

FROM PSYCHOANALYTIC NARRATIVE TO EMPIRICAL SINGLE CASE RESEARCH: IMPLICATIONS FOR PSYCHOANALYTIC PRACTICE. By Horst Kächele, Joseph Schachter, Helmut Thomä, and The Ulm Psychoanalytic Process Research Study Group. Psychoanalytic Inquiry Book Series. New York: Routledge, 2009, xxv + 470 pp., \$110.00 hardcover, \$47.50 paperback.

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It is a difficult task to review a book that presents the results of nearly forty years of dedication to a program of investigation, one solidly grounded on methodological decisions set well in advance as part of a way of modeling research. A method is a road that one can judge either from the inside, by traveling it, or from the outside. Because most of the text has been published previously, as the work progressed, many readers will already have formed an impression of the results and modes of research undertaken by the contributors (centered around Helmut Thomä and Horst Kächele).

A global look at the theoretical and clinical material gathered in these pages yields an impressive view—a lifelong endeavor documented with great zeal and offered to the consideration of colleagues for scrutiny and discussion. To do justice to such achievement, to show due respect to the intellectual effort and the consistency of the attempt, it would be necessary at the very least to produce a text of equal size and thoroughness. Totalling 470 pages, this work contains seven sections: Psychoanalytic Therapy Process Research (20 pages), Problems of Metascience and Methodology in Clinical Psychoanalytic Research (78 pages), The Significance of the Case History in Clinical Psychoanalytic Research (44 pages), Amalia X, the German Psychoanalytic Specimen Case (78 pages), Guided Clinical Judgments (112 pages), Linguistic Studies (58 pages), and A Summary and Implications of Research for Psychoanalytic Practice (14 pages).

Each section is scrupulously presented with an abundance of references (54 pages in all, around 1000 entries, at the back of the book). But as massive as the achievement may seem, the book does not attempt to be encyclopedic; instead it is written from a chosen perspective, selective and personal, a singular way of looking at things. That is to say that many contributions relevant to the subject are left aside, and that differing points of view are considered critically, with the aim of backing up the authors' own way of conceptualizing and practicing research and psychoanalysis.

Summarizing every section or elaborating a critical reading of each is beyond the scope of this review. Consider the book's very title, which from the start poses questions the authors never fully address. *From Psychoanalytic Narrative to Empirical Single Case Research: Implications for Psychoanalytic Practice*. How is "psychoanalytic narrative" different from other narratives? Is "psychoanalytic narrative" just a point of departure? Should "empirical single case research" emerge as a result of "psychoanalytic narrative"? Is "empirical single case research" psychoanalytic at all? Can we conceive of *psychoanalytic* empirical single case research as different from other kinds of "empirical single case research"? Is "empirical" better than "narrative"? Schematic as these questions might seem, they arise from the statement the title makes—a statement that seems to offer a path, a model, an exemplar, and an ideal way of applying research to psychoanalytic clinical work and in turn deriving research from it.

The book puts forth a body of research that can be put to the test for validation or refutation, accessible to all researchers, provided there is overall agreement with the authors' methodological and epistemic proposal, which points to a particular perspective, much in need of debate, within current controversies regarding objectivity and subjectivity. The pertinence of psychoanalytic acumen remains an issue of *subtilitas*, so elusive in methodological frames. For the authors, "psychoanalytic therapy is a continuing, temporally unlimited focal therapy with changing focus," as put forward by Thomä and Kächele in their two-volume *Psychoanalytic Practice* (1987, 1991).

The project involved creating a "specimen case" (Amalia X, "the German Specimen Case"), a patient at the outset of a psychoanalytic treatment with a senior analyst (Thomä), who gave her written consent to tape-record the sessions for later use in empirical studies unspecified at the time of her treatment. Of the 517 recorded sessions, a fifth were transcribed, sampling periods of 5 sessions with 25-session intervals between them, yielding twenty-two reporting periods. Two medical students compiled a preliminary draft of the course of this treatment. This material was categorized in five chief headings: present external life situation; present relationships; symptom domain (bodily feeling, sexuality, sense of self-worth); relationship with family, past and present; relationship with the analyst. Thus the researchers arrived at what they call a "systematic description," as opposed to a clinical narrative. This "objective description," available for third-party evaluation, consists of "only what is readable in the transcripts . . . and actually became manifest in the dialogue" (p. 152). The product is a

“longitudinal and cross-sectional descriptive work to demonstrate what is feasible when tape recordings and verbatim protocols are available and can be examined by objective observers of the analytic process” (p. 220); “external reviewers were able to portray the treatment course with a minimum of psychoanalytic jargon” (p. 220). “This clinical-systematic background may serve as a roadmap for the formalized studies that follow” (p. 220).

These formalized studies take different shapes with different instruments, among them the following:

The Emotional Insight Rating Scale, a content analysis approach for transcripts of psychotherapeutic sessions, uses raters who do not have to be clinically trained because the judgments are based on language characteristics rather than clinical inferences; “the rater has mainly to follow his intuitions based on his knowledge of the natural language and his common sense” (p. 240).

The Category System for Content Analysis consists of 23 categories defined for the purpose of a coding manual, as close as possible to direct observation for getting reliable judgments from non-experts, minimizing the need for inference and interpretation.

Manual I and Manual II were developed to assess suffering during psychoanalysis, as none of the available instruments for measuring painful affects was suitable; these manuals were used by independent judges to identify and score degrees of suffering and the patient’s way of dealing with it, and to measure how the patient suffered from or blamed others for her suffering, by means of two five-point rating scales in each manual (one scale for intensity of suffering and one for helplessness, self-suffering, and suffering from the environment, with three subcategories: human environment, therapist, and extrahuman environment). The quantitative results were completed with clinical descriptions to make “plausible” (p. 266) correlations among events of importance for psychoanalytic process.

A content analytic tool was used to compare cognitive functioning on dream reports, based on an integrative model on dreaming derived from computer simulation models.

The Core Conflictual Relationship Theme (CCRT) method occupies a middle position between qualitative evaluation and exact quantification. It makes it possible to show internalized relationship patterns, based on an analysis of narrative episodes of the patient’s relationship experiences, which have to be identified. The CCRT includes the most frequent wish, the most frequent reaction of the object, and the most frequent reaction of the subject.

Transcripts were read and reread by two medical students, who prepared an extract that was then checked against the text for accuracy by two psychoanalysts. A sample of 92 hours, the most comprehensive to date, yielded 579 relationship episodes containing 806 wishes, 986 reactions of the object, and 1,103 reactions of the subject. The evaluation was done by an experienced evaluator, with a second one randomly checking. This is the first time this method has been used for studying a long-term psychoanalytic therapy. "The method provides no way of including unconscious material . . . or of assessing defense mechanisms" and "makes it possible to capture structural aspects of the clinical transference concept. Nevertheless, the interactive transference currently in progress will not enter into the evaluation" (p. 296).

The Plan Formulation Method consists of a description of the patient, her current life situation and complaints, categorized in five areas: goals; obstructions; tests; insights and traumas; and attempts at formulating case conceptions and testing concepts empirically in order to compare different case conceptions.

The Psychotherapy Process Q-Sort method is an attempt to create a uniform language that can describe a psychotherapeutic process independently of theoretical models; it allows a systematic and comparable evaluation of therapeutic interactions across different therapy methods, by means of 100 items applied to a rating system of nine categories applied to a transcript of a session (p. 327). The first five and last five hours of the patient's treatment were evaluated by an experienced analyst.

Linguistic instruments include the Ulm Text Bank, a collection of verbatim transcripts of psychoanalytic treatments developed between 1968 and 1988, used in combination with the computerized Ulm Textbank Management System. Both can be used by researchers of different orientations using different methodological approaches. The stock of the textbank includes transcripts from 38 different modalities of psychotherapeutic recordings. Formal, grammatical, and content measurements can be determined on individual or dialogic transcriptions. Formal measures include text size (tokens), vocabulary (types), type-token ratios, redundancy, and change of speaker. Grammatical measures include distribution of word types, diminution and comparison, and interjections. Content measures include use of personal pronouns, types of anxiety, primary/secondary processes, relations between content categories, and clinical concepts. So, for example, verbal activity between patient and analyst can be compared between different treatments. The emotional vocabulary of patients and therapists can also be compared. An Ulm Affective Dictionary was also

developed. Quantitative and qualitative approaches can be drawn on the words being used to explore emotional experience and cognitive mastery. In all, the textbank comprises texts that amount to 10 million words, generating a basic vocabulary of 180,000 different German words (p. 344).

According to the authors, "Therapy research in psychoanalysis is a most complex endeavor. . . . only a team can do the job" (p. 222). For them, *comparative psychoanalysis* refers to a qualitative comparison of various forms of psychotherapy, psychoanalysis among them; the objective description they arrived at conveys vividly the quantitative modifications in self-experience that constituted structural changes in the patient.

In the final chapter, "A Summary and Implications of Research for Psychoanalytic Practice," the authors dedicate fourteen pages to looking back at the task implemented within a university department (under Thomä) thanks to the support of the German Research Foundation over four decades of a single psychoanalytic case. "We are now in a position," they assert, "to positively answer that under these conditions of a long-term intensive treatment with an experienced psychoanalyst the patient showed clear unequivocal signs of improvement as specified beforehand" (p. 391). Considering there are no consensually agreed on, independent criteria to define psychoanalysis, the treatment under research was labeled psychoanalysis as the judgment of the senior and treating psychoanalyst dictated. Although they cannot prove it, so they say, they think short-term interventions, like those implemented in clinical practice today, would not have freed the patient from her characterological constrictions. Thanks to the empirical studies, they achieve a degree of certainty regarding change processes. As they conclude in an earlier chapter, "the process of change in psychoanalysis in basic psychological capacities takes place all along the way"; the studies, they assert, demonstrate that "(a) Intrapsychic change does occur, (b) Intrapsychic change mainly takes place in a linear trend, (c) Relationship, atmosphere and problem solving are valuable dimensions of capturing a patient's intrapsychic change process" (pp. 277, 278).

Kächele (2005) has described six stages of treatment research: (0) clinical case studies; (1) descriptive studies; (2) experimental analog studies; (3) randomized controlled studies; (4) naturalistic studies; and (5) patient-focused studies. On this spectrum, the single-case study of Amalia X presented by the authors would belong to stage 2.

In an interview published in *Revista de Psicoanálisis*, Kächele (1995) explains that he joined the Ulm Project in 1970 when he was

twenty-five; at the same time, he started his training in psychoanalysis and research methodology. At Ulm, four cases were studied in detail, two treated by Thomä (Amalia X was one) and the other two by himself. They were clear that to understand the complexities of the therapeutic dyad it was necessary to study the therapist as much as the patient. Kächele contends that psychoanalysis is a linguistic game, an instrument that uses the nonreferential in language, and that we should avoid any dichotomy between psychoanalysis and psychotherapy; rather, we should think dimensionally. The basic methodology for the Ulm research has therefore been the same for both psychotherapy and psychoanalysis. "There is no specific empirical methodology for studying psychoanalysis. Why should there be one? All these things are verbal dialogues embedded in non-verbal interactions" (p. 1307). Kächele equates measurement with demonstration. "My problem as researcher is: Can it be measured? . . . it has to be demonstrated" (p. 1311). For him it is a bad strategy to say that if we cannot measure something it cannot be measured at all; in a hundred years it might well be.

It comes as no surprise, then, that the authors conclude that all teaching of psychoanalytic candidates should be done jointly by researchers and clinicians, as the crucial task is to reconcile empirical knowledge and clinical experience. This can be done by translating multifaceted clinical phenomena into definable variables amenable to precise and reliable measurements (pp. 402–403). The authors seem to confuse "empirical" with "formalized" and speak of clinical experience as if it stood apart from knowledge. For them the roles of the clinician and the scientist must be differentiated, and they quote Bowlby in this regard. In this connection, Thomä as a clinician considers himself an "eclectic psychoanalyst, an intersubjectivist" (p. 224), and speaks of his "independent development toward relational psychoanalysis" (p. 238).

In conclusion, the authors have this to say: "the most salient implication for psychoanalytic practice that we can identify from our empirical study case is that rather than the analyst making sweeping inferences and drawing strong conclusions, we urgently suggest that humility and tentativeness in all interventions are optimal" (p. 400). Similarly, seventy-five pages earlier, studying the patient's reactions to breaks as an indicator of change in relation to loss or separation—they used the CCRT and the Ulm Anxiety Topic Dictionary, a computer-assisted instrument for content analysis—they concluded that "the evolution of the loss-separation phenomena as a reaction to breaks cannot continue to be considered as a

direct result of specific interpretation or as a primary or independent cause of change in the patient. . . . the reaction to breaks evolves as an indicator of change—that is, as a result of highly complex analytical work” (p. 325).

We must be grateful for this contribution, which will remain a permanent reference in the field. It is highly improbable that another project of this magnitude will be undertaken again; it was fortunate to have started in 1968 and to have been able to continue for decades with the academic and financial support necessary for the researchers to pursue their goals (“Research in Germany is very well paid. . . . the more basic the research the more money you can get” [Kächele 1995, pp. 1304–1305]). Followers of this trend of research and those who hewing to different methods (case building, logical thinking) and different epistemic frames (psychoanalytic ones) must take into account what the authors of this book have painstakingly managed to produce.

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