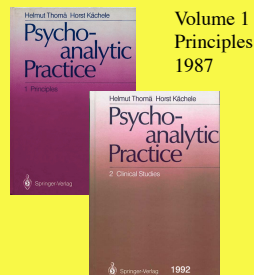


## Psychoanalytic Single Case Research

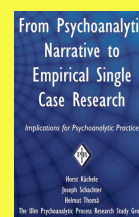
### The German Specimen Case Amalia X

Prof. Dr. Dr. Horst Kächele  
International Psychoanalytic University  
Berlin  
2015



Volume 2  
Clinical Studies  
1992

## The Ulm Trilogy Psychoanalytic Practice



Volume 3  
Research  
2009

1. Psychoanalytic Process Research
2. Problems of Metascience and Methodology in Clinical Psychoanalytic Research
3. The Relevance of Case Histories in Clinical-Psychoanalytic Research
4. Amalia X - The German Psychoanalytic Specimen Case
5. Guided Clinical Judgments
6. Linguistic Studies
7. A Summary and Implications of Research for Clinical Practice

### Chap. 3 The Significance of the Case History in Clinical Psychoanalytic Research

*Horst Kächele & Helmut Thomä*

- 3.1 Psychoanalytic research
- 3.2 Freud's case histories as a methodological paradigm
- 3.3 The individual personality as a research object in the social sciences
- 3.4 From the case history to the individual case study

Originally published in German in the *Jahrbuch der Psychoanalyse* 12: 118-178, 1981.  
Translation by Peter Luborsky.

## The Ulm Model of Single Case Research

- I clinical case study
- II systematic clinical description
- III guided clinical judgment procedure
- IV linguistic and computer-assisted text analysis

Kächele H, Thomä H (1993) Psychoanalytic process research: Methods and achievements. *J Am Psychoanal Assoc* 41: 109-129 Suppl.

Psychoanalytic therapy - like any other scientific field - needs careful descriptive work.

This has been named the  
**botanical phase in psychotherapy research**

Grawe, K. (1988) Zurück zur psychotherapeutischen Einzelfallforschung. *Zeitschrift klinische Psychologie* 17: 4-5

## Luborsky & Spence's requirement for specimen cases

"Ideally, two conditions should be met: the case should be clearly defined as analytic....., and the data should be recorded, transcribed, and indexed so as to maximize accessibility and visibility"(1971, p. 426).

Luborsky L, Spence D (1971) Quantitative research on psychoanalytic therapy. In: Bergin AE, Garfield SL (eds) *Handbook of psychotherapy and behavior change*. Wiley, New York, pp 408--438

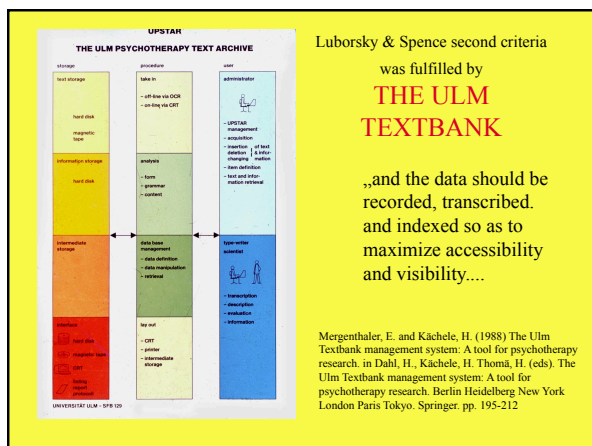
## Definition

How do you define a case as analytic ????????????

We shall not even try.

Let us state that this case was handled by an very experienced psychoanalyst who at the time of this analysis was even president of the German Psychoanalytic Association.

*Good enough ?*



### The patient Amalia X

- # 35 years old at the onset of her psycho analytic treatment
- # a teacher living on her own.
- # increasing depressive complaints with corresponding low self-esteem.
- # religious scruples with occasional obsessive/compulsive thoughts and impulses,
- # Respiratory complaints arose for periods of time.
- # bouts of erythrophia in special circumstances.
- # no close heterosexual contacts;
- # **idiopathic hirsutism**

### Biography 1

Her father was absent for her entire childhood; initially due to the second World War war, later for occupational reasons. From profession he was a public notary who as a private person had great difficulties to emotionally communicate; his rigid and compulsive state of mind prevented any intense contact to all his children.

Amalia describes her mother quite differently: she was impulsive with many cultural interests that suffered from the emotional coolness of her husband.

In the order of siblings Amalia came between two brothers (+2 and -4 years), to whom she felt and still feels inferior. From her early years Amalie describes herself as a sensitive child yet much devoted to childhood games.

### Biography 2

While the father was away during the five years of wartime Amalia X took on the role of father and tried to be a replacement to her mother for her missing partner.

At the age of three years Amalia contracted a mild form of tuberculosis and was bedridden for six months. Then, because of her mother's more severe case of tuberculosis, at the age of five Amalia was sent away the first of the siblings to go and lived with her aunt, where she remained for about ten years.

The two brothers had to follow at the end of the war and joined her living with grandma and the aunt as the mother was in and out of hospital repeatedly.

She was dominated by the religious strictness and puritanical upbringing to which she was subjected by her aunt and grandmother. After the war the father could not a suitable job in the home town and only appeared for the weekends.

**Biography 3**

As a schoolchild Amalia always belonged to the best pupils and shared the interests of the boys in class and at home. With girls she did not go on well;

Amalia used all kinds of achievements to fulfil her religious demands.

During puberty, the relationship to her father deteriorated and she withdrew from him even more. A friendly affectionate relationship to a boy of her age when she was in the late teens and was considering engagement with this young man was abruptly ended due to strict parental prohibitions.

Her professional training was complicated by a short stay in a nunnery which worsened her psychic conditions due to even more strict religious prohibitions. So finally she renounced and started a training as teacher.

**Biography 4**

Since puberty Amalia has suffered from an **idiopathic hirsutism** - an abnormal growth of hair of unknown biological causes.

The patient's entire development and social position - especially her early ideas to become a nun - were affected by the stigma of this virile syndrome, which could not be corrected and with which she tried in vain to come to terms.

Among its effects were a disturbed sense of self-worth, deficient female identification and social insecurity, which made personal relationships difficult and rendered it impossible for Amalia to enter into any close sexual relationships.

**Biography 5**

Although it had been possible for her to hide her virile growth of hair all over her body from others, the cosmetic aids she used had not raised her self-esteem or eliminated her extreme social insecurity.

Her feeling of being stigmatized and her neurotic symptoms, which had already been manifest before puberty, strengthened each other in a vicious circle;

scruples from compulsion neurosis and different symptoms of anxiety neurosis impeded her personal relationships and, most importantly, kept the patient from forming closer heterosexual friendships.

**Psychodynamics 1**

Hirsutism probably had a double significance to the patient.

On the one hand it impeded her feminine identification, which was problematic anyway - given her early separation experiences from her mother -, by constantly revitalizing her unconscious desires to be a man. For her, femininity was not positively considered but rather associated with illness (her mother's) and discrimination (versus her brothers). Her increased hair growth occurred in puberty, a period when sexual identity is labile anyway.

The appearance of masculinity provided by her body hair strengthened the developmental revival of oedipal penis envy. Of course, the latter must have already been at the focus of unresolved conflicts, because it would otherwise not have attained this significance.

### Psychodynamics 2

Signs of this can be seen in the patient's relationship to her two brothers, whom she admired and envied, although she often felt discriminated against. As long as the patient could fantasize that her penis desire was fulfilled, her hair growth corresponded to her body schema.

Yet the fantasized wish fulfillment only offered relief as long as the patient managed to maintain it, which was impossible long term because virile hair growth does not make a man out of a woman.

It was on this basis that all cognitive processes connected with feminine self-representations became a source of conflict for the patient, causing distress and eliciting defense reactions.

On the other hand, her hirsutism secondarily acquired something of the quality of a presenting symptom, providing the patient with an excuse for generally avoiding sexually enticing situations. She was not consciously aware of this function of her physical disturbance.

### Indication for psychoanalytic therapy

The analyst offered psychoanalytic therapy because he was relatively sure and confident that it would be possible to change the unconscious significations she attributed to her stigma.

## I Clinical Case Study

In the second volume of our textbook on psychoanalytic therapy (Thomä & Kächele 1992) the patient Amalie X is discussed in five chapters.

### Amalie X

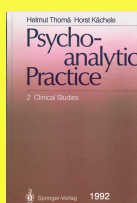
2.4.2 Identification with the Analyst's Functions

7.2 Free Association

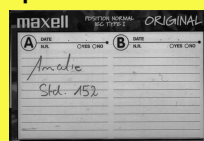
7.7 Anonymity and Naturalness

7.8.1 Examples of Audio Tape Recordings

9.11.2 Changes



## A Specimen Session



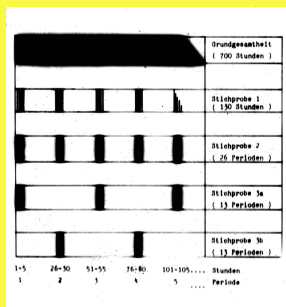
Presented at IPA  
New Orleans 2004

Thomä H, Kächele H (2007)  
Comparative psycho analysis on the  
basis of a new form of treatment report.  
*Psychoanalytic Inquiry* 27: 650-689

Jiménez JP (2004) Conclusions: Psychic  
change: how and what. *International  
Psychoanalytic Congress, New Orleans  
2004*

- Levy RA, Ablon S, Ackerman J, Seybert C, Kächele H (2012): **A specimen session of psycho-analytic therapy under the lens of the Psychotherapy Process Q-set.**
- In Levy R, Ablon S & Kächele H (Eds) *Psychodynamic Psychotherapy Research*, pp. 509-528

## II systematic clinical description



- Based on a systematic time sample of the analysis (sessions 1-5, 26-30, 51-55 until the end of the analysis 513-517) two medical students under supervision have extracted systematic descriptions of important contents of the treatment. This report spells out for each block of five sessions the following topics:
- external circumstances
- symptomatology
- state of transference and
- countertransference
- family relations
- non-familiar relations
- dreams, etc

## Systematic description of Amalia X's transference themes 1

- 001-005: The analysis as confession
- 026-030: The analysis as an examination
- 051-055: The bad, cold mother
- 076-080: Submission and secret defiance
- 101-105: Searching her own rule
- 116-120: The disappointing father and the helpless daughter
- 151-155: the cold father and her desire for identification
- 176-180: Ambivalence in the father relationship
- 201-205: The father as seducer or judge of moral standards

## Systematic description of Amalia X's transference themes 2

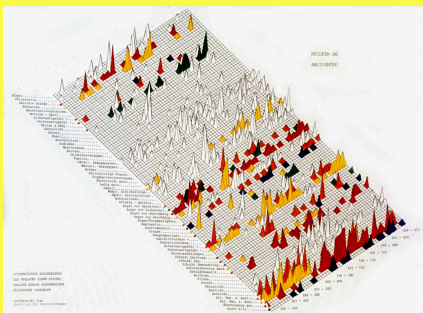
- 226-230: Does he love me - or not ?
- 251-255: Even my father cannot change me into a boy
- 276-280: The Cindarella feeling
- 301-305: The poor girl and the rich king-
- 326-330: If you reject me I'll reject you
- 351-355: The powerless love to the mighty father and jealousy
- 376-380: Separation for not being deserted

## Systematic description of Amalia X's transference themes 3

- 401-405: Discovery of her capacity to criticize
- 426-430: I'm only second to my mother, first born are preferred
- 451-455: Hate for the giving therapist
- 476-480: The art of loving consists in tolerating love and hate
- 501-505: Be first in saying good-by
- 513-517: Departure-Symphony

### A Map of the Analysis using Simon's Topic Index

This technique was also used by H. Dahl (1972)

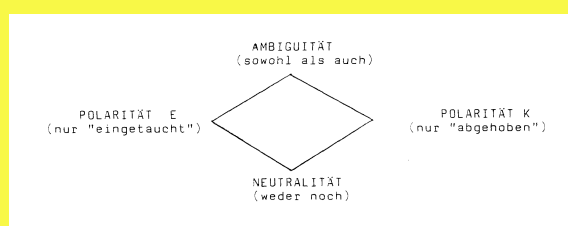


### Level III guided clinical judgment procedures

5. Process Research		
volume 1	0. Contents	5.0 Introduction
volume 2	0. The Ulm Project	5.1 Comparative Psa
volume 3	2. Metascience	5.2 Insight
	3. Case Histories	5.3 Self-Esteem
	4. The Clinical Case	5.4 Suffering
	5. Process Research	5.5 Dreams
	6. Computer Research	5.6 Focal Model
	7. Conclusions	5.7 Plan Study
	8. Bibliography	5.8 Breaks
		5.9 Technique

Roderich Hohage's

### The Emotional Insight Rating Scale



Hohage R, Kübler JC (1988) The emotional insight rating scale. In: Dahl H, Kächele H, Thomä H (Eds) Psychoanalytic process research strategies. Springer, Berlin, Heidelberg, New York London Paris Tokyo, S 243-255

### # Emotional Insight of Amalia

Hohage & Kübler 1988

	E-Value	C-Value	EC-Value
beginning phase sessions 1 - 8	1.21	1.44	0.48
end phase sessions 510 - 517	1.79	1.30	0.88

## Change of self-esteem

*Neudert, Grünzig & Thomä 1987*

The two central hypotheses about changes in overall self-esteem could be confirmed.

That is to say, positive self-esteem increased during the course of treatment ( $p < 0.01$ ), but the trend did not set in right at the start of treatment, but only after wide fluctuations over the first 100 sessions;

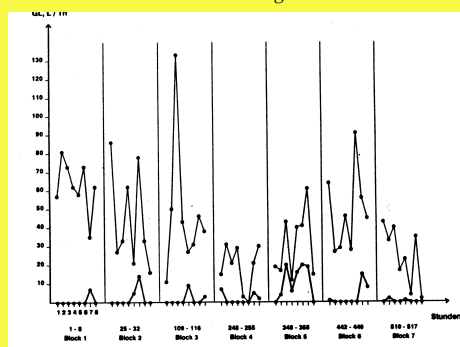
**negative self-esteem, on the other hand, shows a continuous decrease from the beginning of treatment until the end ( $P < 0.01$ ).**

## Findings Regarding Self-Esteem & Sex

However, the hypotheses to do with changes in acceptance by others were not confirmed, because there were no systematic trends. Nor were the hypotheses to do with the relative incidence of different categories before and after focal working-through confirmed. But with regard to hypotheses about differences between correlations among categories, there are indeed two confirmatory results: **self-esteem in connection with imagined heterosexuality improved according to expectations ( $P < 0.05$ ); and negative self-esteem in connection with autoeroticism decreased as predicted ( $P < 0.05$ ).**

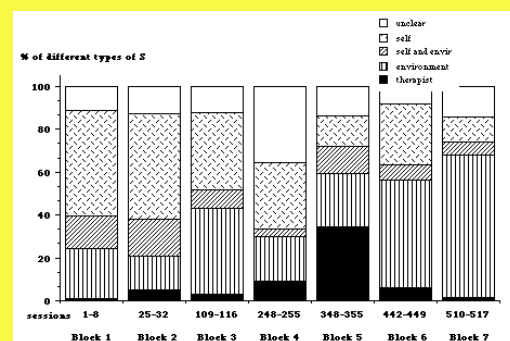
## Total Amount of Suffering

*Neudert & Hohage 1988*



## Types of Suffering

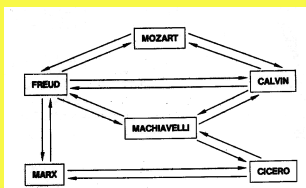
*Neudert & Hohage 1988*





### From Calvin to Freud: Using an Artificial Intelligence Model to Investigate **Cognitive Changes in Dreams**

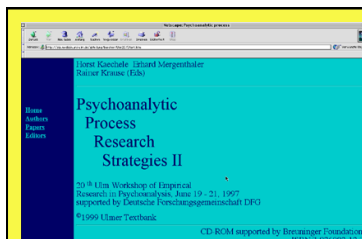
Marianne Leuzinger-Bohleber & Horst Kächele



Five psychoanalyses were independently assessed by each of the treating analysts...The most striking results was that the ratings of four judges of a substantial number of theory-driven variables, as well as our computer-aided content categories, discriminated among the three outcome categories

In Dahl H, Thomä H, Kächele H (1988)  
Psychoanalytic Process Research Strategies,  
p. 291-305

**Amalie was one of the successful cases**



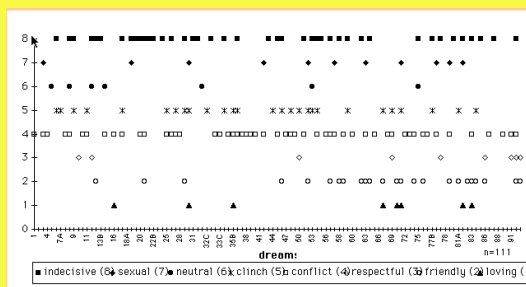
Go to: <http://www.horstkaechele.de>

A replication study on the complete series of Amalia X dreams was presented on the second Workshop on Psychoanalytic Process Research Strategies in 1999

**Expressed relationships, dream atmosphere and problem solving in Amalie's dreams**  
- Dream series as process tool -  
A single case study

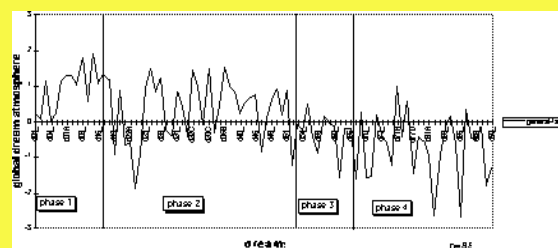
Horst Kächele, Marianne Eberhardt & Marianne Leuzinger-Bohleber

### # Changes of Dreams 1



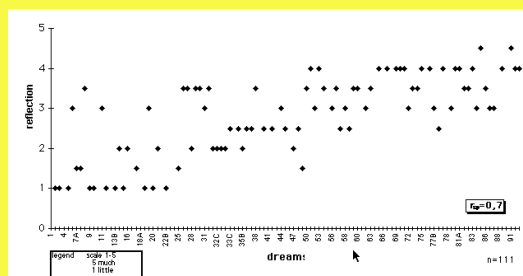
How are the relations of the dreamer to other people? No change!

### # Changes of Dreams 2



Global emotional atmosphere in the dreams: negative +3 to positive -3: a clear trend to more positive emotions in the dreams!!!!

### # Changes of Dreams 3



### Focal Process & CCRT

The Ulm definition of psychoanalysis as a continuing, temporally unlimited focal therapy with a changing interactively generated focus has been the object of the first CCRT study on a psychoanalytic treatment.

Albani C, Pokorny D, Blaser G, König S, Thomä H, Kächele H (2003) Study of a Psychoanalytic Process using the Core Conflictual Relationship Theme (CCRT) Method according to the Ulm Process Model. *European Psychotherapy* 4: 11-32

We evaluated 11 blocks of 5 sessions in equal distance, here designated as therapy phases.

Evaluation of the sessions was carried out in random order by an experienced CCRT evaluator.

In several phases of therapy the following pattern was found by counting the most frequent categories:

**WO: Others should be attentive to me (WO C1 A),**  
**WS: I want to be self-determined (WS C1 D),**  
**RO: Others are unreliable (RO C1 I),**  
**RS: I am dissatisfied, scared (RS C1 F).**

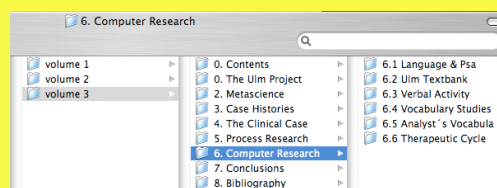
This pattern forms a central focus. And this focus is worked through in many therapy phases which has been detailed in this study. Amalie's wish for change is expressed in her wish for autonomy (WS C1 D), which results from her experience of herself as dependent and weak, unable to set limits and dissatisfied.

Alongside of a basic theme manifested in each of the absolute highest-frequency categories ("nuclear conflict"),

**each of the therapy phases also showed typical categories which characterize thematic foci in the sense of French's "focal conflicts" and which can be operationalized by the CCRT method.**

Thus the CCRT method makes it possible to structure material by content.

**Level IV** brings new methodologies to the material; discourse analysts as well computer-assisted content analysis .



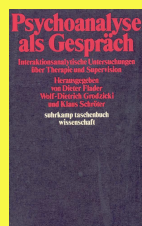
## IVa Discourse analysis

# Everyday discourse and psychoanalytic discourse  
*Koerfer & Neumann 1982*

# Action language  
*Beermann 1983*

# Metaphors of Amalia  
*Casonato & Kächele 2007*

## # Everyday Discourse and Psychoanalytic Discourse (*Koerfer & Neumann 1982*)



„The therapeutic situation itself comprises a context, distinct from ordinary conversation...” (Lakoff 1981)

Amalia:

*And when I say something, this might reach you by swift mail, but then I am not here, and I cannot know, I cannot get, what you are thinking in these very moments (p.111)*

### Our position:

**as much ordinary discourse as necessary,  
as much analytic discourse as possible**

### Action language

Beermann 1983

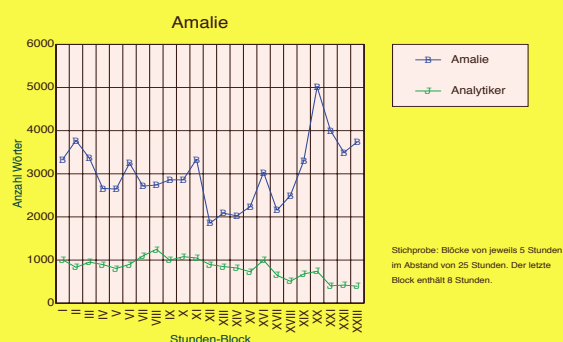
Compared the four analytic cases in terms of the construction of active and passive voice.

Each patient changed in the direction of more active sentences constructions, each in a slightly different way

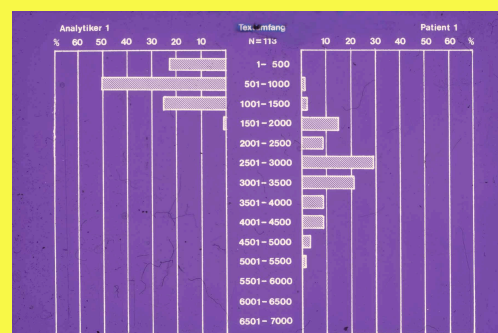
### IVb Computer-Assisted Text Analysis

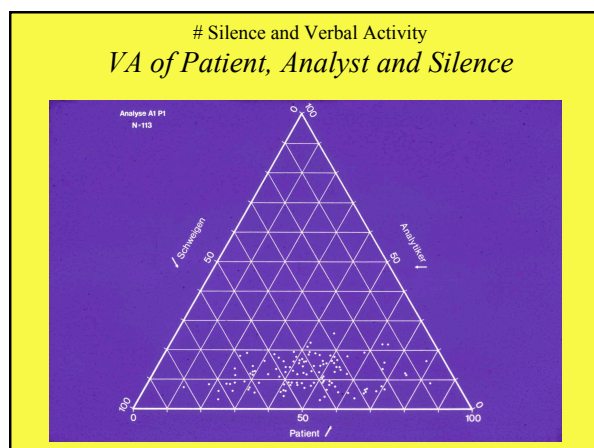
- # Silence and Verbal activity level (Kächele 1993)
- # The patient's and her analysts emotional vocabulary (Hölzer et al. 1999)
- # Analyst's strategy: Focusing on emotions (Kächele et al. )
- # Therapeutic cycles (Mergenthaler & Pfaefflin 2005)
- # Latent meaning structures (Mergenthaler & Kächele 1985)
- # Personal pronouns (Schaumburg 1980)
- # Body concept (Schors et al. 1982)

### Verbal Activity Along the Process (Kächele 1983)



### # Silence and Verbal Activity Distribution pattern of VA of Amalia





### Amalia's Analyst's Characteristic Vocabulary

*Kächele, Hölzer & Mergenthaler 1999*

We identified the analyst's characteristic vocabulary at the beginning of the analysis based on 18 sessions. Based on a total of 13311 tokens we found 1480 types. The analyst's **characteristic vocabulary** comprised 36 nouns and 80 other words; this is about 10% of his vocabulary.

This data analysis used a "lemmatized" version of the text. This means that all inflected words have been reduced to their basic form, e.g.: The plural form "women/Frauen" has been replaced by the singular form "woman/Frau".

### # Amalia's Analyst's Characteristic Vocabulary

dream (Traum 88)	comparison (Vergleich 7)
woman (Frau 31)	claim (Forderung 5)
theme (Thema 18)	mortification (Kränkung 5)
thought (Gedanke 17)	relief (Entlastung 5)
question (Frage 16)	spinster (Jungfer 5)
anxiety (Angst 16)	tampon (Tampon 5)
hair (Haar 13)	breakout (Ausbruch 4)
cousin (Cousin 9)	conviction (Überzeugung 4)
demand (Anspruch 8)	dog (Hund 4)
madonna (Madonna 8)	intensity (Intensität 4)
notary (Notar 7)	lawyer (Jurist 4)
insecurity (Unsicherheit 7)	toilet (Klo 4)
seduction (Verführung 7)	uneasiness (Beunruhigung 3)
	candidate (Prüfling 3)
	shyness (Scheu 3)

### # Amalia's Analyst's Characteristic Vocabulary

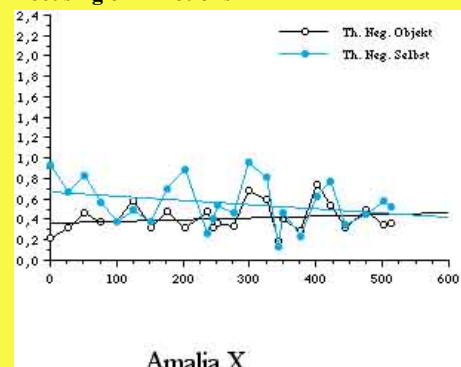
*Technical items:* dream theme thought question  
demand comparison claim conviction  
*Emotional items:* anxiety breakout mortification  
relief insecurity intensity uneasiness shyness  
*Sexual/bodily items:* woman seduction spinster  
tampon toilet madonna hair  
*Topical items:* cousin notary dog lawyer

### # Focusing on Emotions- A Basic Interpretative Strategy in Psychoanalytic Treatments (Hölzer, Dahl & Kächele. 2003)

The study reviews previous work using computer-based vocabulary analysis based on Dahl's emotion theory; it then proceeds to testing a finding from own previous studies on another textcorpus of four long term psychoanalytic treatments.

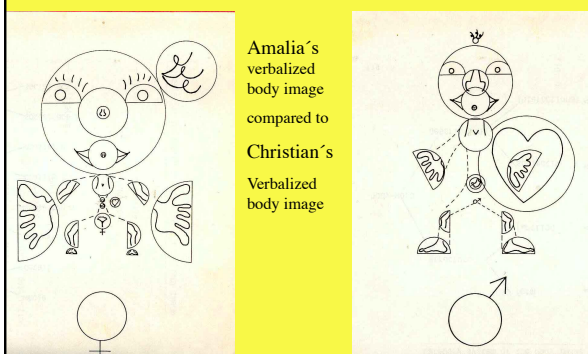
The study confirms that in all four treatments investigated though in different degrees a systematic change from negative ME-emotions to negative IT-emotions can be demonstrated.

### # Focusing on Emotions



### Body Vocabulary

Schors & Kächele 1982



### Conclusions

These findings have to be integrated in order to prove their clinical value.

The core idea of having a **specimen case** allows not only testing hypotheses for single cases, but allows testing the fruitfulness of research methods for improving our clinical understanding.

## Bridging Research and Clinical Practice

Now we need an intensive dialogue among clinicians and researchers for the better of the welfare of our patients.

For a complete pdf-version of Thomä/Kächele's Volume 1-3  
(in German, English, Italian, Spanish, Russian & Persian)

Go to:

<http://www.horstkaechele.de>

