

BOOK REVIEW

Understanding transference: The CCRT method. By Lester Luborsky and Paul Crits-Christoph. New York: Basic Books, 1990. Reviewed by Stephen Soldz.

Can there be any readers of this journal who are not familiar with the Core Conflictual Relationship Theme (CCRT) method of describing a person's central relationship pattern? This line of research constitutes one of the longest and most productive avenues of continuous work in psychotherapy research: This work answers the complaints common 15 years ago that new instruments for therapy research were constantly being developed, used once, and left to grow moldy on the journal shelves. The publication in book form of this work allows one to reflect on it in its entirety; it also sets an ideal for future researchers to strive to match. In the spirit of critical dialogue, and with the utmost respect for the work of Luborsky, Crits-Christoph, and rest of the Penn research team, I will raise a number of questions that occurred to me after reading this magnum opus, while suggesting some areas for future research.

The basic idea behind the CCRT—that people have characteristic patterns of relating to others that are relatively stable over time, that these patterns are manifest in many different relationships, including the therapeutic one, and are connected to the problems that people bring into therapy—has been a commonplace notion, at least since Freud, and I'm sure as the classicists could show us, since the ancients. Specifying exactly what such configurations are and studying their properties is a decidedly more recent endeavor. The first step needed is to decide what types of components such patterns should have. The authors have approached this task through drawing on classical Freudian theory as well as more modern in-

terpersonal concepts. Most notably Freudian is the idea of the *Wish* as a necessary component of the CCRT, while the idea of characteristic *Response of Other's* and *Response of the Self* to the other's response owes more to interpersonal thinking. There is, in fact, some ambiguity in the book as to whether the Responses of the Self are actually reactions to the responses of others, or rather sometimes, direct reactions of the self to a wish. For example, in discussing the convergence of the CCRT with Freud's transference concept, it is asserted that responses of the self can conflict with wishes, whereas, in other places, an intervening response of the other is implied. Most likely, guilt, for instance, does not always imply an other, even if its origins may lie in earlier transactions with others.

At several locations throughout the book, the idea of conflicts between wishes is proposed but it is never systematically discussed. This absence weakens the fealty of CCRT concepts to commonly understood clinical reality. Conflict between the wishes to be close and to be distant are common topics of conversation in psychotherapy. While the authors propose late in the book that conflict between Wishes is a source of symptom exacerbation, this idea seems to diminish the importance of the complete CCRT, with all three components. It also raises questions regarding whether the most important fact about a patient is that he or she has *one* CCRT. Perhaps conflicts between CCRTs are of primary importance, at least for some patients. I suspect that the authors may agree with these reservations, but would argue that their research has not yet progressed to the point where this issue can be examined. This response would be fine as long as the CCRT does not become reified as *the* core conflict for all patients.

The relation of the CCRT to in-

terpersonal theory remains largely implicit, while the work arising out of contemporary object relations theory, self-psychology and related perspectives is almost totally ignored. This absence of other psychoanalytic perspectives is unfortunate because it makes the adequacy of the tripartite structure of the CCRT hard to evaluate. Are there other components that are essential in order to satisfactorily describe people's core relationship patterns? The authors point out that they've been criticized for not including defenses in their system. I think they are justified in separating this aspect of dynamics from their relationship pattern measure. What I am more concerned about them ignoring is that aspect which is (perhaps incorrectly) usually referred to as developmental level. In the opinion of many authors, the essence of developmental level (once the unproven developmental assumptions and metapsychological language are removed) is the degree of differentiation and integration of wishes and self and other representations. Surely, there is a world of difference between someone's wish to be closer to others and the desire of certain "primitive personalities" to merge with the other. Similarly, there is quite a large continuum regarding the wish to hurt others, which can range from a desire to receive recognition for hurt through a desire to have the other suffer as one suffers, to the urge to totally destroy or demolish the other. Many of the difficulties that bring patients into therapy consist of a lack of differentiation and integration of each of the CCRT components, as much as they reflect a conflict between components. Change in the nature of one's desire for closeness could be crucial to successful therapy, without looking to the CCRT researcher as change at all. This problem is especially acute for research using the CCRT standard categories. The development of distinct types of wishes and responses would, however, be perceived by the researcher as a lesser frequency of a single pattern.

In order to facilitate the use of the CCRT in research, where the compari-

son across subjects is crucial, the Penn research team has developed two standard category CCRT systems. One system (which went through two iterations, Editions 1 and 2) is fairly comprehensive while the other was derived from a cluster analysis of the first. The cluster analysis led to eight categories for each of the three CCRT dimensions. The CCRT categories were developed with various previous personality models, such as Murray's categorization of needs, in mind. It is interesting, therefore, to examine the clusters from the viewpoint of two contemporary models exerting considerable influence in personality psychology. The circumplex model of interpersonal behavior posits that interpersonal behavior can be categorized in a circular system with two orthogonal axes of Dominance and Affiliation while the Big Five personality model adds three additional factors (while slightly redefining the first two factors as Extraversion and Agreeableness), namely Neuroticism, Conscientiousness, and Openness to Experience. The Wishes clusters appear to be largely mappable into the circumplex space. "To oppose hurt and control others" is at the positive pole of Dominance and the negative pole of Affiliation. "To be loved and understood" is high on Affiliation. There are only slight hints that the wishes may extend beyond circumplex space. For example, "To be close and accepting" may tap Openness as well as Affiliation, while "To achieve and help others" appears to draw upon Conscientiousness and Affiliation. The Response of Other clusters are almost entirely in circumplex space. In contrast, several Response of Self clusters appear related to the Neuroticism Big Five dimension, as in "Anxious and ashamed" or "Disappointed and depressed," while one clearly taps the negative pole of Openness ("Unreceptive"), as well as Affiliation.

One purpose of comparing the CCRT to contemporary personality models is to elucidate just what aspects of behavior and personality are actually being assessed by a given categoriza-

tion. It would seem that the Wishes and Response of Other dimensions are largely interpersonal in nature, while the Response of Self taps other aspects of personality. In addition, it appears that the Conscientiousness Big Five factor is only tapped by the ambition aspect of the Wish CCRT dimension. Perhaps this points to a missing aspect of the Response of Other clusters: don't people often wish that others would be dependable, that they can be relied upon? Isn't it also possible that greater dependability may be a wish of people toward themselves as well?

The CCRT work is described by the authors as one of the first looks at the narratives patients tell in psychotherapy. After all, one of the most frequent activities of patients is the telling of stories. The CCRT work is thus seen to be in the spirit of the numerous researchers, such as Bruner and Mishler, who emphasize the importance of the narrative function in human cognition and social organization. We should, however, remember that the move toward narrative studies is much broader than the study of the content of narratives. Equal, if not greater attention is given to their form and function. In this view, narrative (and other forms of speech) are critical elements of how people make, communicate, and preserve personal and social meanings. From this perspective, psychotherapy researchers should wonder about the function of narratives in therapy. What is it about the nature of therapy that leads patients to tell of their interactions with others. What are patients attempting to communicate? How does the telling of stories facilitate the creation of new meanings? What kind of responses are hoped for? Do many types of therapeutic interventions, such as interpretations, actually discourage narrative modes of discourse in favor of more direct self reflection? Additionally, we should pay attention to the structure of these narratives. The tripartite CCRT structure is an initial development in this direction, but much more will be needed if we are to truly understand that new and un-

usual form of social relationship, psychotherapy interaction. Some of the work being done by Germans and others on linguistic structures in therapy are also stirrings in this direction.

One of the most exciting aspects of the CCRT work is the ability it gives to operationalize the accuracy of therapeutic interventions. Many researchers have given up hope of finding that particular interventions are more effective than others. The doctrine that only nonspecific conditions of therapy were important was dominant for a while. Work such as that on the CCRT, as well as that of the Mount Zion group on plan compatibility, open up the possibility that knowledge can at last be gained regarding the nature of more and less helpful interventions (Soldz, 1990). An intriguing finding reported by the Penn group was that patients receiving interpretations accurately reflecting that patient's Wish + Response of the Other (the two were combined due to high intercorrelations) improved more than others while accuracy of interpretations regarding the Response of the Self did not effect outcome. The authors conclude that just focusing on self states and emotions may not be sufficient for change to occur.

If this finding is replicated in other studies, it could provide an important first step in explicating the nature of helpful interventions in dynamic psychotherapy. Several limitations need to be kept in mind as one ponders these results, however. Two therapy sessions per patient were examined by raters for interpretations, though the book does not clarify the definition that was used. An average of 6.1 interpretations per patient was found. It seems likely that the vast majority of therapist interventions in these sessions were judged not to be interpretations. Thus, we do not know that the interpretations, per se, were the most curative type of intervention. In an era where increasing attention is being drawn to other types of interventions, even among those committed to dynamic psychotherapy, it would be

unfortunate if this finding was taken as justifying the position that interpretations are the real heart of dynamic therapy. Furthermore, some aspects of this finding are rather confusing. For example, the average accuracy of interpretations appears to have been rather low (1.49 to 1.81 on a 1 to 4 scale for all dimensions). What does it mean that accuracy is related to outcome when the accuracy is so low? It is not clear.

It is well known that different therapists focus on different aspects of a patient's dynamics when making interventions. Kernberg, for instance, systematically confronts splitting and manifestations of the negative transference, while Kohut would have focussed more on the patient's needs for mirroring or a self-object to idealize. It is hard to judge how these different types of interventions would appear through the lens of accuracy, as presented here. Perhaps the low accuracy scores reflect this diversity in therapeutic focus. If so, then it does not necessarily follow that greater fealty to the CCRT would lead to greater patient benefit. Perhaps what is needed is, rather, a minimum degree of accuracy. Too great a degree of accuracy may reflect a mechanized therapy that lacks the creativity apparent in the great therapists.

I wonder, additionally, about the inaccurate interpretations. Were they "wrong" or were they relevant to aspects of patients' lives other than the core relationship theme? Over the course of long-term therapy, patients usually present a number of different themes. It is not clear yet whether the therapist should focus on the most prevalent CCRT when that is not the material present in a given session. That is, should the therapist focus the patient or go with the flow? Also, does the "developmental level" of the patient, as presented at a given time, influence whether accurate interpretations will be effective. After all, some schools or therapy believe that more primitive patients need substantially different interventions than accurate interpretations and may even be harmed by the latter. Further work will be needed to clarify these questions.

The combination of accuracy of Wish and Response of the Other was decided because of the high correlation of these ratings. Yet, conceptually they are distinct. I wonder if, with a larger sample, partial correlation or multiple regression could be used to tease apart the importance of accuracy regarding the individual components. After all, some therapists (classical Freudians, perhaps) might consider the Wish to be the primary element while other might believe that understanding how others respond to one is more important. The combination, on psychometric grounds, obscures these distinctions.

Additional support for the claim that the CCRT measures a clinically important structure is provided by findings of small decreases in the pervasiveness of the Response CCRT dimensions over the course of therapy, as well as in correlations between this decrease and more traditional measures of patient change. These findings lend support to the position that symptomatic change over the course of therapy is a concomitant of dynamic change. I hope that these findings will be followed up by additional studies of the relative rates of change of these two components over the course of therapy, especially for long-term dynamic therapy. It would be fascinating, for example, to see if patients tend to regress at points during treatment where the transference "heats up," leading to both greater pervasiveness of the CCRT and an exacerbation of symptoms. Such a phenomenon would be expected if the CCRT does, indeed, measure the clinical concept of transference. It thus seems important to keep in mind that change in such measures of patient functioning may not be monotonic over the course of treatment. So far, no major studies of change patterns over the course of long-term therapy have been attempted. I believe that studies of long-term therapy are overdue and should be performed before any hope that it can facilitate patient changes not provided by the currently fashionable short-term treatments is abandoned. After all, as the evidence accumulates for the stability of personality over adulthood

(McRae & Costa, 1990), long-term therapy remains one of the few avenues potentially open for bringing about personality change. It is up to the psychotherapy research community to find out if it is up to the challenge. The CCRT provides one tool that could facilitate such efforts.

In my opinion, the caliber of a book is perhaps best measured by the number of questions and new thoughts that it stimulates in the reader. By that criterion the book rates an A+. Researchers can, and probably will, spend decades following up the ideas generated through pursuing this book and the associated work on the CCRT. However, I do have regrets regarding some of the writing—and its organization—in the book. The work in this book, and that by the Mount Zion group (Weiss, Sampson, & the Mount Zion Psychotherapy Research Group, 1986), are works of psychotherapy research that will most likely appeal to clinicians practicing dynamic psychotherapy and give them a feel for the thrill of discovery currently going through the research community. Unfortunately, this work is written more as a research manual, making it unlikely that any but the most persevering clinicians will make it through. Part One consists of a discussion of CCRT scoring methods. This section, while of great value to researchers may intimidate clinicians before they get to the substantive findings in Part Two, or the discussion of clinical applications in Part Three. Furthermore, the book reads too much like a collection of distinct papers and studies, leading to much needless repetition between chapters. Greater integration would have been desirable, making it an easier read. Let's hope that I'm wrong regarding the effect that minor stylistic points will have on the wider mental health community. If clinicians persevere, they will find much here to justify their effort.

REFERENCES

McRae, R. R., & Costa, P. T. (1990). *Personality in adulthood*. New York: Guilford.

Soldz, S. (1990). The therapeutic interaction: Research perspectives. In R. A. Wells & V. J. Gianetti (Eds.), *Handbook of the brief psychotherapies* (pp. 27–53). New York: Plenum.

Weiss, J., Sampson, H., & the Mount Zion Hospital Psychotherapy Research Group. (1986). *The psychoanalytic process: Theory, clinical observation & empirical research*. New York: Guilford.

Review of Soldz's Review of *Understanding transference: The CCRT method*

Lester Luborsky and Paul Crits-Christoph

It satisfies an Ur wish to have a review of one's book where the reviewer admires the book *and* knows the work so intimately that he can suggest a rich agenda for its future development. Our comments on his review can take up only a few of his multifaceted points.

The Sequence of CCRT Components

The review begins with consideration of the source of the three basic types of components in the Core Conflictual Relationship (CCRT) pattern: the wish, the responses of others, and the responses of self. Soldz considers that there is "some ambiguity . . . as to whether the responses of the self are actually reactions to the responses of others or are sometimes direct reactions of the self to a wish." That is true—of course there is some ambiguity, because that's the way life is, as revealed by our primarily empirical approach. We found that there is often a sequence of the three CCRT components, although as Soldz suggests, sometimes there is a direct sequence from the wish to the response of the self. An informative future agenda would be to do more studies of these sequences and to examine the frequency of each sequence. Sequence research is addressed in this book in chapter 8 in the section on "CCRT sequences for the wish to be close vs. the wish to be independent"—but even there we did not tally the frequencies of sequences that include all three components versus sequences of only the wish followed by response of self.

Conflicts Between Wishes

Soldz also suggests that there should be more systematic discussion in the book of the idea of conflicts between different wishes. That too remains a field of exploration for future generations of CCRT researchers. In the book we distinguish two kinds of conflicts: (1) between different wishes (such as, to be close versus to be distant) and (2) between wishes versus responses (of others and of self). The wish-response conflicts are far more frequent than the wish-wish conflicts. But the wish-wish conflicts are occasionally discussed in the book. In chapter 4, for example, Mr. Howard is presented as an example of the conflict between the wish to be close and the wish to be distant. Ultimately Soldz correctly tunes onto our wave length when he anticipates that our response to his suggestion would be that research needs to progress further to develop this point.

The Utility of Standard Categories

On the subject of the utility of our standard CCRT categories as measures of change, Soldz is concerned that a change during psychotherapy on a category such as the wish for closeness, may not get reflected as a change in the category but would only be scored as a repeat of the same category. This implies to him and to us a need for further subcategories such as "tolerance for closeness." We agree that more categories should be added to reflect modifications in the appearance of each type of wish. But it is also probable, from our experience with the CCRT, that a change in the quality of a wish would also show up in altered sequential changes following the arousal of the wish such as in a change in the response from others and the response of self.

Having selected the sets of standard categories and refined them through experience, it is a good time to do more of what Soldz suggests: to more systematically compare these with old standby personality categories, such as those in Murray's list of needs.

Soldz's review already has made a start on that agenda.

Soldz's further suggestion to go beyond the realm of the content of the narratives and to examine their form and function is likewise an auspicious agenda. I expect that we and others will add such categories, just as was done over time with scoring systems for the TAT. Two promising examples of formal categories are clarity of expression (Bucci, in press) and cognitive disturbance in the use of language (Luborsky & Mintz, 1974).

The Theory Behind the CCRT

The theoretical underpinnings of the CCRT is of special interest to the reviewer, but it has not been our dominant wave length. The CCRT can be understood from a variety of theoretical perspectives. Soldz has done a service by suggesting more of the possible linkages between the CCRT and interpersonal theory and other theories.

Applications of the CCRT in Practice

For the applications to clinical practice, the reviewer shares our excitement about the CCRT work on development of an operational measure of the accuracy of therapeutic interventions (Crits-Christoph, Cooper, & Luborsky, 1988). We see our definition of accuracy as having been useful in turning up some valuable findings and agree with the reviewer that the next step is to replicate it. But our attention so far to accuracy of interpretation should not be taken to mean that it is the only or even the main curative factor. We have examined only a few combinations of curative factors but in time we will try many more in combinations for predicting the outcomes of psychotherapy.

The reviewer is concerned that too great a degree of accuracy of the therapist's interpretations may reflect an over-mechanized technique of therapy. We agree that logically this could be true. Yet it happens that it is extremely rare that therapists will "err" on the side