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Qualitative psychotherapy research in German-speaking countries

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QUALITATIVE PSYCHOTHERAPY RESEARCH IN GERMAN-SPEAKING COUNTRIES

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The authors present an overview of qualitative psychotherapy research in German-speaking countries. Special attention is paid to specific characteristics of methods, topics, and results, about which little is known in English-speaking countries. The authors describe historical and sociological developments in psychiatry, psychosomatic medicine, clinical psychology, and the social sciences relevant to the advancement of qualitative psychotherapy research. They then focus on the development of methods of analyzing and generalizing data obtained from qualitative observations. Finally, they outline the most important topics and results of these methods: first interviews with patients/diagnostics, psychosomatic syndromes, patient's experience of the therapy process, interaction between patient and therapist, therapist's experience of the therapy process, and follow-up research.

In 1994, Faller and Frommer published a monograph on qualitative psychotherapy research, in which they differentiated between qualitative-inductive and qualitative-quantifying approaches. Qualitative-quantifying approaches (a) use already established categories to hermeneutically evaluate their material, (b) use procedures to enhance reliability among different observers, and (c) try to transform their evaluations into numeric relations. Approaches that Faller and Frommer called qualitative-inductive (a) establish categories, (b) include reflections on different results of different observers of the data into the process of research, and (c) either do not transform their results into numeric relations or do so only to a limited extent.

The differentiation by the authors did not gain acceptance; qualitative-quantifying approaches mostly run under the heading of quantifying research. Nevertheless, by emphasizing this distinction, it is clear that many approaches in psychotherapy research that usually are meant to be quantifying ("objective") approaches necessarily

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start from interpreting their objects of investigation. Thus, they are based on communicative processes; the psychotherapy researcher must already have understood what he or she is going to investigate before applying categories to objects of research. In contrast to qualitative psychotherapy research, quantitative approaches mostly take this hermeneutic basis for granted.

The following overview of qualitative research approaches by German-speaking psychotherapy researchers is restricted to qualitative approaches in the narrower sense; we will not discuss the qualitative basics that quantitative research methods rely on. Moreover, we are interested in the qualitative researcher as a bricoleur (Weinstein & Weinstein, 1991). This kind of investigator formulates an empirically based emergent holistic understanding of the working field, "employing and borrowing from different genres to assemble a set of procedures and sensitizing constructs appropriate to the job in hand" (McLeod, 2001; McLeod & Balamoutsou, 2001, p. 129). Thus, we represent and endorse methodical pluralism within this field of qualitative psychotherapy research.

History and Sociology of Psychotherapy and Related Sciences

In the early 1990s, when qualitative approaches in German psychotherapy research were intensified, exemplified by the inauguration of a post for qualitative psychotherapy research at Duesseldorf University, there was resistance by the community of psychotherapy researchers. The arguments were based on two points. First, it was maintained that qualitative research is not scientific. Second, it was held that the part of qualitative research viewed as scientific does not possess a methodology of its own. This part was viewed as a variant of empirical research that has to meet the same criteria of quality as other empirical research methods. Both points were argued with rigor and at times great vigor. This resistance had historical and institutional origins that we outline briefly.

As early as the 1920s, the dominant schools of psychiatry prevented a broad integration of psychoanalysis into clinical psychiatry that had been called for at the beginning of the century by the Swiss psychiatrist Bleuler (1911). Foremost in this regard were two German schools of psychopathology: the Heidelberg school, led by Karl Jaspers, Hans Gruhle, and others and the neuropathological school at Frankfurt/Main and Berlin, led by Karl Kleist. In the 1930s, psychoanalysis was the only medical form of psychotherapy that was practiced. Ironically, it was victimized by the same destructive forces described by Freud in his sociocritical works (Frommer & Tress, 1998). Thus, the connections between repressive upbringing, anal character, intolerance of ambiguity, and social destructiveness, as addressed theoretically and investigated empirically by, collectively, Erich Fromm, Theodor W. Adorno, and Max Horkheimer (Adorno, Frenkel-Brunswick, Levinson, & Sanford, 1950), could not be worked out in Germany. Instead, they were developed in exile in North America. By the end of World War II, psychoanalysis was still not integrated into German psychiatry. This is one reason why psychosomatic medicine and psychotherapy were introduced into medical training independent of psychiatry once medical training was reorganized in the wake of the political reforms that occurred after 1968. The first generation to take chairs in the newly created field was made up mainly of psychoanalysts and psychodynamically oriented psychotherapists. Meanwhile, this new academic discipline of psychosomatic medicine and psychotherapy initially did not possess a homogeneous scientific methodology. This lack of coherence

made it difficult for this field to compete, in medical faculties, with the increasingly biologically oriented field of psychiatry.

This situation contributed to the turn made by psychotherapy researchers in recent decades to the methods of academic psychology. It is important to point out that before 1933 German psychologists had shown broad acceptance of the methodology of the humanities. Philosophical and methodological questions had been discussed ever since Wilhelm Wundt had presented his concept of “*Voelkerpsychologie*” (ethnopsychology) and Wilhelm Windelband had distinguished between ideographic and nomothetic methods in the sciences. Consequently, there were empirical studies that would be called “qualitative” using contemporary terminology (Juettemann, 1988).

Gestalt psychologists, in particular, had been eager to catch holistic processes of human feeling, experience, and thinking, which they viewed as being not amenable to reductionist methods. It was thus tragic that it was the gestalt psychologist Felix Krueger who had openly proclaimed to work alongside the Nazis at the Congress of the *Deutsche Gesellschaft fuer Psychologie* in 1933. Because of this and many other related influences, a holistic orientation to psychology and endorsement of the humanities were discredited in German-speaking psychology for decades thereafter (Frommer, Hempfling, & Tress, 1992; Herrmann, 1991; Krueger, 1934). It was against this background that West German psychology was shaped after World War II by a generation of psychologists who were oriented toward Anglo-American psychology methods and who increasingly (and finally radically) distanced themselves from the phenomenological and gestalt psychological roots of German psychology. Apart from a few exceptions, the holistic orientation has found no followers among academic psychologists in Germany and German-speaking countries. Accordingly, behavioral approaches and nomological research designs have come to dominate clinical psychology.

Methodology and Methods Of Qualitative Psychotherapy Research in German-Speaking Countries

As indicated, the historical developments in Germany since 1933 left no room for the qualitative research tradition in psychiatry, psychosomatic medicine, or clinical psychology. However, the situation in the humanities and the social sciences was very different. At a time when analytical approaches and the philosophy of language were predominating in Anglo-American philosophy, the hermeneutic approach held a central place among German-speaking philosophers. Dilthey (1957) defined hermeneutics as the theory of understanding fixed expressions of life by interpretation. These expressions of life are understood as expressions of an underlying sense. Understanding of sense is focused on the knowledge of intentional manifestations of others that have the character of objects. Understanding of sense of another subject succeeds for the better to the extent that the knowledge of background and context of these subjects can be worked out. The nature of this understanding is such that it comes about in a circle in that a single experience is contextualized in a whole, which in turn is influenced by knowledge of the single experience—referred to as the “hermeneutic circle.”

Hermeneutics has been a basic approach in contemporary German-speaking philosophy and human sciences, especially in its formulation by Hans-Georg Gadamer. There have been long-standing controversies about the best way to conduct it

(cf. Gadamer, 1960, 1977; Habermas, 1971). An expert on the philosophy of Juergen Habermas, Ulrich Oevermann, has developed a method of text interpretation called "Objektive Hermeneutik" (objective hermeneutics). This method brings aspects of the psychoanalytic notion of latent structures of meaning to conversational analysis. It has been applied to psychotherapy and supervision session transcripts (Kuehnlein, 1993; Leber, 1994; Oevermann, 1993; Oevermann, Allert, Konau, & Krambeck, 1979).

In contrast to academic psychology in Germany, increasingly committed as it is to an anthropology of the *homo nomologicus* (Juettemann, 1991), qualitative research designs achieved great significance in other social sciences under the influence of hermeneutics. This development reflected in the broadest sense a renaissance of German interpretive sociology in the wake of Max Weber, Georg Simmel, and Alfred Schuetz. This renaissance, in turn, provided a foundation for symbolic interactionism (Blumer, 1969) and ethnomethodology (Garfinkel, 1967; for evidence of both influences, see Arbeitsgruppe Bielefelder Soziologen, 1973). Also involved was a justification of ideographic understanding against the universal prevalence of logical empiricism (Adorno et al., 1969).

Within German sociology, Max Weber had, at the beginning of the 20th century, laid the foundation for an inclusion of the sphere of values into empirical studies. His concept of ideal types has proven especially useful for solving problems regarding generalization in qualitative research. Weber has defined ideal types as model assumptions that are "formed by the one-sided accentuation of one or more points of view and by the synthesis of a great many diffuse, discrete, more or less present, and occasionally absent concrete individual phenomena, which are arranged according to those one-sidedly emphasized viewpoints into a unified thought-construct" (Weber, 1949, p. 90). There are several features of ideal types. First, they are hypothesis-like constructs emerging from empirical research in which evaluative judgments of the logical, comparative relationships between them and reality must be clearly distinguished from value-oriented assessments of reality made in terms of ideals. Second, in contrast to categorical frameworks, ideal types reflect a high degree of subjectivity and individuality and serve to characterize behavioral motives systematically. Finally, the concept of ideal types allows one to view any subject under investigation as indissoluble from his or her social, historical, and cultural contexts. The method of conceptualizing ideal types has been introduced to psychotherapy research by Frommer (1992, 1996b, 1998), Kuehnlein (1993), Klotter (1994), and Stuhr (1996; Stuhr & Wachholz, 2001).

Weber's demand for a meticulous differentiation between evaluative and value-related judgments sets a fundamental standard for qualitative process research. As a methodologist, Weber took into account the fact that human communication is characterized by the interaction of the subjectivity of all participants. The consequence for scientific description, understanding, and explanation is to keep in mind that a self-reflecting researcher has to investigate and to interact with a self-reflecting research subject (Rennie, 2000; Rennie & Frommer, 2001). Weber held that the quality of social research depends crucially on the capacity of the researcher to differentiate between his or her own subjective and evaluative propositions, meanings, and values about the subjects under study (evaluative judgments) and the pure description, understanding, and explanation of the subjective meanings and values of the subjects under study (value-related judgments). His ideal type method outlines a binary research procedure. The first step requires the formation of ideal type case descriptions. This is done by making contrastive use of intensive case knowledge (everyday or scientific knowledge, material that either is already available or must

be empirically gathered). In a second step, the ideal types are used to understand and explain cases by means of comparative comprehension of the phenomenon in question. Ideal types are thus checked tentatively against reality and are discarded, replaced, or modified if necessary until sufficient density and conclusiveness are achieved (Gerhardt, 1985).

Within the last decade, a variety of methods of qualitative data collection and analysis have been either developed in the German-speaking countries or imported from Anglo-American researchers, such as grounded theory, conversational analysis, hermeneutical understanding, concepts of case comparison and ideal type development, psychoanalytic interpretation, and qualitative content analysis (Buchholz & Streeck, 1994; Faller & Frommer, 1994). Reviewing these methods and methodologies systematically (Frommer, 1997), the research process can be understood as a series of five decisions according to dichotomous options.

1. Methods have been used that take impressions, ideas, and theories of the studied subjects as their definitive point of reference and criterion of validation. In contrast, methods have been used that look for latent structures of sense, which are not represented in subjective intentions but are reproducible in the text producers.
2. Some studies have been performed in an inductive style, in which the researcher has tried to enter his or her field of research neutrally and without preconceptions. In a different approach, researchers have formulated personal knowledge and judgments and knowledge of the scientific community at the outset of their research process.
3. In some research approaches, the material has been analyzed expansively (i.e., using time- and resource-consuming variants of interpretation for short text passages). In contrast, users of other approaches have analyzed their material reductively (i.e., working out "thick descriptions" [Geertz, 1973] that have summarized semantic and pragmatic aspects of form and content).
4. Another differentiation can be made concerning interpretation: It is done using either the language of the research participants or that of a given school of thought or research direction.
5. Some researchers have operated in the way of classic ideographic research, deriving evidence of general validity and relevance from analyzing single cases, whereas others have examined a multitude of cases for similarities and contrasts in a systematic comparison.

Topics and Results of Qualitative Psychotherapy Research in German-Speaking Countries

Within the last decade, qualitative psychotherapy research has had an upturn not only in Anglo-American countries but also in the German-speaking world (Frommer & Rennie, 2001). In his review article, Elliott (1999) found 13 publications on qualitative psychotherapy research in *Psychotherapy Research* (1991–1999). Three of these articles were by German-speaking authors. An important problem posed by bibliometric analyses of qualitative research activity, however, is that it is difficult to decide which studies are to be included. For example, Elliott considers the method of facial action coding systems (FACS) in the study of Baenninger-Huber (1992), which is, from our point of view, not a qualitative-inductive approach. On the

other hand, Elliott failed to consider the study by Frommer, Reissner, Tress, and Langenbach (1996), which involved induction in the form of grounded theory and qualitative content analysis. In a previous review of qualitative studies published in German-speaking psychotherapy journals, we found 12 original articles between 1989 and June 2000 in *Psychotherapie*, *Psychosomatik*, *Medizinische Psychologie*, 6 articles in *Zeitschrift fuer Psychosomatische Medizin und Psychotherapie*, and 1 article in *Psychotherapeut*. The increasing interest in qualitative psychotherapy research is also documented by two new journals: *Psychotherapie und Sozialwissenschaft: Zeitschrift fuer qualitative Forschung* (Psychotherapy and Social Science: Journal for Qualitative Research) started in 1999 and *Zeitschrift fuer Qualitative Bildungs-, Beratungs- und Sozialforschung* (Journal for Qualitative Research in Education, Counseling, and Social Science), which began a year later. In addition, some monographs and many book chapters have been published within the last 10 years.

The survey we present here is structured according to six topics: first interviews and diagnostics, psychosomatic syndromes, patient's experiences of therapy process, patient and therapist interaction, therapist's experiences of therapy process, and follow-up research.

First Interviews and Diagnostics

Our thinking is that symptom-focused operational diagnostics have clear limits in neuroses, psychosomatic disorders, and personality disorders. The most common mental symptoms such as anxiety and depression are present in a variety of mental disorders. Symptoms have to be placed in contexts of biography, personality, and patients' subjective opinions of their disorder to be relevant for the diagnostic process and prognosis. Qualitative research in diagnostics has been shaped by the assumption that qualities influenced by preverbal and preconceptual factors and ideal typical conventions play an important role in the practice of clinical diagnosis. These clinical models have been derived from verbal and preverbal expressions of patients conveyed in an interview.

Wilke (1992) conducted an intensive investigation of the first three sentences uttered by neurotic and psychosomatic patients at the outset of 32 psychodynamic therapy sessions. She used the grounded-theory method (Strauss, 1987) and qualitative content analysis. Wilke formulated a normative form made up of five elements: label (description of symptoms), signal of a crisis (appeal for help), intensification (increase of symptoms), self-portrait related to symptoms (concepts concerning origin and course of complaints, self-description), and commentary. These elements and their order were interpreted to be pertinent mainly to the neurotic patients who were interviewed. These patients were also able to expand on initially presented topics and talk about potential psychological causes and conflicts concerning their complaints. The situation with psychosomatic patients was more complicated. These patients tended to resist the therapist and failed to understand processes of negotiation, psychological commentaries, and self-portraits related to their problems, as initiated by the therapist (Wilke, 1992, 1994; Wilke & Grande, 1991).

Similar to Wilke's investigations, the project by Frommer et al., begun in Duesseldorf and continued in Magdeburg, has addressed subjective theories held by patients with psychosomatic disorders and patients in psychotherapy. This research group has used qualitative content analysis, grounded theory, comparative casuistics (Juettemann, 1990), and the concept of ideal types as methods of data analysis. They have studied patients with depression (Frommer, Juettemann-Lembke, Stratkoetter, &

Tress, 1995), phobic and anxiety disorders (Frommer, Moellering & Tress, 1995), bulimia (Frommer & Hucks-Gil Lopez, 1996), borderline personality disorder (Frommer et al., 1996) and psychosomatic patients with endometriosis (Bodden-Heidrich et al., 1999). The research group has developed a text corpus of 82 completely transcribed and analyzed first interviews over the last decade and has recorded and displayed the expressions of these patients in a condensed manner. The ideal types that have been conceptualized have allowed for interesting comparisons. Initially, a comparison was made of how patients with different diagnoses described their complaints, biographies, and personalities (Frommer et al., 1997). In recent years, there has also been an increasing interest in the influence of variables that are independent of diagnosis, such as the different cultural identity of West and East Germans (Frommer, 2000; Frommer, Knuefermann, Krause, & Wittig, 1999). The results of this research group indicate the importance of cultural influences on the arrangement of narratives of psychotherapy patients. The results also enrich nosological concepts. They support the tenability of a two-dimensional model for the understanding of neuroses and personality disorders, in turn conceptualized as specific problems in the field of personal identity. The first dimension serves to describe the symptoms between the two poles of anxiety and depression. The second dimension differentiates between the two extremes of mature personality organization and severe personality disorder according to the integration of the personal identity (Frommer, 1996a, 1996b).

In a discourse-analytic study of a first interview of a family, Martens-Schmid (2000) has shown how a microanalysis of therapeutic communication can enrich the understanding of patients and their families. Meanwhile, Buchholz (2000) has demonstrated the usefulness of qualitative content analysis as a way of interpreting dream narratives expressed in two initial family therapy sessions.

Psychosomatic Syndromes

A characteristic feature of qualitative research in German-speaking countries is the emphasis that has been placed on psychosomatic patients (e.g., Zepf & Weidenhammer, 1988). A number of different qualitative research methods have been used. Bliesener and Koehle (1986) studied the verbal behavior of physicians on their rounds in hospital. They audiotaped more than 2,000 communications with 250 patients and videotaped 20 communications with 15 patients. They performed a qualitative content analysis of the transcripts and documented the differences between patients' and physicians' theories about the disorders (e.g., myocardial infarction, malignant disorders, asthma, colitis). Bliesener and Koehle were able to point to typical communicative problems between "expert" and "layman" and their influence on the course of treatment.

The matter of physician–patient communication was taken up again in a special issue of *Psychotherapie und Sozialwissenschaft* dedicated to the topic of narrative in psychotherapy. As reported in this special issue, Koerfer, Koehle, and Obliers (2000) studied how physician–patient communication can be improved by training of physicians in a Balint group. They used a qualitative design contrasting typologies of physician–patient communication before and after training. They demonstrated that physician–patient communication could be improved when the physician moved from an interrogative to a narrative style.

Patients with certain diseases have also been studied. Faller (1990) investigated the emotional coping with stress after myocardial infarction in which the method

used was a content analysis of verbal data obtained from semistructured interviews. The patients perceived adaptive tasks in the areas of bodily damage, psychological restrictions, loss of self-esteem, and challenge to social identity. Faller et al. have also studied subjective theories of illness and coping in brain tumor patients (Faller, Lang, & Schilling, 1994). The patients mostly reported mechanical trauma as the suspected cause of their disease. They displayed low distress and a strong hope for recovery. As assessed by content analysis of semistructured interviews, distraction, social support, optimism, and acceptance of the disease were frequent modes of coping. In addition, in a study of patients suffering from lung cancer, Faller, Buelzebruck, Drings, and Lang (1999) were able to show that, for patient's emotional coping with the illness and for their subjective theory of the illness, it mattered whether patients spontaneously told their theories of causation of their illness during the interview or passively consented to a theory mentioned by the interviewer (Faller, 1998; Faller, Schilling, & Lang, 1991).

Küchenhoff et al. investigated the development of subjective theories held by patients dealing with Crohn's disease. Transcripts of interviews were studied by content analysis, in which acute phase and remission were contrasted. They found that patients' subjective theories of their illness played an important role in how they coped in a characteristic course. Although patients seemed to benefit from organic-naturalistic interpretations of their illness during acute episodes when they appeared to be psychologically stable, adhering to this understanding of their disease was rather dysfunctional when they were in remission (Küchenhoff, 1993, 1994; Küchenhoff & Matthes, 1994).

Michael Langenbach et al. have applied grounded theory and qualitative content analysis to transcripts of research interviews to study aspects of several medical conditions. They have evaluated response shift, changes of body experience, and influences on social relationships after solid organ transplantation (liver, heart, and pancreas/kidney; Langenbach & Köhle, 1999). They have investigated the motivation to donate and the influence of donating a living kidney on donors' relationships with recipients (Langenbach, Pollok, & Arns, 1999). They have also studied patients with sleep apnea to assess their insight into the disease, their way into therapy, and potential influences of the disorder and therapy on relationships. They have shown that a substantial number of these patients suffer psychosocial burden and may require specific psychotherapeutic help (Langenbach, Prickartz, Beier, & Köhle, 2001).

Research into the Course of Psychotherapy

In the last decade, researchers in German-speaking countries have designed numerous projects to study the course of psychotherapy. A project of single-case research into psychotherapy (PEP) of the Ulm research group led by Horst Kaechele, in conjunction with the group led by Klaus Grawe in Bern, Switzerland, has paved the way for other projects of process research. Many research groups—of both qualitative-quantifying and qualitative-inductive approaches—have followed Kaechele's invitation to compare psychodynamic and cognitive-behavioral short-term therapies.

The focus of this project has had much to do with Grawe's (1987) concept of a heuristic psychotherapy. Entailed in this concept are "plan analyses," which serve as a major tool to discover the patient's negative self-schemas thought to constitute the

core of his or her disabilities. Working through the transcripts of therapy sessions, the structural relations of more concrete and detailed schemas to hierarchically higher plans are analyzed. An initial plan analysis serves as a starting point for the observation of changes in the structural properties of the patient's plans. The final plan, which can be represented by graphic means, is the result of group discussion and repeated re-evaluation (Caspar, 1989). Other qualitative research methods have been applied to this topic as well. Most of these methods are variants of discourse analysis as introduced in Anglo-American research by Labov and Fanshel (1977) and in German research by Flader, Goeppert, and others (Flader & Wodak-Leodolter, 1979; Goeppert & Goeppert, 1975). As realized in the PEP project, these methods have involved process of dialogue analysis, linguistic analysis of therapists' interventions, objective hermeneutics, and pattern of interpretation analysis (Kaechele, 2000).

Continuing with this theme, Brigitte Boothe et al. have studied the transcript of the psychodynamic PEP therapy using a narrative analytic method called JAKOB, which she developed using methods from linguistics and literary studies. JAKOB is a hermeneutic method in which the narrative process is seen as a dramatic act: "Narratives are linguistic stage productions. The storyteller directs the scene and assigns dramatic roles and degrees of involvement to the speaker-listener group. Thus, conflict-laden experience becomes something that can be articulated, and finds emotional acceptance in the social sphere" (Boothe, von Wyl, & Wepfer, 1999, p. 258). The empirical analysis of the narrative is done in eight steps:

1. The narrative event is identified and distinguished from the rest of the text and then transcribed.
2. The narrative is structured by dividing it into segments and identifying different styles of language.
3. The meaning of the segments is coded in terms of "who," "what," "how," "when," "where," and "under what conditions."
4. Narrative sequences are analyzed to enable the formulation of certain sequence patterns in positioning of the I figure called "actor fates."
5. The relationships between the narrative I figure and the other figures of the narrative are defined.
6. The rules of the game in the sense of implicit and explicit norms and rules of action are described.
7. Modeling functions, or the functions constituting what the narrative provides for the narrator, are identified.
8. The conflict expressed in the narrative is reconstructed in terms of psychodynamic compromise (Boothe, 1994).

Boothe et al. have used this method as an analytic strategy in further case studies (Boothe & von Wyl, 1999; Boothe, von Wyl, & Wepfer, 1998). For example, von Wyl (2000) has applied the narrative analysis program JAKOB to characterize and compare typical narrative structures of 7 anorectic and 8 bulimic patients in inpatient settings. Her interpretations claimed to identify a narrative structure with conflict patterns of oedipal content in the anorectic group, whereas for the bulimic patients she identified a prevalence of preoedipal conflicts that were not object related but rather centered round functions and primary bodily needs (von Wyl, 2000).

A peculiarity of the German-speaking region is that inpatient psychotherapy is more common than in Anglo-American countries. Regarding this complex field of

research, qualitative approaches have been used to investigate psychotherapy process. Ruff and Leikert (1999) studied 47 inpatient psychotherapies based on a psychoanalytical concept and a research strategy shaped by the philosophy of language. According to these investigators, meanings are not fixed a priori but are constructed by interpreting the communication process in terms of context. Patients of the Wittgenstein Clinic in Bad Berleburg, a multidimensional treatment setting with a psychoanalytic focus, were interviewed at the end of treatment. These interviews were audiotaped and transcribed. Each member of the research group read the transcripts and characterized the patient's conflict that is presumed to have led to his or her disorder and the course of therapy. The members of the research team then discussed each patient to arrive at a mutual understanding of each central conflict, to describe the working through of it in therapy, and to compare patients in terms of psychotherapy processes. These discussions were also audiotaped and transcribed. Aiming at generalizations for the three diagnostic groups, the authors presented course-of-treatment typologies that were centered on each group. Thus, for example, neurotic patients were understood to undergo a course of therapy characterized by six phases: (a) a period in which excessive expectations are held in the absence of satisfactory relationships, (b) a phase of transference of solutions worked out previously in the inpatient setting, (c) occurrence of clarification and disaffirmation of neurotic strategies, (d) onset of a therapeutic crisis leading to new perspectives, (e) undertaking of actions that provide new solutions to conflicts, and (f) detachment from the therapist and the development of a new orientation. As a common structure of all three investigated disorders, the authors describe a basic movement from "helplessness and passivity via different steps of reflecting on oneself and one's potential to a final stage of re-experiencing one's own potential of developing and activity" (Ruff & Leikert, 1999, p. 237).

Using a linguistic perspective, Streeck (1989) performed a conversation analytic study of 47 therapeutic sessions of brief psychotherapies done by 4 therapists with patients who had overdosed in suicidal attempts. The therapists belonged to different therapeutic schools. Streeck investigated the activities of focusing and the question of how and by which verbal strategies the patients and therapists came either to agree or disagree on a specific focus. She found that a "success" in this focusing approach, as described by conversation analysis, had a close relation to the result of therapy described from a clinical view.

Patient–Therapist Interaction and the Therapist's Experience of Therapy Process

The Tiefenbrunn research group of Ulrich Streeck, in cooperation with Michael Buchholz (e.g., Buchholz & Streeck, 1999), focused on the principle of interaction in psychoanalytic settings. This group has had a main interest in the analysis of interviews and interactions and has used methods for the analysis of context, conversation, and metaphors. A context analytical study has revealed that phenomena such as resistance and transference are not simply mental dispositions of the patient identified by specific characteristics that come into light in treatment. Rather, they are communicative actions related to the context of interaction and are mutually constructed by patient and therapist (Streeck, 1995, 1999b). In the same vein, a content analysis of microstructures and microprocesses of the therapeutic action has indicated that a model of therapeutic action holding that an expert treats a mental

disorder of his or her patient can be upheld only from a macroperspective. The analyses of microprocesses of the communicative action in treatments have shown that the therapeutic dialogue is a process of permanent, inseparable mutual treatment by the patient and psychotherapist.

Analyses of nonverbal behavior and gestures in treatment settings in which therapist and patient have sat opposite each other have contributed to this understanding as well (Streeck, 1994, 1999a, 2000, 2001a; Streeck & Dally, 1995). It is evident from this research that, in the case of patients such as transsexuals who needed the gaze of others to constitute and establish a sense of identity, the therapist's visible gestures are highly important to the patient. In the same token, subtle bodily and gestured expressions of the patient have influenced the behavior of the therapist (Streeck & Dally, 1998, 2000).

In terms of yet another aspect of therapist–patient engagement, it has been noted that therapists and patients made frequent use of metaphor in their dialogues. Buchholz and von Kleist (1997) interviewed 30 patients and their therapists and observed which metaphors were used to describe the contact that each member of the dyad had with each other (they may “meet each other,” be “affected by the other,” or may “get into touch” or “lose contact with reality”). This study has demonstrated that the synchronization of metaphors of contact influenced the outcome of treatment. In another study by Buchholz (1996), transcripts of therapeutic sessions were analyzed with regard to “fantasies of process.” It makes a difference, for example, whether therapy is seen as “a confession,” “training for fitness,” “an operation,” or “brain washing.” Thus, the analysis of metaphors, which has been given much attention in linguistics, has also become an important focus of qualitative methods in psychotherapy research.

Streeck (1994, 1995) has also investigated psychoanalysts' private theories by asking experienced analysts for commentaries on a transcript of a treatment session. In keeping with the results of previous studies by Pulver (1987a, 1987b), very little agreement was found among psychoanalysts on interpretations of the therapeutic action. The results of a second investigation contributed strikingly to an understanding of this disparity. The psychoanalysts were asked to comment on the commentaries of the other involved psychoanalysts. Each of the analysts was thus implicitly asked to give reasons for his or her own interpretation of the session and to defend that interpretation against those of the other analysts. This step shed light on psychoanalysts' private theories involving their personal interpretation of current psychoanalytic concepts and their personal way of arranging a therapeutic situation. The practitioners showed differences in how they interpreted the transcribed events of the therapy session and, in particular, how they understood and wanted to deal practically with manifestations of resistance, transference, defense, and so on. This finding suggests that in therapeutic action there is no correct or competent use of a therapeutic method. Instead, in support of the other studies addressed in this section, in this activity a world of new meanings is constructed by patient and therapist in an interactive process.

Several investigators have analyzed the same 2 hr of a 15-hr short-term psychoanalytic treatment. Beneke and Krause (2001) examined affective facial expression and the connection between facial behavior and speech, Boothe (2001) conducted a narrative analysis using JAKOB, and Streeck (2001b) conducted a conversation analysis. These studies demonstrated divergence between the different methods of analysis but also showed how these approaches complement one another.

Follow-up Investigations

Interviewing former participants in psychotherapeutic treatments has been another major activity of qualitative researchers. Several investigators have used qualitative content analysis of former patients' recollections of therapy. Three types of experience in therapy have been addressed: infantile regression, new insight, and positive experience of the relationship. The former patients drew a differentiated picture of their treatment. In a predominantly qualitative study, Senf et al. (Braeutigam, Senf, & Kordy, 1990; Senf, 1986; Senf & Heuft, 1994) were led to understand that a positive experience of the patient–therapist relationship characterized as partnership was positively correlated to a positive course of inpatient psychotherapy.

Irene Kuehnlein et al. have described the results of follow-up interviews with 46 former patients 2 years after completion of therapy (see Kuehnlein, 1999). They focused on the interviewees' reconstruction of the transformation of psychotherapeutic knowledge regarding their psychological disorder, their subjective concepts about psychotherapy, and their future orientations. They used Oevermann's method of objective hermeneutics to work out variants of interpretation of single parts of the text compared with other parts and summarized their results as typologies. Four types of autobiographical construction were identified: (a) *overburden*, or the interpretation made by the former patients that their disorder was the consequence of repetitive difficult life events; (b) *deviation*, or the interpretation that their disorder was an inexplicable malfunction; (c) *deficit*, or the suspicion that educational and learning faults were responsible for their disorder; and (d) *developmental disturbance*, or the self-reflexive interpretation that their disorder was interfering with the development of their identity.

In a 12-year follow-up study, Wachholz and Stuhr (1999) interviewed 49 former patients who had had short-term outpatient psychotherapy (up to 30 sessions) in 1971–1972. Some of them had received client-centered and conflict-centered psychotherapy. The interviews were transcribed and evaluated by an inductive method that resembled a combination of qualitative content analysis and axial coding in the Strauss and Corbin (1990) approach to grounded theory. This analysis was conducted within a psychoanalytic framework. The authors looked for the most characteristic findings and condensed them into ideal type clusters. They found eight types of description of the therapist as viewed by patients: the therapist as (a) mature motherly object, (b) symbiotic maternal object, (c) insufficient maternal object, (d) unattainable father, (e) stern, demanding father, (f) narcissistically devalued object, (g) repressed object, and (h) unreachable ideal object.

Conclusion and Outlook

It has been the intention of our survey of German-speaking psychotherapy research to point out some characteristics in terms of history, methodology, methods, clients, and results. Among these specific features are the use of hermeneutic and ideal type approaches in methodology, the prevalence of certain methods of data analysis (e.g., qualitative content analysis, objective hermeneutics, and psychoanalytic understanding), and the investigation of inpatient psychotherapy and psychosomatic disorders.

It has been shown that qualitative research is not only useful for the development of hypotheses to be tested with quantitative methodology, but it also deepens our

understanding of subjective experience and interaction in psychotherapy. For questions related to these topics, qualitative research has become an invaluable instrument.

For the future, we envision two main tasks of qualitative research that have been worked out only marginally thus far. First, there is a need to develop models that describe the psychotherapeutic process as a whole. The main advantage of using qualitative research methods in this regard is that they depict those elements of the therapy process that have dialectical (Fischer, 1989) or dramatic (Boothe, 1994) characteristics rather than characteristics that ostensibly follow linear laws. Thus, the scientific case study may gain status as a main focus of interest again as a preeminent instrument for understanding the process of psychotherapy as a whole (Frommer & Langenbach, 2001; Overbeck, 1996; Stuhr & Deneke, 1993). The second task, related to the first, is a consequence of the old insight that valid diagnosis and prognosis of mental disorders are dependent on typological concepts that entail biography and personality. Consolidated biographical experiences and symptoms need to be understood in terms of their interrelation with each other. Although there is a continued interest in personality and the study of symptoms, biographical research has nearly vanished from psychotherapy research. The use and development of biographical research methods will be outstanding challenges for future qualitative psychotherapy research.

References

- Adorno, T. W., Dahrendorf, R., Pilot, H., Albert, H., Habermas, J., & Popper, K. R. (Eds.). (1969). *Der Positivismusstreit in der deutschen Soziologie* [The positivism controversy in German sociology]. Darmstadt Neuwied: Luchterhand.
- Adorno, T. W., Frenkel-Brunswick, E., Levinson, D. J., & Sanford, R. N. (1950). *The authoritarian personality*. New York: Norton.
- Arbeitsgruppe Bielefelder Soziologen. (Eds.). (1973). *Alltagswissen, Interaktion und gesellschaftliche Wirklichkeit* [Everyday knowledge, interaction, and reality of society]. (Vol. 2). Reinbek: Rowohlt.
- Baenninger-Huber, E. (1992). Prototypical affective microsequences in psychotherapeutic interaction. *Psychotherapy Research*, 2, 291–306.
- Beneke, C., & Krause, R. (2001). Fühlen und Affektausdruck: Das affektive Geschehen in der Behandlung von Herrn P. [Feeling and expression of affect: the affective process in the treatment of Mr P.]. *Psychotherapie und Sozialwissenschaft*, 3, 52–73.
- Bleuler, E. (1911). *Dementia praecox oder Gruppe der Schizophrenien* [Dementia praecox, or group of schizophrenias]. Leipzig Wien: Deuticke.
- Bliesener, T., & Koehle, K. (1986). *Die ärztliche Visite—Chance zum Gespräch* [The ward round—a chance for talking?]. Wiesbaden: Westdeutscher Verlag.
- Blumer, H. (1969). *Symbolic interactionism: Perspective and method*. Englewood Cliffs, NJ: Prentice Hall.
- Bodden-Heidrich, R., Hilberink, M., Frommer, J., Stratkoetter, A., Rechenberger, I., Bender, H. G., & Tress, W. (1999). Qualitativ-inhaltsanalytische Studie zu psychosomatischen Aspekten der Endometriose [A qualitative, content analytical study of psychosomatic aspects of endometriosis]. *Zeitschrift fuer Psychosomatische Medizin und Psychoanalyse*, 45, 372–389.
- Boothe, B. (1994). *Der Patient als Erzähler in der Psychotherapie*. Goettingen: Vandenhoeck & Ruprecht.
- Boothe, B. (2001). Erzähldynamik und psychischer Verarbeitungsprozess. Eine narrative Einzelfallanalyse [Dynamics of narrating and psychological process of working through. A narrative single case analysis]. *Psychotherapie und Sozialwissenschaft*, 3, 28–51.
- Boothe, B., & von Wyl, A. (Eds.). (1999). *Erzählen als Konflikt Darstellung* [Narrating as expressing a conflict]. Bern: Peter Lang.
- Boothe, B., von Wyl, A., & Wepfer, R. (1998). *Psychisches Leben im Spiegel der Erzählung. Eine narrative Psychotherapiestudie* [Mental life in the mirror of a narrative. A narrative psychotherapy study]. Heidelberg: Asanger.
- Boothe, B., von Wyl, A., & Wepfer, R. (1999). Narrative dynamics and psychodynamics. *Psychotherapy Research*, 9, 258–273.
- Braeutigam, W., Senf, W., & Kordy, H. (1990). Wirkfaktoren stationärer psychoanalytischer Therapien aus der Sicht des Heidelberger Kataneseprojekts [Effective factors of psychoanalytic

- inpatient psychotherapy from the perspective of the Heidelberg catamnesis project]. In H. Lang (Eds.), *Wirkfaktoren der Psychotherapie* (pp. 189–208). Berlin: Springer.
- Buchholz, M. B. (1996). *Metaphern der 'Kur'. Studien zum therapeutischen Prozess* [Metaphors of cure. Studies of therapeutic process]. Opladen: Westdeutscher Verlag.
- Buchholz, M. B. (2000). Die Traumerzaehlung in der familientherapeutischen Sitzung [The narration of dreams in a family therapy session]. *Psychotherapie und Sozialwissenschaft*, 2, 129–141.
- Buchholz, M. B., & Streeck, U. (Eds.). (1994). *Heilen, Forschen, Interaktion* [Healing, Researching, Interaction]. Opladen: Westdeutscher Verlag.
- Buchholz, M. B., & Streeck, U. (1999). Qualitative Forschung und professionelle Psychotherapie [Qualitative research and professional psychotherapy]. *Psychotherapie und Sozialwissenschaft*, 1, 4–30.
- Buchholz, M. B., & von Kleist, C. (1997). *Szenarien des Kontakts—Eine metaphoranalytische Studie zur stationaeren Psychotherapie* [Scenarios of contact—a metaphor analytic study of inpatient psychotherapy]. Giessen: Psychosozial-Verlag.
- Caspar, F. (1989). *Probleme und Beziehungen verstehen. Eine Einfuehrung in die psychotherapeutische Plananalyse* [Understanding problems and relationships. An introduction to psychotherapeutic plan analysis]. Bern: Huber.
- Dilthey, W. (1957). *Die geistige Welt: Einleitung in die Philosophie des Lebens; Haelfte 1. Abhandlungen zur Grundlegung der Geisteswissenschaften* [The world of the 'Geist': Introduction to the philosophy of life; Part 1. Treatise on the basics of 'Geisteswissenschaften']. In W. Dilthey (Ed.), *Gesammelte Schriften* (Vol. 5, 2nd ed.). Stuttgart: Vandenhoeck & Ruprecht.
- Elliott, R. (1999). Editor's introduction to special issue on qualitative psychotherapy research: Definitions, themes and discoveries. *Psychotherapy Research*, 9, 251–257.
- Faller, H. (1990). *Subjektive Krankheitstheorie und Krankheitsverarbeitung bei Herzinfarkt-rehabilitanden* [Subjective theory of illness and coping in patients recovering from myocardial infarction]. Frankfurt: Lang.
- Faller, H. (1998). *Krankheitsverarbeitung bei Krebskranken* [Coping in patients with cancer]. Göttingen: Verlag für Angewandte Psychologie.
- Faller, H., Buelzebruck, H., Drings, P., & Lang, H. (1999). Coping, distress, and survival among patients with lung cancer. *Archives of General Psychiatry*, 56, 756–762.
- Faller, H., & Frommer, J. (Eds.). (1994). *Qualitative Psychotherapieforschung. Grundlagen und Methoden* [Qualitative psychotherapy research. Basics and methods]. Heidelberg: Asanger.
- Faller, H., Lang, H., & Schilling, S. (1994). Subjektive Krankheitstheorie und Krankheitsverarbeitung bei Hirntumorpapienten [Subjective theory of illness and coping in patients with brain tumors]. *Psychotherapie Psychosomatik Medizinische Psychologie*, 44, 207–214.
- Faller, H., Schilling, S., & Lang, H. (1991). Die Bedeutung subjektiver Krankheitstheorien für die Krankheitsverarbeitung im Spiegel der methodischen Zugänge [The relevance of subjective theories of illness in the context of methodological approaches]. In U. Flick (Ed.), *Alltagswissen über Gesundheit und Krankheit* (pp. 28–42). Heidelberg: Asanger.
- Fischer, G. (1989). *Dialektik der Veraenderung in Psychoanalyse und Psychotherapie. Modell, Theorie und systematische Fallstudie* [Dialectics of change in psychoanalysis and psychotherapy]. Heidelberg: Asanger.
- Flader, D., & Wodak-Leodolter, R. (Eds.). (1979). *Therapeutische Kommunikation. Ansaetze zur Erforschung der Sprache im psychoanalytischen Prozess* [Therapeutic communication. Research approaches on language in psychoanalytic processes]. Koenigstein: Scriptor.
- Frommer, J. (1992). Der idiopathische Schreibkrampf als psychosomatische Erkrankung. Eine qualitative Analyse von drei Fallgeschichten [Idiopathic writers' cramps as a psychomatic disorder. Qualitative analysis of three case reports]. *Zeitschrift fuer Psychosomatische Medizin und Psychoanalyse*, 38, 49–62.
- Frommer, J. (1996a). Grundlinien einer Systematik der Neurosen und Persoenlichkeitsstoerungen [Basics of a systematic of neuroses and personality disorders]. *Psychotherapeut*, 41, 305–312.
- Frommer, J. (1996b). *Qualitative Diagnostikforschung. Inhaltsanalytische Untersuchungen zum psychotherapeutischen Erstgespraech* [Qualitative research into diagnostics. Content analysis investigations on psychotherapeutic intake interviews]. Berlin: Springer.
- Frommer, J. (1997). Ueber einige methodische Probleme qualitativer Psychotherapieforschung [Regarding some methodological problems of qualitative psychotherapy research]. In H. V. Bolay, R. Boller, D. Czogalik, & H. Kaechele (Eds.), *Heidelberger Schriften zur Musiktherapie*. (Vol. 11, pp. 109–121). Stuttgart: Fischer.
- Frommer, J. (1998). Die Bedeutung qualitativer Methoden fuer die Forschung in Psychosomatischer Medizin und Psychotherapie [The relevance of qualitative methods in psychosomatic medicine and psychotherapy]. *Zeitschrift fuer Psychosomatische Medizin und Psychoanalyse*, 44, 72–87.
- Frommer, J. (2000). Psychoanalytische und soziologische Aspekte personalen Identitaetswandels im vereinten Deutschland [Psychoanalytic

- and sociological aspects of change of personal identity in reunited Germany]. *Zeitschrift fuer qualitative Bildungs-, Beratungs- und Sozialforschung*, 1, 365–383.
- Frommer, J., & Faller, H. (1994). Einleitung [Introduction]. In H. Faller & J. Frommer (Eds.), *Qualitative Psychotherapieforschung. Grundlagen und Methoden* (pp. 9–12). Heidelberg: Asanger.
- Frommer, J., Hempfling, F., & Tress, W. (1992). Qualitative Ansätze als Chance fuer die Psychotherapieforschung. Ein Beitrag zur Kontroverse um H. Legewies "Argumente fuer eine Erneuerung der Psychologie" [Qualitative approaches as a chance of psychotherapy research]. *Journal fuer Psychologie*, 1, 43–47.
- Frommer, J., & Hucks-Gil Lopez, E. (1996). Subjektive Krankheitstheorien von Bulimie-Patientinnen im psychotherapeutischen Erstgespräch [Subjective theories of illness of patients with bulimia nervosa in psychotherapeutic intake interviews]. *Verdauungskrankheiten*, 14, 236–239.
- Frommer, J., Hucks-Gil Lopez, E., Juettemann-Lembke, A., Moellering, A., Reissner, V., Stratkoetter, A., & Tress, W. (1997). Qualitative Diagnostikforschung bei Neurosen und Persönlichkeitsstörungen. Das Duesseldorfer Erstinterviewprojekt. [Qualitative research into diagnostics of neuroses and personality disorders]. *Psychotherapeut*, 42, 163–169.
- Frommer, J., Juettemann-Lembke, A., Stratkoetter, A., & Tress, W. (1995). Persönlichkeitsstruktur und subjektive Krankheitsvorstellungen neurotisch Depressiver. Qualitativer Vergleich von 11 Einzelfallanalysen psychotherapeutischer Erstgespräche [Subjective theories of illness and personality in depressive neurosis]. *Nervenarzt*, 66, 521–531.
- Frommer, J., Knuefermann, M., Krause, C., & Wittig, D. (1999). Angst und Depressivitaet im Ost-West-Vergleich. Eine inhaltsanalytische Studie an psychotherapeutischen Erstinterviews [Anxiety and depression in East and West Germans. A content analysis study in psychotherapeutic intake interviews]. In A. Hessel, M. Geyer, & E. Braehler (Eds.), *Gewinne und Verluste sozialen Wandels. Globalisierung und deutsche Wiedervereinigung aus psychosozialer Sicht* (pp. 212–221). Opladen: Westdeutscher Verlag.
- Frommer, J., & Langenbach, M. (2001). The psychoanalytic case study as a source of epistemic knowledge. In J. Frommer & D. L. Rennie (Eds.), *Qualitative psychotherapy research: Methods and methodology* (pp. 50–68). Lengerich: Pabst Science.
- Frommer, J., Moellering, A., & Tress, W. (1995). Persönlichkeitsstruktur und subjektive Krankheitsvorstellungen phobisch-angstneurotischer Patienten. Qualitativer Vergleich von 12 Einzelfallanalysen psychotherapeutischer Erstgespräche [Personality structure and subjective theories of illness of patients with phobia]. *Zeitschrift fuer Psychosomatische Medizin und Psychoanalyse*, 41, 38–59.
- Frommer, J., Reissner, V., Tress, W., & Langenbach, M. (1996). Subjective theories of illness in patients with personality disorders. Qualitative comparison of twelve diagnostic interviews. *Psychotherapy Research*, 6, 56–69.
- Frommer, J., & Rennie, D. L. (Eds.). (2001). *Qualitative psychotherapy research: Methods and methodology*. Lengerich: Pabst Science.
- Frommer, J., & Tress, W. (1998). Primaer traumatische Welterfahrung oder primaere Liebe? Zwei konkurrierende Anthropologien in der Psychoanalyse [Primary traumatic experience of the world or primary love? Two anthropological basic assumptions in psychoanalysis]. *Forum der Psychoanalyse*, 14, 139–150.
- Gadamer, H.-G. (1960). *Wahrheit und Methode* [Truth and method]. Tübingen: Mohr (Siebeck).
- Gadamer, H.-G. (1977). Replik zu "Hermeneutik und Ideologiekritik" [Answer to 'Hermeneutics and critique of ideologies']. In H.-G. Gadamer (Ed.), *Kleine Schriften. Vol. 4. Variationen*. Tübingen: Mohr (Siebeck).
- Garfinkel, H. (1967). *Studies in ethnomethodology*. Englewood Cliffs, NJ: Prentice Hall.
- Geertz, C. (1973). *The interpretation of cultures: Selected essays*. New York: Basic Books.
- Gerhardt, U. (1985). Erzähltdaten und Hypothesenkonstruktion (Ueberlegungen zum Gueltigkeitsproblem in der biographischen Sozialforschung) [Narration data and construction of hypotheses]. *Kölner Zeitschrift fuer Soziologie und Sozialpsychologie*, 37, 230–256.
- Goeppert, S., & Goeppert, H. (1975). *Redeverbalen und Neurose* [Speech and neurosis]. Reinbek: Rowohlt.
- Grawe, K. (1987). *Schema—Theorie und heuristische Psychotherapie* [Schema theory and heuristic psychotherapy]. Bern: Forschungsberichte aus dem Psychologischen Institut der Universitaet Bern.
- Habermas, J. (Ed.). (1971). *Hermeneutik und Ideologiekritik* [Hermeneutics and critique of ideologies]. Frankfurt: Suhrkamp.
- Herrmann, T. (1991). Diesmal diskursiv—schon wieder eine Erneuerung der Psychologie [Critique on discourse informed renewal approaches in psychology]. *Report Psychologie*, 2, 21–27.
- Juettemann, G. (Ed.). (1988). *Wegbereiter der Historischen Psychologie* [Pioneers of historical psychology]. Weinheim: Beltz.
- Juettemann, G. (1990). *Komparative Kasuistik* [Comparative casuistics]. Heidelberg: Asanger.
- Juettemann, G. (1991). Systemimmanenz als Ursache der Dauerkrise "wissenschaftlicher" Psychologie [Immanent thinking as a cause of the permanent crisis of 'scientific' psychology].

- In G. Juettemann, M. Sonntag, & C. Wulf (Eds.), *Die Seele. Ihre Geschichte im Abendland* (pp. 340–363). Weinheim: Psychologie Verlags Union.
- Kaechele, H. (2000). *Perspektiven der Psychotherapieforschung* [Perspectives of psychotherapy research]. Unpublished manuscript.
- Klotter, C. (1994). Idealtypenbildung nach Max Weber als qualitative Datenauswertungsstrategie—exemplarisch erprobt am Beispiel von Essstörungen [The concept of ideal types according to Max Weber as data analysis strategy in eating disorders]. In H. Faller & J. Frommer (Eds.), *Qualitative Psychotherapieforschung. Grundlagen und Methoden* (pp. 297–310). Heidelberg: Asanger.
- Koerfer, A., Köhle, K., & Obliers, R. (2000). Narrative in der Arzt-Patient-Kommunikation [Narratives in patient-doctor communication]. *Psychotherapie und Sozialwissenschaft*, 2, 87–116.
- Krueger, F. (1934). Die Lage der Seelenwissenschaft in der deutschen Gegenwart [The state of the art in German psychology today]. In F. Krueger (Ed.), *Bericht ueber den 13. Kongress der Deutschen Gesellschaft fuer Psychologie* (pp. 9–36). Jena: Fischer.
- Küchenhoff, J. (1993). *Psychosomatik des Morbus Crohn* [Psychosomatic in Crohn's disease]. Stuttgart: Enke.
- Küchenhoff, J. (1994). Die Erforschung der Krankheitsverarbeitung unter psychoanalytischer Perspektive—Am Beispiel der Analyse subjektiver Krankheitstheorie [Research on coping and subjective theories of illness under a psychoanalytic perspective]. In M. B. Buchholz & U. Streeck (Eds.), *Heilen, Forschen, Interaktion* (pp. 261–289). Opladen: Westdeutscher Verlag.
- Küchenhoff, J., & Mathes, L. (1994). Die mediale Funktion subjektiver Krankheitstheorien. Eine Studie zur Verbindung qualitativer und quantitativer Methoden [Subjective theories of illness as a medium: A study on the combination of qualitative and quantitative methods]. In H. Faller & J. Frommer (Eds.), *Qualitative Psychotherapieforschung. Grundlagen und Methoden* (pp. 158–179). Heidelberg: Asanger.
- Kuehnlein, I. (1993). Langfristige Effekte stationärer Psychotherapie: Erklärungs- und Umsetzungsformen der Erfahrung von Psychotherapie im Alltag [Long-lasting effects of inpatient psychotherapy: Types of transfer of psychotherapy into everyday life]. *Psychotherapie Psychosomatik Medizinische Psychologie*, 43, 341–347.
- Kuehnlein, I. (1999). Psychotherapy as a process of transformation: Analysis of posttherapeutic autobiographic narrations. *Psychotherapy Research*, 9, 274–288.
- Labov, W., & Fanshel, D. (1977). *Therapeutic discourse. Psychotherapy as conversation*. New York: Academic Press.
- Langenbach, M., & Köhle, K. (1999). Zum Körpererleben nach Organtransplantation [Self experience and experience of the body after organ transplantation]. In B. Johann & R. Lange (Eds.), *Psychotherapeutische Interventionen in der Transplantationsmedizin* (pp. 52–67). Lengerich: Pabst Science.
- Langenbach, M., Pollok, M., & Arns, W. (1999). Entscheidungsmotivation zur Lebendniere spende bei Spender und Empfänger—ein Gegenstand psychosomatischer Beratung? [Motivation to donate in living kidney transplantation—a case for psychosomatic counseling?]. *Transplantationsmedizin*, 11, 65–66.
- Langenbach, M., Prickartz, A., Beier, J., & Köhle, K. (2001). Krankheitseinsicht und—verarbeitung bei obstruktiver Schlafapnoe (OSA)—Eine qualitative Studie [Insight and coping in obstructive sleep apnea—a qualitative study]. *Zeitschrift für Medizinische Psychologie*, 10, 183–192.
- Leber, M. (1994). Objektiv-hermeneutische Analyse einer Sequenz aus der vierzehnten Stunde einer psychoanalytischen Kurztherapie [An objective hermeneutic analysis of a sequence of the 14th hour of a psychoanalytic short term psychotherapy]. In M. B. Buchholz & U. Streeck (Eds.), *Heilen, Forschen, Interaktion* (pp. 225–360). Opladen: Westdeutscher Verlag.
- Martens-Schmid, K. (2000). Narrative Problempräsentation in einem familientherapeutischen Erstinterview [Narrative problem presentation in a family therapy intake interview]. *Psychotherapie und Sozialwissenschaft*, 2, 117–128.
- McLeod, J. (2001). *Qualitative research in counselling and psychotherapy*. London: Sage.
- McLeod, J., & Balamoutsou, S. (2001). A method for qualitative narrative analysis of psychotherapy transcripts. In J. Frommer & D. L. Rennie (Eds.), *Qualitative psychotherapy research: Methods and methodology* (pp. 128–152). Lengerich: Pabst Science.
- Oevermann, U. (1993). Struktureigenschaften supervisorischer Praxis—Exemplarische Sequenzanalyse des Sitzungsprotokolls der Supervision eines psychoanalytisch-orientierten Therapie-Teams im Methodenmodell der objektiven Hermeneutik [The structure of supervision in practice: Sequence analysis of a supervision protocol of a psychoanalytic inpatient therapy team using the method of objective hermeneutics]. In B. Bardé & D. Mattke (Eds.), *Therapeutische Teams* (pp. 141–269). Göttingen: Vandenhoeck & Ruprecht.
- Oevermann, U., Allert, T., Konau, E., & Krambeck, J. (1979). Die Methodologie der objektiven Hermeneutik und ihre allgemeine forschungslogische Bedeutung in den Sozialwissenschaften [The methodology of objective hermeneutics and its impact on research in social sciences]. In H. G. Soeffner (Ed.), *Interpretative Verfahren*

- in den Sozial- und Textwissenschaften* (pp. 352–434). Stuttgart: Metzler.
- Overbeck, G. (1996). Vom Familienroman des Neurotikers vom Fallroman des Psychoanalytikers [From the family narrative of the neurotic patient to the case story of the psychoanalyst]. In G. Overbeck (Ed.), *Auf dem Wege zu einer poetischen Medizin* (pp. 140–163). Frankfurt: Verlag fuer Akademische Schriften.
- Pulver, S. E. (1987a). Prologue to "How theory shapes technique: perspectives on a clinical study." *Psychoanalytic Inquiry*, 7, 141–145.
- Pulver, S. E. (1987b). Epilogue to "How theory shapes technique: perspectives on a clinical study." *Psychoanalytic Inquiry*, 7, 289–299.
- Rennie, D. L. (2000). Methodical hermeneutics as the methodology of the grounded theory method. *Theory & Psychology*, 10, 481–502.
- Rennie, D. L., & Frommer, J. (2001). Reflections. In J. Frommer & D. L. Rennie (Eds.), *Qualitative psychotherapy research: Methods and methodology* (pp. 185–200). Lengerich: Pabst Science.
- Ruff, W., & Leikert, S. (1999). *Therapieerlaeufe im stationaeren Setting. Eine psychoanalytische Untersuchung zur Prozessqualitaet* [Therapy processes in inpatient psychotherapy: a psychoanalytic study on the quality of psychotherapy processes]. Giessen: Psychosozial Verlag.
- Senf, W. (1986). Behandlungsergebnisse bei 111 Patienten mit stationaer-ambulanter psychoanalytisch-orientierter Psychotherapie [Results of the treatment of 111 patients treated with a combination of inpatient and outpatient psychotherapy]. In H. Heimann & H. J. Gaertner (Eds.), *Das Verbaeltnis der Psychiatrie zu ihren Nachbardisziplinen* (pp. 329–336). Berlin: Springer.
- Senf, W., & Heuft, G. (1994). Wirkfaktoren in der Einleitungs- und Entlassungsphase stationaerer Psychotherapie—inhaltsanalytische Untersuchung katamnestischer Interviews. Zum Stellenwert katamnestischer Interviews in der Psychotherapieforschung [Effective strategies at the beginning and at the end of inpatient psychotherapies: A content analysis study on catamnesic interviews]. In H. Faller & J. Frommer (Eds.), *Qualitative Psychotherapieforschung. Grundlagen und Methoden* (pp. 146–157). Heidelberg: Asanger.
- Strauss, A. L. (1987). *Qualitative analysis for social scientists*. Cambridge: Cambridge University Press.
- Strauss, A. L., & Corbin, J. (1990). *Basics of qualitative research*. Thousand Oaks, CA: Sage.
- Streeck, S. (1989). *Die Fokussierung in Kurzzeittherapien* [Focusing in short-term psychotherapies]. Opladen: Westdeutscher Verlag.
- Streeck, U. (1994). Psychoanalyse von Angesicht zu Angesicht? [Psychoanalysis face to face?]. *Forum der Psychoanalyse*, 10, 25–40.
- Streeck, U. (1995). Die interaktive Herstellung von Widerstand [The interactive construction of resistance]. *Zeitschrift fuer Psychosomatische Medizin und Psychoanalyse*, 41, 241–252.
- Streeck, U. (1999a). Acting out, interpretation and unconscious communication. *International Forum of Psychoanalysis*, 8, 135–143.
- Streeck, U. (1999b). Konversationsanalyse und das Gespraech, in dem die psychoanalytische Behandlung besteht [Conversation analysis and psychoanalytic communication]. *Zeitschrift fuer Psychosomatische Medizin und Psychoanalyse*, 45, 77–91.
- Streeck, U. (2000). Szenische Darstellungen, nicht-sprachliche Interaktion und Enactments im therapeutischen Prozess [Scenic presentations, non verbal interaction, and enactments in psychotherapeutic processes]. In U. Streeck (Ed.), *Erinnern, Agieren und Inszenieren. Enactments und szenische Darstellugnen in der Psychotherapie* (pp. 13–55). Goettingen: Vandenhoeck & Ruprecht.
- Streeck, U. (2001a). Agieren, Interaktion und gestische Verständigung [Acting out, interaction, and communication with gestures]. In M. Cierpka & P. Buchheim (Eds.), *Psychodynamische Konzepte* (pp. 221–233). Berlin: Springer.
- Streeck, U. (2001b). "Ja, genau, genau." Bestätigungen als Versuche des Patienten, die Kompetenz des Psychotherapeuten als eigene zu deklarieren. Eine gesprächsanalytische Untersuchung ["Yes, exactly." Affirmative statements as attempts of the patient, to interpret the competence of the therapist as his own competence. A conversation analysis study]. *Psychotherapie und Sozialwissenschaft*, 2, 74–94.
- Streeck, U., & Dally, A. (1995). Inszenierungen, Interaktion und Kontextualisierungen im psychotherapeutischen Dialog [Scenic presentation, interaction, and contextualization in psychotherapeutic dialogues]. In M. B. Buchholz (Ed.), *Psychotherapeutische Interaktion. Qualitative Studien zu Konversation und Metapher, Geste und Plan* (pp. 207–228). Opladen: Westdeutscher Verlag.
- Streeck, U., & Dally, A. (1998). Das fremde Geschlecht. Transsexualitaet im therapeutischen Dialog [The foreign sex: Transsexualism and therapeutic dialogue]. In A. Apfelbaum & H. Mueller (Eds.), *Fremde im Gespraech* (pp. 63–82). Frankfurt: Verlag fuer Interkulturelle Kommunikation.
- Streeck, U., & Dally, A. (2000). Das fremde Geschlecht. Zur Darstellung von Geschlechtszugehoerigkeit im psychotherapeutischen Dialog mit einem Transsexuellen [The foreign sex: On the presentation of sexual identity in a psychotherapeutic dialogue with a patient suffering from transsexuality]. *Psychotherapie und Sozialwissenschaft*, 2, 62–81.

- Stuhr, U. (1996). Taxonomische Forschungsansätze in Psychosomatik und Psychotherapie [Taxonomic research approaches in psychosomatics and psychotherapy]. *Psychotherapie Psychosomatik Medizinische Psychologie*, 46, 208–216.
- Stuhr, U., & Deneke, F.-W. (Eds.). (1993). *Die Fallgeschichte. Beiträge zu ihrer Bedeutung als Forschungsinstrument* [The case story: Contributions to its impact as a research tool]. Heidelberg: Asanger.
- Stuhr, U., & Wachholz, S. (2001). In search for a psychoanalytic research strategy: The concept of ideal types. In J. Frommer & D. L. Rennie (Eds.), *Qualitative psychotherapy research: Methods and methodology* (pp. 153–168). Lengerich: Pabst Science.
- Von Wyl, A. (2000). Was magersuechtige und bulimische Patientinnen erzählen [Narratives of patients suffering from anorexia and bulimia]. *Psychotherapie und Sozialwissenschaft*, 2, 142–162.
- Wachholz, S., & Stuhr, U. (1999). The concept of ideal types in psychoanalytic follow-up research. *Psychotherapy Research*, 9, 327–341.
- Weber, M. (1949). *The methodology of the social sciences*. New York: Free Press.
- Weinstein, D., & Weinstein, M. A. (1991). Georg Simmel: Sociological flaneur bricoleur. *Theory Culture & Society*, 8, 151–168.
- Wilke, S. (1992). *Die erste Begegnung. Eine konversations- und inhaltsanalytische Untersuchung der Interaktion im psychoanalytischen Erstgespräch* [The beginning of the interaction: A conversation and content analysis study of interaction processes in psychotherapeutic intake interviews]. Heidelberg: Asanger.
- Wilke, S. (1994). Einige Überlegungen zur Angemessenheit Qualitativer Methoden für die Untersuchung psychoanalytischer Dialoge [Some considerations on the adequacy of qualitative methods for the investigation of psychoanalytic dialogues]. In H. Faller & J. Frommer (Eds.), *Qualitative Psychotherapieforschung. Grundlagen und Methoden* (pp. 73–93). Heidelberg: Asanger.
- Wilke, S., & Grande, T. (1991). Krankheitskonzepte als Verhandlungsgegenstand [Concepts of illness as a subject of conversation]. In U. Flick (Ed.), *Alltagswissen über Gesundheit und Krankheit* (pp. 177–197). Heidelberg: Asanger.
- Zepf, S., & Weidenhammer, B. (1988). Die Struktur subjektiver Krankheitstheorien von psychoneurotisch und psychosomatisch Kranken [The structure of subjective theories of illness of neurotic versus psychosomatic patients]. *Forum der Psychoanalyse*, 4, 40–59.

Zusammenfassung

Die Autoren geben einen Überblick über die qualitative Psychotherapieforschung im deutschsprachigen Raum. Insbesondere wird auf spezifische Besonderheiten von Methoden, inhaltlichen Themen und Ergebnissen eingegangen, über die wenig in englischsprachigen Ländern bekannt ist. Die Autoren beschreiben historische und soziologische Entwicklungen, die für den Fortschritt qualitativer Psychotherapieforschung wichtig sind, in der Psychiatrie, der psychosomatischen Medizin, der klinischen Psychologie und den Sozialwissenschaften. Sie gehen dann näher ein auf die Methodenentwicklung bei der Datenanalyse und der Generalisierung von Daten, die aus qualitativen Beobachtungen stammen. Schließlich greifen sie die wichtigsten Inhaltsbereiche und Ergebnisse dieser Methode auf: Interviews mit Patienten im klinischen Umfeld, bei diagnostischen Fragestellungen, zu psychosomatischen Syndromen, Patientenerfahrungen mit dem Therapieverlauf, zur Interaktion zwischen Patient und Therapeut und Therapeutenerfahrung mit dem Therapieverlauf, sowie katamnestic Erhebungen.

Résumé

Les auteurs présentent une vue d'ensemble de la recherche qualitative en psychothérapie dans les pays germanophones. Ils accordent une attention particulière à des méthodes, sujets et résultats peu connus dans les pays anglophones. Les auteurs décrivent des développements historiques et sociologiques en psychiatrie, médecine psychosomatique, psychologie clinique, et dans les sciences sociales qui jouent un rôle dans la progression de la recherche qualitative en psychothérapie. Ils mettent ensuite le focus sur le développement de méthodes pour analyser et généraliser des données obtenues par l'observation qualitative. Pour finir, ils exposent les sujets et les résultats les plus importants de ces méthodes: les premiers entretiens au sujet des patients et des diagnostics, les syndromes psychosomatiques, le vécu du processus thérapeutique par le patient, l'interaction entre patient et thérapeute, le vécu du processus thérapeutique par le thérapeute, et la recherche de suivi catamnestic.

Resumen

Los autores presentan un panorama general de la investigación en psicoterapia cualitativa en los países de habla germana. Prestan especial atención a las características específicas de los métodos, tópicos y

resultados, acerca de los que poco se conoce en los países angloparlantes. Los autores describen desarrollos históricos y sociológicos en psiquiatría, medicina psicosomática, psicología clínica y ciencias sociales, relevantes para el avance de la investigación en psicoterapia cualitativa. Focalizan luego en el desarrollo de métodos de análisis y generalización de los datos obtenidos en las observaciones cualitativas. Finalmente, resumen los tópicos y resultados más importantes de estos métodos: las primeras entrevistas con pacientes, diagnósticos, síndromes psicosomáticos, experiencias del proceso terapéutico del paciente, interacción entre paciente y terapeuta, experiencia del terapeuta en el proceso terapéutico e investigación de seguimientos.

Resumo

Os autores representam uma visão global da investigação psicoterapêutica qualitativa nos países língua germânica. É dada especial atenção às características específicas dos métodos, tópicos e resultados acerca dos quais pouco se sabe nos países de língua inglesa. Os autores descrevem os desenvolvimentos históricos e sociológicos em psiquiatria, medicina psicosomática, psicologia clínica e ciências sociais relevantes para o avanço da investigação psicoterapêutica qualitativa. Em seguida, focam-se no desenvolvimento de métodos de análise e de generalização dos dados obtidos a partir de observações qualitativas. Finalmente, delineiam os tópicos mais importantes e resultados destes métodos: primeiras entrevistas com pacientes/diagnósticos, síndromas psicosomáticos, a experiência dos pacientes acerca do processo terapêutico, a interação entre paciente e terapeuta, a experiência dos terapeutas acerca do processo terapêutico e, a investigação de *follow-up*.

Sommario

Gli autori presentano una rassegna delle ricerche qualitative prodotte in paesi germanici. Particolare attenzione viene posta verso specifiche caratteristiche quali il metodo, gli argomenti e i risultati circa i quali poco è conosciuto nei paesi di lingua inglese. Gli autori descrivono gli sviluppi storici e sociologici in psichiatria, medicina psicosomatica, psicologia clinica e nelle scienze sociali, rilevanti per l'avanzamento della ricerca qualitativa in psicoterapia. Particolare attenzione è posta allo sviluppo di metodi per analizzare e generalizzare dati ottenuti da osservazioni qualitative. Infine gli autori sottolineano i più importanti argomenti e risultati di questi metodi: prime interviste diagnostiche, sindromi psicosomatiche, l'esperienza del processo terapeutico da parte del paziente, l'interazione tra l'esperienza del processo terapeutico del paziente e del terapeuta.

摘要

本文對德語使用國家的心理治療質性研究做回顧，特別關注英語使用國家研究中所知有限的特定方法、主題與結果之特性。作者述敘在精神病理學、身心藥物、臨床心理學及社會科學領域中，與促進質性心理治療研究有關的歷史與社會發展。其次他們關注質性研究的資料分析與歸納方法之發展。最後他們再提挈這些方法的重要主題與結果，例如與病人的初次晤談/診斷法、身心症狀、病人在治療過程中的體驗、病人與治療師間的互動、治療師在治療過程中的體驗，以及追蹤研究等等。

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