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CONVERSATIONAL ASPECTS OF THE UNCONSCIOUS

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INTRODUCTION

Psychoanalytic process research (Dahl et al. 1988) has arrived at a stage where it becomes urgently important to study the details of the conversational exchange between patient and psychoanalyst. Early studies (Pittinger, Pockett & Danehy 1960, Labov & Fanshel 1977) attracted much attention. One reason was that linguistic competence turned to what happened in the consulting room and brought results unexpected to the psychoanalytic community. Labov & Fanshel (1977) e.g. studied the first 15 minutes of a first interview with an anorectic young girl of 19 years, Rhoda. These minutes were segmented in 5 episodes and these were analyzed in the whole book. One important insight was how complex analytic conversation indeed is, how many dimensions operate and what a difficult complexity management a therapist does.

It was the same reason that led to a withdrawal of attention to the young flowers of cooperation between linguistics and psychoanalysis over several years. Linguists have a completely different theoretical framework which does not fit neatly to how psychoanalysts think what they do.

Nevertheless, some research groups and individual researchers continued to work with linguistic approaches. They tape-recorded analytic sessions (Thomä & Kächele 1992) a fair number of psychoanalytic treatments, used audio-recordings to study what happened in group therapy (Buchholz, Lamott, Mörtl 2008; Mörtl et al. 2010), to analyze special aspects of analytic conversation like the beginning of sessions (Wilke 1992), telling of dreams (Mathys 2009), reporting of difficult life-events during family therapy sessions (Buchholz 1990) etc.

The linguistic eye turned to psychotherapy and psychoanalysis with much more interest and new instruments than before (Anderson et al. 2012, Avdi 2010, Buchholz 2012, Forrester and Reason 2006, Kondratyuk et al. 2011, Lepper 2009, Peräkylä 2008, 2011) and these studies came from people with a double training as practicing psychoanalysts and researchers, especially in a kind of linguistic sensibility. Others (Moser 2013, Seligman 2012) directed attention to the micro-world and micro-processes of unconscious experience and unconscious conversation, articulated in small utterances, breathing, bodily sensations or other

“sweet little nothings” which went unnoticed up to then. And, last not least, other working groups installed by IPA, e.g. “The Working Party on Theoretical Issues” (Canestri 2011) published the results of long years of cooperative intensive studies of reports from the consulting room and one important result was that theories do not determine what analysts do; there is much more to be observed in the consulting room. What analysts report from their memory is a small part of the universe of events in the consulting room. And it seems that the small non-remembered and unreported events have the deepest and most profound influence onto the atmosphere of a session, the cooperation between analyst and analysand, on the “silent aims” and the outcome of an analysis.

PLAN AND AIM FOR A STUDY

It is this kind of reasoning that led us to the conclusion to conduct a study about the “STUDENT”. This is an audio-reported psychoanalytic focal therapy from 1985 with an obsessive-compulsive young student which was planfully terminated after 29 sessions. Two follow-up interviews after one and two years ensured that therapeutic results were stable over the time.

The treatment of this patient has been the object of a number of other research approaches; f.e. with the CCRT of Luborsky (Albani et al., 1994; Dahlbender et al., 1995), with the method of objective hermeneutics (Leber, 1994) and with computer-assisted content analytic methods (Hölzer et al., 1990).

The initial interview with the “STUDENT” was subject of a research conference at International Psychoanalytic University in Berlin in spring 2013. It was presented in transcribed form and in audio-presentation where all considerations of anonymity were respected (technically removing names etc.).

A group of our students has taken deep interest in analyzing the whole material which is available in audio recording and in an – insufficient – transcribed form.

The aim of our study is twofold:

- a) In a former study (Kächele & Buchholz 2013) we could show how useful a theory of conversational empathy (Heritage 2011) is to understand the details of a therapeutic dialogue. This theory of empathic utterances includes stages from minimal “response cries” to higher levels of conversational empathizing. Of course, we do not expect that this theory is completely able to demonstrate what psychoanalytic empathy is and what it can effect. But we think that here a linguistic approach is found to start a more detailed description of empathic elements with the aim to more precisely describe the gestalt of psychoanalytic empathy as a whole.
- b) Other researchers have described a stage theory of “Innovative moments” (Goncalves et al. 2012, Matos et al. 2009). This theory differentiates between moments of insight, of change in action, of new framings of events and some other dimensions.

The first step is to analyze therapeutic activities with a stage-theory of empathy as described, the second step is to analyze the patients progress with a coding system of “innovative moments”. The third step is to bring both analyses together in order to come closer to a *process generated outcome measure* (PGOM).

PGOM is to be developed. The aim of it is to combine the methodological demands of process and outcome research but not studying process in detailed individual tailoring and then come with a more general outcome measure which subjects the patient to a measuring that must be strange to him.

The aim of PGOM is to generate individualized outcome measure that can be taken from observing the details of the process. In such an approach we think clinical sensibilities will grow and this can be transferred to the practitioner in the consulting room.

APPLICATION

Although all the sessions are transcribed following the transcriptions rules developed by Mergenthaler & Stinson (1990) the transcription is insufficient for our more specific task. A re-transcription must be performed but this cannot be done by a secretary. It must be done by students who are trained in conversation analysis and have studied psychoanalysis on a theoretical level in academia.

We estimate that to re-transcribe the 28 sessions will take 250 hours of time, approximately. Assuming a fee of 20 \$ per transcript-hour results in 5000 \$.

We ask for a support of this amount.

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