A Comparison of Three Transference Related Measures Applied to the Specimen Hour

Lester Luborsky

1. Introduction

My aim is to compare and contrast the three transference related systems most represented in this volume: CCRT, PERT and Frames. My discussion will be mainly devoted to examining the Specimen Hour from the three systems' vantage points and then drawing conclusions about their inter-comparisons. Moreover, I have discovered that even for those of us who are most intimately acquainted with each of the measures, discerning the commonalities across them is a strenuous exercise. The energy that needs to go into this is a function of the effort that must be made to overcome the potential near-sightedness of partisanship for a particular measure. It also is an effort to fulfill the difficult-to-meet requirement that the systems be applied to the same material in order to be able to see their differences and commonalities.

Therefore, for doing this task it is helpful to review Figure 1 (see page 103) with the 11 relationship episodes (RE) for the Specimen Hour. The CCRT research has demonstrated that clinical judges who follow our guided clinical judgment system can reliably agree about the CCRT within these relationship episodes (Crits-Christoph et al., in preparation). I have depicted this CCRT as a central template in the center of a core circle. The type of wish that appears most frequently is, to be assertive, in the sense of wanting to exert control, to be dominant and to be better than the other person. The next most frequent wish is the wish for reassurance. Typically the wish for reassurance is associated with the episodically uncontrolled expression of her most frequent wish for control or dominance of others. The expected or actual negative responses from the other person are that the other person dominates, controls, disapproves and does not reassure. The negative responses from the self include feeling an absence of control over herself, self-blame, annoyed,

angry, upset; the most frequent of these is annoyed, angry, and upset. After the therapist identifies the CCRT, since it is a potentially transference-related theme, the therapist then must decide when and which of these theme components needs to be interpreted.

The PERT system applied to Hour 5 would identify a JXr i.e., a judged experience of the relationship with the therapist, probably in the third, fourth or fifth RE. Even though in the PERT system there is no systematic delineation of REs, as there is in the CCRT system, many of the PERT scores happen anyway to occur in relation to REs, as can easily be seen in the review of Gill and Hoffman (1982b) in Luborsky et al. (1986). The PERT system might suggest the same response as the therapist gave in RE 6.

Some evidence is now available indicating that the PERT system and the CCRT system similarly identify the basic relationship pattern that underlies transference. Luborsky and Crits-Christoph (this volume) report results of paired comparisons showing that the two method's summary description of the transference are more similar for matched pairs than for "mismatched" pairs (even though the PERT system had provided relatively little information in their descriptions about the transference related material).

An examination of Hour 5 in terms of the FRAME system suggests that many of the Frames are event sequences that are part of the relationship episodes. For example, Frame B (see page 54 f.) labeled SUPPORT, especially describes RE #4 in relation to the husband. The sequence there is very much like the sequence that is described in similar terms in the CCRT. In the CCRT one wish is for reassurance; in the Frame it is "wants support." The Frame terms and the CCRT terms are also similar and the response from self in the CCRT and in the Frame terms – "expresses hostility" – are identical. A more complete and systematic comparison needs to be done and there is ample data from Hour 5 to do this.

2. Stability of the Measures Over Time

Each transference related measure, the CCRT, PERT and Frames, tracks aspects of a relationship pattern that has considerable stability over time. In fact for the CCRT we have some data that demonstrates the stability of the

main conflictual relationship pattern and by implication, of the transference pattern (Luborsky et al. 1986). I will illustrate this with a sample from the Specimen Hour compared with a much later sample taken from session 1028. In the later session the relationship episodes are recognizably similar to the ones in Hour 5. The main changes in the later session are more comfort and ease in recognition by the patient (and therapist) of the main theme and more positive responses from others and to self. In the later session, for example, there is a relationship episode about the husband. It refers directly to similar material in Hour 5. In this later session, however, while the RE again reflects the wish to dominate, control and express anger to the husband and the expected response from him of anger but then a new response from self is also evident of feeling loving, of recognizing that the sequence of other feelings is familiar and surmountable.

Another relationship episode in the later session reflects what appears to be at first a new theme. It is an old wish to be pregnant by the father and now by the therapist. One consequence of the involvement in the wish is feeling disappointed in the response from the husband because he has a lesser position in comparison with father and therapist. Further examination of the RE suggests that the narrative is a further specification of a wish that was recognized consistently in earlier sessions, to assert her need to get a response from a man. Earlier it appeared to be mainly to get a reassuring response, later it is to get a loving, sexual response and also get pregnant by and have a child by father and analyst. The response from self to the wish is a positive one. It reflects familiarity with the theme, acceptance of it and the capacity therefore to mend the relationship with the husband by recognizing the wish toward father and analyst as an unreasonable restriction on her loving response to the husband.

What these brief examples reflect is that the therapist's and patient's continual re-examination of the transference pattern in each session does not result only in stereotypically re-recognizing the original relationship pattern. It also sets the stage for an expansion in the connotations and connections through working through. The mental set of the therapist is not just satisfaction with re-recognition of a recurrent formulation, but it is attunement to the current information and then understanding anew specific form of the relationship pattern and transference in each session (as pointed out by Marshall Edelson, personal communication, 1984).

3. The Interrelationship of the Transference Pattern and Symptoms

Each of the transference measures has something to contribute to the understanding of the appearance of symptoms. As an example the CCRT is especially able to provide this understanding in the Specimen Hour.

In that session the collision of the opposed wishes may give an impetus to the appearance of the symptoms. The opposed wishes are (1) the wish to dominate, demand and exert control in order to get a positive response from the other, versus (2) the wish to get reassurance and help. In addition, each of these wishes strongly collides with the expected response from the other person, who is expected to reject the wishes. For this patient the opposition of these wishes is the framework in which one of the main symptoms, the sexual inhibition, can be better understood.

These transference pattern methods are only one source of information about the symptom. Certain recurrent behaviors in the session whose context can be examined may also be informative. These behaviors probably occur at moments of special tension. The two recurrent behaviors that are very frequent for this patient are stomach noise and chuckles. An inspectional analysis was carried out (obviously it will require independent judgment as well) of the context in which these two behaviors occur. The design was set up in the way that symptom-context studies are typically set up (Luborsky 1970), i.e., each time the behavior appears an examination was made of the 100 words the patients speaks just before it and just after it. I found that for the stomach noises the context particularly includes expressions of assertiveness and anger and signs of upsetness about these. For example, at the end of paragraph 18 of the transcript, "I got furious at him" is temporally associated with an outbreak of this symptom.

The other recurrent behavior, the chuckles, tends to occur around somewhat similar contents but these are responded to in a different way. The contents are (a) pleasure at being able to challenge the therapist (e.g. by insightful statements of her own), (b) embarrassment at challenging the therapist, (c) insightful statements that she provides about herself but with pride and embarrassment at the pride – these are combinations of (a) and (b) e.g. in paragraph 11, "Sometimes my advice is pretty good" and this statement is followed by embarrassment.

The context for both of these behaviors, the stomach noise and the chuckles, despite their differences tends to focus on the central conflict of asserting the wish to dominate, control, challenge yet still be able to get a positive response from the other person.

4. Conclusions about Commonalities and Differences

A partisan for any one of the three systems could say "my system is better than the other system." That conclusion is true in part and not true in part. The summary in Table 1 makes clear in what ways these systems have been developed and in what ways they have not yet.

Table 1 Comparison of Assessment Development of Three Transference Related Measures: CCRT, PERT and Frames

	Transference Potential		Transference Activation		Adequacy of Utilization by T.	
	Clinical	Guided	Clinical	Guided	Clinical	Guided
CCRT	X	X^{+}	X	–	X	X^{a}
PERT	X	–	X	X	X	–
FRAME	X	X	X	X	X	–

Clinical = unguided clinical judgment

Guided = guided clinical judgment

X^{+} = guided clinical judgment plus evidence for reliability and validity

X^{a} = guided system for evaluating the adequacy

Transference Potential = A relationship pattern that is likely to be experienced in the relationship with the therapist

Transference Activation = Patient's experiences in the relationship with the therapist

Adequacy of Utilization = Can the measure be used to evaluate the adequacy of T's intervention?

The operative word is "yet" – in time each of them can develop the currently undeveloped aspect. Each of the three systems is compared in the table in terms of the nature of the assessment of (a) the transference pattern, (b) the transference *experience* within that pattern, and (c) the adequacy of the therapist's therapeutic interventions based on the evidence from the transference experience.

In the table we see within each of the three systems a clinical analysis is attempted for (a), (b) or (c). Then, in addition, some of the methods, for example the CCRT, provide a guided clinical judgment system that permits the collection of objective evidence on reliability and validity. For the PERT system, the relationship pattern is analyzed by clinical judgment only and no guided clinical system has yet provided evidence on reliability and validity; for the transference experience a guided system is available but nothing yet by way of evidence of its validity and only one small sample showing reliability for the total number of PERT scores in a session. (Agreement on the locations of each PERT has not been reported.) The Frame system is also still in an early stage of development, in terms of objective guidance systems. However, each of these systems embodies some reasonable approximation between the concept of transference and their particular measure of it. But there might be some differences of opinion about how closely they approximate the concept. Apropos of that, I was amused by an experience I once had. I heard two men telling riddles to each other. One riddle seemed very appropriate to our difficulty of matching the transference concept with each operational measure of it. The first man, Sam, said: I have a riddle for you. What is it that is green, hangs on a wall and whistles? The second man, Joe, sitting next to him, thought a while and said: I don't know, what? Sam: A herring. Joe: A herring isn't green. Sam: So you paint it green. Joe: But it doesn't hang on a wall. Sam: So you hang it on the wall. Joe: But it doesn't whistle. Sam: So who cares if it whistles.

5. Summary of the Commonalities and Differences

1. All three measures were fashioned to serve as clinical judgment methods for evaluating relationship patterns and transference experiences within these patterns. The construction of these measures is part of a recent world-wide interest in the development of measures of relationship schemas (Luborsky et al. 1986).

2. Beyond being clinical measures, they are "guided" clinical measures. The word guided in this instance means guided by a system that potentially can be reliably applied. According to Holt (1978), guided clinical systems tend to provide more effective measures with greater predictive potential than unguided clinical systems.

3. All three measures tend to attend to relationship episodes. The CCRT does this more explicitly and uniformly than the others.

4. Only the CCRT has much evidence for both reliability and validity of assessing the transference potential.

5. Some degree of integration of all three of these systems may be advantageous for each of them. A start on this direct was made by the combination of CCRT and PERT (Luborsky 1984, Appendix 4).