

Case Reports in the History of Psychoanalysis

•According to Rapaport (1960), the major body of positive evidence for psychoanalytic theory lies in the field of accumulated clinical observations:

•The first achievement of the system was a phenomenological one: it called attention to a vast array of phenomena and to the relations between them, and for the first time made these appear meaningful and amenable to rational consideration. (p. 111)

Method of Investigation?

“Because a canon of clinical investigation is absent, much of the evidence for the theory remains **phenomenological** and **anecdotal**, even if its obviousness and bulk tend to lend it a semblance of objective validity.”
(Rapaport 1960, p. 111)

Wallerstein and Sampson (1971)

"The whole corpus of psychoanalysis....comprehending the phenomena of both normal and abnormal personality development and functioning, attests brilliantly to the explanatory power of the theory derived from data of the consulting room" (p.11).

However, it is clear that "we need at least equally cognizant of the **limitations of the case study method** as a source of prospective continuing knowledge" (p. 12).

The Two Analyses of Mr. Z.

The course of two psychoanalyses of one patient is presented, one differing considerably in technical approach from the other.

Kohut H (1979) The two analyses of Mr. Z. Int J Psychoanal 60: 3-27

Mr. Z. Case As Testimonial

Kohut (1979) concluded, based on this case, that

“the new psychology of the self is helpful in the clinical area, that it allows us to perceive meanings, or the significance of meanings, that were formerly not perceived by us, at least not consciously” (p.26).

Biographical Evidence!

- Recently a biography on Kohut (Strozier, 2001) clarifies that Mr. Z's second analysis was an artful invention, to illustrate how his second analysis should have been.
- In 1984 Kohut reinforced his satisfaction with the **first fictive psychoanalysis** worldwide.
- C. B. Strozier (2001) Heinz Kohut. The making of a psychoanalyst. New York: Farrar, Strauss and Giroux

Patient's Experience (f.e.Diaries)

Knight J (1950) The story of my psychoanalysis. McGraw Hill, New York

Kardiner A (1977) My analysis with Freud: Reminiscences. Norton, New York

Haddad G (2002) Le jour où Lacan m'a adopté.

Morley R (2007) The analysand's tale. Karnac, London

The Ulm Clinical-Case-Archive

contains more than 900 final reports by candidates of the German Psychoanalytic Association

Archiv Nr.	Diagnose	Diagnose II	ThGeschl	FallGeschl	Fähler
1997 FJ 01	Hysterische Neurose		F.	F.	37
1997 FJ 02	Hysterie	anale Abwehr	M.	F.	34
1997 FJ 03	Zwangneurose	phobische Symptome	M.	F.	34
1997 FJ 04	Depression, neurotische	hysterische Abwehr	F.	F.	26
1997 FJ 05	traumatische Neurose		F.	F.	26
1997 FJ 06	narzisstische Traumatisierung, tiefe	bulimisch - anorektische Abwehr	F.	F.	27
1997 FJ 07	Hysterische Neurose	Vaginismus	M.	F.	33

A true collection
of
psychoanalytic
case reports

Lang FU, Pokorny D, Kächele H (2009) Psychoanalytische Fallberichte: Geschlechtskonstellationen und sich daraus ergebende Wechselwirkungen auf Diagnosen im Zeitverlauf von 1969 bis 2006. Psyche - Z Psychoanal 63: 384- 398

Critique of Clinical Case Studies

„Today the historically fertile narrative procedure Freud’s is **no longer** able to carry the responsibility for the existence of psychoanalysis,

even they still are a major tool for didactic and **identity formation** of the members of the analytic community, because case stories may be a rich material means of communication“ (Stuhr 2004).

Stuhr U (2004) Klinische Fallgeschichten. In: Hau S, Leuzinger-Bohleber M (Hrsg) Psychoanalytische Therapie. Eine Stellungnahme für die wissenschaftliche Öffentlichkeit und für den Wissenschaftlichen Beirat Psychotherapie. Forum der Psychoanalyse 20: 63-66.

One of My Scientific Mentors



Prof. A-E Meyer (1994)

To hell with the novella as representation of psychoanalysis - long live the account of the interaction

Z Psychosom Med Psychoanal 40: 77-98

„Novellas as psychoanalytic case stories today are anti-psychoanalytic and unscientific“

What are the Data

Patient’s experience (Diaries)

– Dialogue (Recording) –

Therapist’s experience (Case reports)

Prototypes of Systematic Single Case Studies

Dahl H (1972) A quantitative study of psychoanalysis. In: Holt R R, Peterfreund E (Eds) Psychoanalysis and contemporary science. Macmillan Company, New York, S 237-257

Weiss J, Sampson H, The Mount Zion Psychotherapy Research Group (Eds) (1986) The Psychoanalytic process: Theory, Clinical Observation, and Empirical Research. Guilford Press, New York

Moran G, Fonagy P (1987) Psychoanalysis and diabetes: An experiment in single case methodology. British Journal of Medical Psychology 60: 357-372

Jones E E, Windholz M (1990) The psychoanalytic case study: Toward a method for systematic inquiry. Journal of the American Psychoanalytic Association 38: 985-1016



Psychoanalytische Therapie. Band 3:
Forschung.
Springer Medizin Verlag, Heidelberg 2006

Teoría y Práctica del Psicoanálisis. 3. Investigación Santiago de Chile 2011

From Psychoanalytic
Narrative to Empirical
Single Case Research.
Implications for
Psychoanalytic Practice
Routledge, New York
2009





La ricerca in psicoanalisi. Vol 1: Lo
studio del caso clinico".
QuattroVenti, Urbino 2003

La ricerca in psicoanalisi. Vol 2: Studio
comparatista di un caso campione:
Amalie X
QuattroVenti, Urbino 2007



Sovremennyy psikoanaliz Tom 3. Issledovaniya
St. Peterburg. ISDATELbCTWO WEIP, 2001

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.

Working Assumption

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 I, 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 of Psychoanalytic Therapy

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

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 ?

Amalia X

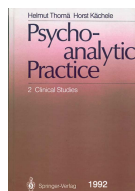
The patient has given her written consent to tape-recording and its later use for empirical studies which at the time of her treatment had not been specified.

In 2003 when the patient - after more than 25 years - returned for a short clinical intervention, she commented to the materials:

*I am surprised what you had done with all this;
to me this is rather past.*

I Clinical Case Study

In the second volume of our textbook on psychoanalytic therapy (Thomä & Kächele 1992) the patient Amalia X is discussed by 5 clinical examples.



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

II Systematic Clinical Description

Total sample: 517 sessions

Time sampling

Sessions 1-5, 26-30,
501-505, 512-517

- external circumstances
- symptomatology
- state of transference and
- countertransference
- family relations
- non-familiar relations
- dreams, etc

Change of Self-Esteem

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

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 shows a continuous decrease from the beginning of treatment until the end ($P < 0.01$).

Neudert L, Grünzig H-J, Thomä H (1987) Change in self-esteem during psychoanalysis: a single case study. In: Cheshire N M, Thomä H (Eds) Self, Symptoms and Psychotherapy. Wiley & Sons, New York Chichester, pp 243-265

Self-Esteem & Sexuality

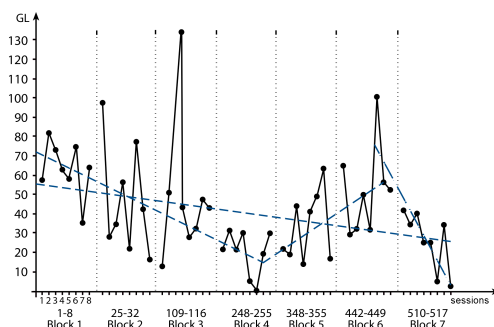
Two confirmatory results:

Self-esteem in connection with imagined heterosexuality improved according to expectations ($p < 0.05$);
 &

Negative self-esteem in connection with autoeroticism decreased as predicted ($p < 0.05$).

Total Amount of Suffering

Neudert & Hohage 1988

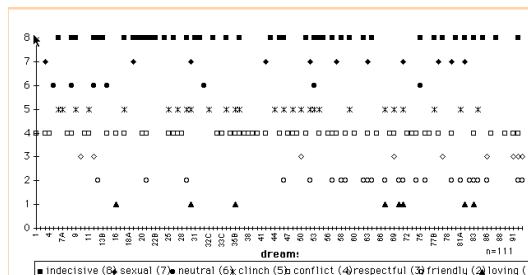


Conference on Psychoanalytic Process Research Strategies II 1999

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

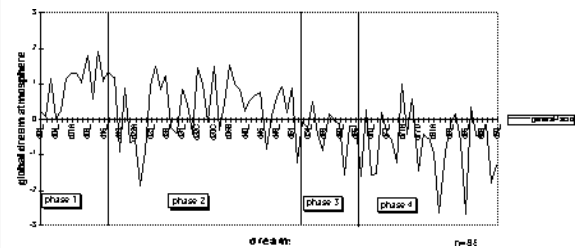
Horst Kächele, Marianne Eberhardt & Marianne Leuzinger-Bohleber

Changes of Dreams 1



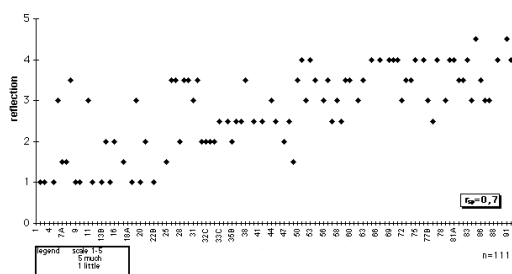
How are the relations of the dreamer to other people ? No change!

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



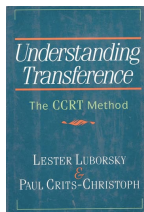
Reflection of problem solving in the dream ? Definite improvement!!

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

The Core Conflictual Relationship Theme Method



Question:

How effective is the CCRT method in depicting the therapeutic course of the psychoanalytic treatment of Amalia X according to the Ulm Process Model?

Method

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

In order to check for reliability and to avoid rater drift, during the evaluation process one session out of the 11 evaluated blocks was selected at random to be evaluated by a second evaluator.

We got satisfying results concerning the reliability of the ratings.

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.

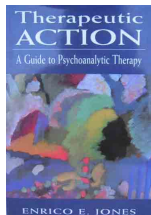
Amalies wish for change is expressed in her wish for autonomy (WS C1 D), which results from her experience of herself as dependent and weak, unable to set limits and dissatisfied.

Variations of Focal Themes

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.

E. E. Jones' Q-Sort Methodology



Jones Q-Sort methodology sorting patient and therapists typical and untypical contributions in a session that first was used in the landmark psychoanalytic case study titled

„Toward a method for systematic inquiry“
(Jones and Windholz 1990).

This book summarizes the research and present the set of 100 items

Psychoanalytic Technique and Jones' Psychotherapy Process Q-Set

Pile	Target	Now
1	6	4
2	6	5
3	12	2
4	10	7
5	10	10
6	10	6
7	10	8
8	10	1
9	1	5

PQS Item	Score
1	6
2	4.5

Click on cells in column below to view full item descriptions.

1: Patient verbalizes negative feelings (e.g., criticism, hostility) toward therapist (vs. makes approving or admiring remarks).
Place toward characteristic end if patient verbalizes feelings of criticism, dislike, envy, scorn, anger, or antagonism toward therapist. E.g., patient rebukes therapist for failing to provide enough direction in the therapy.
Place toward uncharacteristic end if patient expresses positive or friendly feelings about therapist; e.g., makes what appear to be complimentary remarks to therapist.
2: Therapist draws attention to patient's non-verbal behavior; e.g., body posture, gestures.
Place toward characteristic end if therapist draws attention to patient's non-verbal behavior, such as facial expressions, blushing, or body movements. E.g., therapist points out that although patient says s/he is angry, the patient is smiling.
Place toward uncharacteristic end if therapist is little or no focus on non-verbal behavior.
3: Therapist's remarks are aimed at facilitating patient speech.

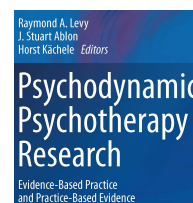
A Descriptive Language

Jones himself discusses the **PQS method** as follows

“As a descriptive language, **the Q-technique** provides a set of categories shared across observers, guiding observers attention to aspects of the clinical material that might have otherwise gone un-noted, and allowing them to emerge from the background”

Jones E E, Windholz M (1990) The psychoanalytic case study: Toward a method for systematic inquiry. Journal of the American Psychoanalytic Association 38: 985-1015

A Specimen Session

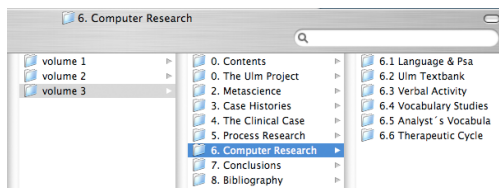


Levy RA, Ablon S, Ackerman JA, Thomä H, Kächele H (2012)

A specimen session of psychoanalytic therapy under the lens of the Psychotherapy Process Q-set.

In Levy R, Ablon S Kächele H (Eds) Evidence Based Psychodynamic Psychotherapy, New York, Humana Press, pp 509-528

IV Language Measures



IVa Discourse Analysis

Everyday discourse and psychoanalytic discourse (*Koerfer & Neumann 1982*)

Action language (*Beermann 1983*)

Metaphors (*Casonato & Kächele 2007*)

Conversational Analysis (*Buchholz et al. 2015*)

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.

Our position:

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

R. Schafer's Action Language

Each of four analytic patients displays a unique style of using the passive voice in the beginning.

Each of four analytic patients changes from passive to active voice during the course of analysis!

Beermann S (1983) Linguistische Analyse psychoanalytischer Therapiedialoge unter besonderer Berücksichtigung passivischer Sprechmuster (Linguistic analysis of psychoanalytic dialogues with regard to pattern of passive syntax construction). Universität Hamburg, Diplomarbeit

Microanalysis of „Rhythm and Blues“

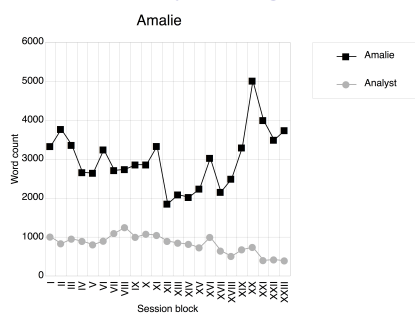
AMALIA'S 152ND SESSION FROM PSYCHOANALYSIS TO CONVERSATION AND METAPHOR ANALYSIS - AND RETOUR

Buchholz MB, Spiekermann J & Kächele H (2015) Rhythm and Blues. Amalia's 152th session. *International Journal of Psychoanalysis* 96: 877-910

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 & Pfäfflin 2005*)
- # Latent meaning structures (*Mergenthaler & Kächele 1985*)
- # Personal pronouns (*Schaumburg 1980*)
- # Body concept (*Schors et al. 1982*)

Verbal Activity Along The Process



Analysts' Focusing on Emotions - A Basic Interpretative Strategy in Psychoanalytic Treatments (Hölzer, Dahl & Kächele)

	Positive	Negative
C B E C T	active - positive - object "Love" (affectionate, esteem, love, pity, sympathetic, tolerant, tender, ...)	active - negative - object "Anger" (aggressive, angry, cruel, dislike, hatred, envy, spite, ...)
	passive - positive - object "Surprise" (Amazed, amazed, astonished, fasci- nated, impressed, surprised, ...)	passive - negative - object "Fear" (Afraid, aversion, dromedary, fear, horrified, scared, shocked, ...)
S E L F	passive - positive - self "Contentment" (Calm, contented, pleasant, quiet, safe, satisfaction, secure, ...)	passive - negative - self "Depression" (Alone, bad, change, depression, helpless, lonely, miserable, sad, ...)
	active - positive - self "Joy" (Adventurous, bold, courageous, elated, optimistic, vigorous, ...)	active - negative - self "Anxiety" (Anxious, insecure, frustrated, nervous, panicky, troubled, ...)

Figure 1. The eight categories of the "Affective Dictionary 11m" (= ADU). Prototype examples - used as category names - are printed bold; e.g., -anger for the category "active - negative - object" (adapted from: Dahl et al., 1992).

Computer-based
vocabulary analysis
based on
Dahl's emotion theory.
**Affective Dictionary
Ulm**

Conclusions

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

The core idea of having a public available

specimen case

allows not only testing multi-form hypotheses for single cases,

- which may increase the power of the argument -
but allows testing the fruitfulness of research methods for improving our clinical understanding.

For a complete pdf-
version of Thomä/Kächele
's Volume 1-3

Go to:

<http://www.horstkaechele.de>



User Name: lehrbuch

Password: psychol