

## **GROUP PSYCHOTHERAPY: EXPLORING CHANGE WITH CCRT**

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This is an exploratory study where the CCRT method was applied to assess changes in interpersonal relationship patterns in a scenotherapy group. Scenotherapy uses dramatization and improvisation as facilitators in processing conflicts. Method: 6 patients carried out scenotherapy for 32 sessions. Relationship episodes observed in the first 8 treatment sessions were compared to those in the last 8 sessions, by using the Spanish version of CCRT-LU. Results and discussion: Scenotherapy contributes to modify both the relationship patterns staged in the sessions and the patients' reflections on the staged stories. The observed change involves the decrease in disharmonious interactions and the emergence of harmonious interactions, thus promoting to the patients' more positive vision of themselves and of others. Clinical implications, study limitations, and further lines of research are also discussed.

Keywords: group psychotherapy; CCRT; relationship narratives; scenotherapy

The problems in interpersonal relationships are central to clinical practice, particularly in psychoanalytical psychotherapy (Mitchell, 2000). Patients frequently resort to therapy due to relationship difficulties, and so the understanding of psychopathologies and the focus of psychotherapy aim at identifying and change maladaptive relationship patterns that produce suffering (Fonagy, 2004; Hilsenroth, 2007). In this respect, group psychotherapy is an appropriate intervention to work with interpersonal difficulties. From psychoanalytical psychotherapy, the group is conceived as an experience that triggers the patients' interpersonal conflicts to emerge, and from there they can understand them, process them, and regulate associated emotions (Dinger & Schauenburg, 2010; Tasca, Francis, & Balfour, 2014).

This study focuses on a group therapy model called scenotherapy, which uses dramatization and improvisation to process and change relationship patterns that involve maladjustment and suffering. Scenotherapy groups consist of 6-8 patients and 2 co-therapists. In the sessions, the patients perform and re-experience relationship problems, thus becoming aware and getting feedback on the impact of the presented interactions, and experiencing new ways of relationship in the group. A scenotherapy session consists in the following phases (Cabré, 2002; 2014):

(a) *Preparation Phase*: the group members decide what situation they will perform, what role everyone will have, and the characteristics of every character (emotions, attitudes, behaviours, etc.). The co-therapists guide patients in their doubts and help them to overcome situations of mental block and to define the characters properly.

(b) *Performance Phase*: The group performs the situation that has been prepared, by improvising dialogues and introducing modifications along the way.

(c) *Comment Phase*: Patients and therapists jointly think about the development of the performance and, particularly, on the experience that every patient has had about their own character and those of others. The co-therapists facilitate this reflection, considering the group as a unit (Tasca, Francis & Balfour, 2014).

Unlike the different psychodrama techniques, where patients perform personal experiences (Gatta, Lara, Lara, Andrea, Paolo, Giovanni, Rosaria, Carolina, & PierAntonio, 2010; Johnson, 1985; Moran & Alon, 2011), in scenotherapy, patients imagine situations and characters, acting as if they were the invented character, but at the same time being themselves in their way of performing them. Thus, patients resort to their usual relationship patterns (submission, hostility, rivalry, cooperation, dependence, etc.) but keeping some emotional distance from their performance, which enhances projection and self-observation. In this way, we can promote processes of awareness, understanding and feeling understood, which facilitates the corrective emotional experience and learning on oneself and on others (Fonagy & Allison, 2014; Kivlighan, 2014). Patients who perform scenotherapy also benefit from other therapeutic factors inherent to the use of dramatization, such as the integration of action and verbal communication, the externalization of repressed experiences, or the possibility of creating a transitional space between reality and fantasy (Gatta et al., 2010; Johnson, 1985; Winnicott, 1953).

As is known, Luborsky's CCRT (Core Conflictual Relationship Theme) method assumes that relationship patterns can be assessed by observing three components: (1) the patient's wishes, needs, or intentions towards others (Wishes, W); (2) the real, perceived, or fantasized answer from others to this wish or need (Response from others, RO); and (3) the patient's reaction (real, perceived, or fantasized) to these responses from others (Response of Self, RS) (Barber & Crits-Christoph, 1993; Luborsky & Crits-Christoph, 1990; Luborsky, Popp, Luborsky, & Mark, 1994). One of the most interesting aspects of CCRT is that it helps research and clinical practice to get closer: talking about the patients' wishes, how they perceive their relationship with others, talking about their feelings and reactions, implies an empirical

approach to the assessment of relationship patterns that psychotherapists can easily understand and assimilate (Wiseman & Tishby, 2017).

Different studies using the CCRT method have shown that the wishes (W) that are more frequent in the patients' narratives are those of closeness, acceptance, and affection, although there is a predominant perception that the others (RO) reject and oppose, which results in the most prevalent responses of self (RS) being disappointment, helplessness, and depression (De Roten, Drapeau, Stigler, & Despland, 2004; Drapeau, Perry, & Körner, 2012; Luborsky & Crits-Christoph, 1990; Tishby, Raitchick, & Shefler, 2007; Vanheule, Desmet, Rosseel, & Meganck, 2006; Waldinger, Diguier, Guastella, Lefebvre, Allen, Luborsky, & Hauser, 2002; Waldinger, Seidman, Gerber, Liem, Allen, & Hauser, 2003; Wilczek, Weinryb, Barber, Gustavsson, & Åsberg, 2000; 2004).

The comparison between relationship patterns before and after psychoanalytical psychotherapy allows us to observe that the wishes, needs, and intentions towards others tend to remain stable, whereas the perception of positive responses from others increases and, as a result, the patient's reactions also become more positive (Albani, Pokorny, Blazer, König Geyer, Thomä, & Kächele, 2002; Luborsky & Crits Christoph, 1990; Wilczek, Weinryb, Barber, Gustavsson, & Åsberg, 2004).

In the field of group psychotherapies, there are some studies on efficacy and effectiveness (Blackmore, Tantam, Parry, & Chambers, 2012; Burlingame, Fuhriman, & Mosier, 2003), as well as research focusing on such variables as therapeutic alliance, frequency and quality of the patients' participation, cohesion, group atmosphere, therapeutic factors and feedback provided by the therapist (Bakali, Baldwin, & Lorentzen, 2009; Burlingame, Furhiman, & Johnson, 2002; Crits-Christoph, Johnson, Gallop, Gibbons, Ring-Kurtz, Hamilton, & Tu, 2011; Dierick & Lietaer, 2008). However, there are very few empirical studies focusing on the assessment of change in relationship patterns, and none of them refers to psychotherapeutic techniques that use dramatization (Cappellucci, Ciavarella, De Coro, & Fusco, 2006; Gatta et al., 2010; McVea, Gow, & Lowe, 2011; Staats, May, Herrmann, Kersting, & König, 1998; Valerio & Lepper, 2009).

Scenotherapy is a psychotherapeutic technique that promotes change from the representation and subsequent reflection of the relational episodes experienced during the sessions, so that the CCRT methodology seems, a priori, adequate to categorize and assess changes in relationship patterns.

## Method

### Participants

The study was conducted on the basis of the narratives of a scenotherapy group initially consisting of 6 patients who consulted a private psychotherapeutic service for difficulties in their interpersonal relationships. All of them accepted the indication of scenotherapy, although two abandoned the therapy and were excluded from the analysis. The CCRT patterns of the four patients who completed the treatment were assessed, two males and two females, young adults with an mean age of 27.5 years (range: 22-30).

### Treatment

The patients engaged in 32 60-minute scenotherapy sessions. The treatment was conducted by a male therapist, clinical psychologist with more than 20 years of experience in the application of this technique, assisted by a male co-therapist, a BA in Psychology doing a postgraduate course.

As mentioned before, scenotherapy sessions are divided into 3 phases (Cabré, 2002): (a) Preparation phase (15 minutes); (b) performance phase (30 minutes); and (c) comment phase (15 minutes). The staged situations, freely decided and conceived by the group during the preparation phase, dealt with different themes where there was an interaction between characters. As an example, in one of the sessions, the situation performed was about a car accident with an argument to decide who was responsible for the accident, and a policeman was trying to clear it up.

### Instruments

Luborsky's CCRT (Core Conflictual Relationship Theme) method (Luborsky & Crits-Christoph, 1990; Barber & Crits-Christoph, 1993) was used to assess the interactions that emerged in the preparation and comment phases. The CCRT method assesses relationship patterns from the narratives that patients develop during the therapy sessions, when they refer to the relationship with other people or to aspects of themselves. In every *relationship episode*,

that is, in every story that the person develops about their relationship with another, the presence of the following aspects is determined: (a) the person's wishes, needs, or intentions towards others (Wishes, W), (b) the response that the person receives, perceives, or expects from the other (Response from other, RO), and (c) the person's reaction to this response from other (Response of self, RS). In this study, a CCRT version developed by Albani et al. (2002), CCRT-LU, was used in its Spanish adaptation (Del Hoyo, Ávila-Espada, Pokorny, & Albani, 2004). The CCRT-LU category system observes the direction of the interaction, so that every narrative is coded with three letters: (a) the first letter informs about whether the narrative refers to a wish or need (Wishes, W) or to an action or behaviour (Response, R); (b) the second letter records who is the subject of the action, whether it is the person speaking (Self, S) or another person (Other, O); and (c) the final letter records the receiver of the action, whether it is oneself (Self, S) or another person (Other, O). Therefore, every narrative can be a wish (W) or a response (R), affecting only another person (O) or only oneself (S), or that it is directed from me to another person (SO) or from another person to me (OS). The system consists of 13 categories, 4 harmonious and 9 disharmonious, which allow us to code a wide variety of relationships.

Therefore, the categorization procedure consists in deciding whether the patient's verbalization includes a significant interaction, establishing the dimension that it belongs to (WOO, RSO, etc.), determining harmonious (or positive, as helping for instance) or disharmonious (or negative, as scoring for instance) valence, and assigning the corresponding category and subcategory, following those established by Albani et al. (2002).

There is evidence of the CCRT method's reliability and validity (Crits-Christoph, Luborsky, Dahl, Popp, Mellon, & Mark, 1988; Levine & Luborsky, 1981; Luborsky & Diguier, 1998), as well as for the CCRT-LU version (Albani et al., 2002) used in this study.

## **Procedure**

The narrative and non-verbal content of the 32 scenotherapy sessions was transcribed by two observers that were behind a one-way mirror. After every session, the observers would share their observations and develop the transcript including both the exact expressions of patients and therapists, and observations about the participants' tone, attitude, or gestures.

To assess relationship changes that emerged throughout representation and comment phases of scenotherapy, the first eight group sessions (sessions 1-8) and the last eight group sessions (sessions 25-32) were analysed. We selected eight initial sessions to ensure that

patients were already familiar with the technique, and eight final sessions to cover a period that went beyond the last two or three sessions, in which relational episodes could be altered by anxieties associated to the end of the treatment.

The application of the CCRT method to the transcripts of the initial and final scenotherapy sessions was carried out by two Psychology graduates previously trained to use this method. Every assessor, independently, categorized the sixteen sessions under analysis at random, so that they ignored whether the session was from the beginning or the end of the scenotherapy. Firstly, they should point the fragments in the transcript where there was a relationship episode, and then determine the kind and direction of the interaction (WOO, WSO, ROO; RSO, etc.), the harmonious or disharmonious nature, and finally, the category and specific subcategory. After the categorization of sessions, the assessors shared their results and solved any discrepancy, reaching a final agreed categorization.

## Results

Due to the limited size of the sample, it was not possible to perform a specific analysis of the directionality of the interactions that appeared during the two moments of analysis, opting to analyze the harmonic or inharmonic character of the interaction as a whole.

In the 16 scenotherapy sessions analysed with the CCRT-LU method, a total of 182 interactions were identified, 107 in the first 8 sessions and 75 in the last 8. As can be seen in Table 1, disharmonious interactions decreased from the beginning to the end of treatment, going from 91 to 43, whereas harmonious interactions increased (16 in the initial sessions and 32 in the final sessions). This increase in harmonic interactions occurred in the 4 patients, while the dissociation of inharmonic interactions was observed in three of them.

The harmonious interactions that increased the most were those corresponding to categories A and C, which express acceptance, interest, confidence, and understanding. On the contrary, the disharmonious categories G, J, and M, where interaction involves imposition, lack of autonomy, feeling of inability, rejection, distance, and isolation, were the ones that decreased. In category K (Subjugating), quite frequent, there were no differences between the initial and final sessions.

With regard to individual results, changes in the relationship patterns performed by each patient were the following (see Table 1):

Patient L: Conflict avoidance (category M), dominance of the other (category K) and rejection (category J) predominated at the beginning of treatment, while at the end of therapy, although these types of interaction persisted, the desire to being close (category C) and to help (category B) appears with intensity:

- Session 4 (initial phase of therapy), traffic accident: *'Finally I'll fine you for not collaborating'* (category K).
- Session 28 (final phase of therapy), teacher surprising two students copying in an exam: *'I would hate catch you copying because I am sure that you know do it well'* (category B).

Patient V: Initially, the patient represented a style of interaction characterized by personal incapacity (category G), rejection (category J) and desire to distance oneself from others (category M), while at the end of the treatment appeared more self-confidence (category D), although persisted a perception of others as subjugating (category K).

- Session 3 (initial phase of therapy), team of chefs taking decisions about making a cake: *'I avoided conflict, I even found it hard to say 'do this'* (category G).
- Session 27 (final phase of therapy), interview to politicians while playing golf: *'They are acting for their own interests'* (category K).
- Session 25: (final phase of therapy), two guys and two girls flirting: *'As I knew that I liked it, I was very calm'* (category D).

Patient N: At the beginning of therapy, the patient expressed distrust and control towards the other (category K), criticism (category J) and need to distance oneself (category M), while at the end appears insecurity in oneself (category F) and a willingness to help others (category B).

- Session 5 (initial phase of therapy), interaction between spectators of a soccer match. The patient is the partner of one of the fans and does not like football: *'Angry with myself ¿What am I doing here? I don't want to be here'* (category J).
- Session 26 (final phase of therapy), Hikers, one of them injures a foot: *'¿Can you drive? If not, we'll take you'* (category B).

Patient M: In the initial sessions the patient is involved in interactions characterized by weakness (category G), anger (category H) and withdraw from others (category M), while in the final phase the attitudes of acceptance and tolerance (category A) are more frequent, although the actions of dominating or being dominated are very present (category K).

- Session 8 (initial phase of therapy), problems in the construction of a house, it is necessary to extend the working day: *'The change of plans it's not my fault... I leave at eight (in an angry tone)'* (category H).
- Session 30 (final phase of therapy), entrepreneurs who present a project to a possible investor: *'one thing that bothered me is that you changed my ideas'* (category K).
- Session 31 (final phase of therapy), seance: *'you have to treat them with respect, and so they will do it with us'* (category A).

## Discussion

The objective of this study was to explore the change processes in relationship patterns observed in a group of scenotherapy, a group psychotherapeutic technique that uses dramatization and improvisation to enhance the emergence and processing of conflicts. To assess this process, we used the CCRT method, which has never been used to assess interactions that occur in group psychotherapies. The treatment lasted for 32 sessions, and the CCRT method was applied in the first eight and the last eight sessions, thus allowing us to assess occurring changes.

Results confirm that the relationship patterns presented by patients change remarkably, with an increase in harmonious interactions and a decrease in disharmonious interactions. It is worth mentioning that it is the patients themselves who decide what type of interaction will be developed, as the therapists do not propose whether the relationships to be dramatized in the session have to be harmonious or disharmonious. This result coincides with results from other studies that observed an increase in positive relationship experiences at the end of treatment (Albani et al., 2002; Luborsky & Crits-Christoph, 1990; Slonim, Shefler, Slonim, & Tishby, 2013; Wilczek et al., 2004).

Even though, as mentioned, the harmonious interactions increased while the disharmonious interactions decreased, the total number of interactions occurring in the group decrease throughout the therapeutic process. This can be possibly explained by the decrease in



the variability of interactions: whereas at the beginning of psychotherapy there are more ways of relationship, later they are reduced because the group work seems to focus on some types of relationship that are processed more deeply. The categories that increased the most were A (Attending to) and C (Loving, Feeling well). These results point at the fact that the psychotherapy group increases interactions characterized by interest in and respect towards the other at the end of treatment, in order to give and offer support, closeness, protection, and affection. Thus, those relationships where one looks for closeness and the other responds with acceptance and affection increase, which is coherent with Bowlby's attachment theory, which assumes that human beings develop strategies to maximize closeness to carers, thus experiencing security and gradually developing capacity for intimacy (Holmes, 1997).

With regard to disharmonious interactions, categories G (Being determined by others), J (Rejecting), and M (Withdrawing) were the ones that decreased the most, thus reducing the negative and hostile experience towards the others –*you've taken advantage... there are people like you that take advantage of others by telling lies*-. It is worth mentioning that the number of interactions in category K (Subjugating) stayed the same, which can be explained as it is a basic type of relationship that allows the dominant person to avoid being rejected or ignored. Another possible explanation is that control issues are difficult to change (Horowitz, Rosenberg, & Bartholomew, 1993).

Given the exploratory nature of this study, its main limitation was to have analysed a single therapeutic group, having as a result a limited number of patients. Neither did we carry out a comparison between patterns observed in the patients' performances and those present in their "real" interactions, those that are developed outside psychotherapy. Further research should aim to gather this information through individual interviews before and after the scenotherapy group process. Results from our study do not allow us to conclude what association there may be between the relationships established in the group and the patients' psychopathological disorders. The relationship between CCRT and psychopathology has been scarcely studied and has provided contradictory results (Cierpka et al., 1998; Slonim, Shefler, Gvirsman, & Tishby, 2011; Staats et al., 1998; Wilczek et al., 2000), so this would be a line of research to be promoted. Likewise, it would be important to study the relationship between CCRT staged patterns and attachment styles (Waldinger et al., 2003; Yárnoz, Alonso-Arbiol, Plazaola, & de Murieta, 2001).

To conclude, the results of our study suggest that the relationship patterns that patients represent in scenotherapy are modified between the beginning and the end of it, with this change

shifting from a dysfunctional or disharmonious functioning to a more functional or harmonious one. Little research in group psychotherapy focusses on studying the interaction among members (Burlingame, Fuhriman, & Johnson, 2002), thus our study intends to start a line in this direction with a specific methodological proposal, CCRT, which shows promise as a means to uncover the complex nuances of interpersonal functioning in scenotherapy.

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**TABLE 1. Beginning-end changes in the emergence of interaction categories in the group.**

Categories	Sessions 1-8					Sessions 25-32				
	L	V	N	M	Group	L	V	N	M	Group
<b>A Attending to</b> (Exploring, admiring, accepting, understanding)	0	1	2	1	4	2	1	2	5	10
<b>B Supporting</b> (Explaining, confirming, helping, giving independence)	2	2	0	1	5	4	0	2	1	7
<b>C Loving, Feeling well</b> (Being close, loving, having relationship, being confidence, satisfied, being sexually active, interested, being healthy, living)	1	1	0	0	2	3	1	1	3	8
<b>D Being self-determined</b> (Being moderate, trustworthy, proud, being autonomous)	1	1	1	2	5	0	4	0	3	7
<b>TOTAL HARMONIOUS RELATIONSHIP EPISODES</b>	<b>4</b>	<b>5</b>	<b>3</b>	<b>4</b>	<b>16</b>	<b>9</b>	<b>6</b>	<b>5</b>	<b>12</b>	<b>32</b>
<b>E Being depressed, Resigning to something</b> (Being disappointed, Resigning oneself to something)	0	1	1	0	2	0	0	0	0	0
<b>F Being dissatisfied, Being scared</b> (Feeling guilty, ashamed, being dissatisfied, scared, anxious)	2	2	0	0	4	0	1	5	0	6
<b>G Being determined by others</b> (Being dependent, weak)	1	12	3	3	19	1	1	2	1	5
<b>H Being angry, Unlikable</b> (Feeling disgust, being hungry, being disliked)	0	0	2	3	5	1	0	0	2	3
<b>I Being unreliable</b> (Neglecting, being selfish)	2	0	3	1	6	2	0	0	1	3
<b>J Rejecting</b> (Ignoring, reproaching, opposing, criticizing)	3	5	5	0	13	1	0	0	2	3
<b>K Subjugating</b> (Being bad, dominating)	6	3	6	1	16	5	3	1	7	16
<b>L Annoying, attacking</b> (Annoying someone, attacking)	1	2	3	0	6	0	0	1	1	2
<b>M Withdrawing</b> (Retreating, being reserved, being sexually inactive, being ill)	3	5	8	4	20	3	2	0	0	5
<b>TOTAL DISHARMONIOUS RELATIONSHIP EPISODES</b>	<b>18</b>	<b>30</b>	<b>31</b>	<b>12</b>	<b>91</b>	<b>13</b>	<b>7</b>	<b>9</b>	<b>14</b>	<b>43</b>