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What constitutes clinical research in psychoanalysis ?

Discussion of Dr. J. Bergeret's presentation:

Clinical research in psychoanalysis.

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One thing seems obvious to me: Dr. Bergeret's presentation underlines the necessity of pondering about research in and on psychoanalysis. This by itself is a heartening feeling and it points to a major shift in our thinking about Freud's model of research. The analyst as practising craftsman sometimes may be a discoverer of new facts and fields, of new horizons, but he is no longer in such a position in each of his daily sessions. The development of psychoanalysis has led from the lonely inquirer to the formation of groups that ultimately formed into schools; there the experiences gained by each psychoanalyst in the analytic setting are pooled together in a narrative way, comparable to different ethnologists coming home from their various fields reporting to their National Ethnographic Society. Before presenting their work many hours of sifting through the material will have passed and what the Society learns will be shaped by what I have termed the " psychoanalytic group thinking method" (Kächele 1986). The process of reporting is heavily influenced by the prevailing conceptions of the group in which one works and feels at home. This feature accounts for an important aspect of psychoanalytic institutes which Dr. Bergeret has mentioned in his paper referring to Kernberg's enumeration of possible prototypes. I think this specification misses one which I would include, the type called "Cafe Vienna" or "Club Voltaire" model - to appreciate a French version.

Clinical research lives by and prospers through the formation of study groups.- this echoes in my mind as the basic message of Dr. Bergeret's presentation. Clinicians should meet within the current institutional framework, the institutes. and share their clinical expertise on concepts and clinical findings they have chosen to study.

Clearly this model makes sense and it has been around for quite awhile. The Kris Study Group of the New York Psychoanalytic Institute provided excellent examples for many years covering major clinical issues and providing reports that enounced the state of the art for a given topic (see Joseph 1967). Another more recent example has been given by Joseph Sandler with a group of German analysts at the Sigmund Freud Institute in Frankfurt studying individual analysts' concept of trauma (Sandler et al.,1987); this project represents a good example for the style of clinical-systematic discussion group where by eliciting circumscribed clinical material a clarification of theory constitutes the kernel of the work. This approach is able to uncover hidden assumptions in the working mind of the individual analyst. It may be worthwhile to remind us that this type of clinical research is by no means a psychoanalytic specificity; alas it has been systematically established in the fields of social science as group discussion method for the evaluation of complex fields, where expertise dominates data (Hare 1962).

One of Dr. Bergeret's main concern is to devise a genuine psychoanalytic research methodology. For example when he compares the three volumes on "Research in Psychotherapy" from the early sixties with Wallerstein's (1986) final evaluation of the Menninger project he makes the distinction between the ones being more psychotherapeutic and the other being more psychoanalytic. This may be true; however the difference lays in the object of the study not in the methodology.

The Menninger project used various approaches to analyze the data; approaches that were all common to psychotherapy

research in the years when the study was designed and performed. Clinical material was carefully evaluated by independent highly trained psychoanalytic researchers in the frame of a clear and straightforward empiristic methodology. The claim of psychoanalytic theory to provide a more encompassing psychological explanatory framework, Wallerstein writes, "then its conceptualizations should be able to explain adequately not only what goes on and how changes come about within psychoanalytic guided therapies, but should also be able to explain as well what goes on in other kinds of psychotherapies in which changes and improvements can be brought about" (Wallerstein 1986, p. 746). In this vein San Francisco and Ulm are riding the same horse - it may be a hobby horse - I can not discover the differences between the two schools Dr. Bergeret seems to detect.

His main point is the differentiation of such systematic-empirical research from "clinical experimentation" where the research laboratory is located at the place behind the couch - I quote him -. in the irreducible (but not incommunicable) interaction between transference and countertransference. Here Dr. Bergeret is hitting the mark of a salient feature. Research in psychoanalysis on psychoanalysis can start from narrative reality or from observed social reality: I would wish that both would have a strong footing in our ranks as narration fulfils an important function in communication: it helps to share experience of both participants, so analysts are called in to share their experience, but patients should not be forgotten. Both parties are participant observers and again the social sciences can teach us a lot of research tools on shared social worlds. They even can be measured by scales as measuring is basically a way of categorizing experience simplifying richness for the sake of better summarizing, nothing more. In West-Germany we observe an upsurge of qualitative methodology in clinical psychology (Jüttemann 1983) which will be highly relevant for psychoanalytic clinical research.

I do not share Dr. Bergeret's view that any one approach should be given the title of being truly psychoanalytic and other approaches being no more psychoanalytic. Clinicians sharing their experiential worlds have left the consulting room, the psychoanalytic situation consisting of patient and analyst working jointly together is terminated and is transformed by the thoughts of the reporting analyst into a narrative that runs all too often like "once upon a time" - which to me makes perfectly sense. If clinical research is meant to imply that clinical reports should be studied jointly and guided by some leading theoretical notions by making use of a diversity of unstructured and structured discussion techniques and by strategies of evaluating these discussions in a meaningful way - then I hope that Dr. Bergeret's initiative of forming a Group for Reflection on Psychoanalytic Research will find ears to hear and minds to follow. Thank you

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