

A Scheme for Coding the Patient's Experience of the Relationship with the Therapist (PERT): Some Applications, Extensions, and Comparisons

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1. Purpose

In this paper we will review the principal features of our scheme for coding transcripts of audio-recorded sessions of psychoanalysis and psychoanalytic psychotherapy (Gill and Hoffman 1982b). Throughout the paper the scheme will be referred to as the PERT, standing for the Patient's Experience of the Relationship with the Therapist. We will then illustrate the way the coding scheme works by applying it to the Specimen Hour. The Specimen Hour will also be utilized to introduce some extensions of the scheme that we feel are promising. We will conclude by comparing and contrasting our coding method to Luborsky's Core Conflictual Relationship Theme or CCRT (Luborsky 1977) and to Dahl's Frames (Dahl, this volume; Teller and Dahl 1981a, 1986).

2. Background

Theoretical Framework

There are several theoretical propositions from which the method derives and which it can also help to test. A fuller exposition of the theoretical underpinnings of the scheme can be found elsewhere (Gill 1979, 1982; Gill and Hoffman 1982b). The major propositions that inspired the development of the method can be represented briefly as follows:

1. That analysis of transference is an important aspect of the analytic process.
2. That, all else being equal, the analytic process itself and, ultimately, the outcome of an analysis is enhanced by good work on the

transference and, specifically, in terms of the contribution of the analyst, by good transference interpretations.

3. That collaborative exploration of the patient's experience of the relationship in the here-and-now is at least a very important aspect of the analysis of transference, the whole of which encompasses interpretation of genetics. At most, it seems to us that it is also possible that this aspect of the process has important potential, in itself, to promote insight at the same time that it creates the opportunity for a special kind of new interpersonal experience with the analyst; one which interrupts repetitive patterns of interaction and which can promote change. From our point of view, the extent to which interpretation of transference which is inclusive of genetic interpretation is decisive with regard to the therapeutic action of analysis as compared to the explication of the patient's experience of the relationship in the here-and-now is an open question and an empirical question.

4. That the transference involves a perspective on the interaction which has its origins in the past but which at the same time is relevant to the present ambiguous situation with the analyst. This perspective has a certain degree of plausibility. What adds to the plausibility of the patient's viewpoint is the fact that the patient himself does many things to promote the repetition with the analyst or therapist of old patterns of interaction. The patient attempts to elicit responses from the analyst which are consistent with the patient's transference-driven expectations (Hoffman 1983). Our position on transference is in keeping with the broad movement known as constructionism which is reflected in many fields including literary theory, philosophy of science, and psychology as well (Gergen 1985; Stern 1985; Protter 1985).

5. That much of what the patient experiences in the present in relation to the analyst is conflictual. The patient wants both to expose and to hide many aspects of his experience of the relationship with the analyst. The inclination to reveal and the resistance to revealing these conflictual aspects of the patient's experience result in communications which are, in effect, compromise formations, so that frequently the patient's experience of the relationship with the therapist is communicated in disguised form.

6. That the job of the analyst is, in part, to help to discern the latent meanings of such disguised communications and to encourage their

exploration through either active interpretation or simple encouragement to the patient to elaborate on an idea that he has merely hinted at. We see this as an interactional process in which reciprocal or shared resistances to direct communication are overcome by the participants. For his part, in the act of interpreting, the analyst lets the patient know that he has overcome whatever resistance he might have felt to hearing what the patient feels about the interaction. When the analyst invites the patient to communicate directly about a sensitive matter in the relationship, there is likely to ensue a reduction in the part of the patient's resistance which had been an accommodation to resistance attributed to the analyst.

These theoretical propositions influenced the choice of variables involved in the PERT and the manner in which the coding operation is carried out. They also have had continuing influence on our ideas for extending and developing the scheme.

The Immediate Purpose of the Scheme

With these background propositions in mind, the aim of the PERT is, first of all, to track the course of the patient's experience of the relationship with the therapist in a session of analysis, generally using transcriptions of audio-recorded sessions as data. This tracking process means reading between the lines of the patient's associations to discern those resisted aspects of the experience which the patient is simultaneously wanting to conceal and wanting to reveal. The heart of the coding scheme is this tracking process and the provision of certain guidelines for deciding what may or may not qualify as a disguised allusion to the transference. Incidentally, we are using the term "transference" loosely as interchangeable with the phrase "the patient's experience of the relationship," partly because we think we are dealing with transference when we are talking about the resisted aspects of the patient's experience, and partly merely for the sake of variety in communication. The term "transference" is a useful shorthand, although we recognize that it is laden with other connotations, including genetic implications, which the coding scheme does not deal with in any kind of direct way.

If he can reach some conclusion regarding what the patient is experiencing in the interaction and what he is resisting either becoming aware of or communicating or both, the judge is then also in a better position to evaluate the extent to which and how well the analyst picks up

on these latent issues, interprets them, and encourages their further exploration.

3. Overview of the Variables

In a sense the system is rather simple, although perhaps it is deceptively simple. The judge codes the lines of a transcript of an audio-recorded session as he reads. The same system could be applied to sessions which the judge listens to, but we have generally used it with transcripts. As he reads, the judge identifies certain classes of communications and codes them as such, indicating the lines which are involved.¹

Patient Variables

r, x, and xr: We code communications that are manifestly about the relationship with the therapist. These are signified by the lower case letter r. By implication, we take account of those associations that are manifestly about other experiences: about relationships with others or about thoughts and mental states that have no overt relationship to the analyst. By implication, we code these associations with the letter x. We say "by implication" because, in fact, we do not specifically code these associations. We assume that associations that are not coded are manifestly extra-transference associations. This is an important point of contrast between our system and the CCRT in which each "relationship episode" is coded separately and in detail (Luborsky 1977).

In addition to the r coding, there is a type of explicit reference to the relationship to which we give a special coding designated by xr. This coding refers to connections that the patient makes himself between extratransference and transference experiences.

Jxr and Jrr: At the heart of the system is the coding of disguised allusions by the patient to the relationship with the therapist. The allusions fall into one of two categories. The first are associations that are manifestly about extratransference issues (coded x implicitly) which the judge infers have latent meaning in the transference. This amounts to a sub-class of the larger class of x-associations. We indicate this kind of disguised allusion to the transference, as discerned by the judge, by the coding Jxr. In the case of Jxr, the judge has discerned a connection between something that is manifestly outside the transference and something in the relationship with the analyst.

¹The coding form itself can be found in a previous publication (Gill and Hoffman, 1982b).

For example, the judge may infer that a motif which was introduced in an explicit way, that is, with an *r* association, has gone under the surface and has now been elaborated in a disguised way in associations that are manifestly not about the relationship. The latter associations continue to carry a theme which is of relevance to the interaction with the analyst and which was originally announced by the *r*. In other instances the extratransference associations may come first, and the judge codes them retrospectively as *Jxr* only after the issue surfaces explicitly. These two types of sequences will be discussed more fully in connection with the Specimen Hour.

The second type of disguised allusion to the relationship by the patient consists of associations that are *already* manifestly about the relationship which the judge infers have *other* latent, resisted meanings having to do with the interaction with the analyst. These associations are indicated by the letters *Jrr*. In this case, the judge is inferring that a communication which is about the relationship has other latent meanings which may be linked with a previous or, in some instances, a subsequent explicit communication about the relationship where the resisted issue is more apparent. Another way of speaking of this is to say that the two sets of communications about the relationship complement each other, with each illuminating that which is resisted in the other. Frequently, of course, one of the two sets has more of the resisted content than the other.

Bases for Coding Jxr and Jrr: Both kinds of inferences of disguised allusions to the relationship require justification on the part of a judge by reference to some relatively independent data. That is, as evidence that certain associations allude indirectly to the relationship with the therapist the judge must bring to bear some other data that are separate from the data that the judge is interpreting in this way. In accord with what we have said about the linking of *x* and *r* or *r* and *r*, these other data that have the status of evidence may take the form of a previous or subsequent explicit reference to the relationship by the patient. However, it may also take the form of some Significant Event (SE) in the interaction which the judge has observed but about which neither the patient nor the analyst have spoken. In the case of an *r*-basis, the judge argues, in effect, that it is reasonable to suggest that certain associations allude to the transference in a particular way on the grounds that the patient has explicitly said something else about the relationship which is consistent with this hypothesis. In the case of Significant Events in the interaction, the judge concludes that such an allusion is likely on the grounds that

something else has occurred in the interaction which is closely related to the content of the associations coded Jxr or Jrr.

Sometimes the judge may notice an event or a quality in the interaction which he thinks may have impact upon the patient's experience before the occurrence can be demonstrated to have had such impact on the basis of subsequent data. In such instances, the judge codes his observation as a Potentially Significant Event or PSE. An example might be an announcement by the analyst that he is going on vacation or a particular kind of action by the analyst which the judge thinks might have an effect on the patient's experience subsequently, such as giving advice or speaking in terms which the patient might construe as critical or being silent for a long period of time. No meaning is actually attributed to these events unless or until the judge discerns an allusion to them in subsequent associations. If he never finds an allusion to them in subsequent associations, the Potentially Significant Events are nullified in the sense that they apparently have not impacted on the patient to the extent that the judge thought they might. The Potentially Significant Event simply gives the judge something to think about as a possible basis for understanding and coding subsequent associations. Conversely, when events in the interaction are not flagged in this way, they may still be utilized as bases for inferring disguised allusions to the transference. In such instances it is only when certain themes appear in the patient's associations that the judge's attention is drawn to previous events as probable sources of influence on the patient's experience. In such instances, the basis for the inference that certain associations allude to the relationship is called a Retrospectively Significant Event or RSE. Note that, formally speaking, RSE is the only SE basis of any consequence because every Potentially Significant Event or PSE is considered a likely significant influence only when the judge finds an allusion to it in subsequent associations. This point is of some importance in terms of theory of technique. It is in keeping with our view that events in the interaction do not carry "objective" meaning which will be common to all patients and that the "adaptive context" (Langs 1978) for the patient's associations can only be discovered retrospectively.

Strictly speaking, even an RSE only brings us to the point of a tenable hypothesis about the patient's experience of the relationship. In fact, validation of any proposed interpretation by the judge, whether Jxr or Jrr and whether with r basis or SE basis, depends to a large extent upon the patient's conscious responses to interpretations that the analyst actually offers. Such responses are exemplified by the "DSIR" and "ENIR" codings discussed below in connection with the Specimen Hour.

The fact that the judge must provide evidence for his inference that associations carry latent transference meaning prevents a mechanical imposition of the principle of analysis of transference to the point that every association is construed as alluding to the relationship with the analyst. There can be many implicitly x-coded episodes in which the judge cannot discern any transference implications. The reasons that such implications may not be detectable are varied. It may be that the patient's resistance is such that the allusions to the transference are particularly obscure and the data become particularly opaque in this regard. Or it may be that the judge is simply blind to some possible allusion that is there and that another judge might pick up. Finally, it may be that the extratransference associations are not alluding to anything, in terms of their content, in the relationship with the analyst or at least that the strength of the patient's motivation to allude to such an aspect of his experience is weak. For example, the predominant feature of the patient's experience of the relationship with the analyst at a certain moment might be what Freud (1912b) referred to as the "unobjectionable" positive transference, so that the main thing to be said about what the patient is communicating is that he feels a sense of trust sufficient to convey some particular experience that he has had outside of the analysis with the hope that the analyst will be receptive, understanding, and so on. This aspect of the positive transference may well be something that need not be interpreted. It is important to note that even where the judge does discern a possible latent meaning about the relationship, coded Jxr or Jrr, there is no intended implication that the analyst should necessarily have interpreted that latent issue at that moment. The judge, in coding allusions to the transference, is not constrained by considerations of tact and timing. His sole job with regard to that particular task is to identify those communications in which it is plausible to hypothesize that there may be an allusion by the patient to some resisted aspect of his experience of the relationship with the analyst. Cumulatively, however, the judge may gradually develop the impression that certain important transference issues are being ignored or neglected or enacted in a transference-countertransference pattern of some kind without being interpreted. His judgment to that effect can be recorded on the global rating about which we will say more shortly.

Therapist Variables

The PERT scheme includes a set of codings for types of intervention by the analyst. These codings are designated with capital letters cor

responding roughly in their meaning to the lower case letters that are used for coding the patient's associations.

The interventions which are about matters other than the relationship with the therapist are classified and coded with the letter X. Interpretations that are addressed to associations that are already manifestly about the relationship are also coded and are signified by the letter R. This coding also applies to interpretations of the patient's behavior in relation to the therapist, even if that behavior is not part of the actual content of the patient's associations. For example, if a patient has been late and the analyst offers an interpretation of that behavior the coding is R. We also have a coding for interpretations by the analyst of latent transference issues in associations that are not manifestly about the relationship with the analyst. We call these interpretations XR. In those instances when the interpretation seems to be designed primarily to shed light on experiences outside of the analytic situation on the basis of what has been explicated about the relationship with the therapist the coding is RX instead of XR. There is also a coding for interventions which are not in themselves interpretations but which encourage the exploration of some aspect of a patient's experience of the relationship. The analyst may simply invite the patient to speak further on a certain issue that he has referred to. For example, the therapist may simply ask "can you say more about that"? When that kind of invitation is extended with reference to issues in the relationship the intervention is noted and coded as an ER, referring to encouragement to the patient to elaborate further on some experience in his relationship with the analyst.

Although we have discussed Significant Events in connection with the patient variables Jxr and Jrr, they frequently do refer to various aspects of the therapist's behavior and in that sense could qualify as therapist variables. It is for this reason that Significant Events are represented in the coding scheme by the capital letters PSE and RSE. These variables represent the clearest direct reflection in the coding scheme of the notion that the therapist is continually contributing in important ways to the patient's experience and that these contributions must be taken into account whenever interpretations are formulated. Despite this special interest that we have in the influence of the therapist on the transference, Significant Events are broadly defined in the coding scheme and encompass unspoken aspects of the patient's behavior as well as unspoken aspects of the therapist's behavior. For example, a note at the beginning of a session to the effect that the patient is late might well be flagged by the judge as a Potentially Significant Event or PSE.

Global Rating

The PERT system includes a discursive clinical statement by the judge in which he outlines the principal transference issues that he has discerned in the hour and the extent to which they have been explored. He tries to assess the relative contributions of patient and therapist to that exploration and to point out those latent transference themes which may have been overlooked by both participants.

Following the clinical statement, the length of which may vary from about two-hundred-fifty to five hundred words, there is a quantitative rating of the degree to which the analyst addressed or encouraged exploration of the principal transference issues that the judge detected. The rating is from 1 to 5 with half points, so that it is, in effect, a nine point scale. The highest rating represents thorough or "extensive" exploration of transference issues.

When there are many Jxr or Jrr codings and few or no R, XR or ER codings, it is probable that the judge will be rating the therapist's contribution to the analysis of the transference low because the coding suggests that the analyst is missing opportunities for cogent interpretations. However, it is also possible that in some instances a therapist will have captured the heart of many of the latent transference meanings that the judge has considered with just one or two timely interpretations. In that case the rating of the analyst's work in the session would be high despite the fact that there may have been a good number of codings by the judge of disguised allusions to the relationship. In other words, there is no direct relationship between any of the codings at a microscopic level and the global rating. The judge is free to use his clinical judgment in a more intuitive way when rating the session in its entirety. In effect, it becomes an empirical question as to what the relationship is between the microscopic and macroscopic assessment of the hour.

Bear in mind that the judge should not penalize the therapist for not making transference interpretations when the judge himself finds that the patient's associations do not provide cogent evidence of allusions to the transference that may warrant interpretation. There may be sessions which are opaque enough so that the judge himself cannot discern what the latent transference issues may be if there are any. In such a case the judge may rate the therapist's performance high given the nature of the communications that he had to deal with. Even with these qualifications, however, there may be a bias built into the way the coding scheme was originally formulated (Gill and Hoffman 1982b) which favors a high frequency of interpretations. To offset this bias, we have considered the possibility of adding a rating of the extent to which transference issues have been explored "optimally" as distinct from "thoroughly" or "extensively." Such a scale would encourage the judge to take

considerations of tact and timing into account in assessing the analyst's work. It would require that points be taken off when a relatively thorough exploration of transference has been accomplished at the expense of leaving the patient room to develop his own trains of thought. Such a scale would also be in keeping with a shift in emphasis in our thinking about analysis of transference that has occurred since the coding scheme was originally presented. Stated very briefly, this shift is one which makes the *way* the analyst conceptualizes and interprets the transference the central issue (see theoretical principle number 4 above) while stressing that from moment-to-moment a variety of considerations may override interpreting disguised allusions to the transference, calling instead for either no intervention or for another type of intervention (Gill 1984; Hoffman 1985, p. 165). However, the rating of the thoroughness with which the transference is explored still seems to us to be important and useful. In the first place, unlike rating how optimal the analyst's investigation of the transference has been, rating thoroughness is simpler and consensus should be relatively easy to achieve. Secondly, it is a meaningful variable that warrants empirical investigation in its own right.

The global rating leaves room for the judge to evaluate the quality of the interpretations that the analyst does make in addition to whether the analyst has taken advantage of or missed opportunities for interpretation. With some of our colleagues, efforts have been undertaken to develop scales for the rating of the quality of individual transference interpretations, taking into consideration "plausibility" and "timeliness" among other factors. Clearly, such scales would be an important addition to the PERT coding scheme.

4. Application of the PERT to the Specimen Hour

Introduction

We would like to illustrate the ways in which allusions to the transference are identified and coded according to our system by applying it to the Specimen Hour (this volume). We are selecting certain examples of the Jxr coding which struck us as particularly cogent, rather than every allusion to the transference that we thought we could discern.

We have selected a sequence of codings which includes two examples of "Retrospective Jxr" and one example of a "Straightforward Jxr." Following this particular sequence we will present one illustration of a Jxr coding for which a PSE (Potentially Significant Event) serves as the evidence or basis. We are not giving examples here of Jrr simply because there were none that we felt were particularly cogent in this hour. It may be helpful to the reader if we introduce the illustrations with a statement about the difference between

Straightforward Jxr and Retrospective Jxr.² To describe the process from the judge's perspective, in a Straightforward Jxr, the judge comes across a reference to the relationship that is explicit at a certain point in the hour. He codes that reference as an r. Subsequently he finds some associations in which the theme that was referred to in the earlier statement, coded as r, seems to be elaborated in relation to some other context. On the basis of the preceding r, the judge now feels that he can infer that the extratransference associations carry latent transference meaning and he gives these x associations the Jxr coding. The sequence in the case of Retrospective Jxr is the reverse: the explicit reference to the relationship appears after the x associations to which the Jxr coding is given. At the point that the judge initially reads the x associations no Jxr coding is warranted since there is as yet no basis for it. Later on, however, when the patient refers explicitly to some aspect of his experience of the relationship, the judge recognizes, in retrospect, that a theme that appeared earlier in relation to others may well have carried latent meaning in relation to the analyst, and that latent meaning seems to be related in its content to the issue that has now surfaced more directly. The Retrospective Jxr coding is then given to the earlier lines that were implicitly coded x.

We have chosen in the examples that we are giving to state the possible latent meanings associated with the various Jxr's that we are proposing in the unspoken words of the patient, using the first person perspective. We are doing this, rather than putting the Jxr's in the form of possible interpretations that the analyst might offer to the patient, precisely because we want to emphasize the looseness of the connection between any particular Jxr coding and the possibility of an interpretation by the analyst at that moment. In other words, we are leaving open the question as to what the analyst should have said, how he should have said it, and when he should have spoken, although in our global assessment of the hour there will be some suggestions along these lines.

²The term "retrospective" is used in two contexts in the coding scheme. We speak of "Retrospectively Significant Events" (RSE) and of "Retrospective Jxr." These should not be confused.

Sequence of Jxr Codings with r-Basis

We are going to give several examples from this hour, each of which is related to the others in terms of the conflictual issues that seem to be involved. The examples we will give involve a sequence of communications which can be represented formally as (x_1) , r_1 , (x_2) , r_2 . We have x_1 and x_2 in parentheses to remind the reader that these communications are not formally coded as such. We will demonstrate how this sequence presented opportunities for what we felt were three compelling codings of Jxr. The first is a Retrospective Jxr. In this instance, r_1 serves as the basis for coding (x_1) retrospectively as Jxr. The second is a Straightforward Jxr in which r_1 serves as the basis for giving the Jxr coding to (x_2) . The third is another Retrospective Jxr. Here, r_2 provides the basis for giving a retrospective coding of Jxr to (x_2) . With the Jxr codings, the sequence becomes:

(x_1)

r_1

Retrospective Jxr coding for (x_1) , with r_1 as basis

(x_2)

Straightforward Jxr coding for (x_2) with r_1 as basis

r_2

Retrospective Jxr coding for (x_2) with r_2 as basis

Two interesting overlapping patterns can be extracted from this sequence. In one, r_1 is pivotal in illuminating extratransference associations that precede and that follow it. We could represent this pattern as follows:

$(x_1) \leftarrow r_1 \rightarrow (x_2)$

In the second x_2 becomes the focus of illumination from both r_1 and r_2 , and the pattern looks like this:

$r_1 \rightarrow (x_2) \leftarrow r_2$

The arrows that point to the left correspond with Retrospective Jxr codings.

These patterns are technically accurate in terms of the way the coding system works because the arrows point to the speech segments that are given the Jxr ratings; these are the associations that are interpreted in light of the explicit references to the relationship coded

as r . However, the direction of illumination is never really one way from a clinical point of view. The communications always reflect on each other. The r is always interpreted in light of the x just as the x is interpreted in light of the r . What we find is an interweaving of meaning such that what was resisted in one context is expressed more openly in the other, and vice versa.

The following is the communication we are calling x_1 :

x_1 (#16) In fact, unless it's business he's (father) still fairly strange on the phone. It's only occasionally, when there's been some real topic that he can talk about that's right there on his mind, that he isn't ill-at-ease on the phone. And usually if I get him when I'm calling he'll practically gasp, "Well, here's your mother," or "I'll get your mother." And then, and then, once he's called her, if he's waiting for her to come, he'll talk to me, and then he can be fine. And, and (stomach rumble) it's just somehow he has to know that she's coming, so he's not stuck talking to me. (Sniff) But I also panic if I know sh-, when I call if suddenly I find out she's not there and I'm going to just have to talk to him. It seems a mutual kind of reaction at this point. (Sniff, pause, stomach rumble)

(#17) Because that sort of typifies our whole relationship. I think we're always (chuckle) panic stricken when we find we're going to be alone together with each other.

Sometime later the patient says the following regarding her experience of the relationship with the analyst. This is r_1 :

r_1 (#53) I found it, I think I found it hard to come in here and lie down on the couch, with just you, being a man, in the room. But then that's, that could be any man, I suppose. (Pause)

(#54) I do suppose though, if, if uh, something occurred to me about you, even if it weren't a criticism, I don't know that I feel, I think I, I feel I can't talk about it, because it seems like kind of an intimate type of thing and, and I just am not, I don't know, I just never made personal remarks to anybody (chuckle) before I knew them for a long time.

What we are calling, for the purpose of illustration, r_1 , would be broken down formally into two codings: one for the discomfort about lying down in a room alone with the analyst (#53), the other for the patient's inhibition about saying anything that seems personal to the analyst (#54). However, for our present purposes we will speak only of r_1 taken as a whole.

Thematically, it is not difficult to detect a connection between (x_1) and r_1 . In both instances, the patient seems both anxious and inhibited regarding intimacy with a man. With the surfacing of the issue in r_1 , the judge has reason to infer, retrospectively, that (x_1) which is about the father, has meaning that applies to the analyst. Hence, the coding of a Retrospective Jxr for (x_1). This is a good example of the way in which the two sets of communications, the one about the father and the one about the analyst, illuminate and enrich each other.

Although we have a special interest in resistance to awareness of transference, including escapes from the immediate interaction that take the form of displacements onto experiences with parents, we also recognize that the patient may resist becoming aware of aspects of his or her experiences with others (especially parents), and that some issues may surface more readily in relation to the analyst. Also we recognize that interpretations can sometimes legitimately move from the here-and-now to genetic prototypes, with the first shedding light on the second (RX). Thus, in this example, we could speculate that the possible sexual connotations in r_1 , although probably resisted in themselves, may be more deeply resisted in (x_1) where the patient's relationship with the father is the subject.

Moving to our second example, the associations immediately following those of #54 are as follows:

x_2 (#55) In fact, I was kind of horrified last night at myself. I had a course a_ after I left here and uhm, (sniff) it uhm, it's an art course for teachers (sniff) and we were working on rubbing things for texture. And at one point I noticed the professor's tie, which was a very nubby coarse woven one, and although it would have been too soft to rub, I just (chuckle) reached out and held it out and said, "Well, this has a wonderful texture," which it did. But I was horrified at myself, because I've just never done anything like that before. And then I was sure his reaction was horror too, that I had been so forward. I don't know what it was actually, but at the time I was sure it was just horror. (Pause)

These extratransference associations are what we are calling (x_2). Again, x as such is not formally coded in our coding form unless the judge feels that there is evidence of a possible allusion to the transference, in which case the coding is Jxr. In this instance the theme of (x_2) is about the very issue that was introduced in the previous reference to the analyst, that is, the issue of boldness with a man, and, perhaps, especially, sexual boldness. The judge concludes that a strong hypothesis would be that the impulse that is inhibited in relation to the analyst is revealed through a displacement onto the professor. Moreover, the

reaction to the impulse in that interpersonal context, namely horror, also appears in a form that is proportional to the intensity of the wish. We have reason to speculate in light of (x_2) that not only would the patient be horrified, but that she also fears that the analyst would be horrified if she were more aggressive in the way that she approached him.

The latent meaning of #55 or (x_2) could be stated as follows:

Being here alone with you, a man, I feel the impulse to be forward with you, but I am horrified at that impulse and feel you too would be horrified if I pursued any kind of intimacy with you.

Paragraphs 53 and 54, which we are calling r_1 , would be cited as evidence to support this inference regarding the associations in #55 which we are calling x_2 . And the coding of x_2 would be a Straightforward Jxr.

We have now completed the first sequence described earlier, (x_1)<--- r_1 -->(x_2), in which a pivotal explicit reference to the relationship serves as a basis for coding a previous and subsequent set of associations as Retrospective and Straightforward Jxr respectively. We now come to the last part of the overlapping sequence, r_1 --->(x_2)<--- r_2 , in which two explicit references to the relationship both support related Jxr codings for (x_2). Because we have already dealt with the connection between r_1 and (x_2), (Straightforward Jxr), we have only the second part of the sequence to take up, the connection between (x_2) and r_2 .

It is a little later in the session that the patient says the following, which is r_2 :

r_2 (#61) Because that (chuckle) is, well even this I find hard to say, and it's, it's silly, but just in thinking about clothes and wearing what you want, uhm, just in, in noticing what you've worn since I've started coming and the, the variety and the freedom that you seem to have and, and I think I've been sort of envious of that. (Sniff) I feel very embarrassed (chuckle) saying that.

With the patient now expressing herself in a manner that she experiences as relatively bold in relation to the analyst and with her accompanying embarrassment, the judge has a basis to retrospectively interpret #55 as a paragraph in which this issue, which is muted in the transference, is elaborated vividly in a displaced form in relation to the professor. Now the latent meaning attributed to #55 might be:

I am anxious about an impulse I feel to be bold and seductive with you, even to touch you. Just commenting on your clothing feels a little like it felt when I reached out and grabbed the professor's tie. Also, I am concerned that you might be put off by my audacity.

Again, it is important to recognize that though technically the Jxr coding is given to #55 while #61 is considered as the "basis," the two communications are illuminating of each other. In other words, it is not only that in light of what we find in #61 we can consider possible latent meanings of #55, but also that in light of what we find in #55 we discern what might be latent in #61.

The episode with the professor is a good illustration of the way in which a disguised allusion to the transference may be, simultaneously, a reporting of displacement in action outside the analytic situation. The interaction with the professor occurred after a session, a temporal juxtaposition which the patient's own report emphasizes ("after I left here"). So it seems tenable to suggest that when the patient grabbed the professor's tie, she was displacing onto him an impulse that she felt in relation to the analyst. In addition, however, the timing of the report of this event, just after the patient has spoken of her sense of inhibition with the analyst, suggests that at this moment in the session the experience with the professor comes to mind and is described as a displaced representation of an immediate conflict in her experience of her relationship with the analyst.

The two kinds of displacement, in action and in communication in the here-and-now, are not mutually exclusive, although the strength of the evidence for the hypothesis of acting out is not always as strong as it seems to be in this instance.

We should add that, theoretically and clinically, there is a more conservative hypothesis that often seems applicable. This more conservative possibility is that the patient is merely repeating patterns in various contexts inside and outside the analysis and that she quite naturally may speak of a series of instances of such a pattern in a particular session, including those which involve the analyst. In other words, according to this conservative hypothesis, there is no resisted, preconscious *intention to allude to the transference* through the report of experiences outside. Instead, there is a description of a series of experiences that happen to be comparable. When the analyst interprets something in the general form, "that sounds like something between us," he really leaves the question

open as to whether there was such a communicative intention or not. Comparability alone is not strong evidence for the hypothesis that the patient is communicating something in a disguised form because of resistance. The latter hypothesis is based on more or less consistent *omissions* in what is said about the analyst regarding aspects of experience that are *included* in what is said about others. It is then that it becomes plausible to propose that not only are the issues comparable, but that what is resisted in one context is more openly expressed in another, and that the reporting of the outside events carries latent meaning that pertains to the experience inside the analytic situation.

Jxr coding with Significant Event as Basis

There is one final example of a Jxr coding in the Specimen Hour that we would like to present. Its importance lies in the fact that it makes use of a Significant Event in the interaction (PSE/RSE) as a basis for the Jxr inference and coding.

There is a sequence of associations occupying the first part of the hour, about one third to one half of the session, during which the analyst is silent. A series of "relationship episodes" is reported by the patient, including hostility and jealousy in relation to an aggressive, attention-getting rival teacher; an obsessional tendency in regard to making decisions, particularly in regard to potentially pleasurable experiences with her husband; inhibitions and anxiety in her relationship with her father; and feeling she was tactless and impulsive in stating the faults of one of her students to the child's mother. These episodes, occupying #'s 1 to 22 in the session, frequently include self-critical or self-interpretive commentary by the patient. For example #'s 5 to 7, 9 to 14, and 18 to 22 all end with self-critical and/or self-interpretive comments.

There follows the analyst's first intervention which is developed in the course of an exchange with the patient that includes some effort at clarification and some confrontation (#'s 23 to 45). The analyst points out that the patient looks to her husband for support, whereas she does not turn to him (that is, to the analyst) for the same, apparently because she expects none from him. The patient goes on to suggest that maybe she expects disapproval from the analyst (#'s 46 to 47). Then she associates to difficulties getting close to people and remarks that she needs to be critical of others before she can feel close to them. The analyst comments on the sequence of themes (#49) and then uses the opportunity to inquire as to whether the patient feels critical of him (#51). This intervention in our scheme would probably be coded ER rather than XR because it is

offered in the spirit of a flyer rather than an interpretation that is grounded in some particular evidence. It is quite fruitful in that the patient now opens up and goes so far as to suggest that the analysis might be "a hoax" (#52). This brings us to #'s 53 to 55 which we have already discussed as r_2 and (x_2) in the earlier examples. The patient says that it is difficult to lie down with a man in the room (#53), and that she finds it difficult to talk about her reactions to the analyst because it seems too "intimate" (#54). Then there is the experience with the professor and his tie (#55). Finally, we come to #56 which reads as follows:

(#56) Because several things have occurred to me while I've just been talking, shall I get off the other subject (chuckle)? (Sniff) I can't decide whether to – well, maybe I'll come back to it. Uhm, well, one thing is just a variation on my talking too much. When, at this same course last night, uhm – I'm, I'm usually very quiet when I'm, am new in a course and, and I don't like to say anything. But once I stop feeling that, once I've said something, whatever it is, then I just go the opposite way completely, and I get extremely aggressive. And at the time I don't realize I'm taking over, but then afterwards, if I think about it, I can see that I really did kind of take over or ins–, keep pushing myself into the conversation to the point where others might just say, oh well, I'm not going to bother trying to talk. And I do this, I've noticed, sometimes in conversations too, that I'll either try to anticipate what somebody's going to say and then continue on with what I'm thinking, or keep talking when I should stop because they're about to say something and then they won't, then they'll never say it. And that way I control the conversation. But the conversation might not get anywhere, or certainly nowhere near where it could have if I had stopped talking when it was time to. (Sniff)

The first few lines in this paragraph, in which the patient is hesitant about changing the subject, would be coded r in our scheme. The next associations are about the patient's tendency to swing from being extremely reticent, to taking over conversations to the point that she may actually block some kind of movement in the interaction. The explicit reference to her experience of the relationship at the beginning of #56 can serve as a basis for a Jxr coding for the ensuing extratransference associations. The latent meaning of the latter could be stated as follows:

Just now, when I changed the subject, I had the feeling that I was in danger of being overly aggressive and controlling as if to prevent you from saying something about what we were talking about before.

Again, notice how the r is the justification in the coding scheme for coding the Jxr. At the same time the x is a vehicle for illuminating

that which is left *unspoken* in the explicit reference to the relationship.

But all of this is by way of introducing the main point of this example which is to show how this last communication sheds light on the patient's experience of the relationship in the first part of the hour. Paragraphs 1 to 22 can be considered as a Significant Event in the process in which the patient speaks and the analyst is silent so that she, in effect, "controls" the conversation. Thus, in #56 we have an explication of what is enacted implicitly in #'s 1 to 22. In this light, a latent meaning of #56 could be stated as follows:

I have the tendency to do what I am describing with you. I think I did it when I came in today in the first half of the session. I felt I was taking over and controlling our interaction even to the point of beating you to the punch with interpretations of my own behavior.

In the coding itself, the SE of #'s 1 to 22 (PSE if coded earlier and RSE if coded now) would be the basis for inferring that the extra-transference associations of #56 have latent meanings in the transference and warrant the Jxr coding.

It is noteworthy that this last example involves an issue that is also prominent in the other Jxr examples, namely, the conflict about aggressiveness with the analyst. The patient's way of being controlling may be both an expression of and a defense against certain "personal" feelings that she has about him. In being controlling she interferes with the chances that the conversation will "get anywhere" (#56). Perhaps, out of anxiety about the expression of her own aggressiveness and sexual inclinations toward the analyst, she ends up keeping her distance to an extent greater than what the analytic situation requires.

The analyst's interpretation of the patient's tendency to lean on her husband and to avoid allowing her needs to surface in the analysis is consistent with this view.

Although the patient's contribution to this pattern is quite strong, it is important to recognize that the analyst is participating in it as well. His silence is, in itself, an action which the patient can plausibly construe according to her own lights. For example, she may have imagined that for his part, the analyst might be saying to himself "Oh well, I'm not going to bother to talk" (#56). It is noteworthy that during the first 22 paragraphs there are several "pauses" (15-60 seconds) and, after #14,

one "silence" (60 to 120 seconds), so that, in fact, the patient may be leaving room for the analyst to speak. Her subjective sense of the rhythm of her own speech and that of the analyst and her ideas about how he experiences her would be interesting to explore. Perhaps she feels that she has been controlling in the earlier sessions so that now the analyst has withdrawn and is sulking. But this is pure speculation.

5. An Example of a Possible Transference-Countertransference Enactment

As noted earlier, we have become increasingly interested during the past several years in the likelihood of enactment of transference-countertransference patterns in the analytic process and in the plausibility of the patient's conscious and unconscious ideas about the analyst's countertransference experience (Hoffman 1983), particularly what Racker (1968) refers to as "complementary counter-transference." In this session, the analyst's first intervention is a comment on the fact that the patient has turned to her husband with something that she has withheld in the analysis. The structure of the triangular situation that the analyst calls to the patient's attention is similar to the triangular situations that the patient described in the first part of the session in which she felt jealous of a rival teacher: "I become almost jealous of who she works with" (#2), and further, "I know that I want to have a response from the boys that, as long as I have it, then it's alright for her to have it too. But I, I know I respond very much to any time that she has a very warm response and, and I don't –" (#3).

What we are suggesting is that the analyst is in a position similar to what the patient described as her own as a teacher. Moreover, his confronting the patient on the fact that she omitted something the previous day that she hoped her husband would respond to with reassurance could readily be construed by the patient as evidence of the analyst's jealousy. In this context, the analyst is the one who is vulnerable and excluded. This kind of "projective identification" (Ogden 1982) may partially protect the patient from being the excluded, vulnerable party herself. We know, of course, that she is not entirely protected and that the other side of the coin is not far from the surface. She is extremely anxious about being "personal" with the analyst. In that sense, she may feel excluded from his personal life and is anxious about her impulse to somehow intrude herself into it. The point is that the theme of exclusion, jealousy, and conflict about trespassing repeats in various contexts with the patient sometimes in the role of the one who is the excluded party and sometimes

the one who is excluding another. The analyst is inevitably drawn into this pattern, falling into positions complementary to those which are assumed by the patient.

The only coding in our scheme that may be warranted with respect to this pattern is the Potentially Significant Event or the Retrospectively Significant Event. The sequence in which the patient acts in such a way as to elicit an emotional response in the analyst could be coded as a Potentially Significant Event and ensuing associations could be examined to see whether they allude to this unspoken aspect of the interaction. At the point when the patient speaks of her jealous attitude towards the teacher, no Jxr coding can be given because there is no evidence at that point that such a pattern is also present in the analytic process itself. Whereas a subsequent explicit reference to the relationship could warrant a Retrospective Jxr, a PSE that occurs or crystallizes after the x material in question cannot justify such a coding. This is because Significant Events, as we have thought of them, *influence* the patient's *subsequent* experience and associations. They are not relevant to *prior* experience and associations in the same way. Perhaps a broader view of Significant Events is called for. In this broader view it would be possible to interpret that the patient may have sensed that she was in the midst of an unconscious attempt to enact a certain pattern and was alluding to it at a certain point, even though the pattern itself did not become apparent until later when the analyst himself took part in it.

We want to emphasize that we do not regard it as necessarily detrimental if the analyst inadvertently participates in a pattern which is actually a part of the transference itself. On the contrary, it may even turn out to be extremely useful in the long run, and may promote a depth of understanding that would not have been possible otherwise. What is important is that at some point the analyst and the patient be able to extricate themselves from such patterns of enactment and that the analyst be able to interpret what has gone on without denying his own contribution at the same time that he impresses upon the patient the extent to which he or she has had a significant role to play in shaping this aspect of the relationship (Bollas 1983; Ehrenberg 1982; Hoffman 1983; Levenson 1983; Racker 1968; Sandler 1976).

6. Disclosure of Suppressed Ideas about the Relationship (DSIR)

We have found that it is not uncommon, following a transference interpretation by the analyst or even a timely ER (that is an encouragement to the patient to elaborate on his or her experience of the relationship), for the patient to reveal some aspect of his experience of the relationship which had apparently been conscious but unspoken until that moment. The fact that the

idea had been conscious is usually apparent from the manner in which the patient introduces the content of the idea itself. For example the patient may say "as a matter of fact, I was just thinking yesterday..." or "I was telling a friend of mine..." or "I did think to myself after I left last time..." or any number of other introductions which make it clear that the patient was aware at some point and had formulated in his own mind the very thought which he is about to verbalize to the analyst. We believe that this is an important phenomenon because it points to an aspect of resistance that is underestimated in our view in terms of its prevalence and its significance. What we have in mind is resistance to speaking of that which the patient is already conscious or at least of that which he has been conscious outside of the analytic situation.³ What the analyst's intervention seems to do is free the patient to speak to him about an issue that the patient had been inhibited about speaking of before. We believe that frequently such disclosures are misidentified as evidence that, as a result of an interpretation, something that had been repressed has become conscious. In fact, what has happened is that the patient is now prepared to speak of something which he had been loathe to either formulate in his mind in the analyst's presence or to speak about openly. This shift occurs only after the analyst demonstrates that he is less defensive and less resistant himself than the patient may have imagined to hearing about the issue. One example of such a DSIR occurs in #52 of the Specimen Hour immediately after the therapist asks, in #51, whether the patient has had some criticisms of him. In #52, the patient says, tellingly perhaps, "I think if I had, I would have (chuckle) suppressed them too much to admit them." The patient may not be intending a precise use of the word "suppressed," but it does seem fitting because we are interested, in the case of DSIR, in suppressed as opposed to repressed thoughts. The patient goes on to say "I'm starting with one that's less (chuckle) personal, one that I'm sure *still is occurring to me* at times, although I don't think it functions as much in my thinking now as it might have – is uhm, sometimes wondering if all this really does get anywhere, and (sniff), you know, if it isn't some sort of a hoax." The italicized phrase makes it quite evident that the patient has had this thought before and is now free enough to "admit" it to the analyst.

³Freud (1905e, p. 17) classified resistance into three types: resistance to speaking of something conscious, resistance to becoming aware of something that is unconscious in the presence of the analyst, and resistance that is attributable to repression.

It is fortuitous, we think, that the first letters of the phrase "disclosure of suppressed ideas about the relationship" are almost the same as first letters of the word "desirable." We think that such a response to an intervention by the analyst is, indeed, desirable in that it brings to light something that the patient has been experiencing that has to do with the analyst and that the patient has been omitting from his or her associations because of some anxiety and the resistance that accompanies it. Something about the analyst's intervention in our view modifies the anxiety and the resistance so that these ideas can now be spoken about and explored. The phenomenon highlights the interactional dimension of resistance in that it is a change in the environment (that is, something in the analyst's behavior) that makes it possible, apparently, for the DSIR to occur. We think that the DSIR is a potentially useful variable to consider in psychoanalytic process research. We would expect to find a relationship between DSIR and preceding timely interventions by the analyst, either transference interpretations (XR and R) or simple expressions of encouragement to the patient to elaborate on some aspect of his or her experience of the relationship (ER).

7. Explication of New Ideas about the Relationship (ENIR)

We want to call the reader's attention to the fact that the paragraphs immediately following the DSIR of #52, namely, #53 and #54, constitute what we referred to in our earlier illustrations as r_1 . Here the patient speaks of her discomfort lying down with a man in the room and of her difficulty being personal with him. The wording of the first idea "I found it hard to come in here and lie down on the couch, with just you, being a man, in the room" sounds like it might qualify as a DSIR because of the use of the past tense. However it is not as clear an example as the one in #52 where the statement is made explicitly that the idea had occurred to the patient before. In #54 the patient seems to be groping more for words to capture some aspect of her experience which she has not captured in words before. The indication that this is the case is in the words "I do suppose" and in the very halting manner in which the patient proceeds: "I do suppose though, if, if uh, something occurred to me about you, even if it weren't a criticism, I don't know that I feel, I think I, I feel I can't talk about it, because it seems like kind of an intimate type of thing and, and I just am not, I don't know, I just never made personal remarks to anybody (chuckle) before I knew them for a long time." We have labeled this kind of verbalization an "explication of a new idea about the relationship" or ENIR. This kind of verbalization also strikes us as extremely important clinically, and as a possible variable in

psychoanalytic process research. The patient is actively trying to overcome resistance and give shape to an aspect of her experience of the relationship with the therapist in the here-and-now which is fraught with anxiety. The DSIR and ENIR variables were not included in our coding scheme as we presented it originally (Gill and Hoffman 1982b) and, in fact, we have not attempted any systematic studies either of interjudge agreement or of a hypothesis testing nature involving them. We do feel, however, that both DSIR and ENIR are fairly readily identifiable and that they can be useful both as intra-process dependent variables and as independent variables considered as components of the process that may contribute to a positive outcome.

8. Global Rating of the Specimen Hour

What follows is the consensus clinical statement by the authors about the Specimen Hour:⁴

The session begins with a sequence of associations during which the analyst is silent. A series of "relationship episodes" is reported by the patient, including hostility and jealousy in relation to an aggressive rival teacher; obsessional tendencies when it comes to decisions, especially regard to potentially pleasurable experiences with her husband; inhibition and anxiety in her relationship with her father; and feeling she was tactless and impulsive in stating the faults of one of her students to the child's mother. The analyst, about a third to a half way through the session, offers two transference related interventions. In the first, he points out that the patient seeks reassurance from her husband but has omitted reporting certain experiences to the analyst as if she were avoiding leaning on him as she has claimed she intended to do. After some initial disclaimers, the patient acknowledges that she does want approval from the analyst and is afraid she will not get any. The second intervention is a suggestion that the patient may be inhibiting some critical thoughts about the analyst. These interventions are fruitful in that they open the door to the disclosure by the patient of several previously suppressed ideas about the relationship (DSIR's). One is that the had patient has had the thought that analysis might be a hoax. A second is that the patient feels uncomfortable about lying down alone with a man, the analyst, in the room. The patient also refers more generally to her

⁴This statement, having been prepared for publication, is longer and more elaborate than what the authors usually write-up in the course of routine codings of sessions.

avoidance of anything that seems too personal and, later, she expresses embarrassment in telling the analyst of her admiration and envy of his freedom in dress.

These explicit thoughts about the relationship are interwoven with several sequences of extratransference associations which seem to be alluding to resisted extensions of these issues in the transference. In particular, anxiety regarding the breakthrough of sexual and aggressive impulses is articulated vividly in relation to other people in a way which is readily interpretable as applying to the analyst as well. There is evidence that the very act of telling the analyst certain things, such as that she envies his style of dress, is experienced by the patient as a breakthrough of a forbidden impulse. Finally, some of the extratransference associations seem to allude to a pattern of interaction with the analyst, observable in the beginning of this session especially, in which the patient attempts to control the interaction by monopolizing the conversation. In this way the patient expresses her inclination to be aggressively dominant at the same time that she defends against her wishes for greater intimacy with the analyst. The analyst, himself, plays a role in this pattern in that he is silent for this part of the interview despite several pauses which may represent invitations to him to speak. It is possible that the patient experiences him as having withdrawn because of something about her own controlling behavior in this and/or previous sessions. These and other resisted and sometimes enacted aspects of the patient's experience of the relationship are not interpreted by the analyst. Hence, although he does make two significant and useful attempts to explore the patient's experience of the relationship, our rating of the analyst's contribution to the exploration of transference issues is only mediocre. In this instance the rating we gave was 3.0 on a scale of 1 to 5.

9. Comparison of the PERT with the CCRT and FRAMES

We would like to formulate what we see as the relationship between our coding scheme and Luborsky's (1977) Core Conflictual Relationship Theme and between the PERT and the method developed by Dahl and Teller (Dahl, this volume; Teller and Dahl 1981a, 1986) of analyzing a session in relation to what they call Frames.

The PERT and the CCRT

The ERT scheme provides primarily, a descriptive, qualitative account of the sequence of transference issues as they emerge in a session, both through direct and indirect communication. It also provides an assessment of the extent to which the therapist contributes to the explication of transference issues in the session, and there is a quantitative rating of the therapist's work. The fact that some of the variables that we code can yield numerical scores in the sense of the frequencies with which the codings appear is very much secondary. Also, it should be evident that the small x in our system is not comparable to a "relationship episode" with someone other than the analyst in the CCRT. This is not simply because the x coding is not actually made in our system but is implied, but, more importantly because the communications that come under the rubric of x are not differentiated according to theme or object as they are in the CCRT. We could have twenty consecutive pages of "x - material" in a transcript and clearly it would be misleading to say that this amounts to one "x-episode" that is comparable to one relationship episode in the CCRT. Nor is the x comparable in this regard to the r coding in our own system since each r does represent a specific communication by the patient on a specific relationship issue. If the theme changes during the course of communications that are explicitly about the relationship, a new, additional coding of r is warranted. That is not the case with the associations that are implicitly coded as x.

Also, we cannot emphasize enough the importance to us of making clear that communications implicitly regarded as x are *not necessarily* considered to be allusions to the transference. Actually, the main divisions within the patient's communications for us are not r and x, but rather, r and Jxr which is a subclass of x. That is, the main division is between explicit and implicit communications about the relationship, the implicit communications being inferred by the judge.

Another issue which we think is important is that the PERT, unlike the CCRT, is designed to search out not only the convergence of themes but the specific details of themes that are included in associations that are not about the relationship and that disappeared *as a function of resistance* in the associations that *are* about the relationship. In other words, we are interested in the detailed examination of points of convergence and divergence of themes depending upon whether the patient is speaking about the therapeutic situation or some outside situation. The PERT is much more molecular and detailed and more geared toward the tracking, not only of transference themes, but also of *resistance as it*

affects nuances of communication during the course of the session. We think that if one focuses on the issue of resistance the difference between the CCRT and the PERT becomes clearer.

Another important difference between the systems is that the attempt by the PERT to capture at least some of the characteristics of transference-countertransference enactments that are observed by the judge but about which the patient does not speak explicitly has no counterpart in the CCRT. These are relationship episodes that are not in the manifest content of the patient's associations, but which the patient may allude to implicitly. We are particularly interested in the analyst's contributions to the transference through his own manner of relating. In the PERT these "contributions" would be coded as PSE or RSE and used as a basis for inferring disguised allusions by the patient to his experience of the relationship (Jxr and Jrr).

As we understand it, the CCRT was not originally designed as a way of getting at transference issues except in the sense that any theme and, certainly, any recurring theme can be hypothesized to have some bearing on the relationship with the analyst. But this is a very weak sense in which the CCRT is addressed to the transference. The search for recurring themes cannot be considered in itself the search for the transference themes.

From our point of view, the CCRT and the PERT complement each other in that the CCRT provides a systematic way of keeping track of and collating themes as they emerge in a session. Although it might be somewhat laborious, the systematic recording of "relationship episodes" should make possible a more reliable and comprehensive coding of disguised allusions to the transference, that is, of Jxr and Jrr. This would be a kind of systematizing of what the judge now does in the PERT when he "keeps in mind" various themes that have arisen in the hour and relates them to evidence in the form of r or SE in coding disguised allusions.

The PERT and Frames

Although we do not claim to have fully digested and understood the system developed by Dahl and Teller (Dahl, this volume; Teller and Dahl 1981a, 1986) for content analysis of psychoanalytic sessions, we would like to state what appear to be points of correspondence of the PERT and Frames. We believe that there are features of Frames that are very compatible with the PERT. In fact the PERT could be considered as a certain kind of application of Frames. We will not review the terms and the applications of the Dahl-Teller approach which is described elsewhere in this volume. Dahl (this volume) writes that "in cases where there is no evidence for a particular event in an instantiation, the value in the corresponding prototype event becomes

the predicted value in the instantiation" (see page 56). What we are suggesting, given our particular clinical and research interest, is that the patterns of inclusion and omission of events associated with certain frames is often a function of resistance to awareness of transference and/or resistance to communication about the transference combined with the patient's inclination to overcome those resistances. We think that what we are looking for when we search out disguised allusions to the transference in the PERT amount to extratransference "prototype frames" that provide clues to the "defaults," due to resistance, in analyst related "instantiations." We think this describes precisely what we are doing when we code Jxr. In the case of Jrr, we look for prototype frames that are themselves about the transference which provide clues to defaults, due to resistance, in other associations that are also manifestly about the relationship with the analyst. The latter have the formal status, in the context of Dahl's system, of "instantiations."

It might help to clarify how these terms can be applied by looking again at one of the examples of a Jxr coding described earlier. The episode in which the patient grabs the professor's tie and then is horrified and is afraid that the professor is similarly horrified might be used as a prototype which has certain elements that are missing from, but can be read into, what the patient says about her experience of the relationship with the analyst. Without getting into it too formally, the episode includes an impulse to be forward and a reaction of anxiety. The impulse in this case is acted upon. In the relationship with the analyst the patient is much more inhibited. However, when she speaks to him about his manner of dress, she is taking a step which she experiences as rather personal and bold and she has a reaction of embarrassment which parallels the horror that she felt after she grabbed the professor's tie. So it is possible to read into the experience that is explicit in the relationship with the analyst the impulse to touch him, or more generally, to act impetuously in relation to him. We can also read into the patient's experience with the analyst an idea that he would be put off by this inclination to be forward with him; an inclination that the patient is usually inhibiting. What is missing from the experience with the analyst are the very ingredients that are elaborated upon in the experience with the professor, so that these experience with the professor give us the "default values" that can be applied to the experience with the analyst.

This is not to say that there may not be times when a frame will be more fully represented in associations that are manifestly about the interaction with the analyst in the here-and-now than it is represented in associations about another situation. In the first example of Retrospective Jxr that we have presented (see above p. 79), we commented that aspects of the patient's conflicts might find more overt expression in her relationship with the analyst than they would in her relationship with her father. It may be that as resistance to the awareness of transference is overcome there would be more instances in which the relationship between prototype and instantiation would be reversed. The prototypes for certain frames will be represented in interactions with the analyst and the instantiations in which certain events in the frame sequence are omitted will center on relationships with others, especially family members. Teller and Dahl (1986) write, "Ultimately, analysts would of course be interested in discovering childhood prototype frames that would provide clues to the origin of defaults in adult instantiations – the sources of both our adaptive and our neurotic expectations in life" (p. 796-797). What we are describing here is the opposite direction of discovery with here-and-now transference prototype frames providing clues to defaults in child-parent instantiations. This direction of discovery corresponds roughly, we think, with what Gill (1979, 1982) has defined elsewhere as the complement to resistance to awareness of transference, namely, resistance to the resolution of the transference. In the latter the patient is loathe to consider the possibility that his experience of the relationship with the analyst in the here-and-now, as it has been explicated, has significant origins in childhood experiences, including relationships with parents, siblings, etc.

Returning to our particular example, we can see that even in this one session there is more that surfaces to help us to see the factors contributing to the patient's conflicts in her relationship with the analyst than what comes to light directly with regard to the patient's experience of paralysis in her relationship with her father. We could hypothesize that the impulse to act impetuously, aggressively, and, perhaps, seductively that is suggested in the context of the patient's experience with the analyst might be a clue as to what is interfering and causing so much anxiety and awkwardness in the patient's relationship with her father.

Like the CCRT, Frames can be used in conjunction with the PERT scheme as a way of taking systematic account of all the data in a session for the purpose of tracking the patient's experience of the relationship with the analyst in the course of a session, part of a session, or a series of sessions.

In our view, one of the important omissions in Frames as described by Teller and Dahl is that it generally has been applied to the patient's associations without direct reference to the analyst's participation in the process. Although it seems to us that the method that Teller and Dahl have

invented can be adapted to include the analyst, so far we see no evidence that there is any thought of doing so. In accord with the notion of an inevitable interplay of transference and countertransference, it would be useful to see prototype frames and instantiation of frames in which the analyst himself is directly involved, with some intervention or other behavior constituting evidence of one of the events in the sequence of events that make up a particular frame. An example from the Specimen Hour might be one based on the example of transference-countertransference enactment that we discussed earlier. The frame would have to do with a sequence involving jealousy and exclusion. The moment when the analyst "complains" about the patient's failure to turn to him for reassurance (whereas she had done so with her husband) would itself be evidence of an event in a sequence in which someone feels left out and hurt. The fact that in this particular context the analyst is cast in the role of vulnerable child, is consistent with the view that while certain patterns may be repeated over and over again, the patient may occupy a variety of different roles in those patterns, casting other persons, and the analyst in particular, into complementary positions. What we are saying here is in keeping with a comment by Teller and Dahl (1986) that "There are also variants in which another person, e.g. father or mother, replaces the patient as the subject of the action in a frame, as well as instances in which the objects of the action are variables, e.g. husband, parents or analyst ... Thus one can represent identifications in a formal way that until now has not been possible" (p. 795). We would add that the analyst may also be the subject of the action of a frame, and the patient the object.

Although, as we said earlier, the PERT can be considered as a particular type of Frame, there is a sense in which the patient's experience of the relationship with the therapist is supraordinate relative to all other contexts (or "categories") which generate and confirm the existence of Frames. This is simply because everything that is said in sessions is said to the therapist. We are not dealing with a literary text, but with a record of a particular interaction. Every word that is spoken is part of a particular event in the patient's life which is his experience of the analytic hour. Dahl and Teller do not seem to make anything of the difference between the analyst as the object and other objects that appear in the patient's associations. Such a distinction is warranted, not because of the special theoretical importance of the transference in psycho-

analysis, but simply because of the fact that the reporting of experience in the session is always embedded in the experience of talking to the analyst. To put it in terms of "relationship episodes," all the episodes reported in the session are part of a supraordinate "relationship episode" which is constituted by the patient's experience of the session itself.

10. Conclusion

We have presented an overview of a method for coding the patient's experience of the relationship with the therapist (PERT) in psychoanalysis and psychoanalytic psychotherapy. We have illustrated the scheme by applying it to Specimen Hour. After illustrating the coding of a sequence of interrelated disguised allusions to the transference, we discussed the implications of the interplay of transference and countertransference for the PERT method. Also, two new process variables were introduced: disclosure of suppressed ideas about the relationship (DSIR) and explication of new ideas about the relationship (ENIR). We think these variables may be useful in the investigation of the immediate impact of transference interpretations as well as other aspects of process research.

Finally, we compared the PERT to Luborsky's (1977) Core Conflictual Relationship Theme (CCRT) and to Dahl's (this volume; Teller and Dahl 1981a, 1986) Frames. Among other differences, the PERT focuses upon the course of resistance as it affects communications about the immediate interaction in the hour, whereas the CCRT searches out thematic convergence. Also, the PERT includes assessment of the therapist's work in the session whereas the CCRT does not. The search for disguised allusions to the transference in the PERT can be viewed as a particular type of frame analysis in which aspects of what the patient reports about his experience of the relationship at any given moment are filled in by reference to other contexts where the full sequence of events associated with a particular frame are more fully represented. What is missing in terms of direct communication regarding the transference, that is the "defaults" in that communication, is ascribable to resistance. There is a sense in which the category of experience which comes under the rubric of "talking to the analyst" is supraordinate to all other categories in which other individuals are the objects of the patient's experience. This is simply because every utterance in the session is part of a supraordinate "relationship episode", which is the patient's experience of the session itself. Both the CCRT and Frames complement the PERT by providing a systematic way of mapping and keeping track of various themes

in the course of an hour which have relevance to the coding of disguised allusions to the transference.

