A Guide to the CCRT's Methods, Discoveries and Future

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in collaboration with

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An upbeat meeting in Ulm, Germany in April 1995 celebrated the 10th anniversary of the CCRT group at Ulm University's Department of Psychotherapy and Psychosomatic Medicine; it was an international conference devoted entirely to the CCRT's methods, discoveries, and future. The papers that are summarized in this report were those given at that conference, plus a few additions from the Society for Psychotherapy Research CCRT pre-conference meetings of June 1995, 1996, and 1998.

This overview will guide CCRT users and CCRT researchers so that they can fit together the diverse outpouring of CCRT findings. It is hard to achieve an organized perspective on such a large and rapidly growing field that began decades ago in Luborsky (1976, 1977). The topic entries in this guide are of three main kinds: the CCRT's methods, the CCRT's discoveries and an account of what is required in the CCRT's future to confirm or expand the method or the discovery.

One way to view a vista of the CCRT field is to look over the CCRT Newsletter (sent on request), an in-house publication that started in 1990 with several issues each year. The latest issue of the CCRT Newsletter in June 1998 has a worldwide scope that includes about 150 ongoing research studies with about 80 publications. The flourishing of the findings with the CCRT method fits one of E.G. Boring's (1942) conclusions at the end of his monumental book on the history of experimental psychology about a distinctive pattern of growth of research discoveries — around each new method a cluster of discoveries is generated and these discoveries form an inter-related cluster because each new method makes the discoveries possible.

A. CONTRIBUTIONS TO THE CCRT'S METHODS

- **The Basics of the CCRT Method Itself:**

Some variations of the „Core Conflictual Relationship Theme Method" (CCRT) have grown up since it was first fashioned (Luborsky, 1976, 1977). It is, in its essence, a pattern composed of the most pervasive elements across a set of relationship narratives. The main subscores in the pattern are its three main components: the highest frequency of wishes, responses from others, and responses of self. A beautiful asset of the CCRT method is that it captures a pattern that is very similar to Freud's (1912) concept of the transference template, a concept that has been and remains perennially useful in clinical work. The essential steps in the method can be most simply summarized by this diagram in Figure 1:

1. Inspect and score each narrative, one by one, as each appears in the session (or RAP interview).
2. Add the frequency of each type of component across the narratives. The most frequent of each type is the CCRT.

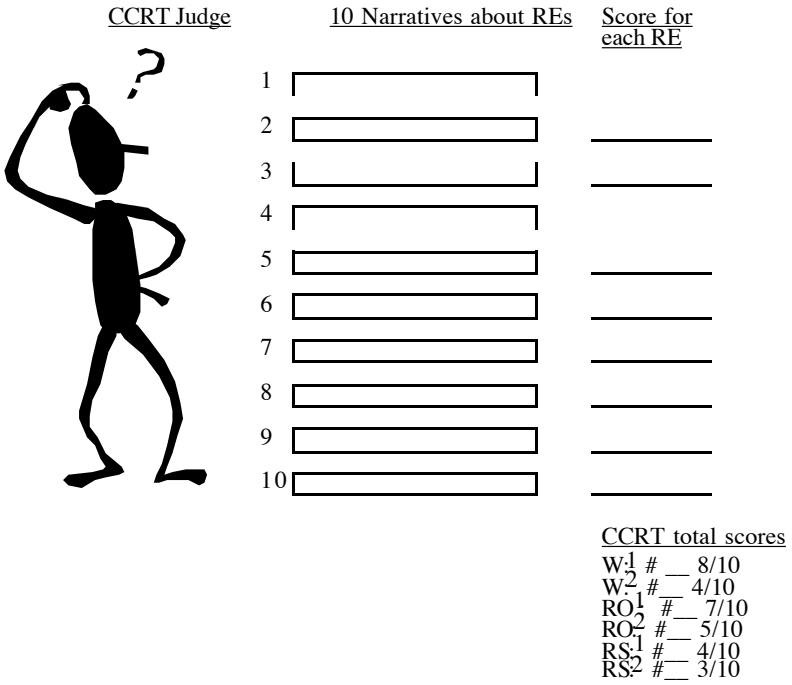

Figure 1. Diagram of the essentials of the CCRT method applied to 10 REs from psychotherapy sessions.
Legend: e.g. W^1 = Wish, Standard Category #__ with highest frequency

W^2 = Wish, Standard Category #__ with 2nd highest frequency

- **A1 <u>1977: The CCRT method started with tailor-made categories but then added standard categories to further specify the tailor-made categories.</u>**

(1) **The use of tailor-made versus standard categories:**

Tailor-made categories (Luborsky, 1977), are the scorers' inferences about CCRT components expressed in the scorers' own words. However, a problem with the tailor-made categories is the inherent difficulty of summarizing such categories across cases. This difficulty gave a big push to the development of standard categories which are a major advance in terms of reliability and of ease of comparison across judges and across samples (Luborsky, 1984, 1986; Luborsky and Crits-Christoph, 1998).

Yet with all their advantages, standard categories have an inevitable inherent limitation: they do not fully cover the same area as the tailor-made categories, even

though standard categories tend to make clearer what they do cover. To deal with this, it is helpful to increase the number of standard categories because the increase tends to broaden the coverage of the terrain. However, beyond a certain point, the number of standard categories confuses the users of the standard categories by overwhelming them with having to judge too many categories.

Actually the standard categories and the tailor-made categories have much overlap. The evidence for this comes partly from the results of Luborsky, Barber, Schaffler, and Cacciola (1990) where in Table 8-4 we can see that much of what is in the tailor-made categories appears again in the standard categories for the 33 cases in the Penn Psychotherapy Study Sample (Luborsky et al., 1988).

The future: The best resolution of the impending decision to choose either tailor-made versus standard categories is not to make a choice. One can retain the use of tailor-made categories, but also translate them into standard categories by a convenient, reliable and not-too-long list of standard categories. In essence, this recommendation opts for using both systems for evaluating the CCRT from relationship narratives.

(2) The most used standard category sets

These are 5 of the most used sets of standard categories:

Edition 1: In 1984, the first set of standard categories was constructed and called „Edition 1“ (Luborsky, 1986); it consisted of 16 wishes, 16 ROs, and 16 RSs and was based on the CCRTs from the narratives of 16 cases of outpatients in psychotherapy. (Chapter 2, Luborsky 1998)

Edition 2: It consisted of about 30 categories for each component. (Crits-Christoph & Demorest, 1988) (Chapter 2, Luborsky, 1998)

Edition 3: Because of the large number of categories in Edition 2, a third edition was prepared based on clusters of the categories in Edition 2 (Barber, Crits-Christoph, & Luborsky, 1990). These consisted of 8 clusters of the variables in

Edition 2 (Luborsky, 1998 Chapter 2): eight clusters of wishes; eight clusters of ROs; and eight clusters of RSs. Because of their simplicity these clusters have been widely used.

Structural Analysis of Social Behavior (SASB) categories: Because of the need to also have a conceptually derived set, the Benjamin (1974) SASB categories have been used as another set of standard categories for CCRT scoring, for example, in the Cyclical Maladaptive Pattern (CMP) method by Schacht, Binder, and Strupp (1984).

The QUAINT categories: (Crits-Christoph, 1990). This method also uses Benjamin's SASB categories plus additional categories. It uses a cluster analysis method to determine the multiple themes in each patient's narratives.

The future: Although the existing sets of standard categories have proven to be useful, still more stringent methods of development ought to be applied in future sets (as described below). Several standard category sets are being constructed; for example, by Luborsky and others in preparation for a new American set based on about 100 subjects; a Japanese set is being developed by Tsujikawa (in preparation) et al.; a German set is being developed by Winkler, Kachele , Albani, Dahlbender et al. (in preparation); a Portuguese set of standard categories is being developed by Lhuiller et al. (in preparation).

(3) The Basis for Choosing each of the Standard Categories for inclusion in the set:

These are at least two alternative approaches to creating sets of standard categories:

3A Selection of standard categories by their frequency in several large sets of narratives:

One solution is to rely on a selection of the most frequent categories in various samples, as was done with Editions 1, 2, and 3.

The future: We now aim to develop a new enlarged set of scoring categories based on about 100 cases as a revised Edition 2. It would be based on the „Enlarged Sample," (Luborsky et al., in preparation) which would combine the Penn Psychotherapy sample, the Penn Depression sample and the Psychoanalytic Treatment Collection sample.

3B The selection of standard categories by their location in the category space of selected coordinates:

The category space has been established by perpendicular-to-each-other coordinates settled on by Benjamin (1974) with categories selected by their fit into that space. Among the limits of this approach are the dependence of the location of the categories on the space established by the coordinates that are used, for example, „Strong vs. Weak."

The future: Comparisons should be made of the two methods of selecting standard categories: the frequency criterion for selecting categories versus the location in the space of the coordinates. A study that was related to these methods by Connolly (1995) compared the Benjamin (1974) SASB-based system with the Edition 2 system. She found that the CCRT Edition 2 list of categories had a sparse representation in certain areas. However, conclusions from this comparison depends on the degree to which one accepts the logic of each method of selection of categories. It may be better to be guided by the frequency of categories in certain samples than to follow the representation in terms of position in the space of the particular coordinates.

(4) The number of the items in each cluster:

A new analysis of scoring categories will result in a revised Edition 3 with more items than the current clusters of eight wishes, eight RO‘s, and eight RS‘s (as begun by Waldinger (__) with his 16 standard categories of clusters).

A2 1986: Clinicians can agree in their formulations of the CCRT, as shown by eight reliability studies of the CCRT‘s standard categories.

From the start of the CCRT method, a high agreement among judges was sought as in these first studies: Luborsky, Crits-Christoph, and Mellon (1986); Crits-Christoph, Luborsky, Dahl, Popp, Mellon, and Mark (1988). The large review of agreement studies on the CCRT (Luborsky & Diguer, 1998) included eight studies with these mean weighted kappas: for Wishes .60, Responses from Others .68, and Responses of Self .71. The level of these is considered to be in the „good“ agreement range according to Landis and Koch (1970).

The future: It is important to recognize that because none of these 8 reliability studies have used all of the recommended current procedures listed below (under A4), the reliabilities in later studies could be even higher. The set of eight studies needs to be slightly enlarged so that some of the sub-categories of studies can be more easily compared, such as, reliability for RAP narratives versus for relationship episodes (REs) from sessions.

A3 The two main alternative recommended scoring procedures were: (A) Rating the two best-fitting standard categories versus (B) rating all standard categories.

For the sake of simplicity and economy of effort we decided that in most reliability studies we would ask the CCRT judge to score only the two top standard categories -- the first and second rank of the standard categories. It is these two, and especially the first rank of the top two, that is used in chapter 6 of Luborsky and Diguer (1998).

The only study where we rated all standard categories for each scorable thought unit was Luborsky, et al. (1995) which was a study of children at age 3 and again at age 5. While ratings of all standard categories for each scorable thought unit are more time consuming than just selecting the first and second rank of the standard categories, the additional time for rating them all is not much greater and it does produce more information.

The future: Two high priority studies are needed to be done: a) An exact comparison of these two main scoring procedures; b) Specific reliabilities of each of the standard categories.

A4 1994: The use of procedural improvements in the CCRT scoring simplifies the scoring.

These 7 improvements in the clinical practice of CCRT scoring procedures are easy to use and have been found to be helpful (Luborsky, 1998, Chapter 2):

1) An independent pre-scoring judge prepares the transcript before the CCRT judges do their scoring: This judge marks the thought units that are to be scored by the CCRT judges; the benefit is that all CCRT judges will score the same marked thought units.
2) The same independent pre-scoring judge also marks the type of component to be scored for each scorable unit (that is, the Wish, RO, and RS). The gain from the first and second improvements is that both the units and the type of component are designated by the first judge and then used by all other judges.
3) The CCRT judges can also rate the intensity of *all* of the types of categories for all of the scorable thought units, not only, as is often been done in the past, for the two top-ranked categories. (The forms are given at the end of Chapter 2 by Luborsky, 1998).

4) The scoring of initial practice cases is essential before judges (both the pre-scoring CCRT judges and the CCRT judges) are permitted to launch on the scoring of a sample of the CCRTs. Only those judges are used for reliability studies who show that

they can agree with each other on practice cases.

5) Training in CCRT scoring should serve as a reminder to include certain types of scores that are sometimes neglected, such as: (a) the positive and negative dimensions and (b) the distinction between direct and inferential, such as W versus (W), (c) the inclusion in the scoring of references to the patient's symptoms (depression, anxiety, etc.).
6) The entire sample should be rated by the same judges rather than in subsamples scored by several judges.
7) The agreement in the scoring of judge 1 and judge 2 should be evaluated by an appropriate weighting system, such as has been devised by Diguer and Luborsky (1998).
8) Rating directly from videotaped RAP-interviews gives similar inter-rater reliability to rating from transcribed interviews (Zander et al., 1995a, 1995b).

The future: The eight studies in the review of reliability measures (Luborsky & Diguer, 1998, chapter 6) show a good level of agreement among the judges but they were not done entirely according to all of the recommended current CCRT procedures. However, we found that there is a tendency for high conformity with current procedures to be associated with higher weighted Kappas. A goal for future research, therefore, should be to re-score the samples according to these suggested improved CCRT procedures with the expectation that the agreement would be even higher.

The trend for the CCRT scoring procedures to yield high reliabilities, however, does not show up for the three year-olds sample (Luborsky, Luborsky, et

al., 1995). But, that study, in fact, never introduced the scoring with practice cases and also, of course, never discussed them, and it turns out that there were large discrepancies in the judges‘ styles. If that unusual sample is excluded from the eight studies there is some improvement in the weighted Kappas.

A5 1994: A new method has been developed for scoring sequences of components in the relationship episodes:

In this method, a score is given for each type of sequence of the 3 components: W⇒RO⇒RS. Before the use of this suggested new sequence-of-components method proposed by Dahlbender, Albani, Pokorny, Kächele (Chapter 5, Dahlbender 1995), only the frequency of the components in any order was the usual score; this new score offers a potentially useful additional score.

A6 1986: Self-report CCRT questionnaires have been constructed:

The first such questionnaire was developed by Crits-Christoph (1986) and a subsequent one by Barber, Foltz, Weinryb (1998) and a new one now being developed: Dahlbender, Torres, Reichert, Stubner, Frevert, Kächele (University of Ulm). Like the original observer-judged CCRT, the self-report CCRT questionnaire aims to specify the central relationship pattern.

The first CCRT self-rated questionnaire showed some evidence for its validity: it correlated significantly with the Weinberger defense measure (Luborsky, Crits-Christoph, & Alexander, 1990). Some of the findings, for example, were: the less repressive the defense, the more the CCRT questionnaire „wish to dominate“ ($r=.67$, $p<.01$); the less repressive the defense, the more the higher order factor 2 of the CCRT questionnaire, „to be less competitive“ ($r=.85$, $p<.001$).

The future: The self-report method needs further development, especially by a comparison with the usual method.

A7 1998: Self-interpretation of the CCRT is a method that facilitates the clinicians' evaluation of the subjects' interpretation of their own narratives.

Results of the self-interpretation method (Luborsky, 1978), briefly reported in Crits-Christoph & Luborsky (1998, Chapter 15), show that the procedure of asking patients for their own interpretation of their narratives can give valid information. The patient's ratings of their own wishes, as part of the self-interpretation of the RAP, were positively correlated with the scales of the Rorshach Index of Repressive Style (Luborsky, Crits-Christoph & Alexander 1990). These repressive style scales showed significant correlations with the CCRT, for example, a) the more repressive the patient's style, the fewer specific responses and the more of a wish for sexual gratification ($r=-.51$, $p<.05$); (b) the fewer of these specific responses, the more the wish to win the affection or attention of another over someone else (i.e. an Oedipal wish).

The future: More studies of validity of the method are needed. The one by Crits-Christoph et al. (1990) showed evidence of validity; for example, there was considerable agreement with the observer-judged method. The work on self-interpretation of RAP narratives should be expanded to include narratives told during sessions.

A8 1990 The Relationship Anecdote Paradigm (RAP) Interview is a valid alternative method of eliciting narratives:

The RAP interview is a convenient method of eliciting narratives by a special interview. These RAP narratives can then be used in the same way as the spontaneously told narratives derived from sessions. In 4 of the 8 reliability studies the weighted kappas for RAP narratives are almost as high as for session narratives (Luborsky & Diguer, 1998). In fact, there is also evidence that there is significant similarity of the CCRTs derived from RAP narratives versus the

CCRTs derived from the session-based CCRTs (Barber, Luborsky, Crits-Christoph, and Diguer, 1995).

The future: More and larger studies of exact comparisons are needed between CCRTs from sessions and CCRTs from RAPs. The study of the repetition of the RAP by Staats and Strack (1995) and Staats, Strack and Seinfeld (1997) showed a deficiency in the stability of the CCRT derived from the RAP after a six to eight month interval, especially in patients who were not in psychotherapy. The therapeutic situation may contribute to the stability of the CCRT; these studies need to be replicated — it is not clear whether there was something atypical about the collection of these RAPs or some other factors that were atypical; the study, therefore needs to be replicated (Luborsky & Diguer, 1995). RAP interviews may offer the opportunity to study variables influencing the transference (Staats & Strack, 1995).

A9 1998:The scoring of positive and negative patterns has been expanded and validated

The positive and negative dimensions of the CCRT were first described and illustrated in Luborsky (1977) and further developed in Luborsky. (1990) The intensity scale has since been expanded from two points to four points and its validity examined; judges were found to be able to agree on this dimension very well (Grenyer and Luborsky, 1998). Adult patients in psychotherapy tend to tell narratives that are very negative in their CCRT components; but they become slightly less negative during the course of psychotherapy.

Negative expectations also tend to differ in the worst-ending as compared with the best-ending episodes and may represent a splitting between persecutory and idealized transference (Seganti, 1995).

The future: This distinction between positive and negative patterns has continued to turn up discoveries and clearly will reward us with further discoveries in new studies.

A10 1995:The degree to which patients describe themselves as in interaction with others is a meaningful facet of relationship narratives.

A new method has been fashioned by Mitchell (1995) that identifies the degree to which the patients reveal themselves in their narratives as in interaction with others. Higher percentages of links with others in narratives were found to be associated with greater differentiation.

A11 1995: A „correspondence method" for CCRT patterns with life span patterns has been developed.

A new procedure examines the correspondence between CCRT standard categories and life cycle categories (following Erik Erikson's categories) (Frevert, Pokorny, Dahlbender, Zollner (1995). The method tracks CCRT differences between specific types of other people, such as mothers and fathers. Specifically, one searches for single CCRT components for a given type of other person and compares this other person with the remaining ones. Another type of analysis is within a given other type of person. For example, a W-RO-RS pattern is identified within a person's relationship episodes with mothers.

A12 1995: Different measures of relationship schemas produce some overlap and some supplementary results.

An intensive study of the pyschotherapy of a bulimic patient compared the CCRT method with the SASB method (Fischmann, Kaufhold, Stirn, and Grabhorm 1995). Through this intensive process study in a single case they showed the CCRT of object and self-relationship episodes in three phases of the treatment. The SASB process analysis showed that the central conflict identified with the help

of the CCRT could be worked through with evident changes in the patient‘s behavior.

A13 Differences have been examined for CCRT of groups

Groups led by different theoretical concepts differ in amount of narratives that can be elicited (Staats and Biskup, 1996). Both individual and group CCRTs can be determined and asist in description of group processes (Firneburg and Klein, 1993; Staats and Biskup, 1996).

A14 1995 The efficacy of training in the CCRT method was found to differ for therapists versus for students.

Training with the CCRT was compared for 3 groups: 30 therapists with more than 10 years of experience, 29 therapists with at least one year of experience and 73 undergraduate students (Hori, Tsujikawa,Ushijima 1995). They found an impressive result: there were significant differences between the therapists and the students in the understanding of a core conflict of a patient when the therapist and students were compared without the use of the CCRT. However, when the CCRT was used the difference between the experienced and inexperienced groups vanished–the CCRT had a positive effect on the understanding of the core conflict and that effect erased the difference between the two groups.

B. DISCOVERIES FOSTERED BY THE CCRT

B 1 1976, 1977: The patients‘ narratives about relationship events in their lives are good data for inferring the CCRT

Narratives about relationship episodes within sessions had never before been systematically used as a unit of analysis in psychotherapy research; such use of narratives as the data base for inferring the CCRT was a basic procedural innovations (Luborsky 1977).

One of these new findings it produced was an exact count of the frequency of relationship narratives in sessions. We found that in the Penn Psychotherapy

Study, for 42 cases, the average early session in psychotherapy (session 3 and 5) has 4.1 passably complete narratives, with the range from 1 to 7 narratives per session (Luborsky, Barber, Schaffler, & Cacciola, 1990).

Crits-Christoph et al. (1997) found there were only 2.4 relatively complete relationship narratives in each session in the Treatment of Depression Collaborative Research Program (TDCRP; Elkin et al. 1989). The narratives were located in 548 sessions from 72 patients in either cognitive therapy or interpersonal therapy. In another study Crits-Christoph, Demorest, Munz, and Baranackie (1994) report an average of 4.1 mostly complete narratives per session.

The future: Further analyses are needed to estimate the frequency of narratives from other sets of narratives, such as from the Penn Depression study based on approximately 40 cases. In addition, an analysis needs to be done of the meaning of high or low frequency of narration; a consistently low frequency may imply an attempt at concealment about the details of one‘s relationships.

B2 1990: The most frequent types of CCRT patterns in narratives have been identified:

How do people describe what they want in relationships and the consequences of getting or not getting it? The earliest quantitative information on the most frequent types of CCRTs across narratives (Luborsky, Barber, Schaffler, and Cacciola (1990)) is from the Penn Psychotherapy Study (from Table 8-3, Luborsky & Crits-Christoph, 1990): the most frequent Wish in terms of standard categories is to be „close and accepting“ versus „distant“; the most frequent Response from Other is „rejecting and opposing“, and the most frequent Responses of Self are „disappointed, depressed“, and „angry“.

The future: Each of the studies with sizable samples should also provide a tabulation of the most frequent types of CCRTs so that we could learn which are the most common and whether across samples there is consistency in the types of

components. In future studies we should also find a way to examine the frequency of the combined triads of W, RO, and RS.

B3 The pervasiveness of the CCRT across each subject's narratives differs considerably from subject to subject

Only a few studies have reported the amount of pervasiveness of each subject's CCRT's across narratives (for example, Crits-Christoph, Demorest, Munz & Baranackie, 1994; Connolly, 1996). In the first of these studies, the pervasiveness of the CCRT across narratives was small but statistically significant, with individual differences being related to the length of the treatment. Such differences in pervasiveness have also been found to correlate with the subject's degree of psychiatric severity–the more the pervasiveness, the more the psychiatric severity (Cierpka et al., 1997).

It is likely that the type of scoring procedure for the narratives influences the estimates of the pervasiveness of the CCRT within narratives. For example, the system used by Crits-Cristoph et al.(1994) and by Connolly and Crits-Cristoph (1995) entails scoring each narrative by itself and in random order so that the pervasiveness of the CCRT content is likely to be smaller with such a procedure than with the usual procedure.

The future: More comparisons are needed under different conditions of scoring to check on the gains and losses of each procedure, for example, for the scoring of each narrative in random order versus in the context of the set of narratives.

B4 1990: Similar types of CCRTs appear in different states of consciousness, such as in dreams versus in narratives.

A first report showed parallels of the CCRTs of dreams and waking narratives based on only three cases (Popp, Luborsky, & Crits-Christoph, 1990). However, an expanded replication study also showed 1) that the CCRT has good agreement between judges for the standard category CCRT scoring of dream

reports (Popp, Diguer, Luborsky, Faude, Johnson, Morris, Schaffer, Schaffler, & Schmidt, 1998) and 2) that the CCRT clusters which had highest ranking CCRTs in dreams showed parallels with the highest ranking CCRT in waking narratives.

The future: On the basis of the latest study of the comparison of CCRTs of dreams and narratives by Popp et al (1998) the suggestion could now be taken more seriously to include obtaining dreams along with the usual narratives in CCRT studies.

A study of 24 daydreams by Stigler and Pokorny (1995) shows these trends: if the „other" in the comparison is human then the life period is adult and the responses from „other" and of self are negative. If the „other" is non-human the life period will be childhood, and then the responses from other and from self are positive. These trends should be replicated in a larger group of daydreams, and the daydreams compared with narratives and with night dreams.

B5 Differences between men and women may appear in the narratives in RAP interviews.

A group of patients starting psychotherapy showed differences between men and women in their RAP interviews. Hypotheses about such differences were tested and confirmed (Staats, 1996).

B6 1994: There is a significant congruence in the CCRT pattern expressed in narratives told before therapy starts versus those told in the subsequent psychotherapy sessions:

This discovery was from a contribution to a basic research question: Is the CCRT before treatment starts, and before the therapist has been met, similar to the CCRT after the treatment has started? We found much overlap between the two very different time points for collecting narratives. Based on a study of this comparison (Barber, Luborsky, Crits-Christoph, & Diguer, 1995) which showed significant similarity of the CCRT before psychotherapy (by the Relationship

Anecdote Paradigm [RAP]) versus the CCRT during the early psychotherapy sessions. The major implication of this finding is that the patients‘ major relationship pattern in the CCRT gets re-expressed at the two times despite the possible shaping influences on the CCRT, especially that of the therapist during psychotherapy.

It may be that the consistency of the CCRT pattern from before treatment to the early sessions has something in common with the kind of transfer presented by Andersen and Cole (1990) and Andersen and Baum (1994). The later study particularly examined the transfer of affective responses to new persons. This transfer showed that subjects misremembered a target person as having more features in common when the target resembled their own „significant other“ rather than someone else‘s features.

B7 1995: Consistency more than change in the CCRT pattern is evident during psychotherapy and over the life span:

The issue of consistency and change in the CCRT is old and basic. Freud (1912) thought the transference template did not change much over the life span.

A study that gives some support to an element in this B7 finding deals with changes in the CCRT patterns of young children; that is, for the CCRTs of children at age three and the same children at age five (Luborsky, Luborsky, Diguer, Schaffler, Schmidt, Dengler, Faude, Morris, Buchsbaum, & Emde,1995). This study found high consistency in CCRTS at the two ages. A study of adolescents also showed consistency from age 14 to age 24 (Waldinger & Diguer, in preparation).

The pioneer report on the CCRT (Luborsky, 1977) noted its consistency over time, at least within the period of psychotherapy–the CCRT at the end of treatment retains important aspects of the original CCRT (Crits-Christoph & Luborsky, 1998). The main changes in the CCRT that occur over the time of the

psychotherapy appeared to be only small ones: there were changes in the Responses from Other and Responses of Self toward more positive responses and less negative responses (Crits-Christoph & Luborsky, 1998). Changes are also found in the ability to master the conflicts in the CCRT (Grenyer and Luborsky, 1998).

A study by Schauenburg, Schafer, Raschka, and Benninghoven (1995) somewhat similarly suggested that the changes in the CCRT over the period of three months of psychotherapy were small and generally non-significant. It should be noted, however, that the study relied on in-patients and a small sample size of fifteen, which may have diminished the likelihood of significant changes.

The future: To assess such changes, a procedure is required for better establishing the similarity of the original CCRT and the end state CCRT. One such procedure by Diguer and Luborsky (1998) is the method of weighted similarities for each component. Furthermore, longer periods of the subject's life need to be examined.

B8 1992: There is a parallel of the CCRTs for the therapist with the CCRTs for other people:

This is a necessary and expected parallel based on Freud's (1912) central clinical observation about the transference template: the patterns that become expressed to the therapist have parallels with the general pattern that is expressed to other people. For the first time, this parallel has been empirically shown for 35 patients from the Penn Psychotherapy Project between the CCRT for relationships with others and the CCRT for relationships with the therapist (Fried, Crits-Christoph, & Luborsky (1992).

The broader issue of the consistency of themes across different types of people, such as father versus mother, has been examined by Frevert et al (1995). This broader topic is basic to the CCRT because of the partly research supported

clinical expectation that narratives about different types of people will show some common themes across the different types of people.

The future: The promising results reported so far need to be further examined in new studies.

B9 1990 There are associations between the CCRT measure and repressive and other defenses.

The first study of this association for repressive defenses with CCRT scores is Luborsky, Crits-Christoph, and Alexander (1990). In this study 16 subjects each wrote three narratives about their early memories, which were scored by two independent CCRT judges. The Holzman Repression measure correlated, as would be expected, with less „wish to assert" ($r = -.55$, $p < .01$), less „wish to hurt" ($r = -.47$, $p < .05$), less negative response from other: „domination"; ($r = -.50$, $p < .05$), and more positive response from others: „affection" ($r = .43$, $p < .05$).

Freni et al. (1995) examined the relationship between the defenses and the CCRT in 20 patients in psychotherapy. Five defense clusters were associated with at least one CCRT component. The meanings of the correlations appear to be in line with clinical experience. Four factors were identified through factor analysis: disturbance of pre-Oedipal relationships, controlling issues, ego functioning, and a sense of the availability of help. The correlations between defense mechanisms and the CCRT are especially informative: 1. Greater boderline defenses are associated with lesser wish to achieve and help others; 2. Greater narcissistic defenses are associated with greater wish to be loved and understood, and a response of other as „bad" and less response of other as understanding; 3. Greater neurotic defenses are associated with lesser rejecting and opposing response of other. 4. Greater obsessionality is associated with lesser response of self as self-controlled and self-confident and 5. Greater maturity of defenses is associated with lesser response of other as „likes me".

The future: Further studies of the relationship of the CCRT with other measures of defenses need to be done.

B10 1988 „Referential activity" has been linked with the telling of relationship narratives and the CCRT.

Referential activity (RA) reflects the interconnections between verbal and non-verbal mental systems; the interconnections are most active and direct for concrete images and words referring to them and less so for abstract concepts and words (Bucci, 1985). The RA also exists in a computer version, the computer referential activity (CRA), which shows that the peak RA or peak CRA, points to where underlying emotion schemas are expressed in verbal narrative form. The paper by Bucci (1995) presents the idea that emotion schemas are active in the CCRT.

B11 1995 Affective facial expression has been related to narratives and to the CCRT.

A series of studies have shown these interrelationships (Krause and Lutolf, 1988). Several hypotheses have been examined by Anstadt, Krause, Benecke (1995) through examination of two psychotherapy cases. The study found a significant negative correlation between the frequency of relationship episodes and the frequency of affective facial expression. A finding was also found during the more successful therapy for the chronological sequence in which the verbalization of recollections occurs at the beginning of treatment. A third possible conclusion from the study showed that there was evidence from the less improved case of more significant correlations between CCRT components and the affective facial expression of the therapist.

The future: More cases are needed to establish the replicability of these findings.

B12 1990 Comparisons have been launched of CCRTs of patients with different diagnoses:

A huge number of studies are ongoing covering at least nine different diagnoses, but almost all have not yet been published. The CCRT Newsletter of January 1998, lists 34 ongoing studies of the CCRT in different diagnostic groups! The earliest one is Eckert (1990) with depressed patients. The largest number of ongoing studies, that is 7, is with the diagnostic category of Borderline personality; the next largest is with Personality disorders.

Benninghoven et al. (1995) reports a study comparing patients with different diagnoses–clinical subjects divided into bulimic subjects vs. mixed and non-clinical subjects who were not patients in treatment. Their results gave partial support for these hypotheses: 1) patients with a diagnosis of bulimia perceived relationship episodes more dysfunctionally than normal subjects; 2) the family is especially a focus for people who bulimics interact with; and 3) bulimics perceive their families more dysfunctionally than normal control subjects. The one expected difference that was not found was between representations of the family in the relationship episodes of bulimic patients vs. representations of other patients in psychotherapy. There was a difference between the two clinical groups vs. the group of control subjects not in psychotherapy. In terms of the relative frequency of relationships with the family, the patients with the diagnosis of bulimia saw the relationships with their families more negatively than the mixed patient group and the normal controls.

The future: To do such comparative studies properly norms are needed for the compared samples as well as matched samples. Eckert et al. (1990) for example, showed high levels of hostility in the depressed sample, but there were no systematic comparisons with samples with other diagnoses.

B 13 Patient‘s CCRTs appear to be partly out of awareness.

Most patients only gradually come to see that there is a central pattern in their relationships, but the awareness only comes slowly and is only partial. Crits-Christoph and Luborsky (1990) compared patient‘s and clinician‘s inferences and found that they agreed fairly well on the CCRT components but not on the pattern of the relationships.

A new instrument for studies of the subject‘s level of self-understanding is the Self-Understanding of Interpersonal Patterns (SUIP) (Connolly, Crits-Christoph, Shappell, Schweizer, et al. (in preparation). It has shown good reliability and some evidence of validity.

The future: More studies of this topic are much needed to fill in our knowledge about the conscious versus unconscious aspects of each patient‘s CCRT. It is a crucial aspect of the CCRT for it is a necessary mark of the concept of transference template that parts of it are out of awareness (Freud, 1912). The results by the new self-understanding method, the SUIP, should be compared with the self-interpretation of the CCRT method (Luborsky, 1978) or the self-interpretation of the TAT (Luborsky, 1953). This comparison also needs to be examined by the direct types of component scores versus the inferred types of component scores -- inferred scores are indicated by parenthesis, for example, W versus (W) (Luborsky, 1998, Chapter 2).

B14 1990 There is much to support a parallel of Freud‘s observations about the transference template and related evidence from the CCRT:

A correspondence of the CCRT discoveries is evident for 18 of 23 of Freud‘s observations about the concept of the „transference“ template (as these are listed in Luborsky, 1998, Table 1 and reproduced here). For the other 5 of the 23 observations, no studies have yet been done. The presence of so many

correspondences suggests that the CCRT method offers a broad-based measure that is much like Freud's transference concept.

Conclusions

- The methods of measurement of the CCRT have been improved in 14 different areas in their applications in clinical practice and in research. One improvement that is most central for the future of CCRT studies comes from current knowledge of its good reliability in 8 studies (A2). This finding represents a fulfillment of the main aim of the CCRT method to create a reliable clinical-quantitative system, one that is more reliable than the usual clinical method for inferring the central relationship pattern.
- The CCRT method has been applied to hitherto unsolved problems and it has generated 14 discoveries. In achieving these discoveries, it is doing what generative methods tend to do: they spark a large cluster of related studies. Then, for each discovery we have specified future studies that should logically follow from where we are now.

  It is difficult with CCRT discoveries to clearly tag the most significant ones. Yet, one of the most significant must be the alignment of the CCRT discoveries with Freud's observations about the concept of transference. This parallel of the CCRT findings with different aspects of Freud's concept of transference implies that the CCRT can be thought of as a measure of the concept of transference. A close runner-up for the most significant discovery is the recognition of the value of relying on relationship narratives as the essential database for inferring the CCRT (B1). The information about the frequency of narratives during psychotherapy and, a host of other such findings about relationship narratives have come from this decision.

- In terms of future research, among the most promising topics may be these: the further development of standard categories (A1), the degree of consistency of the pattern over time (B5, B6), the uniqueness of the pattern for specific types of people (B7), and eventually, the relation of the CCRT to levels of awareness (B12). In time, we will integrate these discoveries and further organize them into a theory of personality that encompasses the inner-relational world and expressions of these in actual relationships.
- Our overview of this overview must therefore conclude that the CCRT field has already arrived at a solid base for celebration. It has provided evidence that the CCRT is based on a clinically and quantitatively sound concept. The concept appears to be similar to the one that Freud (1912) termed the „Transference template." The discoveries from the CCRT method imply that the CCRT assesses a template or a schema that acts as a pattern-shaper of successive editions of narratives about relationship events. We have seen then that the CCRT, as it is inferred from relationship narratives, is a knowledge structure, partly conscious and partly unconscious, that guides both the conduct of relationship interactions and the memories of these.

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(Use Table 1 from CCRT book p. 309)
Table 1

Freud's Observations about the "Transference Template" versus the CCRT Evidence for them

	Freud's Observations	CCRT Evidence[a]
1.	Wishes toward people are prominent	+
2.	Wishes conflict with responses from other and of self	+
3.	Especially evident in erotic relationships	+?
4.	Partly out of awareness	+?
5.	Originates in early parental relationships	+
6.	Comes to involve the therapist	+
7.	May be activated by the therapist's perceived characteristics	R
8.	May distort perception	R
9.	Consists of one main pervasive pattern	+?
10.	Subpatterns appear for family members	+?
11.	Distinctive for each person	+?
12.	Remains consistent over time	+
13.	Changes slightly over time	+
14.	Shows short-term fluctuations in activation	R
15.	Accurate interpretation changes expression of pattern	+
16.	Insight into pattern can benefit patient	+0?
17.	Can serve as resistance	R
18.	Symptoms may emerge during its activation	+?
19.	Is expressed in and out of therapy	+
20.	Positive vs. negative patterns are distinguishable	+
21.	Is expressed in multiple modes (dreams and narratives)	+
22.	Improvement means greater mastery of the pattern	+

23	Innate disposition plays a part	R

[a] Symbols used:

+	Study with positive results
+?	Preliminary study with positive results
+0?	Study with mixed results
R	Remains to be studied