

Archiving Psychoanalysis

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Step 1 The discovery of a narrative science

Freud's resignative statement in the "Studies on Hysteria" (1895d) that his case reports lack the stern character of true scientific reports but read more like novellas could be made responsible for an unnecessary continental divide between science and hermeneutics.

Thus psychoanalysis became a field based on narration - hearsay evidence retreating to narrative truth (Forrester 1980; Spence 1982). To highlight the importance of this methodological decision, imagine a science of musicology with musicians sharing their most personal experiences by writing case histories, or by letting consumers telling their emotional involvements after a piano concerto. What is wrong about such an approach ? It well could be that one could built a science of musical experience by collecting a large sample of these reported subjective testimonies. The German professors Grimm from Göttingen systematically started out to collect orally transmitted fairy tales. Today we have a well developed field of fairy tale research with highly sophisticated methods to analyze the available large collections from all over the world (Propp 1928).

One might well take as an example S. Freud's case report on the Ratman (1909d) and look up Zetzel's „Additional notes“ from 1966:

"It was my intention when I first undertook this study to base my discussion primarily on the 1909 report published in Freud's Collected papers. Fortunately, however, I decided to reread the case history in the Standard Edition. I was surprised and excited by the discovery I made - namely the unique salvage of Freud's daily notes covering the first four month of this analysis"...."In striking

contrast with the 1909 publication, there are more than forty references to a highly ambivalent mother-son relationship in the original clinical notes".

Conclusion: there is nothing wrong with clinical notes as long as they are available for public scrutiny - this constitutes the essences of any scientific enterprise.

Step 2 A Research Institute in Psychoanalytic Psychology

One of the first books covering the field of psychoanalytic treatment research was the report on a symposium, called the "Hixon Lectures on the Scientific Status of Psychoanalysis" edited by Pumpian-Mindlin (1952). At this symposium Kubie expressed the hope that such a series of lectures would pave the way to more systematic research in this field which – in his view - was long overdue. Courageously he visualized that it indirectly could “stimulate the organization of adequateley staffed and financed institutes for research in psychoanalytic psychology" (p. 46). Later in this lecture he pointed out that "a fundamental defect of research in analysis,..., has been the fact that only one person could observe the empirical data of the therapeutic process, and that only once“. Such data give rise to controversies, but they are hardly the stuff out of which fundamental scientific advances can be fashioned.

It seems clear, therefore, if we are ever to understand psychoanalysis deeply, one must begin by solving the problem of how to make adequate recordings of the therapeutic process without at the same time distorting the process" (Kubie 1952, p. 118). Truly this was a dream for the future!

Step 3 The battle for tape recording

The struggle to introduce technical aids into the analytic space was begun by an unknown psychoanalyst E. Zinn (Massachusetts) in 1933 (Shakow and Rapaport 1964, p. 138). Although it is not over yet, the opportunities offered by the tape recording of analyses for psychoanalytic training and practice were first mentioned in positive terms by McLaughlin at the International Psychoanalytic Congress held in Helsinki in 1982.

Psychoanalysis did not take advantage of these numerous possibilities for a long time. At the core of many misgivings was the concern that the presence of a tape recorder could have consequences similar to those of a third party, namely that the patient "would become silent as soon as he observed a single witness to whom he felt indifferent" (Freud 1916/17, p. 18). Yet it has long been known that patients, with few exceptions, readily give their approval to having the interview recorded, discussed in professional circles, and evaluated scientifically. It is not unusual for patients to - correctly - expect to profit therapeutically from having their analyst concern himself especially intensively with their case (Taubner et al. 2007). Of course, the patient's initial approval and his motivations are just one aspect; another and decisive question concerns the effects of the tape recording on the psychoanalytic process. One of the early pioneers, Bergmann (1966) made the following succinct observations:

"A research setup puts the therapist in the center of a triangular field with each point of the triangle representing a potential source of disturbance, namely, the relationship with the patient,....., the relation with professional colleagues, and the machinery of the

setup. Surely, as long as the therapist can clearly evaluate the threats emanating from each of these sources his response is amenable to rational control and repair. Under the impact of anxiety, however, he becomes less able to balance the stresses, he perceives less clearly, and he tends to use pathological mechanisms of defense" (Bergmann 1966, p. 39)

In our opinion we should recognize these pioneers of tape recording psychoanalytic treatments. It was their example that encouraged our own involvement in this methodological advancement in research technology.

Step 4 Archives of Psychoanalyses

In the first edition of the Handbook of Psychotherapy and Behavior Change (Bergin & Garfield 1971) Luborsky and Spence complained the paucity of primary data - data accumulated during actual analytic sessions. "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). Since then that deplorable situation has changed. Some institutions have embraced the conception that archiving clinical data provides a secure base to overcome the deficiencies of the psychoanalytic field in hypothesis testing.

While the junior of us both (HK) still in training analysis was recording his first two analytic cases and at the same time working as a junior research fellow in the newly founded Ulm Psychoanalytic Process Research Group. E. Mergenthaler and he developed the daydream of having as tool a computer based storage device. Alas, his training

analyst - a seasoned clinician - never missed an opportunity to interpret the grandiosity of this idea in various way as one may surmise. Something like the Hampstead Index (Sandler 1962) was in our discussions; yet it should be more basic providing the raw material for any scientist who would come along. Happily his analysis came to an end and the creative daydream survived the analytic work. So finally the German Research Society supported the development of the ULM TEXTBANK, a computer based archive with built in tools for retrieval and text analysis (Mergenthaler & Kächele 1988). Meanwhile a few more data banks have been set up, f. e. by Waldron (1989) the „Psychoanalytic Research Consortium, New York“ and by Luborsky et al. (2001) the Penn Archives.

Step 5 From soft to hard methods

Public availability of data is crucial; however the kind of material to be made available to the public less so. For each material, be it case reports, therapist notes, diaries of patients, or transcribed tape-recorded sessions modern social science offers a vast choice of methods. One good example demonstrating the power of textual critique as a ‘soft tool’ is Steven Marcus (1977) re-analysis of Freud’s Dora-case. That psychoanalysis essentially consists in a special kind of a conversational activity had been pointed out by Freud (1916/17); however analysts have only recently begun to use the various methods of discourse analysis. Rosen (1977) initiating the New York Study Group on linguistics made the point that the study of language should be at the forefront of our work; Shapiro (2002) has taken up this lead discussing the conversational features of creative psychoanalytic work. A few fine examples have been provided by

Labov & Fanshel (1977), by Flader et. al. (1982) and recently by Streeck (2004) and Boothe (2004).

Ever since social science had invented the rating scale measurement there is no psychoanalytic concept that could not in principle be studied (Knapp et al. 1975). And with the introduction of computers in the early seventies psychoanalytic process research hooked up with a technology that had developed in the historical and political sciences where archives are the sine qua non for researchers (Spence 19969).

Step 6 The need for specimen cases

Research findings have to be replicated in order to prove their value. The core idea of having specimen cases allows not only testing individual hypotheses for single cases, but allows testing the comparative fruitfulness of various methods. Most likely the Schreber case (Freud 1911c) has stimulated the largest amount of critical discussions just because it was a publicly available document (Kächele 1981). As single case research repeatedly has been called the most suitable approach for evaluating psychoanalytic treatments (Wallerstein & Sampson 1971; Edelson 1988) what we are in need of are well documented single cases. There are but a few examples like Mrs. C that has served as material basis for a diversity of approaches and has demonstrated the fruitfulness of this type of research activity (f.e. Weiss & Sampson 1986; Bucci 1988; Spence et al. 1993).

Our long standing work on our German specimen case, Amalia X has served similar purposes among the German psychoanalytic research community as has been summarized (Kächele et al. 2006) and reported in great detail in the third volume of the Ulm textbook

(German: Thomä & Kächele 2006; English: Kächele Schachter Thomä 2009):

- 4. Amalia X — the German Psychoanalytic Specimen Case
a systematic clinical description**
- 5. Guided Clinical Judgments**
 - 5.1 Comparative psychoanalysis on the Basis of a New Form of Treatment Report
 - 5.2 Emotional Insight
 - 5.3 Changes in Self-esteem
 - 5.4 Suffering from Oneself and from Others
 - 5.5 Dream Series Analysis as a Process Tool
 - 5.6 Studying the Core Conflictual Relationship Theme (CCRT)
 - 5.7 The Unconscious Plan
 - 5.8 The Reaction to Breaks as an Indicator of Change
 - 5.9 The Psychotherapy Process Q-Sort
- 6. Linguistic Studies**
 - 6.1 Introductory remarks
 - 6.2 The Ulm Textbank
 - 6.3 Verbal Activity in the Psychoanalytic Dialogue
 - 6.4 The Emotional Vocabulary
 - 6.5 The Characteristic Vocabulary
 - 6.6 Emotional and Cognitive Regulation in the Psychoanalytical Process:
A Microanalytical Study
 - 6.7 Attachment and Loss

The multitude of studies that can be performed on a single publicly available case speak to the fertility of providing such research cases for public use.

The model-case Amalia X represents an example of a research-based case study which Grawe (1992) marks as an especially successful and promising way for future process research:

...Such 'research informed case studies' that is case studies in which extensive process and measured change on the basis of an elaborated clinical case conception are interpreted in their entire context and in which every statement can be traced back to the base in the recorded measuring, can be viewed as a particularly promising way for future research of process. Because of the interpretation in the context of the understanding of a clinical case, the results make clinical sense; however they differ from clinical fiction in that they have a close comprehensible relation on a basis of objective measuring data, which is independent from the interpretation (Grawe, 1992, p. 140)

The studies we have performed support not only the finding that this treatment led to a diversity of changes in the experience and behaviour of the patient Amalia X, but also demonstrate the benefit of research techniques in which the findings contribute to the understanding of change processes. Research techniques provide the essential reliability of observations that are lacking in clinical inferences. The number of descriptive dimensions, which can be examined by means of a transcribed corpus, is huge dependent only on the availability of suitable process measures. However, we can conclude that change processes exist and that these can be recorded reliably and validly. We find these in interactive dialogical exchange as well as in basic changes in the personality of the patient.

Therewith, the statement that psychoanalytic therapy occupies itself with probabilistic states of a person is supported; in other words, the object of therapeutic efforts are the patient's response tendencies that in the beginning show great stability (in the sense of persistent templates, chapter two in this volume), which in the course of the treatment become more and more unstable and through which changes of the system become possible. When the conditions by which a system of response tendencies is supported are known then clinically typical statements of probability are permitted. Due to uniqueness in each individual case these conditions can also be completely different; consequently the necessity of single case studies arises as well as the known problems of generalisation.

The formalized evaluation of treatment reports goes beyond the heuristic function of clinical description and can secure statistically significant correlations. Our findings show that such changes of the probability of the behaviour and the experience of a patient can hardly be reliably identified in individual sessions, have instead to be observed on the macro-systematic level of multiple sessions over time. Our empirical studies of our model case Amalia X emphasize that a long-term view of the course of treatment is essential to identify structural changes of the patient. Short range assessments using a few sessions may be useful for understanding the current interactions, but they do not provide reliable information about enduring changes in feeling and behavior. In our view only a long-term perspective over the course of the treatment can be the arbiter of success.

Step 7 Comparative Psychoanalysis

Comparing clinical experiences in one case with other cases is part and parcel in our professional thinking; however the phrase "comparative psychoanalysis" is fairly new to our vocabulary (Scarfone 2002). In German the designation "vergleichende Kasuistik" (Engl.: comparative case study, Jüttemann 1990) is often used. It refers to a qualitative comparison of various forms of psychotherapy, psychoanalysis among them. In a recent paper we pointed out that in view of the official recognition of psychoanalytic pluralism brought about by the courage of Wallerstein (1988), we are now obliged to compare various psychoanalytic techniques and theoretical assumptions with each other (Thomä & Kächele 2007). To make the comparison reasonable, reliable and fruitful, shared criteria are needed. In membership papers and published case reports, criteria are usually only implied, if not totally missing. Eagle's (1984) complaint is still justified: "It seems to me ironic that psychoanalytic writers attempt to employ clinical data for just about every purpose but the one for which they are most appropriate – an evaluation and understanding of therapeutic change."

A corollary of comparative psychoanalysis is the growing interest in different ways of documenting clinical facts. Within the last decade an impressive number of original papers on this topic have been published. In his foreword to the special 75th anniversary edition of the *International Journal of Psychoanalysis*, devoted to "Conceptualisation and Communication of Clinical Facts in Psychoanalysis" Tuckett (1994) wrote:

"After 75 years it is time not only to review our methodology for assessing our truth, but also to develop approaches that will make it

possible to be open to new ideas while also being able to evaluate their usefulness by reasoned argument. The alternative is the tower of Babel” (p. 865).

Therefore we want to emphasise our experience that nothing has changed our psychoanalytic thinking more than the public exposure to friendly critics and critical friends. We say this in order to encourage other psychoanalysts to open the privacy of their clinical work in the endeavor to improve clinical work by letting it scrutinize by others.

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