



Research Article

Group psychotherapy with young adults: Exploring change using the Core Conflictual Relationship Theme method

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ABSTRACT

In this exploratory study, the Core Conflictual Relationship Theme method was used to assess changes in interpersonal relationship patterns in a scenotherapy group based on dramatization and improvisation to facilitate the processing of conflicts. Four young adults with difficulties in interpersonal relationships participated in 32 scenotherapy sessions. Relationship episodes observed in the first eight and the last eight treatment sessions were compared using the CCRT-LU (Spanish version), a variant of the method with a logically unified category system to code patterns found in relational narratives. Outcomes indicate that scenotherapy contributes to modifying both the relationship patterns in sessions and reflections on the staged stories by individuals. Disharmonious interactions decreased and harmonious interactions increased, promoting a more positive vision among participants of themselves and others. Clinical implications, study limitations and further lines of research are also discussed.

Introduction

Problems in interpersonal relationships are central to clinical practice, particularly in psychoanalytical psychotherapy (Mitchell, 2000), with patients frequently seeking therapy due to relationship difficulties. An understanding of psychopathologies with a focus on psychotherapy can help identify and change maladaptive relationship patterns that produce suffering (Hilsenroth, 2007). Group psychotherapy is an appropriate treatment for interpersonal difficulties. From a psychoanalytical psychotherapy point of view, the group is conceived as a setting that triggers the emergence of interpersonal conflicts, and from there, participants can try to understand them, process them, and regulate the associated emotions (Dinger & Schauenburg, 2010; Tasca, Francis, & Balfour, 2014).

This study focuses on a group therapy model called scenotherapy. Unlike psychodrama techniques, whereby participants perform personal experiences (Gatta et al., 2010; Moran & Alon, 2011), scenotherapy uses dramatization and improvisation to process and change relationship patterns that involve maladjustment and suffering (Cabré, 2012, 2014). Scenotherapy is framed within the psychoanalytic model, and takes into account the contributions of playing in psychotherapy as a way to express fantasies, feelings and anxieties, and to facilitate creativity, growth and relationships with the group (Winnicott, 1971).

In scenotherapy, participants imagine situations and characters,

acting as if they were the invented character, but at the same time they interact in their usual way of performing. Thus, participants resort to their usual relationship patterns (submission, hostility, rivalry, co-operation, dependence, etc.) but, in keeping some emotional distance from their performance, the capacity for projection and self-observation is enhanced. This promotes processes of awareness, understanding, and the feeling of being understood, which, in turn, facilitates the corrective emotional experience and learning from oneself and from others (Fonagy & Allison, 2014; Kivlighan, 2014). Participants who perform scenotherapy also benefit from other therapeutic factors inherent to the use of dramatization, such as integrated actions and verbal communication, externalization of repressed experiences, and the possibility of creating a transitional space between reality and fantasy.

Scenotherapy groups consist of six to eight participants and two therapists. In the sessions, the participants perform and experience relationship problems; they thus become aware and receive feedback from the therapists and other participants on the impact of the presented interactions, while experiencing new ways of relationship in the group. A scenotherapy session consists of three phases:

- 1 Preparation phase: the group members decide what situation they will perform, what role each one will play, and the characteristics of each character (emotions, attitudes, behaviours, etc.). The therapists guide participants in their doubts and help them overcome mental

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blocks and to define the characters properly.

- 2 Performance phase: the group performs the situation, improvising dialogues and introducing modifications along the way.
- 3 Comment phase: participants and therapists consider the development of the performance and, particularly, the experiences of participants regarding their own and other characters. The therapists facilitate this reflection, considering the group as a unit (Tasca et al., 2014).

Luborsky's Core Conflictual Relationship Theme (CCRT) method (Luborsky & Crits-Christoph, 1990) assumes that relationship patterns can be assessed by observing three components: (a) the person's wishes, needs, or intentions towards others (wishes, W); (b) the real, perceived, or fantasized answer from others to this wish or need (response from others, RO); and (c) the person's reaction (real, perceived, or fantasized) to these responses from others (response of self, RS). One of the most interesting aspects of CCRT is that it brings research and clinical practice closer: talking about wishes, about how individuals perceive their relationships with others, and about feelings and reactions reflects 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 individuals' narratives are those of closeness, acceptance, and affection, although there is a predominant perception of others (RO) rejecting and opposing, which results in the most prevalent responses of self (RS) being disappointment, helplessness, and depression (Drapeau, Perry, & Körner, 2012; Leibovich, Nof, Auerbach-Barber, & Zilcha-Mano, 2018; Tishby, Raitchick, & Shefler, 2007; Valdés, Arriagada, & Alamo, 2016; Vanheule, Desmet, Rosseel, & Meganck, 2006; Waldinger et al., 2003; Wilczek, Weinryb, Barber, Gustavsson, & Åsberg, 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 (Luborsky & Crits-Christoph, 1990; Wilczek et al., 2004).

In the field of group psychotherapies, while studies have been conducted on efficacy and effectiveness (Blackmore, Tantom, Parry, & Chambers, 2012; Burlingame, Fuhman, & Mosier, 2003), as well as studies research focusing on such variables as therapeutic alliance, frequency and quality of participation by individuals, cohesion, group atmosphere, therapeutic factors, and feedback provided by the therapist (Bakali, Baldwin, & Lorentzen, 2009; Burlingame, Fuhman, & Johnson, 2002; Crits-Christoph et al., 2011; Dierick & Lietaer, 2008; Lorentzen, Strauss, & Altmann, 2018), very few empirical studies have focused on the assessment of change in relationship patterns, and none have focused on psychotherapeutic techniques that use dramatization (Cappellucci, Ciavarella, De Coro, & Fusco, 2006; Gatta et al., 2010; McVea, Gow, & Lowe, 2011; Valerio & Lepper, 2009).

The goal of this exploratory study was to evaluate the utility of the CCRT method to assess changes in relationship patterns in a scenotherapy group.

Method

Participants

The study was conducted on the basis of the narratives of a scenotherapy group, composed initially of six participants who consulted a private psychotherapeutic service due to difficulties in their interpersonal relationships. After individual evaluation by a psychotherapist, the participant was offered the possibility of scenotherapy. All six individuals agreed, but two withdrew from the therapy and so were excluded from the analysis. CCRT patterns were thus assessed for the

remaining four participants: two men and two women with a mean age of 27.5 years (range 22–30 years).

The study was approved by a research ethics committee and all participants granted their informed consent.

Treatment

The participants engaged in 32 scenotherapy sessions lasting 60 min each. The treatment was conducted by a male, clinical psychologist with some 20 years' of experience in the application of this technique, assisted by a male co-therapist with a degree in psychology and currently studying a postgraduate course.

As mentioned above, the scenotherapy sessions were divided into the three phases (Cabré, 2012) of preparation (15 min), performance (30 min), and comment (15 min). The staged situations, freely decided and conceived by the group during the preparation phase, dealt with different themes where there was interaction between characters: e.g., a traffic accident with an argument about who was responsible; an exam where the teacher discovers two students copying; the vicissitudes of a group of friends travelling together; a job interview involving several candidates; people trapped in a lift, etc.

Instruments

Used for this study was a CCRT version developed by Albani et al. (2002), namely, CCRT-LU (where LU stands for the place of development, i.e., Leipzig/Ulm, and for the 'logically unified' aspect of the system) in its Spanish adaptation (del Hoyo, Espada, Pokorny, & Albani, 2004) of the original Luborsky's CCRT method (Luborsky & Crits-Christoph, 1990). The CCRT-LU was used to assess the interactions that emerged in the preparation and comment phases, in terms of patterns identified in the narratives of participants regarding their relationships with other people or aspects of themselves. As mentioned above, observed were the three components of wishes (W), response from the other (RO), and response of self (RS).

The CCRT-LU method, which observes the direction of the interaction, is based on coding narratives using three letters:

- The first letter informs about whether the narrative refers to a wish or need (wish, W) or to an action or behaviour (response, R).
- The second letter reflects the subject of the action, whether it is the person speaking (self, S) or another person (other, O).
- The final letter reflects the receiver of the action, whether it is the self (self, S) or another person (other, O).

Therefore, each narrative can be a wish (W) or a response (R), affecting another person (O) or affecting the self (S), and directed from the self to another person (SO) or from another person to the self (OS). The system, consisting of four harmonious and nine disharmonious (total 13) categories (A to M), allows a wide variety of relationships to be coded (see Table 1).

Therefore, the categorization procedure consists of (a) deciding whether the participant's verbalization includes a significant interaction; (b) establishing the dimension that this belongs to (WOO, RSO, etc.); (c) determining whether valence is harmonious (or positive, e.g., helping) or disharmonious (or negative, e.g., scoring); and (d) assigning the corresponding CCRT-LU category and subcategory (those established by Albani et al., 2002).

The reliability and validity of both the CCRT method (Crits-Christoph et al., 1988) and the CCRT-LU version (Albani et al., 2002) have both been demonstrated.

Procedure

After evaluating individuals, the therapists were asked to categorize patterns, using the CCRT-LU, for the participants' relationships with

Table 1
Scenotherapy beginning-to-end changes in the emergence of interaction categories.

Categories	Beginning Sessions 1-8					End Sessions 25-32				
	L	V	N	M	Group	L	V	N	M	Group
A Attending to (exploring, admiring, accepting, understanding)	0	1	2	1	4	2	1	2	5	10
B Supporting (explaining, confirming, helping, giving independence)	2	2	0	1	5	4	0	2	1	7
C Loving, feeling well (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
D Being self-determined (being moderate, trustworthy, proud, being autonomous)	1	1	1	2	5	0	4	0	3	7
TOTAL HARMONIOUS RELATIONSHIP EPISODES	4	5	3	4	16	9	6	5	12	32
E Being depressed, resigning to something (being disappointed, resigning oneself to something)	0	1	1	0	2	0	0	0	0	0
F Being dissatisfied, being scared (feeling guilty, ashamed, being dissatisfied, scared, anxious)	2	2	0	0	4	0	1	5	0	6
G Being determined by others (being dependent, weak)	1	12	3	3	19	1	1	2	1	5
H Being angry, unlikable (feeling disgust, being angry, being disliked)	0	0	2	3	5	1	0	0	2	3
I Being unreliable (neglecting, being selfish)	2	0	3	1	6	2	0	0	1	3
J Rejecting (ignoring, reproaching, opposing, criticizing)	3	5	5	0	13	1	0	0	2	3
K Subjugating (being bad, dominating)	6	3	6	1	16	5	3	1	7	16
L Annoying, attacking (annoying someone, attacking)	1	2	3	0	6	0	0	1	1	2
M Withdrawing (retreating, being reserved, being sexually inactive, being ill)	3	5	8	4	20	3	2	0	0	5
TOTAL DISHARMONIOUS RELATIONSHIP EPISODES	18	30	31	12	91	13	7	9	14	43

Note. L: Lisa, V: Vincent, N: Natalie, M: Mike (pseudonyms of individual participants).

significant persons in their lives (family, partner, friends, etc.). This information would serve to compare relationships as observed in the scenotherapy with participants' narratives of their relationships in real life.

The narratives and non-verbal content of the 32 scenotherapy sessions was transcribed by two observers working behind a one-way mirror. After every session, the observers shared their observations and completed the transcript, including the exact expressions of participants and therapists, and recording observations about tone, attitude, and gestures.

To assess relationship changes that emerged throughout the scenotherapy, the performance and comment phases from the first eight group sessions (sessions 1–8) and the last eight group sessions (sessions 25–32) were compared. The eight initial sessions were selected to ensure that participants were familiar with the technique, and the eight final sessions were selected because they covered a period that went beyond the final two or three sessions (given that relational episodes may be altered by anxieties associated with the end of treatment).

The CCRT-LU method was applied to the transcripts of the initial and final scenotherapy sessions by two psychology graduates previously trained in the method. Each assessor independently categorized the sixteen sessions, analysed at random (i.e., they were unaware whether the session was from the beginning or the end of the scenotherapy); they first identified fragments in the transcript reflecting a relationship episode, and then determined the kind and direction of the interaction (WOO, WSO, ROO, RSO, etc.), whether it was harmonious or disharmonious, and finally, the category and subcategory. The assessors then shared their results and resolved any discrepancy so as to decide on a final categorization.

Results

The themes represented in the first eight sessions were as follows: a conversation between veteran and novice employees during a work break; an interview with a group of celebrities; some cooks preparing a cake for a celebration; a traffic accident; some fans at a football game; a job interview involving several candidates; a family buying an appliance in a shopping centre; and a group of workers building a house. The themes staged in the eight final sessions were as follows: a group of friends at a fair; a group of hikers in the mountains; an interview with politicians playing golf; students doing an exam; a medical consultation with patients and doctors; a proposal by a group of entrepreneurs to a potential investor; a séance where a spirit is invoked; and a group of university students travelling to a foreign university.

Due to the limited size of the sample, we jointly considered interactions in the performance and comment phases and focused exclusively on their harmonious and disharmonious nature, excluding direction.

Group results

In the 16 scenotherapy sessions analysed using the CCRT-LU method, a total of 182 interactions were identified, 107 in the first eight sessions and 75 in the last eight sessions. As can be seen in Table 1, from the beginning to the end of treatment, disharmonious interactions decreased from 91 to 43, whereas harmonious interactions increased from 16 to 32. Harmonious interactions increased for all four participants, while disharmonious interactions decreased for three participants.

The harmonious interactions that increased most were those corresponding to categories A and C, which expressed acceptance, interest, confidence, and understanding. The disharmonious interactions that decreased most were categories G, J, and M, where interactions involved imposition, lack of autonomy, feelings of incapacity, rejection, distance, and isolation. For category K (subjugating), which occurred quite frequently, there were no differences between the initial and final sessions.

Individual results

With regard to individual results, below we first describe the relationship patterns evaluated by the therapists in the initial interviews, and then describe the changes observed from the scenotherapy (see Table 1).

Lisa

This participant's relationship pattern was characterized by a desire for love and for closeness (category C) and for autonomy and capacity (category D), while recognizing that others annoyed her (category L) and wanted to subjugate her (category K), to which she responded with resignation (category E) and anxiety (category F), while marking distance to avoid conflict (category M). At the start of scenotherapy, conflict avoidance (category M), subjugation (category K) and rejection (category J) predominated. By treatment end, although those interactions persisted, the desire to be close to others (category C) and to support others (category B) appeared with greater intensity:

- Session 4 (treatment outset), traffic accident: 'I'll fine you for not collaborating' (category K).

- Session 28 (treatment end), teacher catching two students copying in an exam: *'I hate to catch you copying because I am sure that you know how to do it well'* (category B).

Vincent

In the interviews before scenotherapy, this participant demonstrated a desire for love and for closeness (category C) and perceived criticism and rejection in others (category J), leading him to feel inadequate (category G) and to distance himself from others (category M).

At treatment outset, personal incapacity (category G), rejection (category J), a perception of others as subjugating (category K) and a desire to distance himself from others (category M) predominated. Observed by treatment end was greater self-confidence (category D), although a perception of others as subjugating (category K) persisted.

- Session 3 (treatment outset), cooks deciding about making a cake: *'I avoided conflict, I even found it hard to say 'do this'* (category G).
- Session 27 (treatment end), interview of politicians playing golf: *'They are acting in their own interests'* (category K).
- Session 25: (treatment end), two men and two women flirting: *'As I knew that I liked it, I was very calm'* (category D).

Natalie

This participant demonstrated a pattern characterized by curiosity (category A), endurance (category D) and being dependent on others (category G). She perceived others as annoying (category L) and unpleasant (category H), and reacted by distancing herself from them (category M).

At treatment outset, distrust and control of others (category K), criticism (category J) and a need to distance herself (category M) predominated. By treatment end, insecurity in herself (category F) and a willingness to support others (category B) emerged.

- Session 5 (treatment outset), football fans at a match, one of whom is the participant's partner who does not like football: *'Angry with myself. What am I doing here? I don't want to be here'* (category J).
- Session 26 (treatment end), hikers in the mountains, one of whom has injured their foot: *'Can you drive? If not, we'll take you'* (category B).

Mike

In the initial interviews, this participant demonstrated a desire to be close to others (category C), while perceiving others to be weak (category G) and marking a distance with them (category M).

At treatment outset, interactions characterized by weakness (category G), anger (category H) and withdrawal from others (category M) predominated. By treatment end, an attitude of acceptance and tolerance (category A) was more frequent, while subjugating or being subjugated by others (category K) were very present.

- Session 8 (treatment outset), problems in the construction of a house requiring the working day to be extended: *'The change in plans is not my fault... I leave at eight'* (in an angry tone) (category H).
- Session 30 (treatment end), entrepreneurs presenting a project to a possible investor: *'One thing that bothers me is that you've changed my ideas'* (category K).
- Session 31 (treatment end), séance: *'You have to treat them with respect, and so they will do with us'* (category A).

Discussion

The objective of this study was to explore the change processes in the relationship patterns of individuals observed in 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-LU method, which has never

previously been used to assess interactions in group psychotherapy. The treatment lasted for 32 sessions, and the method was applied in the first eight and last eight sessions so as to compare changes. Note that it was the participants themselves who decided what type of interaction to develop and that therapists did not propose whether the relationships had to be harmonious or disharmonious.

Results confirm that the relationship patterns presented by participants changed remarkably, with an increase in harmonious interactions and a decrease in disharmonious interactions. This result coincides with those from other studies that observed an increase in positive relationship experiences by the end of treatment (Albani et al., 2002; Luborsky & Crits-Christoph, 1990; Slonim, Shefler, Slonim, & Tishby, 2013; Slonim, Tishby, & Shefler, 2015; Wilczek et al., 2004).

As mentioned, harmonious interactions increased while disharmonious interactions decreased. However, the total number of interactions in the group decreased throughout the therapeutic process. This is possibly explained by a decrease in the variability of interactions: whereas at the outset more types of relationship are discussed, these are later reduced in number because the group focuses on relationships that are processed more deeply.

The harmonious categories that increased most were A (attending to) and C (loving, feeling well). These results point to the fact that the psychotherapy group increased interactions characterized by interest in and respect towards others, offering and providing support, closeness, protection, and affection. Thus, relationships seeking closeness and receiving acceptance and affection in response increased – coherent with Bowlby's attachment theory, which assumes that human beings develop strategies to maximize closeness to carers, thus experiencing security and gradually developing a capacity for intimacy (Mikulincer, Shaver, & Pereg, 2003).

The disharmonious interactions that decreased the most were categories G (being determined by others), J (rejecting), and M (withdrawing), with the consequence of reducing negative and hostile experiences towards the others. Note that the number of interactions in category K (subjugating) stayed the same; the explanation may be that this basic type of relationship allows the dominant person to avoid being rejected or ignored, or that control issues are difficult to change (Fjeldstad, Hoglend, & Lorentzen, 2017).

Regarding the comparison between patterns observed in performance and those present in "real" interactions, the information collected at the beginning of the scenotherapy enabled us to observe a certain concordance between real and represented patterns. Although not a specific focus of our study, our results show that the participants represented conflicts that reflected to some degree the relationship problems they experience in real life. It thus seems plausible to assume that participants in scenotherapy represent their relationship conflicts, reflect on them and test new ways of connecting with others that they can later apply in their relationships with the significant people in their lives (Yalom & Leszcz, 2005). Future research would need to confirm this conclusion, in particular, by assessing changes in participant relationships in real life. 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 participants.

One limitation of the study was that inter-rater reliability was not calculated and that discrepancies were resolved by consensus. Future studies would need to take these issues into consideration, given that they affect internal validity. A further line of necessary research is the relationship between CCRT and psychopathology, which has been little studied and has yielded contradictory results (Slonim, Shefler, Gvirsman, & Tishby, 2011). Also important is research into the relationship between CCRT staged patterns and attachment styles (Waldinger et al., 2003; Yáñez, Alonso-Arbiol, Plazaola, & de Murieta, 2001).

To conclude, the results of our study suggest that the relationship patterns of participants, as represented in scenotherapy, are modified from the initial to the final sessions, shifting from dysfunctional or

disharmonious to more functional and harmonious relationships. We also observed a degree of concordance between the relationship patterns of participants in scenotherapy and in real life. While little group psychotherapy research to date has explored interactions between group members (Burlingame et al., 2002), our study launches a line in this direction, based on CCRT, a method which shows promise in terms of uncovering the complex nuances of interpersonal relations in scenotherapy.

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