Operationalising "Unlocking the Unconscious" using Achievement of Therapeutic Objectives Scale (ATOS) Profiles

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Abstract

Objective: Intensive Short-Term Dynamic Therapy (ISTDP) is an evidence-based psychotherapy supported by a growing literature base. Unlocking of the unconscious is a central process in ISTDP. The current study sought to operationalise the concept of "unlocking" by adopting a detailed process analysis of the early phase of therapy in four cases using a structured measure, the Achievement of Therapeutic Objectives Scale (ATOS).

Methods: The ATOS is an existing measure of psychotherapy process outcomes. A profile of scale cut-off scores was developed to identify episodes of unlocking across 30 videos of ISTDP therapy sessions. Expert raters identified episodes of unlocking for the first 10 recorded psychotherapy sessions across four participants, in a naturalistic private practice setting. Sessions were then rated using the ATOS profile and compared with expert ratings to assess the sensitivity of the ATOS to identify episodes of unlocking.

Results: Using the developed profile of subscale cut-off scores, the ATOS successfully identified 8 of 11 episodes of unlocking. A visual analysis of descriptive data indicated that average ATOS subscale scores during episodes of unlocking were consistent with the hypotheses. Expert ratings of unlocking and the ATOS were found to have high inter-rater reliability.

Conclusions: This pilot study suggests the ATOS may be adapted to provide a profile sensitive to episodes of unlocking the unconscious. The proposed measure is worthy of further study, representing an initial step toward operationalising a central process associated with positive outcome in ISTDP.

Highlights

- Intensive Short-Term Dynamic Therapy is an evidence-based psychotherapy with good outcomes across a range of disorders.
- As with all psychotherapies, it is difficult to operationalize therapeutic processes.
- The current study provides a pilot examination of a new method to operationalize the process of unlocking the unconscious, using the Achievement of Therapeutic Objectives Scale (ATOS).
- Initial results suggest that the ATOS may be sensitive to episodes of unlocking within therapy sessions. The measure is likely to be worthy of further investigation.

Operationalising "Unlocking the Unconscious" using the Achievement of Therapeutic Objectives Scale (ATOS) Profiles

Intensive Short-Term Dynamic Therapy (ISTDP; 1, 2, 3) is an evidence-based psychotherapy founded on psychodynamic principles. Current literature indicates that ISTDP is effective in treating various psychological disorders, including depression, anxiety, and personality disorders (4, 5, 6, 7). Current process-oriented ISTDP research has focused on using the clinical judgement of expert raters to identify the accurate and timely use of interventions according to Davanloo's Central Dynamic Sequence (Davanloo, 1990). To further elucidate the processes of ISTDP, this pilot study examined the use of a scale profile to identify the accurate application of a central intervention in ISTDP - unlocking the unconscious (unlocking). This study provides a suggested alternative method for identifying unlocking.

ISTDP operates under the assumption that psychological symptoms are associated with resistance to unwanted emotions (2, 8). Patients may have childhood experiences in which certain emotions are seen as unacceptable. Based on ISTDP theory, such unwanted emotions are pushed out of conscious awareness. In adulthood, patients experience anxiety when previously repressed unconscious emotion is triggered. Patients engage in defensive processes to avoid experiencing unwanted feelings. ISTDP helps the patient overcome their internal resistance, fully experience their emotions, and develop greater self-insight.

Unlocking the unconscious is considered a central driver of change in ISTDP (1, 2, 3, 8). Unlocking involves bringing unconscious feelings, experiences, and the fantasies of childhood into conscious awareness. These feelings were previously unconscious, due to the activation of defences and anxiety. When anxiety and defences are addressed, complex feelings rise to conscious awareness. The patient and therapist process newly conscious information and its links to current psychological problems. To achieve this, the therapist

works collaboratively with the patient to overcome defences and resistance. Depending on the extent to which a patient's resistance is overcome, unlocking can be observed at different levels. Most commonly, unconscious feelings may first be observed as complex emotions toward the therapist. Generally, these feelings comprise a combination of anger at the therapist's relentless focus on their anxiety and defences, and gratitude toward the therapist for their efforts to help them. Emotions are explored to develop insight regarding past attachment experiences. ISTDP posits that the experience of previously unconscious emotions and the development of insight regarding previously unconscious experiences results in symptom improvement (3). Insight involves the linking of cognitive elements such as fantasy and memories of early childhood, with the felt experience of complex emotions.

As with all psychotherapies, it is difficult to identify causal relationships between hypothesised mechanisms of change, the interventions that are central to the therapy to engender change, and symptom improvement (9, 10). A small body of literature has examined the association between episodes of unlocking and therapeutic change (e.g., 4, 8, 11). These studies provide initial indications that unlocking is associated with positive therapeutic outcome. However, a significant methodological issue with this literature remains the lack of independent raters, reliably trained to judge the unlocking process. In addition, current approaches to identifying unlocking could be improved through the use of defined observational measures.

The Achievement of Therapeutic Objectives Scale

The Achievement of Therapeutic Objectives Scale (ATOS) has been developed by researchers seeking to evaluate the therapeutic effects of Short-Term Dynamic Therapy (STDP; 11). STDP is an umbrella term encompassing multiple short-term dynamic approaches, including ISTDP (11, 13). The ATOS was initially developed with reference to Affect Phobia Therapy (13, 14), another STDP approach. However, the measure was

intended to be trans-theoretical and widely applicable across psychotherapeutic approaches (13).

The ATOS has seven subscales, which relate to different aspects of the therapeutic process within session. The current study proposes that four of these subscales may be useful in the identification of unlocking events: Exposure, Motivation, Insight, and Inhibition. These subscales were chosen due to their relevance to the theoretical components of unlocking episodes. The Exposure subscale refers to the intensity of affective arousal. The Insight subscale refers to the level of awareness regarding maladaptive patterns. The Motivation subscale measures willingness to give up unhelpful, maladaptive defences. The Inhibition subscale refers to inhibitory emotions - the level of patient (pathological) guilt, anxiety, shame or pain. Each of these subscales relates to the components of an unlocking episode – the experience of intense emotions, a decrease in defensiveness and inhibitory emotion, and the development of new insights.

Several ISTDP studies have used the ATOS to explore the therapeutic process. Town and colleagues (15) examined process-outcome associations across 20 sessions of ISTDP. Results indicated that a subscale of the ATOS (Exposure) was a predictor of decreased distress within session. Town and colleagues (16) used the ATOS to examine the relationship between therapist interventions and patient affect in STDP. Therapist interventions were found to account for significant variance in the Exposure subscale. Berggraf and colleagues (17) found that the ATOS was sensitive to differences between patients, and within patients between individual subscales. These findings suggest that the ATOS may be a useful measure of ISTDP processes.

The current study aims to provide a pilot exploration of the use of an observational measure, the ATOS to identify unlocking episodes in ISTDP. to the study thus builds upon previous studies, which have used expert clinician ratings of unlocking. Although previous

studies have employed the ATOS as a predictor of process outcomes, to our knowledge the current study will be the first to operationalize and use the ATOS to identify unlocking. The ATOS includes an assessment of the dominant patient affect in each identified segment. A profile of subscale cut-off scores was developed to define the presence of an unlocking event. The current study also examines the inter-rater reliability of raters identifying unlocking episodes using clinical judgment.

Expert raters and the treating therapist identified instances of unlocking across recorded segments of therapy sessions, using their clinical judgment. Therapy segments were then rated using the ATOS to determine whether the measure was sensitive to identifying episodes of unlocking. In addition, ATOS subscale scores were compared between sessions where unlocking occurred, no-unlocking sessions, and specific unlocking segments. As part of the implementation of the ATOS, raters also identified the dominant affect present in each therapy segment.

Hypotheses

(1) There would be high interrater reliability between expert raters in their identification of unlocking episodes.

(2) Unlocking episodes, as identified by expert raters, would be successfully identified through the application of a specific profile of ATOS cut-off scores.

(3) Unlocking episodes, as identified by the ATOS, would include complex feelings of rage and guilt about the rage. If the ATOS raters identified both anger and positive feelings in a 10-minute segment, this would be classified as complex feelings.

Methods

Design

The current study is a pilot detailed process analysis, focused on the initial phases of ISTDP therapy. The study examines the first 10 sessions of therapy.

Participants

The current study received institutional ethics approval (Human Research Ethics Approval No: 1400000884). Participants were recruited from a private practice psychology clinic. Individuals were eligible for the study if they were aged 18 to 70 and had the capacity to provide written informed consent. Exclusion criteria comprised: active suicidal or violent behaviours, substance dependence, evidence of an organic brain syndrome, bipolar disorder or psychotic disorder, or changes in medication during the previous month. Participants were recruited from clients referred to the treating therapist's private practice psychology clinic. All referred clients were screened, until four participants agreed to take part in the study. Twenty participants were screened, with three excluded from participation due to active substance addiction, a recent history of violent behaviour, and recent change in medication. Of the 17 eligible clients, four consented to participate in the study. All participants took part in a clinical interview and were screened by the first author, using the Structured Clinical Interview for DSM-IV (SCID-I and SCID-II). The first four participants to accept an offer of participation were included in the study. Participants were three males and one female, ranging in age from 22 – 53 years (mean±SD age, 37±13 years). One patient dropped out of treatment after the sixth session and could not be contacted. One patient participated in 4 hours of treatment (two 2-hour sessions), before ceasing treatment due to financial limitations. The therapist was an ISTDP therapist with more than 15 years of experience. A concise summary of each participant is presented in Table 1.

**Table 1 goes about here*

Definition of Unlocking

Unlocking was defined as the process of overcoming resistance (defences), leading to the conscious experience of previously unconscious complex feelings. Unlocking typically follows a predictable sequence. As anxiety and resistance are overcome, the client becomes aware of complex feelings (CF) toward the therapist. Through a process of visualising the enactment of the transference rage onto the therapist, followed immediately by focusing on the positive feelings towards the therapist, a feeling of guilt is experienced by the client. It is the conscious experience of the previously unconscious guilt that enables the client to enter into an "unlocked" state. In this state, memories, feelings and fantasies from early life are consciously accessible. Working with the therapist, the client develops insight regarding the links between the experience of complex transference feelings within the therapy, previous attachment experiences, and defensive processes that had operated to maintain the repression of this material (Davanloo, 1990; 2000; 2005).

Measures

The Achievement of Therapeutic Objectives Scale (ATOS; 10). The ATOS is a process measure of therapeutic change. The ATOS was designed to measure seven therapeutic objectives by observation of patient behaviour in session (18). The ATOS is comprised of seven subscales, outlined below in Table 2.

**Table 2 goes about here*

The ATOS manual indicates that video-recorded sessions are rated in 10-minute segments. For each segment, every subscale is rated holistically on a scale from 1- 100. Higher scores indicate higher levels of the observed construct. Raters are provided with a description of the construct being rated. For the Exposure subscale, raters are also required to identify the dominant affect(s) present in the session. ATOS scores can be used for specific 10-minute segments or averaged across segments to provide an overall session score. Prior studies indicate that the ATOS has satisfactory psychometric properties (13, 16, 17, 18).

Previous research has found satisfactory inter-rater reliability, ranging from .60 to .87 for various subscales (17, 18).

The ATOS manual provides cut-off scores defining four levels for each subscale. A 'none' or 'low' level indicates very limited demonstration of the construct. The patient may only be able to demonstrate the construct with the therapist's assistance. A moderate level indicates a fair, functional level of the construct being measured. High and excellent scores indicate high levels of the construct, independently demonstrated by the patient. In the current study, the ATOS manual was used to inform a profile of cut-off scores to define the presence of an unlocking event (Exposure >50; Insight > 50; Motivation > 50; Inhibition < 50). The four subscales were chosen based on their theoretical relevance to the concept of unlocking. Based on the ATOS scoring system, the defined cut-off scores indicate at least a moderate level of Insight and Motivation. The cut-off score for the Exposure subscale indicates moderate or higher levels of affect intensity. For the Exposure subscale, raters identified dominant affects present in each 10-minute segment. Each affect received a rating on the subscale, with a rating of > 50 on at least one affect required to meet the cut-off. The cut-off score for the Inhibition subscale indicates low levels of inhibitory affect. These cut-off scores map onto the core characteristics of an unlocking episode. Unlocking involves the experience of intense, complex feelings (analogous to higher scores on the Exposure subscale), insight into previously unconscious issues (analogous to higher scores on the Insight subscale), a reduction in defences (analogous to lower scores on the Inhibition subscale), and increased motivation to surrender defensive processes (analogous to higher scores on the Motivation subscale; 1, 2). An unlocking episode was identified if all the subscale cut-off scores were met within a 10-minute segment. If an unlocking episode persisted across multiple 10-minute segments, all those segments were considered unlocking segments.

Observational rating system for unlocking events. Expert raters were asked to make a clinical judgment of 10-minute recorded therapy segments, to determine whether unlocking had occurred. A total of 192 therapy segments were rated. A binary rating system was used to identify whether an unlocking event occurred, based on the clinical judgment of the raters (1 = "did have an unlocking of the unconscious during therapy", 0 = "did not have an unlocking of the unconscious during therapy").

Raters

All raters in the study achieved competency on the standard online training course for the ATOS. This course involves theoretical readings in addition to extensive practice rating therapy segments and comparing results to those of expert raters. In addition, raters completed an 8-hour training with an ATOS trainer and received specific feedback. Overall, the raters each completed 30 hours of practice using the ATOS before commencing ratings for the study. This level of training is in line with the 25-30 hours of training recommended by the scale developers (12). At the end of training, the raters achieved reliability coefficients of .73 and .78 (compared with expert ATOS raters) placing them in the good to excellent range for rating the ATOS (12).

Therapist. The therapist was a trained ISTDP clinician with over 15 years' experience. After each session, the therapist identified whether an unlocking event had taken place in the session, and the number of unlocking events. Any instances identified by the therapist were included in the total unlocking events for the analyses.

Independent raters. Two independent raters assessed the occurrence of unlocking events and ATOS scores in recorded therapy segments. Ratings for unlocking events and ATOS scores were made 12 weeks apart to reduce the likelihood of bias in the data. The raters were both trained ISTDP therapists with a minimum of 5 years clinical experience, and previous experience rating unlocking in ISTDP videos. The researchers were blind to patient

outcomes. All the raters completed approximately 30 hours of practice ratings, with 8 hours of training and supervision in the use of the measure. To assess the likelihood of experimenter bias, a third rater also assessed the occurrence of unlocking, while blind to patient outcomes, ATOS results, and unlocking results.

Procedure

Patients attended therapy weekly, with the number of total sessions dependent on patient need. The duration of the initial session was 120 minutes, and the following sessions were between 50 minutes to 1 hour. A total of 30 sessions were provided. All sessions were video recorded and up to the first 10 sessions for each client were assessed for unlocking events using clinical judgment and the ATOS. The therapist was blind to outcomes for all patients until the end of treatment.

Results

Participants

A concise summary of participant information is outlined below in Table 1.

**Table 1 goes about here*

Inter-Rater Reliability for Unlocking Episodes

Data was analysed with SPSS 22.0 (Statistical Package for the Social Sciences, Armonk, NY). Inter-rater reliability for unlocking episodes was assessed using Intraclass Correlation Coefficients (ICC). Results indicated consistency among the therapist and the three independent raters. Average reliability value is expected to be over .70. The current study found an excellent reliability value (ICCs of α= .934).

Unlocking Events Identified by Expert Raters and Using the ATOS

Overall, the therapist and independent raters identified 11 instances of unlocking. All of these unlocking events occurred with regard to a single participant. No other participant

experienced an unlocking event. A profile of cut-off scores for the ATOS subscales were developed to define the presence of a possible unlocking event (Exposure > 50; Insight > 50; Motivation > 50; Inhibition < 50). Ratings of unlocking identified by expert raters were based on a minimum agreement among at least three raters. Out of the 11 unlocking episodes identified by the raters, 8 met all the specified ATOS criteria for an unlocking episode (see Table 3).

**Table 3 goes about here*

Comparison of ATOS Scores for Unlocking and No-Unlocking Sessions

ATOS ratings were completed for all 10-minute therapy segments. These segment scores were then averaged to create an overall session score. ATOS scores were thus available as whole session scores, or specific segment scores. Overall session descriptive statistics were calculated for the Exposure (mean±SD Exposure, 63±13, range = 50 - 85); Insight (mean±SD Insight, 71±8.4, range = 55 – 85); Motivation (mean±SD Motivation, 66±12, range = 42 – 85); and Inhibition (mean±SD Inhibition, 35±13, range = 15 - 60) subscales. Mean ATOS subscale scores were compared between sessions and segments where unlocking did or did not occur (see Table 4).

**Table 4 goes about here*

As shown in Table 4, a visual analysis of the data indicated that Inhibition scores were lower overall in unlocking sessions compared to no-unlocking sessions. Inhibition was also lower during the actual 10-minute unlocking segment, compared to the unlocking session as a whole. Exposure was higher during unlocking segments than no-unlocking sessions or

segments. The Motivation and Insight subscales showed little variation between segments and sessions.

As part of the ATOS Exposure subscale, raters identified the dominant affect present in each session. Based on ISTDP theory, unlocking events are typically characterised by the presence of both anger, and guilt about the anger due to feelings of attachment. Unlocking and no-unlocking sessions were compared, with regard to the proportion of sessions featuring anger and guilt about the anger as dominant emotions (see Table 5).

**Table 5 goes about here*

As shown in Table 5, CF occurred at a higher rate in sessions where unlocking occurred, compared to no-unlocking sessions.

Discussion

The current pilot study aimed to examine the feasibility of an ATOS-derived profile as a measure of unlocking in a naturalistic therapy setting. This represents an initial effort to operationalise the concept of unlocking in ISTDP. Three expert raters and the treating therapist identified instances of unlocking for four participants, over the first 10 sessions of therapy. These unlocking events were then assessed with the ATOS, using a profile of pre-defined scale cut-off scores to identify whether unlocking had occurred.

Results indicated strong inter-rater reliability with regard to the identification of unlocking events. This suggests that unlocking episodes are consistently identifiable events within the therapy. Future research should explore the inter-rater reliability of unlocking, using bigger sample sizes, and taking into account factors such as raters' experience, the patient's systems of resistance, and the level or degree of unlocking.

Results suggest that the ATOS may have the capacity to identify instances of unlocking, using the defined subscale cut-off scores. Of the 11 unlocking events, the ATOS identified 8 of these as likely instances of unlocking. This suggests that the measure is

sensitive to unlocking events. Results regarding average subscale scores also supported ISTDP theory. As expected, Inhibition scores were lowest during episodes of unlocking, and lower in sessions where unlocking occurred compared to sessions where unlocking did not occur. Motivation, Insight, and Exposure were all highest during episodes of unlocking. This finding supports the theoretical characteristics of unlocking events, which are characterised by a greater willingness to give up defences, less intense defensive processes, increased insight, and increased emotional arousal (3, 19).

Davanloo, the founder of ISTDP, argued that the experience of previously avoided emotions (without anxiety and defences) accounts for the positive changes observed in ISTDP patients (3). Unconscious anxiety and defences decrease with rising emotional awareness, allowing formerly unsettled feelings to be processed in a healthy way (3). The current findings thus suggest that the conceptual focus of the ATOS may be a good match for the development of a profile identifying unlocking events.

Raters found that CF occurred more frequently in unlocking sessions, compared to no-unlocking sessions. These findings suggest that this emotional profile may be an important identifier on the ATOS measure.

The current study is subject to several limitations. As a pilot study, the research is limited in scope. The study aimed to conduct an initial exploration around the feasibility of using a structured measure of unlocking. It thus employed a small sample size of four participants within a single treatment setting, limiting the conclusions which can be drawn from the research. Due to the small sample size, comparisons between average subscale scores were limited to a visual analysis of the data. In addition, only the first 4 – 10 sessions of therapy were examined for each participant. A patient's experience of unlocking within the therapy may change over time, particularly as the relationship with the therapist develops. With the small sample size, only one participant experienced unlocking, which raises the

possibility that results may have been unique to that individual's experience of the therapy. Future studies could increase the sample size and examine unlocking events over the course of a longer-term intervention. Two of the raters assessed both episodes of unlocking and the ATOS scores across 4 subscales. Though this was necessary due to resource limitations in the study, it does raise the possibility of rater bias. Partially addressing this issue, a third rater identified unlocking episodes while blind to previous unlocking and ATOS scores, with results correlated highly with the first two raters. However, future studies would benefit from multiple separate raters to identify instances of unlocking and complete the ATOS.

With regard to outcomes for the ATOS measure, results indicate that the scale may be sensitive to instances of unlocking, however the specificity of the measure has not yet been established. It is unknown whether the ATOS is effective in differentiating between instances of unlocking as opposed to other events within the therapy session. Future studies could address this issue by comparing ATOS ratings for unlocking, and other significant events in the therapy, across a range of clients with different presentations, to assess the specificity of the measure. Future research could also examine the factor loadings of different subscales, to assess whether certain subscales are particularly sensitive to unlocking. The ATOS manual specifies that segments should be rated in 10-minute increments. This may make it difficult to assess unlockings which occur gradually over the course of a session. Future studies may focus on exploring alternative measures and examine the capacity of the ATOS to identify unlocking which occurs over time. The ATOS manual also does not provide a clear definition of the dominant affects identified for each segment. Current literature supports the inter-rater reliability of the ATOS, however the lack of definition regarding dominant affects in the manual may impact clarity regarding unlocking episodes. It would be helpful if future researchers developed clearer definitions regarding microprocesses underlying unlocking, particularly the dominant affects involved.

Conclusions

Unlocking the unconscious is purported to be central to the process of change in ISTDP. The current study operationalizes and provides an initial exploration of the use of an ATOS profile as a potential measure of unlocking the unconscious in ISTDP. The study is the first to examine the inter-rater reliability of identifying episodes of unlocking using clinical judgment. Results indicate that unlocking episodes can be operationalized and reliably identified. Future research my incorporate the proposed measure to better understand the process of change in ISTDP, with a view to enabling a better understanding of specific factors, alliance-related factors and transtheoretical factors associated with therapeutic change with specific patient populations.

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Tables

Table 1.

Participant Information

Name and Demographics	Diagnoses	Presenting Complaints	History	Previous Treatments	Treatment and Outcome
PT 1 (Caucasian, Female, 43, Married)	PTSD; Anxiety disorder (NOS)	Anxiety; Relationship issues; Anger outbursts (verbal); Procrastination	PTSD associated with childhood abuse.	CBT	10 sessions
PT 2 (Caucasian, Male, 51, Single)	MDD; Dysthymic Disorder	-Depressive symptoms	MDD and chronic low mood; Historical alcohol abuse; Historical marijuana dependence	CBT Medication	10 sessions
PT 3 (Caucasian, Male, 35, Single	Previous history of poly-substance dependence; Borderline Personality Disorder; Generalised Anxiety Disorder; MDD	Social anxiety; Panic attacks; Depressive symptoms	-	CBT Eclectic Approaches	2 sessions; Early drop out
PT 4 (Caucasian, Male, 70, Married)	Social Anxiety Disorder; Panic Disorder; Depression (NOS)	Anxiety; Depressive symptoms; Chronic suicidal ideation; Interpersonal and work issues; Mood swings; Explosive outbursts	Antisocial and Borderline Personality Disorders; Alcohol Dependency; Poly-Substance Dependence	CBT, DBT, residential rehabilitation treatment	6 sessions; Early drop-out

Note. PTSD= Post-traumatic stress disorder; NOS = Not Otherwise Specified; MDD=Major depressive disorder.

[a] No longer meets the clinical threshold for any mental health diagnosis based on SCID-I and II interview

Table 2. ATOS Subscales

ATOS Sub-Scale	Description
Insight	How well the patient recognises maladaptive behaviours or defences.
Motivation	The extent to which the patient wishes to change maladaptive patterns.
Exposure	Level of bodily arousal experienced during the session. Raters also required to identify the dominant affects experienced.
Inhibition	Level of anxiety, guilt, shame or emotional pain experienced during the session.
New Learning	Extent to which the patient can adaptively express feelings, wants or needs interpersonally.
Self-Perception	Extent of self-compassion or positive feelings toward the self.
Alliance and Relations	Extent of compassion, acceptance and trust toward others, while maintaining a realistic view of others' limits.

Table 3.

ATOS Assessment of Unlocking Episodes for PT1

Session Number	Inhibition < 50	Motivation > 50	Insight >50	Exposure >50
1	55	56	67	47
1	50	60	70	71
2	45	63	65	53
3	34	78	76	67
3	37	77	75	69
4	40	52	55	66
4	30	50	53	65
8	35	45	50	55
7	37	65	65	60
9	24	80	80	54
9	25	78	75	55

Note. All unlocking episodes related to PT1

Table 4.

Average ATOS Scores for Unlocking Sessions, Specific Unlocking Segments, No-Unlocking Sessions, and No-Unlocking Segments.

		Inhibition	Motivation	Insight	Exposure
Unlocking	**Sessions**	47	61	62	44
	Segments	33	66	67	58
No-Unlocking	**Sessions**	53	57	63	47
	Segments	51	55	59	45

Table 5.

Percentage of Sessions Where Anger and Guilt about Anger Co-Occurred

	Frequency	**Percent**	**Valid Percent**
No-Unlocking Sessions	2	.6	18.2
Unlocking Sessions	9	2.6	81.8
Total	11	3.2	100