

The concept of psychoanalysis as measured by the CCRT of Amalia X

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Introduction

The great volume of material that is brought to light in the course of a psychoanalytic treatment must be reduced to what is most significant. Events are not significant in themselves, however: significance is given to them. What an analyst considers significant in the analytic process depends on the criteria for meaningfulness he or she applies to the course of the psychoanalytic process.

A psychoanalytic treatment can be characterized in a great number of ways. Freud compared the analytic process with a chess game and made analogies between the activities of the archeologist, the painter and the sculptor and those of the analyst. Freud's work, however, provides no definite conception of process beyond specifying a beginning, middle, and final phase (Glover, 1937).

To this day the number of coherent models of the psychoanalytic process remains small (Thomä & Kächele, 1996).

Abbildung Ulmer Prozeßmodell

In the Ulm Process Model (Kächele, 1988; Thomä & Kächele, 1985), psychoanalytic therapy is conceptualized as a continuing, temporally unlimited focal therapy with a changing, interactively developed focus. The sequence of foci is regarded as a result of an unconscious exchange between the needs of the patient and the resources of the analyst.

The patient may make various "offers" within a certain period of time, but it is only the selecting activity of the analyst that can result in the forming of a focus. The mutual work of patient and analyst on one focus leads to further areas of concentration that would not have been possible without the preceding work. When the first focus has been worked through, access is gained to a second one; thorough exploration of the second focus may in turn make it possible to revisit the first focus in a qualitatively new way.

The thematic "offers" made by the patient may be understood in terms of what French calls "focal conflicts," which represent unconscious infantile conflict constellations (thematized by French as "nuclear conflicts"): in

other words, they are the solutions generated under the pressure of the problem at hand.

Abbildung Zitat French

French, however, is left with an unresolved problem: "Still, searching for the patient's focal conflict is an intuitive art which cannot be completely reduced to rules." (French, 1958, p. 101)

Abbildung Text CCRT

The Core Conflictual Relationship Theme method developed by Lester Luborsky (Luborsky, 1977; Luborsky, Albani, & Eckert, 1992; Luborsky & Crits-Christoph, 1998) offers a way of making such focal and core conflicts operational.

So we can get systematic, manual guided ratings of clinical concepts.

But, it seems that ease and comfort are bothered with such kind of empirical quantitative psychotherapy research.

Abbildung Karikatur Schlafender Therapeut + Patient

Still clinicians apparently feel threatened by the presence of „the third“ in terms of a observant video camera or of an external researcher and they seem to feel bothered in the idyll of therapeutic togetherness.

Today phantasies which were unconscious for long time concerning the horror ghost „empirical quantitative psychotherapy research“ are worked off artistically – for example in the book by Matejek und Lempa "Behandlungs(t)räume".

Abbildung "Ulmer Raum" aus Behandlungs(t)räume

There is empirical psychotherapy research since 1970 in the department of Psychotherapy of the University of Ulm. Helmut Thomä, the former head of the department, was one of the first in Germany who did tape recordings of psychoanalytic treatments. In an ironical view from outside, the scared psychoanalytic couch becomes a torture rack equipped with instruments.

Lester Luborsky is one of the pioniers of psychotherapeutic research.

Abbildung Dia Luborsky

The picture shows Luborsky in the background. He is the external researcher of Freud. Freud is treating a hysterical patient.

Luborsky is known by his works concerning the working alliance. And he was one of the first who developed a method for a systematical formulation of psychodynamic hypotheses – the CCRT-Method.

Maybe the CCRT is well known here? I'll give a short introduction into the method.

Abbildung CCRT Method

During the reading of transcripts of therapeutic sessions Luborsky noticed that his attention was attracted by stories of the patient about his relationships. Luborsky became interested in three recurrent aspects of these stories:

Abbildung Fragen

1. What does the patient wish from the other person ?
2. How does the other person respond ?
3. How does the patient respond to it ?.

Abbildung ZBKT-Methode, Annahmen, Datengrundlage

The basic assumption of the CCRT method is: the stories of the patient about interpersonal experiences contain typical internalized subject-object-relationship patterns. Stories carry experiences.

That's why the CCRT method is based on an analysis of narrative episodes of the patient's relationship experiences, so called "relationship episodes".

The first step is to identify them.

Abbildung Beispielepisode

This relationship episode with her father Amalie tells at the beginning of the therapy:

P:...for example, when I come home, by car now, he won't even come out. I know from my colleagues that they have fathers much older, and they pick them up and carry their bags in and so on, and he do-

esn't even come. So when I get home, and maybe my mother opens the door, then I might go to the bathroom or something, or I'm taking off my coat and standing in the entryway, he doesn't come, he doesn't move. Or I go into the living room, and he'll be sitting in the other room, you see he somehow can't take a step towards a person. It's disappointing.“

Abbildung Komponenten

Three types of components are then determined within the relationship episode: wishes, needs and intentions concerning the own person (WS-component) or concerning an object (WO-component); reactions of the object (RO-component); and reactions of the subject (RS-component). Positive and negative reactions are categorized.

Abbildung Abstraktionsebenen

Initially, formulation of the categories is kept as close to the text as possible ("tailor-made formulation"). The a translation into so called standard categories can be done. In this way comparisons between the relationship patterns of different patients are possible.

Since the current American standard categories and clusters of the method have more than once been criticized (e.g. (Albani et al., 1999), a reformulation of the category structures of the CCRT method was undertaken by our research group (for details see Albani et al., in press).

The follwing components can be determined in the relationship episode with the father:

Abbildung Beispiel-BE mit Komponenten

IWOS A23, showing interest
NROS J11 being desinterested,
NROS M12 withdrawing,
NROO G23 being overstrained
NRSO E11 disappointed

Abbildung ZBKT - zusammengesetzt

The Core Conflictual Relationship Theme (CCRT) is composed of the most frequent wish, the most frequent reaction of the object and the most frequent reaction of the subject.

The aim of the present study is to investigate how effective the Core Conflictual Relationship Theme (CCRT) method is in depicting the therapeutic course of the psychoanalytic treatment of Amalia X according to the Ulm Process Model.

Abbildung Datengrundlage

The data were provided by the session transcripts of this completely taped psychoanalytic treatment with 517 sessions.

We evaluated the first and last blocks, here designated as therapy phases. These were sessions 1 – 30 and 510 – 517. In addition, beginning with the 50th session blocks composed generally of five sessions were analyzed at 50-session intervals. When a block was not found to contain at least ten relationship episodes, further sessions were added until a minimum of ten relationship episodes was reached. Our sample includes 11 blocks with 92 sessions.

Evaluation of the sessions was carried out in random order by an experienced CCRT evaluator. In order to check for reliability and to avoid rater drift, during the evaluation process one session out of the 11 evaluated blocks was selected at random to be evaluated by a second evaluator. We got satisfying results concerning the reliability of the ratings.

Abbildung Fokus 1

In several phases of therapy the following pattern was found by counting the most frequent categories

| | |
|-----|---|
| WO: | Others should be attentive to me (WO CI A), |
| WS: | I want to be self-determined (WS CI D), |
| RO: | Others are unreliable (RO CI I), |
| RS: | I am dissatisfied, scared (RS CI F). |

This pattern forms a central focus. And this focus is worked through in many therapy phases.

The following relationship episode with her mother from the beginning phase describes this pattern:

Abbildung BE

P: ...sometimes I really need my Sunday to just, well, and then there'll be something I have to do again, and then you see, my parents, they come around often, you know, my mother will call up and then she'll say, then, she'll just say: 'I Come' and I've simply never managed yet to say, 'Please don't. I don't want you to.' or 'It won't work out' or...

Amalies wish for change is expressed in her wish for autonomy (WS C1 D), which results from her experience of herself as dependent and weak, unable to set limits and dissatisfied.

So here we used the most frequent categories in each therapy phase.

On the other hand we can ask, which relationship patterns are especially characteristic for a specific phase of therapy. That means, which relationship patterns are different between therapy phases.

To answer this question it is not enough to count the most frequent categories, but our group and mainly Dr. Pokorny developed mathematic methods for this question. I will not go into detail. We could find characteristic relationship patterns for single phases of therapy.

I will show two examples for such specific pattern in a therapy phase.

Abbildung Therapiephase 9

Therapy phase 9 (sessions 445-449) reflects Amalia's ambivalent experiences in her first relationship with a man. She wishes for a close, intense and also sexually satisfying relationship (WO C1 C, WS C1 C), but she is not sure of the affection of her partner (who still is attached to his ex-wife and also has other relationships) and is disappointed by his distance (RO C1 M, RS C1 M).

There is a remarkable amount of negative responses in this therapy phase. This relationship pattern with the partner shows the following relationship episode:

Abbildung BE

P: ...and then he said, 'Listen, when it comes down to it, you know, our relationship doesn't justify such a thing, you basically have no right, uh, hmm, to keep me away from other relationships. It would be a different thing if we wanted to start a family and have children,

then it is bad to go around with other women,' that's more or less what he said, and in retrospect it really shocked me terribly. And then when he called up on Monday, I had thought I wouldn't call again till Thursday, if he wants anything, let him do it, and then when he called on Monday, just as I had imagined.

Monday was absolute rock bottom.

I thought, I really have to put an end to this. And on the telephone I was absolutely icy and didn't say an extra word but then of course he called again about the pills. So then we talked. And that's when he probably got the impression that I was, about putting an end to it, he probably sensed something, I don't know. I don't know. I never actually said 'I'm through.' And I never said 'Don't touch me again' or anything like that.“

Abbildung Abschlußphase

In the concluding phase (sessions 501-517) of her therapy, Amalia is chiefly occupied with coming to terms with the experiences of her last relationship and of a new one that is in the offing, though emotionally she still feels very strongly attached to her previous partner (WO C1 A). Set off by an invitation from her arch-enemy to a class gathering, intense feelings of hate awaken in Amalia, but she is able to come to terms with them (WS C1 L). In the professional sphere, despite a particular challenge from two teacher trainees whom she experiences as very pushy, she is able to assert her will (WS C1 D) and is proud of that (RS C1 D, RS C1 J, RS C1 H).

The typical relationship pattern of this therapy phase is:

I wish to annoy, attacking others (WS C1 L)

Others are unreliable (RO C1 I)

I am angry, disagreeable (RS C1 H)

I am self-determined (RS C1 D)

I reject others (RS C1 J)

And the high portion of positive responses is typical for the concluding phase.

The conclusion of the analysis and parting from the analyst are chief themes in this phase.

The following relationship episode with the psychoanalyst illustrates therapeutic change – especially in comparison with the episode with mother from the beginning.

Abbildung BE

- T: ...I mean, is there an idea, one that you have, as to what my way, my idea of coming to an end is?
- P: That one's easy for me. Mine is quite bold. I just thought you would adapt yourself to me.
- T: Um-hmm.
- P: And it was just in these last sessions that I got that feeling. It was really a feeling that, yes of course, he'll do what I want. Whereas before, there was this kind of tugging, I felt like I was being tugged on a leash and I had the feeling, he doesn't understand a thing, he has some kind of peculiar idea of his own of how to finish. He won't tell it to me of course, so I don't know it. And it was like a real tugging. And now, for about three or four sessions I think, I haven't been counting, my mind is the way I was just telling you. It'll simply work that way. I'll be sitting in my tortoise shell, and the harvest will come in. Like I told you.
- T: Um-hmm.
- P: I'll just get up and go, and I liked that so much that I thought, there's nothing he'll be able to do but go along. That fact that it isn't quite his idea of things, and if he finds something more thematically, that is his problem. Because there will always be something to find."

The clinical description speaks of a "farewell symphony: the return of many fears and the discovery of many changes"; and this is powerfully evident in the CCRT evaluation of the concluding phase, which illustrates Amalia's newly acquired freedom of action.

Within the framework of our study, it has become possible for the first time to examine a long-term psychoanalytic therapy with the CCRT method during its course.

Alongside of a basic theme manifested in each of the absolute highest-frequency categories ("nuclear conflict"), each of the therapy phases also showed typical categories which characterize thematic foci in the sense of French's "focal conflicts" and which can be operationalized by the CCRT method. Thus the CCRT method makes it possible to structure material by content.

Both the strengths as well as the limits of the CCRT method stem from its confinement to reports on relationship experiences by the patient herself. In other words, the investigation remains limited to those relationship experiences that the patient has perceived and verbalized.

The method provides no way of including unconscious material (apart from the repetitive schemas that patients – often unconsciously – follow in describing the course of relationships) or of assessing defense mechanisms. Hence the evaluation remains very close to the clinical material, though it does reflect intrapsychic processes in the narratives of interactions.

Although the method is called the "Core Conflictual Relationship Theme," Luborsky leaves the concept of conflict unclarified. Conflicts in the analytic sense between wish and defense, between different systems or levels or between drives (Laplanche & Pontalis, 1972) are not captured by the method. The wish component makes it possible to describe conflicts between two wishes that occur simultaneously and are mutually exclusive. It might be most accurate to say that the CCRT captures the theme of the most frequent wish without immediately revealing the associated conflict itself. Therefore the CCRT should rather be understood as an indicator for capturing the patient's conflict. On the other hand, interpersonal conflicts are registered with great clarity and differentiation in the form of wish-reaction schemas. The ongoing interaction, however, is not captured; nor are the communicative and interactive functions of the narrative (Quasthoff, 1980) investigated within the therapeutic interaction.

The present study shows that the CCRT method makes it possible to capture clinically relevant interpersonal aspects of the psychoanalytic process, from the patient's point of view, which support the Ulm Process Model. The analyst's contribution, however, is reflected only in the patient's narratives regarding her relationship to the therapist. Use of the CCRT method provides for structuring of clinical material, development of clinical hypotheses and checking on therapeutic focus during the course of therapy. The method is easily learned for clinical application and the time required in formulating the psychodynamic connections for clinical use is minimal, so that the method can accompany treatment throughout.

Abbildung Salter

Salter (Salter, 1952) characterises the psychoanalytic theory in a humorous-polemic way as follows:

"The psychoanalytic theory can be deduced from three postulates:

1. However it looks – that isn't it.
2. If you could measure it – then it is something else.
3. Whatever it is – it is surely nothing enjoyable."

Thank you for your attention.