him, then give the segment the rating based on the way the therapist is talking and subtract one (1) full stage.

B If a segment fits a given stage but does not clearly include all elements of the lower stages (for example, Stage 7 but lacking spontaneity), then subtract one-half (1/2) stage for each missing element.

C Add one-half (1/2) stage for "personally private" material. "Personally private" material is any communication which thereby makes the individual more vulnerable. It may be information given that could be thrown back at the patient by a hostile person in a very hurtful way. It thus has the potential of being personally damaging material.

D Add one (1) full stage for discussion of "personally damning" material. This is material that would be revealed only in a safe, accepting and nonthreatening close relationship. If it were said in any other context it holds the threat that the other person could "throw it in his face" which might be catastrophically damaging. It would almost invariably demand that the patient make a "damaging admission" about personal weaknesses, failures, or "terrible" things that he has thought, felt, said, or done.

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