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The Psychoanalytic Loss-Separation Model (LSM): Evolution of the reaction to breaks in the psychoanalytical process as an indicator of change

Abstract

This paper examines the evolution of the reaction to breaks during the course of the successful analysis of an individual female patient. The hypothesis is that this evolution is an indicator of the change achieved through the therapeutic process. The study was based on a sample of 212 transcribed sessions selected from 531 sessions and evenly distributed over the treatment. The study comprised three stages: 1) A formal definition of a break in the treatment was arrived at by means of a histogram based on the attendance card. 2) Using the Ulm Anxiety Topic Dictionary (ATD), an attempt was made to characterize the sessions correlated in time with the various types of break. The ATD is a computer-assisted method of verbal content analysis. This instrument defined the construct separation session, which tended to appear immediately before the more prolonged breaks, but was also found sporadically in relation to shorter breaks. 3) A sample of separation sessions was investigated by means of the CCRT for transference evaluation. The components of the CCRT evolved in accordance with the expectations of the psychoanalytic theory of therapy. The results are discussed in relation to the methodology used and the psychoanalytic theory of the process. Some consequences for treatment technique are discussed.

The Loss-Separation Model

Through its own peculiar method, psychoanalysis has generated a great number of hypotheses related to the different fields of the psychoanalytic theory. The important heuristic value of the psychoanalytic method contrasts greatly with the weakness of its external validation. Both inside and outside psychoanalysis, we observe a growing interest in the validation of hypotheses by using methodologies unrelated to the psychoanalytic method borrowed from the social sciences. Lately we have been working on validation with empirical methodology of some hypotheses of the loss-separation model in the theory of psychoanalytic therapy.

The assumption on which this study is based is that the analyst, in his therapeutic work and interpretative actions with the individual patient, builds and deploys "working models" in which the most varied and disparate levels of psychoanalytic theory and technique crystallize (Greenson 1960; Bowlby 1969; Peterfreund 1975). The patient has working models, too, which have gradually become structured during the course of his or her life and in accordance with which he or she *interprets* his or her relationship with the analyst and develops expectations in regard to him (Bowlby 1973). Within these working models, for patient and analyst alike, the *loss-separation* model occupies a position of paramount importance.

The theme of loss and separation is to be found at all levels of psychoanalytic theory and technique and goes beyond differences between schools. It may be said to have become a clinical commonplace. As such it is found: 1) In the explanatory theory of the genesis of psychic and psychosomatic diseases: the hypothesis of the pathogenic potential of the early separation traumas (Engel & Schmale 1967); 2) In the theory of psycho-sexual development: the conceptions of M. Klein and M. Mahler; 3) In the theory of transference: the idea of the repetition in the analytic situation of the early processes of separation from and loss of primary objects; 4) In the theory of personality: maturity and trait differentiation become dependent on the inner "separation" level of self and objects representations, and 5) In the theory of therapy: the association between working through and work of mourning.

The loss-separation model is also a psychoanalytic process model. This view was formulated explicitly by J. Rickman as long ago as 1950 as follows: "The week-end break, because it is an event repeated throughout the analysis, which is also punctuated by the longer holiday breaks, can be used by the

analyst [...] in order to assess the development of the patient" (Rickman 1950, p. 201). He adds: "the week-end and holiday interruptions of the [analytical] work force up transference fantasies; as the [analytical] work continues these change in character in correspondence with the internal pattern of forces and object relations within the patient" (p. 201).

Notwithstanding its central position in the theory of technique as a psychoanalytic process model, the evolution of the reaction to breaks has not hitherto formed the subject of a systematic empirical study. Every process model always has two aspects: a *descriptive* one – i.e., it serves to describe the course and development of the treatment – and a *prescriptive* one, which guides the analyst in his interventions in the process and enables him to devise interpretative strategies (see Thomä & Kächele 1987, chap. 9).

This paper is limited to the *description* by empirical means of the evolution of the reaction to breaks in an individual female patient's therapeutic process.

The central hypothesis of this paper may be formulated as follows:

The evolution of the reaction to breaks during the course of a psychoanalytic treatment is an indicator of the structural change being achieved by the patient through the therapeutic process.

This general hypothesis breaks down into two particular ones: 1) The working model of loss-separation can be detected in chronological correlation with breaks in the analytical treatment, in the material of the sessions (strictly speaking, in the verbal interaction between patient and analyst). 2) In a successful analysis, this model must evolve as envisaged for in psychoanalytic theory.

Material

An individual case is considered here because only a study of this kind allows a detailed examination of the evolution of the reaction to breaks during the analysis.

Amalia X, the patient whose treatment is studied, was about 35 years old when she began her analysis. She had suffered since puberty from hirsutism – i.e., substantial abnormal growth of body hair like that of a man. She lived by herself and felt very alone, but had withdrawn from social contact because she was convinced that other people perceived her hirsutism as a shameful stigma. In public places, she was afraid of being observed and rejected, and she had

developed a clinical erythrophobia. Amalia continued to feel very close to her parents, with whom she spent weekends and holidays. At the same time, she felt constrained by her mother's overprotectiveness. She had never had sexual relations, and attributed this to her hirsutism and her strict religiousness, which she felt to be responsible for her anxiety and obsessional-compulsive symptoms. These problems had triggered a depressive reaction in Amalia, which had led her to seek help in psychoanalysis.

Amalia's psychoanalytic treatment was successful. The following comment is taken from the report on the results of the analysis and the changes achieved in it: "The psychometric data gathered for evaluation of results at the beginning and end of the treatment and also in a catamnesis two years later confirm the clinical evaluation of the patient's analyst that Amalia's treatment was successful." (Thomä & Kächele 1992, p. 458 pp).

Amalia's psychoanalysis comprised 531 sessions extending over nearly five years. Of the 531 actual sessions, only 517 were recorded on tape, and, of these, 212 had been (at the time of this study) transcribed according to the transcription rules of the *Ulm Textbank* (Mergenthaler et al. 1988). The study was based on the 212 transcribed sessions fairly evenly distributed over the treatment[1].

Method

The method of an empirical study must be consistent with what it is desired to find – i.e., with the hypotheses made and also with the available material – in this case, a sample of 212 verbatim transcripts of sessions in Amalia's psychoanalysis.

The *first hypothesis* of our study is that the transcripts of the sessions which relate to breaks in the treatment must contain the theme of loss-separation. Hence the first requirement is to define formally what we mean by a break. Secondly, we must find some way of showing that the loss-separation model appears predominantly in the transcripts of the sessions related in time to a break, and not arbitrarily in any session within the sample. Once this relationship has been demonstrated, we shall turn to the *second hypothesis* and analyze the content of the sessions, which we shall from this point on call

[1] A comprehensive clinical report on this German specimen case is available in chapter three of Thomä & Kächele (2006); available as pdf –file on www.la-vie-vecu.de)

separation sessions, and consider whether the transference fantasies appearing in the material of these sessions evolve during the course of the process, and if so how.

From the foregoing, three stages of this research can be identified, each of which will require a different method appropriate to its particular aims. The aim of the first stage is to formally define a break in treatment. The second sets out to demonstrate the correlation between a *break session,* defined operationally, and an appearance in the material of the theme of loss and separation. The third stage of the research seeks to demonstrate an evolution in the patient's transference fantasies which is reflected in the content of the material of the *separation sessions*.

For an initial definition of a break in the treatment, we adopt operational empirical criteria. On the basis of the attendance card, we draw up a histogram of the treatment, which we shall analyze below.

At a second stage we try to establish the relation between *break sessions* and *separation sessions,* because not all *break sessions* necessarily show a significant increase in the incidence of the loss-separation theme. If a relation is found, we shall check what kind of *break session* may also be regarded as a *separation session.*

For a substantial description of the *break sessions,* we use the *Ulm Anxiety Topic Dictionary* (ATD, Speidel 1979), which is a computer-assisted instrument for content analysis. The ATD comprises four thematic categories, *guilt*, *shame*, *castration* and *separation*, operationalized as lists of individual words each presumed to represent one of these categories. A computer program is used to analyze the verbal content of the analyst's and the patient's texts, taken separately, for each session in the analysis, the result being values reflecting the relative frequency of text words belonging to each of the thematic categories. This procedure yields values for the categories of guilt, shame, castration and separation, for the patient and the analyst respectively, a comparison of which from session to session gives an approximate idea of the extent to which these themes were touched upon in each session. The dictionary was used in this study only as a crude instrument for the detection of themes and not to detect specific affects or anxieties.

To understand our point one should consider that 90% of the values found in the sessions with this instrument range, in the case of our patient, between 0.1% and 1.2% for the different categories. For example, if in a given session ATD yields a value of 0.75% for the category *separation-patient,* it means that 0.75% of the

words used by the patient in that session – an average of *22* words in 2933 – belongs to the semantic field of separation. It is therefore clear that values are mere indicators of spoken themes.

From this stage we hope to identify the sessions relevant from the point of view of the reaction to breaks – i.e., sessions which show the impact of the session-free intervals on the analyst-patient dyad, as reflected in the four themes defined by the dictionary.

The sessions so identified – or rather a sample of these sessions where there are many – can be analyzed at a third stage by a method closer to the clinical method, with a view to examining in detail the evolution of the reaction to breaks throughout the treatment. In this part of the study we use the method devised by Luborsky et al (1988 b) to evaluate the transference.

The CCRT *(Core Conflictual Relationship Theme)* method of evaluation of the transference and aspects of this method's reliability and validity have been described in various publications (summarized in Luborsky & Crits-Christoph 1998). Being oriented towards description of the content of the transference, this method is highly suitable for evaluating the evolution of the transference fantasies appearing in the patient in relation to breaks during the treatment.

The first step of this method is identification by independent judges of *relationship episodes (RE)* in the session transcripts. These relationship episodes are nothing other than small narrative units in which an interaction with another person is described. The second step is for the CCRT judges to evaluate the *relationship episodes,* identifying the following three components in each:

1) The patient's principal wish, need or intention in relation to the other person *(W, wish).*

2) The actual or expected response from the other person *(RO, response from other).*

3) The subject's (patient's) reaction to this response *(RS, response from self).*

The *Core conflictual relationship theme* (CCRT) is the representation, summarized in a few sentences which make complete sense, of the types of components appearing with the highest frequency throughout the sample of relationship episodes.

Results

Stage 1: Formal definition of a break

We define a break in the treatment by operational empirical criteria. The histogram reproduced in fig. 1 shows the following: Between the 531 actual sessions there were 530 session-free intervals, whose duration we measure in days (for instance, there is an interval of 1 day between a Monday session and the next Tuesday session). The histogram revealed five blocks of session-free intervals. Block 1 represents the shortest intervals and reflects the "ideal" timing (in this case, three times a week). These shortest intervals were defined as *non-breaks*. Block 2 contains the weekend breaks. Block 3 comprises short breaks due to illness on the part of the patient or absences of the analyst for attendance at congresses or other reasons. Block 4 comprises breaks for Christmas and Easter holidays. Finally, Block 5 represents three summer holidays taken by the patient and the analyst at the same time, two breaks due to non-simultaneous summer holidays, and two prolonged absences by the analyst for trips abroad.

Results. Stage 1: Histogram of Amalia's treatment

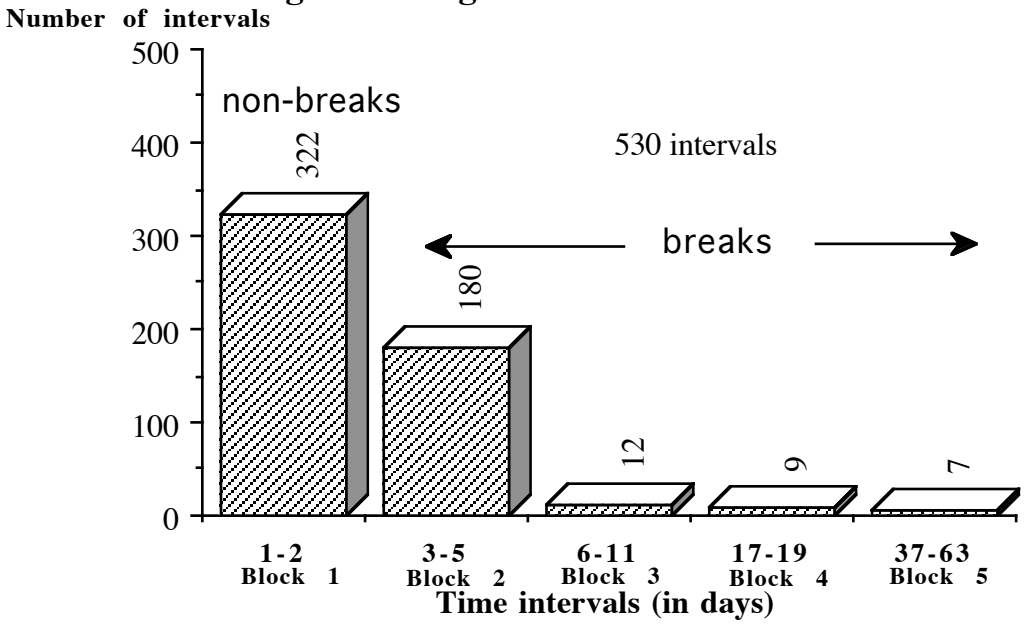

Fig. 1

On the basis of these blocks of breaks, it was possible to define which sessions correlated with which break and the type of correlation with the relevant break (whether before or after, and at what distance).

Stage 2: Identification of separation sessions

According to our hypothesis, the loss-separation model must appear in sessions correlated in time with the breaks *(break session).* [2]

To investigate the relation between *break sessions* and *separation sessions,* we divide the sessions of the sample into groups in accordance with their correlation with the breaks: according to the duration of the break, whether they preceded or followed the break, and the number of sessions between the relevant session and the break. We compare the different groups formed in this way with a group of *non-break* sessions (n = 86). This group of 86 *non-break* sessions proved to be evenly distributed throughout the treatment.

The comparisons made between the different groups of *break sessions* and the group of *non-break sessions* reveal significant differences (t-test: $p < 0.05$) only in the group of sessions immediately before the longest breaks. In this group we find significantly higher values for the variable *separation-patient* and significantly lower values for the variable *shame-therapist.* [3]

These results enabled us to define operationally a *separation session* as one with a high value for *separation-patient* and a low value for *shame-therapist.* This operational definition specifies our construct *separation session.* The importance of these two variables was confirmed by additional statistical techniques such as discriminant analysis.

The question which naturally then arose was whether this construct might not also be detected in some individual sessions not associated with the longest breaks – e.g., in sessions before or after breaks that were not so long, or in weekend sessions or, finally, in *non-break sessions*. To answer this question, an artificial variable, so called *canonical variable*, was formed by the discriminant analysis on the basis of the construct *separation session* (high *separation-patient,* low *shame-therapist*). Then, all the sessions (N = 212) in the sample

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[2] The relationship between the loss-separation model in the verbal records and the *break sessions* is not necessarily absolute and automatic. Theoretically, it is also possible for the separation theme to occur in sessions which are not associated with a real external break, such as those which are centered on an internal separation or on a certain distancing from the analyst during a particular session. On the other hand, breaks can occur which do not provoke in the patient a verbal reaction of separation which shows in the records; there may be a non-verbal reaction which will obviously not appear in the verbal records. However, it is most likely that if the separation theme does appear in the verbal content of the sessions, it would do so in sessions associated with breaks.

[3] This does not mean that *separation sessions* do not occur in association with shorter breaks, weekends for example; it simply means that *as a whole* the group of sessions immediately before a long break are clearly different from *non-break sessions.*

were sorted by this canonical variable in a series from the most positive values to the most negative ones – i.e., from the sessions that most resembled the construct *separation session* to those that were least like it.

The next step was to compare the extreme groups of the sessions thus rearranged with the actual dates on which they took place. The result of this comparison again confirmed the hypothesis that the separation sessions tended to be grouped around the breaks: of the first 20 sessions arranged in accordance with the canonical variable – i.e., the sessions most similar to the separation construct – 19 corresponded to sessions directly correlated with a break or to the period of termination of the analysis, while only one was a *non-break session*. The majority of these 19 break sessions preceded a prolonged break. Examination of the group of 20 sessions at the opposite extreme – i.e., those at the non-separation end – showed that the majority of these were non-break sessions and the remainder weekend sessions.

On the basis of these results it can be asserted that the separation construct is *unstable* but *consistent*. This means that it does not always appear in the case of a real separation between analyst and patient – i.e., a break in the continuity of the treatment – but that, when it does appear, its probability of appearance is greatest when the relevant session immediately precedes a prolonged break.

The separation construct so far suggests that *in this treatment – i.e., with this analyst-patient dyad – the reaction to breaks appears to be correlated with themes of separation and shame*. More precisely, the analyst mentions the theme of shame less in the *separation sessions* than in the treatment in general.[4] If we consider only the 20 *separation sessions* in the last third of the analysis – specifically, from session 356 onwards – the analyst ceases to speak about shame and the variable *shame-therapist* is practically zero. This might mean that towards the end of the treatment the analyst stopped relating the themes of separation and shame.

The rearrangement based on the canonical variable described above enabled us to select a sample of 20 sessions whose material we knew to contain allusions to separation and which could be analyzed by the CCRT method in the

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[4] It is highly likely that the separation content may lead to a general working model and that the shame aspect points to a dyadic-specific content. If so, this is merely a trivial fact, namely that Amalia experiencies separations within the framework of her personal neurosis where shame plays a special psychopathological and psychodynamic role (given her hirsutism and erythrophobia). We can think of many possible combinations. For example, the separation anxiety can be defended by sexual shame anxiety; or the patient may feel depressive shame vis a vis her analyst because of her painful feelings of isolation and abandonment; on the other hand, separation from the analyst by a break can be experienced by the patient as humiliation and as a sign of shameful dependence, etc., and all this can develop in the course of analysis in different ways.

third part of the study. These 20 sessions extend over a long period within the overall process (from session 14 to session 531, the latter being the final session of the treatment).

Stage 3: Evolution of the separation sessions.

Of the 20 *separation sessions* obtained during the course of the first part of the study, we selected a smaller group for the application of the CCRT method to evaluate the content of the transference, using the following criteria: 1) We disregarded sessions containing reports of dreams, as the application of the CCRT to reports of dreams was shown to be problematical. 2) We chose a set of sessions which spread roughly over the entire process. On the basis of these criteria, we selected from the beginning of the analysis two sessions immediately preceding the first prolonged break (sessions 21 and 22) and from the end the last three sessions of the analysis (529 to 531). We also selected two in the second third (221 and 277) and two in the last third of the treatment (356 and 433).

The CCRT allows a quantitative analysis of the relative frequency of its different components. However, our sample of six observations is too small for conclusions of statistical value to be drawn. None of the differences found in fact reached the level of significance, although it was possible to detect very clear trends.

It is clear from a direct reading of the selected sessions that a break as such was accepted by Amalia as a fact, although at first she may not have shown awareness of a transference reaction to this. With regard to this external factor – weekends, holidays, or the analyst's trip abroad – the patient reacts by expressing wishes and expecting from the object, or actually receiving from him, the fulfillment or the rejection of the wish. With regard to her wishes or demands, and in view of the object's responses, Amalia reacts with different emotions and fantasies which also range from positive to negative. The evolution of the CCRT components in the course of the analysis reflects the development of Amalia's reaction to breaks.

The various components of the CCRT evolved as follows:

1) Relationship episodes (RE) in which the interaction partner was some person extraneous to the treatment declined as the treatment progressed, while those in which the analyst was the partner and in which the patient herself was the subject and object of the interaction (i.e., self-reflective episodes) increased.

This means that the transference and self-reflection became increasingly intense or, in other words, that the patient was increasingly on his way to recognize the character of the transference relationship, in parallel with an intensification of the processes of internalization and self-analysis.

2) With regard to the actual or expected response of the object (RO) to the patient's wish, positive responses increased slightly, while negative ones fell. This means that in general the object to whom the demand or wish was addressed was seen as possessing increasingly benevolent and decreasingly frustrating features. In the patient's reaction (RS) to the object's response, the changes were much more intense: the subject's negative reactions clearly decreased as the analysis progressed, while the positive reactions increased. This means that Amalia was reacting to the breaks with less and less of a fall in her self-esteem and confronting them with increasingly positive expectations.

3) The patient's principal wish (W) activated by the break, in general and at a high level of abstraction, fell within the conflict between autonomy and dependence. However, this conflict evolved during the course of the therapeutic process.

In relation to the first break (sessions 21-22), the wish for harmony, to be accepted and respected by others and by herself, predominated in Amalia during the last session before the first summer holidays. The wish to be cured and to be independent also appeared, although to a much less important extent. The object's response was predominantly negative, and the patient perceived rejection, lack of respect, devaluation, utilization and avoidance. Amalia reacted to this response with separation anxiety, helplessness, disillusionment, resignation, shame, avoidance, withdrawal and insecurity. All this was experienced by the patient in direct relation to her parents and family; there was hardly any allusion to the therapist.

In the second break (session 221), before a weekend, a change in the balance of forces in the conflict between autonomy and dependence was noted. Although the principal wish was still for closeness, harmony and recognition, the wish for greater autonomy appeared more frequently, expressed in a desire to dominate the interpersonal situations, which overwhelmed her and caused her anxiety. The object responded negatively, with remoteness, rejection and lack of consideration, leaving the patient in the lurch. The patient reacted to this response with feelings of helplessness, panic anxiety, revulsion and withdrawal – i.e., with intense separation anxiety and shame. This session marked the beginning of the appearance of transference allusions and also positive reactions

by the patient to the negative response of the object; for instance, she acknowledged herself to be internally divided and full of jealousy, and asked for help. With effect from this session, Amalia openly recognized the transference dimension of her wishes and reactions – i.e., she began to experience the breaks in terms of her relationship with the analyst.

In the third break considered (session 277), immediately before a long weekend, the conflict between autonomy and dependence continued to evolve. The poles of the conflict came closer together and began to merge, now constituting a single desire for reciprocity, which could be formulated as a wish for closeness, in a relationship of mutual belongingness and equality of rights. This was accompanied by an explicit wish to talk to the therapist about traumatic separation: the patient spoke directly about death and the fear of a premature termination of the analysis. The object's response to these wishes was predominantly positive; the patient perceived interest on the part of others and of the analyst and felt herself to be understood and engaged in a process of interchange. At the same time, however, she felt that the analyst was resisting entering into a relationship of mutuality with her. Amalia reacted to this response with anxiety due to loneliness; she felt very isolated and abandoned, but began to show signs of rage, mourning and also hopes of a permanence beyond loss.

The fourth break examined in our study corresponded to the last session (356) before a 40-day trip abroad by the analyst. In the second part of the study, the *Ulm Anxiety Topic Dictionary* (ATD) showed that the analyst no longer interpreted the theme of shame with effect from this session. The CCRT shows that in this session other people disappeared as interaction partners; the majority of the relationship episodes had the analyst as partner and some of them the patient herself. It was therefore an intensely "transferential" session. The patient had a single desire, representing the overcoming of the conflict between autonomy and dependence: Amalia wanted actively to place her needs and wishes in the framework of a relationship of mutuality. The object (analyst) responded to this wish without ambivalence, positively only, with acceptance and "giving permission" to Amalia to satisfy her wishes. The patient reacted with guilt feelings and loss anxiety, which gave rise to dissatisfaction and helpless rage. The positive reaction was represented by the hope of permanence in spite of the loss, and by fantasies of struggle to assert herself in reality. This constellation suggests that the patient was undergoing a depressive reaction in this session. The object, being idealized, was not affected by projections and the

patient recognized that she herself was solely responsible for her difficulties and dissatisfactions. The shame disappeared; as a reaction formation, this had performed a defensive function against anxiety and the pain of separation. Starting with this session, the process entered upon the phase of resolution; other people, outside the analytical situation, again began to appear, this time as the possible objects of wishes and demands.

The fifth break corresponded to the session (433) immediately before the last summer holidays. In this session, the wish for a relationship of equality took on a new dimension. Amalia saw this relationship in a man-woman context: what she wanted was a sexual partner with whom to establish a mutually satisfactory human relationship. The object's response to this new wish was unequivocally negative and Amalia was rejected. In terms of the transference, this rejection represented an implicit recognition of the impossibility of forming a sexual relationship with the analyst. However, she reacted positively to this rejection and, beyond her angry renunciation of the wish and her feelings of disillusionment and insecurity, Amalia was thinking hard about suitable alternatives for the satisfaction of her wishes and needs.

At the end of the analysis (sessions 529-531), what was unequivocally predominant was the wish to assert a vital identity as a woman, in a real relationship of mutuality with a man. A wish related directly to the termination also appeared: Amalia wanted to be able to continue the internal dialogue (self-analysis) she had achieved in the treatment, beyond the termination. The object's response was ambivalent: on the one hand, the object showed itself to be rejecting, incapable, unworthy of trust and inconsiderate; at the same time, however, it appeared as a model that offered support, with self-confidence, vitality and generosity. Amalia's reaction was predominantly positive; she felt more realistic, more confident and independent; she felt that she had changed positively, was not afraid of the separation, had something enriching inside her, and was ready to seek new experiences and to achieve self-realization. However, Amalia also showed negative emotions, such as pain at renouncing the relationship with the analyst, and felt that she still had a tendency towards masochism and an antagonistic passivity.

Discussion

Our study successfully demonstrates the evolution of Amalia's reaction to breaks. This evolution refers only to the transference fantasies that were verbalized. The method used, of analysis of verbal content, does not allow us to take account of non-verbal reactions. However, Amalia was a neurotic patient with a good capacity for symbolization, and it is therefore justifiable to suppose that her verbal behavior was a good expression of her internal world.

We must consider all components of the CCRT as the patient's reaction. That is to say, the wish, the object's response and the patient's reaction together constituted Amalia's reaction to breaks. The CCRT in the form applied does not distinguish between the actual and expected response of the object, so that the question remains open as to the extent to which the object's response corresponded to perception of the analyst's actual behavior or that of others towards Amalia and how far it is to be attributed to projections by the patient. In any case, the relative increase in relationship episodes in which the patient herself was an interaction partner showed a general tendency towards introjection, which ought to have been accompanied by an improvement in the reality sense. The evolution described conforms to analytical theory in its different versions. For instance, according to the Kleinian conception, Amalia attained "the threshold of the depressive position" (Meltzer 1967) around the session 356, the rest of the process being a working-through of that position. On the basis of attachment theory (Bowlby 1969, 1973), Amalia may be said to have reacted to the loss by the following sequence: Firstly, with protest, in which separation anxiety predominated. Then, with despair, in which she began to accept the loss and embarked on the work of mourning. Finally, with detachment, the phase in which Amalia decided to renounce the transference satisfaction of her wishes and needs and turned towards external reality. In terms of ego psychology, the fact that Amalia showed less object-loss anxiety towards the end of the analysis than at the beginning suggests that the mental representations of the object had achieved greater independence of the instinctual wish and need for it (Blanck & Blanck 1988).

Blatt et al. (1987) study the nature of the therapeutic action with regard to the processes of separation and individuation proposed by Mahler, and with regard to the internalization phenomena. They point out that "progress in analysis appears to occur through the same mechanism and in a way similar to normal psychological development. Therapeutic change in analysis occurs as a developmental sequence, which can be characterized as a constantly evolving process of separation-individuation including gratifying involvement,

experienced incompatibility, and internalization. Patients gradually come to experience the analyst and themselves as separate objects, increasingly free of distortion by narcissistic needs and/or projections from the past relationships" (Blatt et al 1987, p.293). Incompatibility experiences refer not only to real separations (breaks), but to all interaction in analysis which fails to gratify a patient's wish or need. Basing themselves on this concept, Blatt et al. propose the hypothesis that "important changes in the analytic process frequently occur shortly before or subsequent to a separation (break). Early in treatment, changes in psychological organization and representational structures will occur after a separation or a major interpretation. Later in analysis changes may also occur in anticipation of separation rather than only as a reaction to it" (Blatt et al 1987, p.291). In Amalia's case the reaction was always in anticipation. In terms of this hypothesis, it must be concluded that Amalia's psychic structure is basically neurotic, and in which the "separation" on the representation of the object and the representation of the self is clearly establish. For this reason the emotions evoked by separation have the characteristics of an "affect-signal".

However, the results of our study have no prescriptive value. It cannot be deduced from this study that Amalia improved *because* the analyst interpreted the emotions aroused by separation. Authors such as Meltzer (1967) postulate that analysis of the anxieties and defenses concerned with separation is the "motor of analysis". On the other hand, Etchegoyen states: "the task of the analyst consists, to a large extent, in detecting, analyzing, and solving the separation anxiety. ... Interpretations which tend to solve these conflicts are *crucial* (italic by author) to the progress of the analysis ..." (Etchegoyen 1986, p.258). But our study shows something different: in the material investigated, although the analyst interpreted the reaction to breaks, he did so cautiously, infrequently and unsystematically; rather, he seemed not to set great store by the loss-separation model in the choice of his interventions. Indeed, the variable *separation-therapist* in the ATD proved irrelevant to the detection of *separation sessions*. If we study the separation-therapist variable throughout the 20 *separation sessions* selected, it can be seen that in actual practice in the first and in the final third of the analysis, the analyst dealt with the separation theme more than the patient did; in the middle third, on the other hand, the analyst practically ignores the theme. Since the value of the variable is an average value, this value was never significantly higher than the average of the *non-break* sessions. Naturally, this can lead to the hypothesis of a countertransference reaction on the part of the analyst because of unconscious

feeling of guilt since at that time he interrupted the treatment to make two long trips abroad. Nevertheless, the reaction to breaks evolved in accordance with the psychoanalytic theory of therapy.

This seems to agree with Blatt et al. (1987) who state that, together with interpretation, incompatibility experiences – and breaks are only one instance of this – have an independent therapeutic action, which motivates interiorization processes. "Experienced incompatibility can take many forms in analysis besides interpretation, such as interruption of the cadence of hours because of the absence of the therapist or patient, failures in communication and empathy, or the patient's own increasing dissatisfaction with his or her level of functioning. It is important to stress that experienced incompatibility is not only externally imposed by the analyst through interpretations or by events such as the therapist's absence, but it can also originate with the analysand who may become increasingly dissatisfied with a particular level of gratifying involvement" (Blatt et al 1987, p.290).

From the idea that analysis consists fundamentally in interpreting anxieties and defenses with regard to separations [breaks], the notion emerges that "the frequency [...] of the sessions is an *absolute* constant [...]. Five [sessions per week] seems to be the most suitable number since it establishes a substantial contact time with a clean break at the weekend. It is very difficult for me to establish a real psychoanalytic process with a rhythm of three times per week, although I know that many analysts are able to do so. Such an inconsistent an irregular rhythm as an every-other-day analysis *does not allow the conflict of contact and separation to emerge strongly enough*" (italics by author) (Etchegoyen, 1986, p.474). Apart from the above contradiction (if "many analyst are able to do so", frequency cannot be an absolute constant), our research shows that in Amalia's psychoanalysis, with a frequency of three times a week, the contact-separation conflict not only emerged, as it did in the long breaks and in a percentage of the weekend sessions, but developed as predicted in theory of the therapy. This empirical fact deprives frequency of its absolute quality, and supports Thomä and Kächele (1987, pp.299-301) in the sense that a frequency should be establish which allows for evolution of the analytic process and which varies specifically with each analyst-patient dyad.

The final conclusion is 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, nor as a primary or independent cause of change in the

patient. Our results suggest that the reaction to breaks evolves as an *indicator of change,* i.e. as a *result* of highly complex analytical work.

Finally, a few words on the technical consequences of this study. The existence of schools in psychoanalysis presupposes a unilateral emphasis on certain aspects of analytical theory. For example, the Kleinian school stresses the importance of working through of primary mourning which would almost naturally become activated by the different breaks occurring in the framework of the analysis. Consequently, the technical importance of immediately interpreting fantasies, anxieties and defenses related to breaks between sessions, at weekends, and others, is overemphasized. The danger of these interpretations becoming stereotype is maximized. Rosenfeld (1987) describes in chapter 3 in detail how the interpretation of separation anxiety can be used by the analyst as a defense to ignore destructive fantasies which emerge in the patient when in session with the analyst. Etchegoyen points out that "patients frequently tell us that interpretations of this kind sound routine and conventional; and they are often right ... (Etchegoyen 1986, p.528) " In the light of the results of this study, it is possible to claim that one of the reasons for this stereotyping lies in the confusion between *indicator* of change and *cause* of change.

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