

Mothertongue and Fatherland: Narration and Observation in Psychoanalysis: Do We Live in Two Epistemic Cultures?

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In this lecture I shall claim – in good company with most psychoanalytic minded professionals worldwide - that communicating and sharing clinical impressions via the psychoanalytic narrative case study must be regarded as the mother of clinical discovery. In contrast to this epistemic position I shall call systematic observation and its recording via scientific methodology the father of validation. We need both mother's and father's specific capacities to work happily together so that they may produce many well-fed children.

Historically it has been well documented by many biographical accounts on Freud that a friendly relationship and benign mentoring furthered the communication between Breuer the senior and Freud the junior. Breuer's (1893-1895) reporting to Freud about a young lady's (Anna O.) cloudy talking nourished in both the idea that only by telling these clinical observations as stories one could do justice to what had transpired.

Freud himself was aware of the imperfections of his case histories. In the “Studies on Hysteria” which were co-chaired with Josef Breuer, we detect a note both of amazement and of self-justification in his remark that his case histories “read like short stories” and “lack the serious stamp of science” (Freud 1895d, p. 160). Yet in the very next sentence, he also rejects any artistic ambitions: “I must console myself with the reflection that the nature of the subject is evidently responsible for this, rather than any preference of my own” (ibid).

From that time on case vignettes documented by written reports by a therapist have constituted the principal means of reporting the insights originating from the therapeutic situation.

Recently an academic qualified psychoanalyst from California, Prof. Louis Breger, published a small biographical review of this productive mentoring relationship (Breger, 2009). There he detailed how many misjudgments now can be identified in the Freudian case histories which most likely are due to Freud’s preconception to always find the sexual motivation.

The model Freud set forth was creatively continued by the growing number of psychoanalysts reporting from the consulting room the discoveries mainly in the form of case vignettes (e.g. Ferenczi, 1927). Until today in the psychoanalytic literature, the “vignette” is still the primary

form of presentation. A vignette is characterized by unity, subtlety, and refinement and serves to illustrate typical psychodynamic connections. In it, the implications for the analyst's therapeutic actions are secondary in comparison with his main focus of interest, namely to elucidate the genesis of a disturbance. Therefore, these vignettes seldomly describe how the analyst actually works and what he feels, thinks, and finally does. So it seems useful to at least distinguish between *case histories* focusing on the psychodynamics of a disorder and *treatment reports* focusing on the technicality how to perform the therapeutic work (Thomä & Kächele 1992, chap.1).

Freud's Case Histories as a Methodological Paradigm

The discussion of psychoanalysis as a discipline has generated a host of quite controversial philosophical debates. The more it enters into general awareness that psychoanalysis as a psychological system has exerted and will continue to exert a tremendous influence on the psychosocial profession and on contemporary culture generally, the more remarkable it seems that decades after its inception, some of the most basic concepts of this theoretical and practical system remain controversial (cf. Meehl, 1973, p. 104). Yet surely it would not be an exaggeration to speak of Freud's first attempt to explain neurotic symptoms in a fundamentally different way than his

contemporaries, as a scientific revolution. Before Freud's attempts, hysterical symptoms were regarded by psychiatry as the result of a "degenerate constitution," the consequence of a somatic predisposition. Freud's critical contribution to the development of psychological research consisted in his formulation of two assumptions: that hysterical symptoms should be regarded primarily as psychic phenomena — though not necessarily conscious ones — and that as such they are to be viewed as comprehensible psychic structures. As Mayman (1973b) emphasizes, these postulates of psychologism and determinism remain the two most important postulates upon which psychoanalysis is based today

The introduction of these two assumptions, which went hand in hand with the development of a corresponding method of observation, represented a decisive turning point, a new methodological paradigm. It is one of the central paradoxes in the development of psychoanalytic theory and practice that while Freud has gone down in the history of scientific theory as a significant and incisive methodologist, the yield of empirical psychoanalytic research has only recently begun to bear fruits.

The fact that the insights of psychoanalysis were caught in the critically cross-fire from the philosophy of science undoubtedly has to do with the nature of Freud's approach: the search for new hypotheses was far more important to

him than painstaking examination of clinically verified information using empirical methods.

The continuous development of psychoanalytic theory over the more than fifty-year course of psychoanalytic research that began with Freud himself, can be traced most clearly by following the history of central clinical concepts, such as that of anxiety (Compton, 1972a,b). Of course, not all concepts have always evolved to the current level of development in the field: some, like the theory of dreams, have remained almost unaltered over long stretches of time (Edelson, 1972); it is only during the last two decades that we encounter major revisions (Solms 1995, 1997). This lack of consistency first became apparent during initial attempts at systematization that were initiated by Rapaport's monograph (1960), and it has remained a peculiarity of psychoanalytic theorizing.

What is generally known as "psychoanalytic theory" constitutes a host of ideas for a research program comprising many loosely connected narratively organized theoretical sketches whose status must be evaluated quite variously in terms of the philosophy of science. There are, for example, psychoanalytic theories of memory, perception, attention, consciousness, action, feeling, concept formation and biographical development, to name but a few of the fundamental ones. These form the basis of the clinical theories, which themselves are conceived in a very loose

fashion (compare, e.g., the theory of anxiety with that of narcissism or the theory of treatment, which would have to distinguish a theory of course from a theory of outcome). Moreover, the testing of each of the different components — the different sub-theories — is a separate task that must be approached with the most varied methodological approaches. In regard to the clinical theory of psychoanalysis — and it is only in this regard that I shall deal with the relevant questions here — quite divergent views still exist on the methodology of hypothesis-testing research.

The point of contention here, between psychoanalysis and academic psychology, is how the psychoanalytic method consisting of narrative reports is to be evaluated as a research instrument. Its clinical significance is not in the same measure at issue, nor is it so controversial in the theoretical discussion. In terms of scientific logic however it is apparent that the meeting place of research and therapy (Freud, 1926e) is still a lively issue, inasmuch as the testing of hypotheses is still an aim that is pursued.

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

The first achievement of the system was a phenomenological one: it called attention to a vast array of phenomena and to the relations between them, and

for the first time made these appear meaningful and amenable to rational consideration (p. 111).

On the phenomenological plane of ordering and establishing relationships, Rapaport (1960) sees the accumulated clinical evidence as eminently positive testimony for psychoanalytic systems. In regard to the theoretical propositions of the system, however — e.g. the special theory of neurosis — there is no such assurance:

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

Thus the absence of an experimental canon of clinical investigation — not to be confused with clinical interpretative technique — appears to remain a central weakness in the testing of clinical research in psychoanalysis.

The constitution of a scientific field via narrative reports is nothing unusual; the explorers of the many dark continents throughout the centuries narrated their experiences to their fellowmen and fellowwomen in their home countries upon returning.

Psychoanalytic treatment sometimes has been compared to an expedition into the unconscious (Menninger & Holzman 1958); for a good amount of time the public may well grant the traveller's stunning reports about his adventures from the journey.

Looking back on many decades I once identified an increase in the genre of treatment reports (Kächele 1981; see also Kächele et al. 2009, chap. 3). A fair number of prestigious analysts have made their work accessible to readers in a more substantial way than just conveying vignettes; they composed respectable novels full of detailed (e.g. Klein 1961; Winnicott 1972; Dewald 1972; Thomä 1961).

Thus, one might say that psychoanalysis became a narrative science using narration aspiring to narrative truth (Forrester 1980; Spence 1982). To highlight the importance of this methodological decision, one has to imagine the development of a science of musicology with musicians sharing their most personal experiences by writing case histories, or by letting consumers telling their emotional involvements after a piano concerto.

What is wrong about such an approach? It well could be that one could built a science of musical experience by collecting a large sample of these reported subjective testimonies. To leave these rather fancy examples it is fitting to remember the work of the brothers Grimm, the two professors from Göttingen in Germany, who systematically started out to collect orally transmitted fairy tales. Since many decades, there exists a well-developed field of fairy tale research with highly sophisticated methods to analyze

the available large collections from all over the world (Propp 1928).

Until today, we encounter prominent authors underscoring that the clinical encounter is best reported via the narrative mode (Michels 2000). Indeed there are good reasons for maintaining the tradition of clinical reporting as it arrives at conveying the subjective evidence of the reporting person, be it a therapist or, rarely enough, a patient.

The lack of case reports from patients as expert observers of their own experiences deserves a special point. It may well be that we do not need patients' reports of successful analytic encounters, but in case of negative treatment experiences we as a profession should be attentive to what patients can teach us (Caspar & Kächele, 2008; Kächele & Schachter, 2014).

Therefore describing the origin and changing function of case studies has become a topic of qualitatively minded researchers who examine the place of novellas as scientific form of representation and communication (Frommer & Rennie, 2001).

The problem we are faced with is in psychoanalysis that each of the diverse psychoanalytic cultures remains too often within its own confines largely ignoring the case studies form other branches of the discipline (Luyten et al., 2006).

Therefore more and more research minded-psychoanalyst are explicit that

„Today the historically fertile narrative procedure Freud’s is no longer able to carry the responsibility for the existence of psychoanalysis, even they still are a major tool for didactic and identity formation of the members of the analytic community, because case stories may be a rich material means of communication“ (Stuhr 2004, p. 63).

Since we encountered the first fictive psychoanalytic case report composed by Heinz Kohut, a true leader in innovation, presenting to us the two psychoanalysis of Mr Z. From his biographer we have learned that Mr. Z s second analysis was a pure invention, modelled to demonstrate how he, Heinz Kohut, should have been treated. So we are faced with the issue of fiction as a research tool (Kohut, 1979).

The Move from Subjective Narration to Objective Observation

Already in 1971, Wallerstein and Sampson concluded that it was necessary to conduct formalized and systematized examinations of therapeutic process in psychoanalysis: “Our central conviction is that the informal case study, in spite of its forceful power of conviction, has certain realistic and obvious scientific limitations” (p. 47). In the same year, Luborsky and Spence (1971) asked the psychoanalytic community to provide ‚specimen cases’:

"Ideally, two conditions should be met: the case should be clearly defined as analytic..., and the data should be recorded, transcribed and indexed so as to maximize accessibility and visibility" (1971, p. 426).

Some year later, Hartvig Dahl introduced the term "the specimen hour" (in Dahl et al., 1988). He want to provide for the interested public the transcript of session five of the completely tape recorded treatment of Mrs. C, thus implying that there are not only 'specimen dreams' in psychoanalysis, as Freud (1900) coined it, but also specimen cases that have to be studied each in its own right. In my view the decisive criterion for attributing the label 'specimen' should be its public accessibility, which allows for critical, non-partisan discussion. The development of 'psychoanalytic textbanks' has been become part and parcel of this requirement (Mergenthaler & Kächele 1988).

The introduction of tape-recording into the psychoanalytic treatment situation opened a new window onto the process that for long was ardently debated and for most analysts is still controversial. Audio-recordings of the psychoanalytic dialogue indeed do pose a number of substantial clinical and ethical problems although for scientific reasons they provide true progress (Kächele et al., 1988). They allow an independent, third-person perspective on the analytic, interpersonal transaction; with regard to the analyst's and the patient's internal modes of experiencing they are silent

and ideally have to be completed by the participant's testimony. The recording of these cases has opened up access to many theoretical and technical issues.

Meeting of Mother tongue and Fatherland

The use of specimen pieces of psychoanalytic work allows for a meeting of both aspects. An analyst may present his personal, subjective experience working with his patient. It would be desirable to also include the patients's voice, but our profession has not yet reached this state of maturity. Adding the perspective of the THIRD using contemporary microanalytic methods like discourse or conversational analysis we are able to track what is visible on the surface and sometimes hidden in the deep structures of language in the interactive scenario (Buchholz & Kächele, 2013).

The Ulm study group on psychoanalytic process research in many details has analyzed a tape-recorded psychoanalytic treatment, the case of Amalia X (Kächele et al., 2009). The treating analyst himself considered the Session 152 as a specimen example of modern psychoanalytic technique when he presented this session to the participants of the International Psychoanalytic Congress in 2004. This session was debated by a fair number of experienced psychoanalysts. Among those, the clinical evaluation by Akhtar (2007) was especially strong in pointing out the key features of the analyst's technique in this session: "Dr. Thomä's technique shows flexibility, resilience,

and broad-mindedness. It is centered upon helping the patient achieve ego freedom through interpretation and transference resolution. However, it incorporates a variety of listening attitudes and a broad range of interventions that can be seen as preparatory for, as well as in lieu of, the interpretive enterprise” (2007, p. 691). To test this intriguing clinical evaluation Levy et al. (2012) analyzed the same session with the tool of the Psychotherapy Process Q-Set:

„ In this particular session,,....., a specific set of interactions that serves the process well involves A allowing P some room to resist, minimal confrontation at these moments, before resuming productive inquiry and exploration“ (Levy et al. 2012, p. 524).

Therefore it was a fruitful enterprise to scrutinize this particular session again by taking an even more microscopic look by means of conversational analysis (Buchholz & Kächele 2013).

“Our findings show a) how analyst and patient co-create their common conversational object called psychoanalysis; b) how a lot of up-to-now not described analytical tools are applied, that can be described as “practices”; c) how a “dance of insight” is enacted by both participants in a common creation making patterns of interaction visible from “both sides”; d) how participants create metaphors as conversational and cognitive tools to reduce the enormous complexity of the analytic exchange and for other purposes; e) that prosodic rhythmicity and other prosodic features are best integrated in a threefold

model for analytic conversation consisting of “interaction engine”, “talking to” and “talking about” the patient” (Buchholz et al. 2015).

We need clinical discoveries and systematic in-depths analyses working hand in hand to procure a future for psychoanalysis.

Let me add as a political note - accepting the diversity of psychoanalytic communities - that in my modest view I am convinced that cross-fertilizing via open discussions based on accurate transcripts or even recordings would help to bridge between controversial discussions.

Bibliography

- Akhtar S (2007) Diversity without fanfare: Some reflections on contemporary psychoanalytic technique. *Psychoanalytic Inquiry*, 27, 690-704.
- Breger L (2009) *A Dream of Undying Fame. How Freud Betrayed his Mentor and Invented Psychoanalysis*. New York: Basic Books.
- Breuer J (1893-1895) Case I. Fräulein Anna O. In: Breuer J, Freud S. *Studies on hysteria*. Standard Edition 2, pp. 21-47.
- Buchholz M & Kächele H (2013). Conversation analysis – A powerful tool for psychoanalytic practice and research. *Language and Psychoanalysis*, 22, 228-243.
- Buchholz MB, Spiekermann J & Kächele H (2015) Rhythm and Blues. Amalia's 152th session. *International Journal of Psychoanalysis* 96: 877-910
- Buchholz, M., & Reiter, L. (1996). Auf dem Weg zu einem empirischen Vergleich epistemischer Kulturen in der Psychotherapie. In G. Bruns (Ed.), *Psychoanalyse im Kontext*. Opladen: Westdeutscher Verlag, pp. 75-100.
- Caspar F, Kächele H (2008) Fehlentwicklungen in der Psychotherapie. In Herpertz S C, Caspar F, Mundt C. *Störungsorientierte Psychotherapie*, München, Urban u. Fischer, pp 729-743
- Compton A (1972a). The study of the psychoanalytic theory of anxiety. *Journal of the American Psychoanalytic Association*, 20, 3-44.
- Compton A (1972b) The study of the psychoanalytic theory of anxiety. *Journal of the American Psychoanalytic Association*, 20, 341-394.
- Dahl H (1988) Frames of mind. In: Dahl H, Kächele H, Thomä H (Eds) *Psychoanalytic process research strategies*. Springer, Berlin, Heidelberg, New York, London, Paris, Tokyo, pp 51-66
- Dewald P (1972) *The psychoanalytic process. A case illustration*. Basic Books, New York
- Edelson, M. (1972). Language and dreams: The interpretation of dreams revisited. *The Psychoanalytic Study of the Child*, 27, 203-282.
- Ferenczi S (1927 [1964]) *Bausteine zur Psychoanalyse (Fundamentals of psychoanalysis)*, vol. 2, Praxis (Practice). Wien: Internationaler Psychoanalytischer Verlag [Huber],
- Forrester J (1980) *Language and the origins of psychoanalysis*. Macmillan, London
- Freud S (1895d) *Studies on Hysteria*. Standard Edition 2
- Freud, S. (1900a). The interpretation of dreams. Standard Edition, 4-5.
- Freud, S. (1926e). The question of lay analysis. Standard Edition 20: 183-250
- Frommer J, Rennie DL (Eds) (2001) *Qualitative psychotherapy research. Methods and methodology* Lengerich: Pabst.
- Kächele H (1981) Zur Bedeutung der Krankengeschichte in der klinisch-psychoanalytischen Forschung (On the relevance of case history in clinical psychoanalytic research). *Jahrbuch der Psychoanalyse* 12: 118-177.

- Kächele H (1992) Narration and observation in psychotherapy research. Reporting on a 20 year long journey from qualitative case reports to quantitative studies on the psychoanalytic process. *Psychotherapy Research* 2: 1-15.
- Kächele H, Schachter J (2014) On side effects, destructive processes and negative outcomes in psychoanalytic therapies – Why is it difficult for psychoanalysts to acknowledge and address treatment failures? *Contemporary Psychoanalysis* 50: 233-258
- Kächele H, Schachter J, Thomä H (Eds) (2009) From psychoanalytic narrative to empirical single case research. Implications for psychoanalytic practice. New York: Routledge.
- Kächele H, Thomä H, Ruberg W, Grünzig H-J (1988) Audio-recordings of the psychoanalytic dialogue: scientific, clinical and ethical problems. In: Dahl H, Kächele H, Thomä H (Eds) *Psychoanalytic process research strategies*. Berlin Heidelberg New York Tokyo: Springer, pp 179-194.
- Klein M (1961) *Narrative of a child analysis*. London: Hogarth.
- Kohut, H. (1979). The two analyses of Mr. Z. *International Journal of Psychoanalysis*, 60, 3-27.
- Levy R, Ablon J, Thomä H, Kächele H, Ackerman J, Erhardt I & Seybert C (2012). A specimen session of psychoanalytic therapy under the lens of the Psychotherapy Process Q-set. In R. Levy, S. Ablon, & H. Kächele (Eds.), *Psychodynamic Psychotherapy Research*. New York: Humana Press, pp. 509-528.
- Luborsky L, Spence DP (1971) Quantitative research on psychoanalytic therapy. In: Bergin AE, Garfield SL (Eds) *Handbook of psychotherapy and behavior change*. 1st ed. Wiley & Sons, New York, pp 408-438
- Luyten P, Blatt SJ, Corveleyn J (2006) Minding the gap between positivism and hermeneutics in psychoanalytic research. *Journal of the American Psychoanalytic Association* 54: 571-610
- Mayman, M. (1973). Reflections on psychoanalytic research. In M. Mayman (Ed.), *Psychoanalytic research. Three approaches to the experimental study of subliminal processes*. New York: International University Press.
- Meehl, P. E. (1973). Some methodological reflections of the difficulties of psychoanalytic research. In H. Mayman (Ed.), *Psychoanalytic research. Three approaches to the experimental study of subliminal processes* (pp. 104-117). New York: International University Press.
- Menninger, K. A., & Holzman, P. S. (1958). *Theory of psychoanalytic technique*. New York: Basic Books.
- Mergenthaler E, Kächele H (1988) The Ulm Textbank management system: A tool for psychotherapy research. In: Dahl H, Kächele H, Thomä H (eds) *Psychoanalytic process research strategies*. Berlin Heidelberg New York London Paris Tokyo: Springer, pp 195-212
- Michels R (2000) The case history. With commentaries by S. Pulver, S. B. Bernstein, P. Rubovits-Seitz, I. Szecsödy, D. Tuckett, A. Wilson. *Journal of the American Psychoanalytic Association* 48: 355-375.
- Propp WJ (1928) *Morfologia delle fiabe*. Torino: Einandi.
- Rapaport, D. (1960). *The Structure of Psychoanalytic Theory. A Systematizing Attempt* (Vol. Psychological issues). New York: International University Press.
- Solms, M. (1995). *New findings on the neurological organization of dreaming*:

- Implications for psychoanalysis. *Psychoanalytic Quarterly*, 64, 43-67.
- Solms, M. (1997). *The neuropsychology of dreams: A clinico-anatomical study*. Hillsdale, NJ: Lawrence Erlbaum.
- Spence DP (1982) Narrative truth and historical truth: Meaning and interpretation in psychoanalysis. New York: Norton.
- Stuhr U (2004) Klinische Fallstudien (Clinical case studies). In: Hau S, Leuzinger-Bohleber M (Eds) *Psychoanalytische Therapie. Eine Stellungnahme für die wissenschaftliche Öffentlichkeit und für den Wissenschaftlichen Beirat Psychotherapie*. *Forum der Psychoanalyse* 20: 63-66.
- Wallerstein RS, Sampson H (1971) Issues in research in the psychoanalytic process. *International Journal of Psychoanalysis* 52: 11-50
- Thomä H (1961) *Anorexia nervosa. Geschichte, Klinik und Theorie der Pubertätsmagersucht*. Huber/Klett, Bern/Stuttgart; English (1967) *Anorexia nervosa*. New Haven: Yale University Press.
- Thomä H & Kächele H (1992) *Psychoanalytic practice, Vol. 1 Principles*. Springer Verlag, Berlin Heidelberg New York; paperback. Aronson, New York, 1994
- Winnicott DW (1972) Fragment of an analysis. In: Giovaccini PL (Ed) *Tactics and techniques in psychoanalytic therapy*. London: Hogarth Press, pp 455-693

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