Varieties of Transference Patterns in Psychotherapy

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This investigation explored the nature of transference of interpersonal patterns in patients' psychotherapy narratives. The relation between interpersonal patterns with significant others in a patient's life and the pattern with the therapist early in treatment was examined. Cluster analysis was used to categorize similar relationships for each of 35 patients. Many patients revealed multiple interpersonal themes in their relationship narratives. Furthermore, these interpersonal themes correlated significantly with the interpersonal pattern extracted from narratives told about the therapist for many of the patients who discussed the therapeutic relationship during therapy. However, the interpersonal pattern evident in the relationship with the therapist was not necessarily the most pervasive pattern exhibited in the narratives about significant others.

Freud (1912/1958) originally described transference as "stereotype plates" or representations of early interpersonal relationships, which influence perceptions of current relationships. His conceptualization of the phenomenon of transference thus implied two components: a structural component referring to a mental representation of interpersonal relationships and a procedural component referring to the application of this mental representation to guide interpersonal perception. In regard to transference as a mental representation, Freud seemed to highlight the importance of a predominant pattern, although he left open the possibility that multiple patterns might be present. Regarding transference as a process, although Freud noted that transference could emerge with equal intensity outside of therapy as in it, his own emphasis was on transference to the therapist in particular.

The construct of transference is central to many modern-day theories of psychotherapy. Both Luborsky's (1984) Core-Conflicting Relationship Theme (CCRT) and Strupp and Binder's (1984) cyclical maladaptive pattern are based on the assumption that patients form maladaptive patterns in their relationships with others that leads to symptoms. One main focus of both Luborsky's supportive-expressive treatment (SE) and Strupp and Binder's time-limited dynamic psychotherapy is the exploration of interpersonal patterns as they are experienced in the patient's relationships with significant others, including the relationship with the therapist.

Luborsky (1984) emphasized a single main theme that is evident across patient narratives. Although he acknowledges that other patterns may exist, SE assumes that it is the most pervasive pattern that causes the most difficulty for the patient and, thus, leads to the symptoms that bring the patient to therapy. Strupp and Binder (1984) allow for multiple interpersonal patterns for each patient with the significant other in his or her life. Although multiple patterns may be present over the course of treatment, they too see the pattern that is enacted with the therapist as the most pervasive. Horowitz et al. (1991) emphasized that a multiplicity of themes for each individual can each be transferred to the therapist.

Despite the importance of transference in clinical theories of dynamic psychotherapy, little research has explored this central construct. A variety of questions can be asked regarding the nature of transference. Do patients reveal one pervasive pattern or do multiple patterns coexist? Is the main pattern evident in the relationship with the therapist for all patients, and when in the therapy is this transference apparent? Only recently have researchers begun to empirically address these issues.

In a series of laboratory experiments on transference in general social relationships, Andersen et al. have examined the extent to which mental representations of significant others influenced perceptions of new people. In their first study, Andersen and Cole (1990) found that when a fictional character activated a significant-other representation, the character was more likely to be misremembered as possessing features of the significant other. They concluded that representations about significant others can influence the perceptions of new individuals. Using a similar methodology, Andersen, Glassman, Chen, and Cole (1995) found that significant-other representations can be applied to the perception of a new person even when there are no matching characteristics between the new person and the significant other. Andersen and Baum (1994) further
found that significant-other representations can influence affective responses as well as perceptions. In their study, participants evaluated another person more negatively and reported significantly more depressive affect when the other person resembled their own negative significant other rather than another participant's negative significant other.

The aforementioned investigations provide impressive laboratory evidence of transference as experienced in general social interactions. However, little research has explored transference in actual rather than hypothetical interactions and in the context of psychotherapy from which the construct was originally identified. Luborsky et al. (1985) used the CCRT method to examine Freud's hypotheses regarding the nature of transference. An exploration of the CCRT themes of eight cases, consisting of core wishes, responses from other, and responses of self, illustrated that there is usually one main CCRT and that the CCRT evident in the relationships with significant others is similar to that in the relationship with the therapist.

Crits-Christoph and Luborsky (1990) used the CCRT method to explore the pervasiveness of themes told in psychotherapy by 33 patients. Pervasiveness was defined as the percentage of total narratives about significant others that contained the CCRT components. The results of this investigation revealed that patients' main wishes were present in 66.3% of the narratives, indicating that most patients experience a single pervasive relationship theme.

Examining the transference of the main patterns to the therapeutic relationship, Fried, Crits-Christoph, and Luborsky (1992) analyzed the transcripts of a sample of diagnostically heterogeneous outpatients treated in dynamically oriented psychotherapy. In this investigation, judges rated the similarity of each patient's CCRT, derived again from the narratives about significant others, with the narratives that focused on the therapist as the object. To control for chance similarity, narratives that focused on the therapist were also compared with other patients' CCRTs. The results revealed that patients' own CCRTs were more similar to their narratives about the therapist than were the CCRTs of other patients.

Although these investigations using the CCRT provide a good starting point for research on transference, they contain the limitation that patients' CCRTs are derived from judges who rate all narratives consecutively for each patient. It is possible that this method allows the judge to see greater similarity in relationship narratives than that which truly exists. Furthermore, in this method, only the highest frequency relationship themes are extracted from each narrative, limiting the researcher's ability to explore the pervasiveness of alternative themes. As an improvement on this methodology, Crits-Christoph, Demorest, and Connolly (1990) designed the quantitative assessment of interpersonal themes (QUAINT) method. In this method, the different narratives told by a single patient are randomly sorted with narratives of other patients. Narratives are then rated independently using a set of standard categories so that different types of wishes and responses can be rated for their intensity.

Crits-Christoph et al. (1990) applied the QUAINT method to the analysis of interpersonal themes expressed by a single patient over 31 psychotherapy sessions. They identified five major figures in the patient's narratives, including the therapist. A cluster analysis of QUAINT profiles for these figures revealed multiple themes rather than a single pervasive theme, with 3 women eliciting similar themes but different themes emerging with the therapist and the patient's brother. Later in therapy, however, the results indicated transference of the themes evident in the relationship with the women and the brother to the therapeutic relationship.

In an additional investigation of the QUAINT method, Crits-Christoph, Demorest, Muenz, and Baranackie (1994) examined the consistency of interpersonal themes in the narratives of 60 patients. This investigation did not implement cluster analysis, as in the study by Crits-Christoph et al. (1990), because the investigators were interested in examining the consistency of themes across all episodes. The results indicated that a small but statistically significant level of consistency across narratives was detectable. Individual differences in the pervasiveness of themes were also apparent, suggesting that some patients may experience multiple themes rather than one pervasive theme across all relationships. This investigation provided important information regarding the consistency of themes across narratives about significant others but did not provide any analyses of how these themes might relate to the relationship with the therapist.

The primary goal of the present project was to further analyze the patient themes examined in the investigation by Crits-Christoph et al. (1994), with an emphasis on both the multiplicity of themes and the relation of themes to narratives told about the therapist. In the present investigation, the data set used by Crits-Christoph et al. (1994) was reanalyzed using a cluster analysis method to explore the following questions: (a) Are there coherent subsets of interpersonal themes evident in the narratives told by patients during psychotherapy? (b) Are relationship patterns that are evident in narratives about others similar to the relationship patterns described in the therapeutic relationship early in treatment? (c) If there is evidence for transference to the therapist, is the main pattern transferred as opposed to less pervasive or unique relationship patterns? (d) Does the type of therapy received influence the reporting of interpersonal patterns?

The second goal of this investigation was to improve on previous methods for examining patients' interpersonal patterns. In previous investigations, the core maladaptive pattern was defined as the pattern that was most pervasive across all objects discussed by the patient in therapy (e.g., Crits-Christoph & Luborsky, 1990; Fried et al., 1992). The present investigation did not assume that the highest frequency theme was most important. An alternative design was used to determine empirically clusters of objects with whom each patient experienced a similar interaction style. This exploratory approach allowed us to uncover single pervasive patterns if present but also to examine interpersonal patterns over only a subset of objects in each patient's life where relevant. This approach captured the uniqueness of each patient's transference experience, yet still allowed us to capture the trends across the sample.

Method

Patients

The patients examined in this investigation participated in a study of the efficacy of psychotherapy for opiate addiction (Woody et al., 1983).
Psychotherapy sessions for 35 patients receiving cognitive therapy (CT) and 25 patients receiving SE were transcribed. Only those patients who had at least one relationship episode focusing on the therapist were retained for further analyses. Thus, 21 patients who received CT and 14 patients who received SE are examined here. The 35 patients were male opiate addicts between the ages of 18 and 55. Many patients had concurrent psychiatric diagnoses. As Crits-Christoph et al. (1994) have argued, the results of the initial investigation, which indicated that opiate patients benefited from both forms of psychotherapy (Woody et al., 1983), suggest that these sessions are a reasonable source for studying the process of psychotherapy.

Treatments

All patients in the original investigation were randomized to 24 sessions of SE, CT, or drug counseling. Patients in cognitive therapy completed an average of 10 sessions, whereas patients in SE completed an average of 12 treatment sessions. The SE implemented in this study was adapted from Luborsky’s (1984) SE manual for the treatment of opiate addiction (Luborsky, Woody, Hole, & Velleco, 1977). Likewise, the CT used was adapted for the treatment of substance abuse (Beck & Emery, 1977). A more detailed description of the treatment adaptations can be found in Woody et al. (1983).

Therapists

Five dynamic therapists and 4 cognitive therapists experienced in treating substance abuse participated in the investigation. Seven of the therapists had at least 2 years of postdoctoral experience, and 2 had not yet completed their PhD requirements but had substantial experience. All therapists were trained and supervised in their respective treatments.

Assessment of Interpersonal Themes

We assessed interpersonal patterns across early psychotherapy sessions for the 35 patients using the QUAINT method (Crits-Christoph et al., 1994), an integration of Luborsky and Crits-Christoph’s (1990) CCRT method and Benjamin’s (1974) structural analysis of social behavior (SASB). Sessions 2, 3, and 4 were rated first, with additional sessions scored for patients who did not have at least 10 relationship episodes across these sessions. A range of 2 to 7 sessions was rated for each patient with an average of 3.8 sessions rated across the sample. All rated sessions occurred between Sessions 1 and 10 of treatment.

As with the CCRT method, judges rate the presence of wishes, responses of self, and responses of other from the narratives that patients tell during psychotherapy. In the CCRT method, judges use their own words or a list of standard categories to determine the wishes and responses that best represented each narrative. In contrast, the QUAINT method uses a standard language, derived from Benjamin’s (1974) SASB and the parallel structural analysis of social affect (Benjamin, 1986; Crits-Christoph & Demorest, 1989), to rate patients’ wishes and responses. For example, the SASB descriptor “asserting and separating” is used as the following QUAINT items: wish to be asserting and separating, response of self is asserting and separating, and response of other is asserting and separating. The QUAINT vocabulary consists of a total of 32 wishes, 32 responses of other, and 40 responses of self. Judges rate the extent to which each item is present in each patient narrative.

To score the QUAINT, we extracted patient narratives about relationships with others or with the self, called relationship episodes, from each session. All of the patient’s included in this investigation had at least one episode focusing on the therapist. Although episodes about others are always narratives about a discrete interaction between the patient and the other person, therapist episodes may, in addition, include the current interaction between the patient and the therapist.

Five undergraduate and graduate students were recruited to extract relationship episodes. Judges identified the beginning and end of the relationship episode, the main object of the episode, and the completeness of the episode. Ratings of completeness were made on a scale ranging from 1 (scant detail) to 5 (abundant detail). All judges first read the guide to scoring relationship episodes and reviewed transcripts scored by expert judges. Judges then scored five sessions and received feedback. Each study session was then scored by one judge, and a second judge then reviewed the first judge’s ratings. Significant discrepancies were resolved by a third judge. A subset of 72 episodes, sampled across all five judges, was independently scored by an additional trained judge. As Crits-Christoph et al. (1990) have previously reported, the pooled judge intraclass correlation for the rating of episode completeness using these 72 episodes was .76; agreement on the episode object was 97%. Judges also agreed on the beginning and on the end of the episode within seven lines of each other for over 70% of episodes.

Each episode with a completeness score of 2.5 or greater on the aforementioned scale was extracted from the transcript and sent in random order to three independent judges who rated the wishes expressed by the patient, the responses from the other person, and the patient’s own response using the QUAINT method. In relationship episodes about objects other than the therapist, the judges used the narration about the interaction to extract the wishes and responses. In contrast, therapist episodes are typically a combination of content (i.e., "I’ve been wanting more from therapy") and the process of the current interaction (i.e., “Could I have an extra session this week?”). QUAINT judges incorporated both types of evidence in their ratings; however, ratings regarding the process of the current interaction were limited to the process that could be inferred from the patient’s verbalizations in the session.

The judges were two advanced graduate students and a doctoral-level clinical psychologist. Thirty-two wishes, 32 responses from other, and 40 responses of self were each rated on a Likert scale ranging from 1 to 5. All judges scored 30 practice cases, meeting regularly with the other judges and trainer to review ratings. Once the judges began rating study sessions, periodic recalibration meetings were conducted on nonstudy sessions to prevent rater drift.

Only the 38 QUAINT items that had a pooled judge intraclass correlation coefficient of at least .65 were retained for further analyses. Seventy percent of items that were dropped because of poor reliability occurred in less than 10% of the episodes. Thus, the low reliability of many items can be accounted for by a low frequency of occurrence. The median intraclass correlation for items retained in this investigation was .73. For a complete list of items and reliabilities, see Crits-Christoph et al. (1994). The 38 items retained for further analyses are provided in Table 1.

Results

Research Question 1: Do Patient’s Themes Form Coherent Subsets?

Computation of QUAINT Profiles

The main goal of this investigation was to explore patients’ patterns of interacting with others in their lives (i.e., to uncover which relationships for each patient demonstrated similar interpersonal patterns). For each patient, QUAINT scores for each relationship episode were computed by averaging the three judges’ ratings. In cases where multiple episodes focused on the same object, QUAINT items were averaged across those episodes, resulting in a 38-item QUAINT profile for each object discussed in therapy by each patient. The object profiles for
each patient, with the exception of the therapist profiles, were then correlated with each other using the Pearson correlation coefficient. This coefficient seemed appropriate for our purposes because it would assess the similarity in profiles between objects without taking into account the magnitude of scores on each item. In this way, relationships that were similar could be grouped even if one relationship was more extreme on the relationship pattern experienced.

Cluster Analyses Within Patients

Cluster analyses were used to group similar relationships for each patient. The resultant correlation matrices for each patient were submitted to a nonoverlapping agglomerative hierarchical cluster analysis (SPSS/PC+, 1993) using the method of average linkage. The method of average linkage was chosen because Scheibler and Schneider (1985), in a comparison of the accuracy of different clustering algorithms, indicated that this method was accurate in recovering true structure in cases where the Pearson correlation coefficient was used as the similarity index.

The next step involved determining the appropriate number of clusters to use in further analyses for each patient. There is some debate in the literature over how best to determine the appropriate number of clusters. Aldenderfer and Blashfield (1984) suggested either a subjective visual inspection of the dendrogram or an examination of the fusion coefficients. We chose an alternative method for determining the number of clusters to use in further analyses. The use of the correlation coefficient as the similarity index is beneficial in that, unlike more traditional clustering similarity indices, the absolute value of the correlation coefficient is meaningful. Therefore, the median interobject correlations for each cluster were used to determine the appropriate level of the hierarchy for further investigation. We chose a median interobject correlation of at least .30 to determine a meaningful level of similarity among relationships. The median correlation was selected because it is not sensitive to aberrant values. The appropriate number of clusters for each patient was accordingly defined as the level of

<table>
<thead>
<tr>
<th>Wishes</th>
<th>Responses of other</th>
<th>Responses of self</th>
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<tbody>
<tr>
<td>1. To be loving &amp; approaching</td>
<td>13. Affirming &amp; understanding</td>
<td>25. Loving &amp; approaching</td>
</tr>
<tr>
<td>3. To be nurturing &amp; protecting</td>
<td>15. Nurturing &amp; protecting</td>
<td>27. Attacking &amp; rejecting</td>
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<td>5. To be attacking &amp; rejecting</td>
<td>17. Belittling &amp; blaming</td>
<td>29. Asserting &amp; separating</td>
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<tr>
<td>8. To be disclosing &amp; expressing</td>
<td>20. Joyfully connecting</td>
<td>32. Trusting &amp; relying</td>
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<tr>
<td>10. To be joyfully connecting</td>
<td>22. Feels hostile &amp; angry</td>
<td>34. Feels loving</td>
</tr>
<tr>
<td>11. Other trusting &amp; relying</td>
<td>23. Feels excited</td>
<td>35. Feels hostile &amp; angry</td>
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Note: QUAINT = quantitative assessment of interpersonal themes.

Cluster Analysis Results

Results for a single case. We first present the results of a single case to demonstrate a typical cluster solution for patients included in this sample. Patient 26 described 10 objects in the narratives he shared in his early psychotherapy sessions, including doctors, counselor, sister, coworkers, a specific coworker, son's mother, son, girlfriend, a specific woman, and people. The 38-item QUAINT profiles for two narratives, about the doctors and the counselor, are displayed in Figure 1. It is evident from this figure that the patient experiences quite similar relationship patterns with these two objects. In fact, the correlation between these two profiles is .80.

The QUAINT profiles for each of the 10 objects described by Patient 26 were intercorrelated and cluster analyzed. Using a median interobject correlation of at least .30 to define valid clusters resulted in a four-cluster solution for this case. Cluster 2 is defined as the main cluster, containing five objects: the sister, coworkers, a specific coworker, son's mother, and son. Cluster 1 is defined as the secondary cluster, containing two objects: the doctors and counselor. Cluster 3 also contains two objects: the girlfriend and a specific woman. Finally, Cluster 4 is defined as a single-object cluster, containing only people. This methodology was replicated for each of the 35 patients.

Results for the entire sample. Across the sample, an average of 10 (SD = 5) adequate relationship episodes involving different other people, not including episodes about the therapist, were located in the early psychotherapy sessions. The cluster analyses revealed that, in general, repetitive interpersonal patterns were apparent. All patients revealed coherent subsets of objects in their lives that were similar with respect to interpersonal patterns. Using a median correlation of at least .30 to define a valid multiple-object cluster resulted in at least one cluster that contained multiple objects for each patient. Patients revealed a range of 1 to 5 multiple-object clusters, with a mean of 2.4 clusters across the sample. Patients had an average of 4.9
objects in their main clusters and an average of 3.2 objects in their secondary clusters.

Research Question 2: Are the Patient Themes That Are Evident in Narratives Told About Significant Others Similar to the Themes Evident in Narratives About the Therapist?

Computation of Patient Themes

For each patient, cluster profiles were computed as the average QUAINT items across the objects in each cluster. For clusters that contained only one object, the cluster profile was the profile for that object. Each cluster profile was then correlated with the average therapist profile for each patient separately. This approach allowed us to examine the relation between patients’ interpersonal patterns and the pattern expressed in the relationship with the therapist.

We defined three clusters to be used in further analyses. The “main cluster” was defined as the cluster that contained the most objects and was used to represent the patient’s most pervasive theme. If two or more clusters contained the same number of objects, then the main cluster was defined as the one with the highest median interobject correlation. The “secondary cluster,” representing a less pervasive theme, was defined as the cluster which contained the next greatest number of objects compared to the main cluster. One additional cluster was defined based on the correlation between the cluster profile and the therapist profile. We examined, for each patient, the cluster containing only one object that revealed the highest correlation with the therapist profile, called the “single-object cluster.” The single-object cluster was intended to represent patients’ idiosyncratic themes.

Computation of Statistical Significance

A number of aspects of our methodology required an atypical approach to the evaluation of statistical significance. First, the single-case design that was implemented in this investigation was based on correlations between relationship profiles unique to each patient. The 38 items over which the correlations are computed do not correspond to any known distribution and are not independent, indicating that standard approaches to the evaluation of statistical significance are not valid. Another reason for considering alternative approaches to the evaluation of statistical significance involves the exploratory nature of this investigation. Cluster analyses were repeated across each of the 35 patients using arbitrary rules for defining valid cluster solutions. These methods indicated that we needed to evaluate the likelihood that these results might be attributable to chance using methods that are not based on the assumptions of independence and normality.

We used permutational tests (Gibbons, 1985) to assess the statistical significance of correlations between cluster profiles and the therapist profile for each patient. Permutational tests use only the permutations of actual obtained scores and do not include random numbers as is done in Monte Carlo simulations. For the permutational tests, we randomly permuted each patient’s object profiles 1,000 times. Each permutation was accomplished by randomly shuffling object profiles, so that the ratings for a particular QUAINT item for one object are randomly paired with the ratings of another QUAINT item for the second object (e.g., the response of other “watching and controlling” is matched with the response of other “feels excited”). For each permutation, the resulting random object profiles were correlated with each other and cluster analyzed. We identified the appropriate level of the hierarchy, the main cluster, and the single-object clusters using the same rules outlined previously. Cluster profiles were then correlated with that patient’s
The results of the cluster analyses indicate that some patients have interpersonal patterns that are similar to the therapeutic relationship early in treatment. Sixty percent of patients (21 of 35) showed a significant correlation between some cluster profile (individual or multiple-object) and the therapist profile, whereas 40% (14 of 35) did not reveal any significant correlation with the therapist profile. Forty-six percent (16 of 35) revealed a significant correlation between a multiple-object cluster profile and the therapist profile, and 34% (12 of 35) of patients revealed a significant correlation between the main cluster profile and the therapist profile, whereas 40% (14 of 35) in this sample had a profile of a single-object cluster that correlated significantly with the therapist profile. The correlations between the main cluster profiles and therapist profiles ranged from -.11 to .87, with a median correlation across the sample of .19. The distribution of correlations between the main cluster profiles and the therapist profiles is displayed in Figure 2. The correlations between the single-object clusters and the therapist profiles ranged from -.14 to .78, with a median correlation of .18. We determined the statistical significance of these correlations by examining the one-tailed probabilities based on the permutation tests. We used one-tailed tests because we were testing the directional hypothesis that patients' themes would be similar to the themes evident in narratives about the therapist.

For example, the main cluster for Patient 26 correlated significantly with the therapist profile ($r = .36, p = .045$), indicating that the interpersonal theme evident with the most people in this patient's life is similar to the interpersonal theme experienced by this patient with his therapist. The single-object cluster for Patient 26 was not significantly correlated with the patient's therapist profile ($r = -.14, p = .912$).

Across the sample, the omnibus tests revealed significant correlations between the main cluster–therapist cluster profiles, $\chi^2(70, N = 35) = 182.06, p < .001$, and single-object cluster–therapist cluster profiles, $\chi^2(46, N = 24) = 81.48, p < .001$. These results indicate that transference of idiosyncratic and pervasive themes to the therapeutic relationship is prevalent across the sample. However, transference of interpersonal patterns to the therapeutic relationship is not evident for all patients early in treatment.

**Research Question 3: Do Main Cluster Themes Have Greater Similarity Than Less Pervasive Themes to the Theme Evident in the Therapist Narratives?**

To explore across the sample whether the main relationship themes correlated higher with the therapist profile than did themes that were less pervasive, the magnitude of the main cluster correlations with the therapist profile were compared with the secondary and single-object cluster correlations with the therapist profile. All correlations were transformed using Fisher's Z. We used $t$ tests to compare the transformed main cluster–therapist cluster correlations to the secondary cluster–therapist cluster correlations and the single-object cluster–therapist cluster correlations across the sample. These analyses allowed us to explore whether transference to the therapist was specific to the core repetitive pattern rather than to the secondary and unique interaction profiles.

The transformed correlations between main cluster profiles and therapist profiles were not significantly greater than the transformed correlations between secondary cluster profiles and therapist profiles, $t(24) = 1.91, p = .07$, or the transformed correlations between the single-object cluster profiles and the therapist profile, $t(23) = .93, p = .36$. This result indicates that across the sample, the main patterns do not reveal greater similarity to the therapist pattern as compared with the secondary patterns or single-object patterns.

**Research Question 4: Does the Type of Psychotherapy Influence the Transference of Interpersonal Themes?**

To examine differences in the nature of interpersonal patterns displayed in patients' narratives across the two treatment modalities, $t$ tests were used to compare the number of clusters and the number of objects in the main cluster across the two treatment conditions. In addition, treatment differences were examined by computing $t$ tests comparing the magnitude of the transformed main cluster–therapist cluster, secondary cluster–therapist cluster, and single object cluster–therapist cluster correlations for SE patients versus CT patients.

The resultant cluster structures did not differ significantly between patients treated in SE and patients treated in CT. Neither the number of multiple-object clusters, $t(33) = .94, p = .35$, nor the number of objects in the main cluster, $t(33) = -.71, p = .48$, varied significantly as a function of treatment type. One difference in the magnitude of therapeutic transference did
emerge between the two treatment groups. Patients in SE treatment revealed significantly higher correlations between secondary cluster profiles and therapist profiles than patients in CT treatment, \( t(23) = 4.05, p = .001 \), whereas patients in CT treatment revealed significantly higher correlations between single-object cluster profiles and the therapist profiles than patients in SE treatment, \( t(22) = -2.10, p = .047 \). There were no significant differences between treatments in the magnitude of the transformed correlations between main cluster profiles and therapist profiles, \( t(33) = 1.12, p = .271 \).

**Case Studies**

The results of the cluster analyses indicated that many patients have multiple interpersonal patterns with different significant others. One might question whether these separate clusters represent distinct interpersonal patterns. A sample case containing more than one multiple-object cluster was selected for examination. This case was also selected to illustrate the variety and breadth of themes that can be formulated using the SASB categories to rate wishes and responses. Patient 10 had two clusters with multiple objects. Cluster 1 consisted of four objects: a drug counselor, people involved with drugs, people at an area restaurant, and the mother. Cluster 2 contained seven objects: a friend at court, friends in another state, a girl's brother, a girl's family, parents, friends, and another girl. The QUAINT profiles for these two clusters were uncorrelated, \( r = -.03 \). The following items best represent the average QUAINT profile for Cluster 1: Wish to be asserting and separating; Response from other is ignoring and neglecting, is watching and controlling; Response from self is asserting and separating. However, the patient's narratives reveal a different interpersonal pattern with objects in Cluster 2: Wish for other to be loving and approaching; Response from other is loving and approaching; Response from self is loving and approaching, feels joy and loved.

It is apparent that two very different interpersonal patterns are evident in the narratives with different people in this patient's life. With some people, including the mother, the patient has a wish to be asserting and separating and reacts to the other's control and neglect by asserting and separating himself. With a different subset of objects, the patient has a wish for the other to be loving and responds to the other's love by being loving and approaching.

One additional question that can be asked at this point is whether the therapeutic setting or the therapist's own interpersonal style influences the similarity evident between the therapist episodes and episodes with significant others. Although not conclusive, we randomly selected two cases who shared a common therapist and who had a multiple-object cluster that correlated significantly with the therapist profile as a preliminary exploration of this question. Patient 8 had a main cluster profile that correlated significantly with the therapist profile \( (r = .52, p < .001) \), whereas Patient 33 had a secondary cluster that correlated significantly with the therapist profile \( (r = .77, p < .001) \). Patient 8's main cluster profile was uncorrelated with Patient 33's cluster profile \( (r = .05) \). Although there is little overlap on the QUAINT patterns, both interpersonal patterns are exhibited in narratives about the same therapist.

To illustrate, Patient 8's main cluster profile is best represented by the following QUAINT items: Wish for other to be nurturing and protecting me; Response from other is affirming and understanding, is nurturing and protecting; Response from self is trusting and relying. In comparison, Patient 33's QUAINT profile indicates the following interpersonal pattern: Wish to be asserting and separating; Response from other is watching and controlling, is ignoring and neglecting; Response from self is asserting and separating. Here we see that Patient 8 sees significant others as affirming and understanding and transfers this pattern to his relationship with the therapist, whereas Patient 33 sees significant others as controlling and ne-
glecting and transfers this very different pattern to the same therapist.

Discussion

The results of this investigation indicate that patients, in general, do display repetitive interpersonal patterns with the significant others in their lives. These patterns are not necessarily pervasive across all relationships described during psychotherapy; rather, different relationship patterns are evident in narratives about different subsets of other people in their lives.

These results indicate that, although most patients exhibit a main pattern that is more pervasive than other patterns, it is not necessarily the most pervasive pattern that is evident in the relationship with the therapist. For the subset of patients who narrate an episode about the therapist early in treatment, our data suggest that transference of interpersonal patterns to the therapist is fairly prevalent. Across this sample, the omnibus tests indicate that the main and single-object cluster profiles correlate significantly with the therapist profiles. There is evidence early in treatment that 60% of patients who relate a narrative about the therapist describe an interpersonal pattern in their relationship with the therapist that is similar to a theme evident in narratives about at least one other person. Although a more pervasive pattern is more often transferred to the therapist, some patients transfer a less pervasive pattern or one that is evident in a single other relationship. Finally, these results indicate that transference to the therapist is not evident early in treatment for 40% of the patients who narrate a therapist episode. Although transference to the therapeutic relationship is common, it cannot be assumed to occur for all patients early in treatment.

This study is not intended to do justice to the full complexity implied in theories of transference, but it does suggest that similarities exist between the themes evident in narratives about significant others and those evident in narratives about the therapist. Consistent with the research by Andersen and Cole (1990), the case study exploration suggests further that the patient’s own interpersonal pattern can significantly contribute to the therapeutic interaction, beyond the role the therapist may play in eliciting a certain pattern. In the present study, 2 patients described the same therapist very differently but in line with their own interpersonal histories. Although the therapist may also contribute to the kinds of interpersonal patterns that are evident in the therapeutic relationship, the patient’s own repetitive patterns can clearly influence his or her experience of the therapist early in treatment.

Patients receiving CT did not differ from patients receiving dynamically oriented treatment in the number of interpersonal patterns they revealed, nor did they have more objects in their life with whom the most pervasive pattern was evident. Critics might assume that the nature of dynamically oriented therapies encourages patients to fit their relationships into patterns and to attempt to view all relationships from this framework. On the contrary, patients receiving very different forms of therapy offer stories about relationships with others that contain patterns. Thus patients are not simply encouraged by dynamically oriented therapists to create similarities in their retrospective accounts of relationship episodes.

One difference between SE treatment and CT treatment did emerge. Patients in SE treatment revealed significantly higher correlations between their secondary cluster profiles and their therapist profiles, whereas patients in CT treatment revealed significantly higher correlations between their single-object cluster profiles and their therapist profiles. No differences, however, were evident between patients in SE and CT in the similarity of main cluster profiles and therapist profiles. Although transference of interpersonal themes to the therapist is evident in patients in both treatment groups, patients in SE treatment show greater transference of secondary themes, whereas patients in CT treatment reveal greater transference of unique relationship themes.

A possible explanation for this result may be that SE therapists attend to more subtle transference patterns and encourage the patient to share narratives related to these themes. Thus, transference patterns become secondary patterns in the therapeutic material for patients in SE treatment yet remain unique patterns for patients in CT treatment. This possible explanation is merely speculative. Future research is needed to evaluate differences across treatment modalities in the types of transference experienced.

As recommended in many brands of therapy, it is important to look for interpersonal patterns in the material that patients bring into psychotherapy. Our results suggest that most patients will reveal patterns, and often one pattern will appear more pervasive than others, yet patients will most often have multiple patterns that they enact with different other people. To look for a single pattern or to attempt to fit all relationship episodes into a common theme would, on the basis of our data, be unrealistic. Moreover, transference of themes to the therapist will not be evident for all patients early in treatment. Of those who display such transference, in many cases it will be based on a pervasive interpersonal theme but in some it will reflect instead a more rarely occurring interpersonal theme. Thus, individual differences exist in the nature of transference.

The results of this investigation indicate that the clustering method used here is an improvement over previous attempts to assess interpersonal patterns. In previous investigations using the CCRT method or the QUAINT method, patients’ core maladaptive patterns were defined as the interpersonal patterns that had the greatest frequency across all relationships discussed by the patient in therapy. The clustering method used here suggests that patients have multiple interpersonal patterns. Using this method allows one to more accurately assess patients’ interpersonal patterns across relevant relationships. Furthermore, the method allows one to uncover multiple interpersonal patterns for each patient, as opposed to previous methods that measured only the most pervasive pattern. The approach used in this investigation, of combining individual case analyses with analyses across the sample, allows one to account for the individual differences apparent in relationship themes while still examining the patterns of transference across a sample. Finally, the case examples provide an illustration of the advantages of using the SASB model as a language for rating patients’ interpersonal themes. The inclusion of SASB in the QUAINT method allows for a standard language that has the potential for improving interjudge reliability compared with previous methods that allowed judges to use their own language. In addition, the SASB
model provides a rich vocabulary that represents the complexity of patient's interpersonal wishes and responses.

There are a variety of limitations to the present investigation. First, this investigation was conducted on the therapy sessions of opiate patients. These results may not be generalizable to therapies with other types of patients. However, one might expect to find less evidence of the transference phenomena in a less traditional psychotherapy population, so that other patient populations may reveal more therapeutic transference early in treatment than was revealed here. This investigation is also limited to early psychotherapy sessions. In a previous case study, Crits-Christoph et al. (1990) found that therapeutic transference did not appear early in therapy but did emerge later. Thus, studies that examine transference later in therapy with more traditional patient populations may be able to draw a richer picture of the nature of transference. Finally, the measurement used here is most sensitive to explicit enactments or verbalizations of the transference. These results may underestimate the occurrence of transference by missing more subtle enactments of transference patterns, especially for patients who do not explicitly discuss their relationship with the therapist during a session.

The present investigation does not address many of the complex issues involved in understanding the construct of transference. Future investigations should seek to further delineate the nature of transference, including the comparison of repetitive interpersonal themes to idiosyncratic themes in patients' relationships with significant others as well as in their relationships with the therapist. Future studies might explore what factors predict which interpersonal pattern will get enacted with a particular other person, such as the other's role or gender. It would also be of interest to understand why certain themes get enacted in the relationship with the therapist and whether this transference is a function of the type of treatment or differences between therapists. Studies might explore the therapist's own contribution to the interpersonal patterns exhibited in the therapeutic relationship as well as the threshold of resemblance necessary to activate transference schemas in therapy and in general social interactions. Finally, the pervasiveness of the transference might be compared with diagnostic severity or therapeutic outcome.

References


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