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Narration and observation in psychotherapy research: reporting on a 20 year long journey from qualitative case reports to quantitative studies on the psychoanalytic process[1]

Horst Kächele
Ulm University, Germany

Reviewing one´s own involvement in the development of psychoanalytic process research gives a chance to touch on fundamental issues of the pro and cons of qualitative versus quantitative methodology in psychotherapy research. The lecture will describe the steps of the Ulm research team in developing a balanced view of the kinds of questions put forward and the answers received. One conclusion will be that a one sided position in favor of quantitative methods is no longer warranted as quantitative methods turn out to be just pragmatic shortcuts that need interpretations which can be deepened by a more detailed inspection of our raw data as they are given by recordings of the therapeutic discourse.

INTRODUCTION

Psychotherapy Research as a field of institutionalized research activity has been made visible by establishing the Society for Psychotherapy Research (SPR) in 1968. For many years it was tied up to the anglo-american world. With the establishment of a European-continental chapter a growing awareness of research activities outside led to the

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[1]Presidential address to the annual meeting of the Society for Psychotherapy Research, Lyon, July 1991. This is a modified version of the talk which excludes many colourful graphical representations that have made the talk a two-media communication; for the purpose of written communication this had to be changed.
Correspondence to the author, Abteilung Psychotherapie, Universität Ulm, Am Hochsträß 8, 79 Ulm, FRG

1987 meeting in Ulm which paved the way to integrate the European continent into the self-concept of SPR. The election of a president from continental Europe expressed the recognition of this development as a possible enrichment to the field represented by this society. It has become a fastly growing group including many cultural strands and different notions about what psychotherapy research should focus on and how it should work. Reporting on the work of the Ulm group[2] allows for an overview on a 20 year long journey from qualitative case reports to quantitative studies on the psychoanalytic process which entails the notion of narration versus observation.

THE TALKING CURE

It all started with the "talking cure". Let me remind you that many decades have passed since a patient of the Viennese physician Josef Breuer in 1881 naively labeled her treatment as talking cure. Today this is quite in tune with our view that the many psychotherapies are correct in attributing a pivotal position to the talk in psychotherapy; however is it fair to say as our colleague Bob Russell pointed out that "in comparison to the behavioral (i.e. proxemic or kinesic) or physiological constituents of psychotherapeutic interaction, the talk which transpires between therapist and client has consistently been in the critical limelight in psychotherapy research, theory and practice" (Russell 1987, p.1). For many years Freud´s observing this young lady´s cloudy talking supported the idea that only by telling these observations as stories one could do justice to what had transpired. For discourse analysts story telling is highly estimated as an important way

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[2]The Ulm Psychoanalytic Process Research Group 1970 - 1990**:** Hermann Böckenförde, Werner Geist. Sebastian Goeser, Hans Joachim Grünzig, Martin Heldmaier, Roderich Hohage, Michael Hölzer, Juan Pablo Jimenez, Horst Kächele, Julian Kübler, Marianne Leuzinger-Bohleber, Erhard Mergenthaler, Lisbeth Neudert, Alfred Plewa, Dan Pokorny, Wolfgang Ruberg, Cornelia Schaumburg, Nicola Scheytt, Helmut Thomä, Eva-Maria Wirtz. directed by Helmut Thomä & Horst Kächele; consultants for many years: Dolf Meyer, Hartvig Dahl & Lester Luborsky, and many others.

of transporting individual experience into shared knowledge (Ehlich 1980). Thus psychoanalysis became a narrative science using narration aspiring to narrative truth (Forrester 1980; Spence 1982). To highlight the importance of this methodological decision, imagine the development of chemistry if chemists would have evolved the habit of reporting what they had seen in their test-tubes having performed most exciting experiments: a science of chemistry based on reported colours, of blue and red and green reactions in the little tubes after having done this and that. Or imagine 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. It wouldn´t work for chemistry that´s why the alchemist in vain tried to find the receipe how to make gold. To leave these rather fancy examples let me remind you of the Brüder Grimm, the two professors from Göttingen who systematically started out to collect orally transmitted fairy tales. Today we have 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). Why do I tell this ?

In our field for many years, as well oral tradition documented by case studies constituted the major means of reporting the insights gained by introducing the therapeutic situation as a field for discovery oriented research. My examples should point out that this in itself would not have been a major obstacle for gaining systematic knowledge if there would have been a systematic effort for adaequate sampling, if we would have a representative corpus of case studies. But no one yet has undertaken the sysiphus task to even try to specify the characteristics of the patients reported about in the thousand and one case vignettes buried in the journals of the psychoanalytic community. However not only in German psychology we lately register a renaissance of the old discussion on ideographic versus nomothetic psychology which wrongly manifests itself as a discussion on qualitative versus

quantitative approaches (Jüttemann, 1983) but also in the United States one finds that "the case study method in psychology and other related disciplines" (Bromley, 1986) has been rediscovered lately. This corresponds well to a distinction imported to our field by Russell (in press) on the rational and the narrative paradigm.

The usefulness of narrative accounts has been the topic for philosophical reverberations in the everlasting discussion on "the standing of psychoanalysis" (Farrell 1981) as hermeneutics or natural science (Edelson, 1985). Others and our experience point out that psychoanalytical process research mainly has relied on the single case approach. Treatment reports as comprehensive as Dewald ´s (1972) voluminous 600 page long description demonstrate the research value of clinical carefully reported single case studies. However, scanning the psychoanalytic literature for such extensive treatment reports I found 36 publications extending 20 pages of print in the psychoanalytic literature past Freud (Kächele, 1981). Interestingly enough there was a definite increase from the sixties onward; it is peculiar that the majority of patients attracting these efforts were psychotics and/ or children. All these reports were based on note taking procedures during or immediately after the sessions. Apart from Earl Zinn´s early recordings tape recording within the psychoanalytic community was anathema for many and is still for most; only Paul Bergman´s "experiment in filmed psychotherapy" at the National Institute of Mental Health instigated by David Shakow (Bergman, 1966) was a formidable exception. Hartvig Dahl´s (1972; 1974) work on 363 sessions of a young lady in treatment provides another example of a fruitful collaboration of the treating analyst with a researcher by providing a thematic topic index for the treatment. There is the famous case of Mrs C studied intensively by now by a host of researchers on the East and West coast of the United States (Bucci, 1988; Dahl, 1988; Horowitz, 1977; Jones u. Windholz, 1990; Weiss & Sampson, 1986)[3] When the Ulm group began its work in the early seventies first focusing

[3]Most of us still seem to be afraid to disclose the identity of being the therapist in a research case; in terms of promoting research this now seems contraproductive.

on the extensive analysis of a single cases treated by H Thomä it seemed promissing in many ways. It would help us to bridge the gap between the clinical and the scientific approach and it would enable us to keep qualitative and quantitative avenues in touch with one another. Therefore it has been our strategy first to investigate within the single case where narrative accounts of the therapists were available; and then to aggregate the cases only when we felt safe enough not to violate the specifics of the single case.

Studying the psychoanalytic process involved other strategic decision as well.
As we all know out there is a multiplicity of meaning of the notion "psychoanalytic process"; so many theories, so many models of the analytic process (Compton, 1990). There is no shared opinion whether models have to be tested or are but language games useful for those who use them (Wittgenstein). Our investigations have been guided by a working model of the process which encompasses all of the steps along the way from the start of a patient/analyst contact to its termination. The methodological specificity of the psychoanalytic process is produced by the analytic method which prescribes a specific discourse - with evenly hovering attention and free association as functional units. The impact of these rules on both parts sets in motion a process which transforms covered processes within the patient (transference dispositions) into relationship patterns between patient and the analyst:

"We comprehend the transference neurosis as an interactional representation in the therapeutic relationship of the patient´s intrapsychic conflicts, the concrete arrangement of which is a function of the analytic process. This is unique for each dyad, und thus psychoanalysis can legitimately be called a historical science; on the other hand, at a higher level of abstraction it permits the identification of typical patterns of the course of analysis (Thomä & Kächele, 1987, p. 331 ff.)
So our task was defined mainly as a descriptive enterprise, as a job to develop tools with which to describe the vast amount of verbal

transactions that make up a psychoanalytic treatment. In terms of a well known distinction of how to proceed in setting up a research program we used both the so-called bottom up approach and the top down approaches where one sets out to test a piece of theory which serves as a guiding tool.what data to select.

Bottom-up approaches start with very low-level theories, everyday theory so to speak, first establishing descriptive worlds.This may be seen as something like going out and catching butterflies in the wilderness. Indeed confronted with a longterm psychoanalytic treatment it is not an easy choice to decide what part of the material deserves careful descriptive work. The bottom-up methods are defining observables not all of which have clear relationship to the clinical theory of psychoanalysis. However, we thought careful observational work supported by systematized narrative knowledge would have reverberations on our theorizing of the process

Our leading idea was to use descriptive data of different quality to examine clinical process hypotheses. Our methodological conception was inspired by Helen Sargent (1961)`s recommendations for the Topeka project - consisting of a four level-approach; on each level different methods with appropriate material representing different levels of conceptualization had to be worked on (Kächele, Thomä & Schaumburg, 1975):

I clinical case study
II systematic clinical descriptions
III guided clinical judgment procedures
IV computer-assisted and linguistic text analysis

This multi-level multi-method approach reflected our understanding that the tension between clinical meaningfulness and objectivation could not creatively be solved by using one approach only. Up to now this approach has been applied to a total of four cases varying in amount of work performed in the different domains.

I CLINICAL CASE STUDY

I already have made clear that we highly appreciate the research based case study approach; it does fulfil an important function in orienting about the total picture, it provides an overview that might be helpful when interpretation of results of more stringent methods is called for. Anyone interested in this traditional way of reporting can fulfil his curiosity by peeping in the second volume of our textbook on psychoanalytic practice (Thomä & Kächele, 1988, engl. 1991). So I may continue by discussing the method of systematic clinical descriptions.

II SYSTEMATIC CLINICAL DESCRIPTION

Systematic clinical descriptions import quite a different way of approaching the material. The complex array of interactions of a treatment process is considered with the help of preset points of view; they clearly represent the researcher`s interest. They might vary from case to case. For example for patient Christian Y[4] "anxiety and transference" were the key notions; for Amalia X it was the hirsutism (male type of hairyness) and the development of her heterosexual relations that were of prominent interest. All treatments were completely tape-recorded, one case (Christian Y) was competely transcribed, the others due to restricted financial means only partially. The material basis of these systematic descriptions was based on verbatim transcripts[5] of different samples:

Sampling strategies

a. sessions 1-5, 26-30,.51-55, 76-80, 101-105, 126-130, ...

a.1. sessions 1-5, 51-55, 101-105, 151-155, ...

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[4]Throughout this text the patients are named in concordance with our procedure explained in Thomä & Kächele (1988)

[5]It took us quite awhile before we realized that very precisetranscriptions rules were a must

a.2 sessions 26-30,.76-80, 126-130, 176-180.....
b. sessions 1, 11, 21, 31, 41, 51, 61, 71, 81, 91, 101,.....
c. blocks of eight sessions drawn in random distance from one another out of the total population
d. all items (like dreams) with in the first hundred sessions versus all items in the last hundred sessions.

The task of systematically reading the verbatim records of the sessions and then writing up condensed summaries of the content and transactions of the sessions still moves very close to clinical narration. In producing these descriptions by third, uninvolved persons we feel that they can procure a fairly reliable perspective of what has happened[6]This clinical-descriptive step permits an evaluation that is under some formal constraints: no longer the report is dictated by the narrator´s epic perspective which characterizes the traditional case study approach. Instead by using a systematic sample the assumption is made that the repeated description in fixed time intervalls captures the decisive processes of change that have occured.

We have prepared a fairly extensive report on our first case Christian Y by a joined endeavour of the treating analyst, a second psychoanalyst and a clinical psychologist in group discussion working style (Thomä et al. 1973). A similar systematic description was prepared for our second research case, patient Amalie X, by two graduate students. They focussed on changes of the patient‘s transference and body image (Schmieder, Schinkel & Kächele, 1990)

The material available after such an effort looks like a little book; the voluminous collected verbatim records - thousands of pages - have been elegantly compressed to hundred pages of a readable account. This

[6]Even the treating analyst himself can study his operations from some distance to the actual psychoanalytic situation; however he will have no great difficulties to remember the actualities underlying the transcribed dialogue. For research purposes we would recommend to clearely separate the uninvolved perspective from the involved perspective of either patient or analyts. Very seldom patient have been given a chance to read transcripts; one of my patients, Franziska X having read a selection of the treatment was shocked by her amount of repetition. Therapists should be forced to go through the painful confrontation witrh one´s own verbal shortcomings.

booklet can serve many purposes besides its being a valuable achievement in itself. It helps for an easy access to an orientation on the whole case, being more detailed and more systematic as a traditional case history which tends to be more novella-like whereas the systematic description record marks out the orderly progress of things. One can rearrange the qualitative data, concatenating all transference descriptions one after the other and by such gain a good view on the development of major transference issues.

Systematic description of Amalia X´s transference

1-5: The analysis as confession
26-30: The analysis as an examination
51-55: The bad, cold mother
76-80: Submission and secret defiance
101-105: Searching her own rule
116-120: The disappointing father and the helpless daughter
151-155: the cold father and her desire for identification
176-180: Ambivalence in the father relationship
201-205: The father as seducer or judge of moral standards
226-230: Does he love me - or not ?
251-255: Even my father cannot change me into a boy
276-280: The Cindarella feeling
301-305: The poor girl and the rich king-
326-330: If you reject me I´ll reject you
351-355: The powerless love to the mighty father and jealousy
376-380: Separation for not being deserted
401-405: Discovery of her capacity to criticize
426-430: I´m only second to my mother, first born are preferred
451-455: Hate for the giving therapist
476-480: The art of loving consists in tolerating love and hate
501-505: Be first in saying good-by
513-517: Departure-Symphony

It is not by chance that these descriptions remind one to titles of fairy tales. At any given point in treatment the relationship between patient and analyst is organized in a narrative pattern which clinicians are very apt to spot. Systematic clinical descriptions thus rely on the very capacity of narrative accounting but using the systematic sampling technique these accounts change in their nature. Systematic clinical description is a way to recount the treatment in a mixed mode. In order to introduce some objectivity to the narrative accounts based on

verbatim records, we recommend two readers and impose on them to agree upon their account.

Two medical students have succeeded fairly well to jointly report the story of Amalia´s analysis by reading again and again the 110 sessions representing one fifth of the analysis. So their narrative has achieved more or less an acceptable "interreader" reliability as attested to by the treating psychoanalyst and other collegues who have worked with the material (Leuzinger-Bohleber, 1989). I think they have achieved more than narrative truth (Spence, 1982).
A similar task has been performed by other students who many times went through the video-recordings of the 29 sessions of the patient "The Student" and wrote down an account of the treatment in a short form (one page per session) and a long form (three pages per session) which has been distributed with the PEP-study group[7] to provide a shared basis for detailed discussion of the results with different methods (Kächele, Heldmaier & Scheytt, 1990)

An even more condensed version of a systematic clinical description can by achieved by using a so-called topic index (Simon, Fink, Endicott & Gill, 1968). A long list of items (like father, mother, body, friends - the more direct the better) is scanned for presence or absence in a session. There are elegant graphical means to represent these yes/no decisions which lead to a topographical description of the treatment process (Thomä, 1975).

III GUIDED CLINICAL JUDGMENT PROCEDURES

In order to get more control on the descriptive reliability one has to narrow down the window of observation. This is achieved by selecting theoretical concepts for which observational referents can be specified..Concepts are unlike the ingrediants of a compound though we might think of it that way; they are imposed on the material and help us to abstract the material. Our favourite concepts for which manual

[7]The PEP-study group directed by Klaus Grawe and Horst Kächele "Psychotherapeutische Einzelfallprozessforschung" investigates two cases, one from Ulm (The Student) and one from Berne (The Forward) with quite a variety of process methods since 19

guided clinical judgment procedures were developed and applied were the following:.

1. "Transference, Anxiety and Working Alliance" (Grünzig, Kächele & Thomä, 1978; Kächele, Thomä & Schaumburg, 1975)
2. "Changes in self-esteem" (Neudert, Grünzig & Thomä, 1987)
3. "Suffering" (Neudert u. Hohage 1988)
4. "Emotional insight" (Hohage &. Kübler 1988).
5. "Cognitives changes during psychoanalysis" (Leuzinger-Bohleber & Kächele, 1988)

Study 1 was done on the Case Christian Y, studies 2-4 on Mrs Amalia X and study 5 used two additional cases, Franziska X and Gustav Y, from which also larger samples in verbatim form are available.

The results of these guided procedures are graphical representations like linear or non-linear curves replacing the rich fabric of narratives by unidimensional series of values which mark the transition from a qualitative to a quantitative view of things. By this very procedure we suddenly are able to speak of high and low transference, of little change or great changes along a continuum mapped out by the investigator. The loss in descriptive richness is balanced by a gain in greater control of the phenomena under discussion.

Such seductive charts induce the illusion to have mastered the complex dimension..However we have to keep in mind that this standardized evaluations are built on the working rule to freeze in the process of interpretation in a way that reliable judgments can be made. Everyone having worked in this rating business is aware that training of raters often means depriving them of their natural tendency to increase information by interpreting data but instead reducing information by selective attention.

A main research question on this level of description was : can we use these this kind of dimensional descriptions in order to identify "phases of process" that would support our theoretical notion of the psychoanalytic process (Kächele, 1988). As described in more detail elsewhere

"we conceptualize psychoanalytic therapy as an *ongoing, temporally unlimited focal therapy with a changing focus*" (Thomä & Kächele, 1987, p.347).

One of these approaches to characterizes phases of treatment was performed by using the clinical concept of suffering. L. Neudert developed a manual for scoring the patient´s types and intensities of suffering. The overall intensity of suffering resulted in a chart that clearly distinguished two phases within the analysis. Phase 1 describes the female patient´s suffering from her own deficiencies connected mainly to her problem of a male type of hairiness. Phase 2 then was dominated by the expressed sufferings from reactions in the environment including the therapist (Neudert & Hohage, 1988). This study illustrated that looking for different phases of process is dependent on the conceptual dimensions used in the descriptive effort.

IV COMPUTER ASSISTED AND LINGUISTIC TEXTANALYSIS

Our way to handle the complexities of treatment processes had begun with improving on the traditional case study by introducing the systematic time-sampled clinical description, then turned to rating approaches thus reducing the interpretative libertinage in order to get better control. One step further along the continuum between narration and observation consisted in directing our attention to the very raw material that was provided by the verbatim records.

It is more than appropriate to acknowledge at this special occasion that the discovery of this approach was directly influenced by Hartvig Dahl and Donald Spence whose seminal papers (Dahl, 1972, 1974; Spence 1969, 1968; Spence &Lugo, 1972) opened my eyes for the possibilities of the computer as a tool to considerably increase the descriptive power[8].

We got started by implementing the program described by Spence (1969) and found it useful for dealing with small amount of text

[8]Since this address was delivered in France it appears useful to mention that the French word for computer " ordinateur" is much more suitable to catch the specific use of this tool in textanalysis, which is " ordering symbols".

material (Kächele, Thomä & Schaumburg, 1973). In 1975 we got hold of the program EVA ("Elektronische Verbalanalyse" develeoped by K. Holzscheck) which had been devised for the analysis of newspaper headlines. The amount to be processed with psychoanalytic material made a revision necessary which was performed by E. Mergenthaler in the following years (so called EVA-Ulm & TAS). Since then, the use of the computer as tool has been broadened to include not only dictionary based content analysis, but to refer to textanalysis in a more general sense (Mergenthaler & Kächele, 1988, 1991). The conception to develop a formal institution called "Ulm Textbank" arose out fo the pure necessity to handle the growing datacorpus of our own. It was only after awhile that we realized that this in itself was a valuable objective to serve the field by providing textual material on many different forms of therapy and providing various forms of textanalyses (Mergenthaler, 1985).
We have used computer aided textanalyses in quite a few investigations most of them exploratory oriented to find out what descriptive powers of this easy to do strict observational methods would be producing results that evoke narrative efforts to make sense out of them.

1. Verbal activity (Kächele, 1983)
2. Longterm transference trends (Kächele 1976, 1990)
3. Personal pronouns (Schaumburg, Kächele & Thomä, 1973)
4. Redundancy in patient´s and therapist´s language (Kächele & Mergenthaler, 1984)
5. Classification of anxiety themes (Grünzig, 1983; Grünzig & Kächele, 1978)
6. Emotive aspects of therapeutic language (Wirtz & Kächele, 1983)
7. Change of body concepts (Schors &Kächele 1982)
8. Cognitive changes during psychoanalysis (Leuzinger-Bohleber & Kächele, 1988)
9. Changes of latent meaning structures (Mergenthaler u. Kächele, 1985)

10. Affective Dictionary (Hölzer, Scheytt, Pokorny & Kächele, 1989)
11. Parts of speech (Mergenthaler & Pokorny, 1989; Mergenthaler 1990; Parra, Mergenthaler & Kächele, 1988)
12. Core conflictual words (Kächele, Thomä & Schaumburg, 1973; Kächele 1991)

To illustrate my point that the more observational one´s approach is the more narrative interpretation is needed I summarize our data on the verbal activity in two psychoanalytic treatments (Kächele 1983).
Verbal activity is easily measured by the computer; either one uses the on-off patterns analysis by direct recording as developed by Feldstein & Jaffe (1963) or if verbatim transcripts are stored in a computer, counting words is all you need.
Our figures for the overall verbal activity in the two dyads of psychoanalytic cases showed that the total ratio varies between 1: 1.1 to 1: 4.0. This way of looking at verbal activity was not yet very informative So we analyzed the distribution of verbal activity by forming classes of sessions of varying verbal activity and focused on the patients Christian Y and Amalia X treated by the same analyst Mrs. Amalia displayed a wide spectrum of verbal activity in different hours; the analyst in contrast was fairly restricted in his verbal activity, role specific as a textbook perspective of psychoanalysis would prescribe.
However in the other case where the patient Christian exhibited an extremely restricted range the analyst clearly shifted to more verbal activity. These data gave only a static view about a characteristic of the verbal exchange system. And we did not know what role of silence plays. So E. Mergenthaler suggested and constructed a three dimensional graph neglecting the times when both speaker overlapped and calculated the relative proportions of both speakers and silence of total session time.
Amalia´s graph shows a wide variation of the patient from nearly zero to hundred percent with the analyst moving around an average of fifteen percent participation and a varying amount of silence. Correlation between patient´s and analyst´s activity was practically zero (0.04).
In the other treatment we found both patient and analyst at a rather low verbal activity with a lot of silence. The correlation of the two verbal

activities based on 110 sessions was +. 30 which is highly significant. Studying verbal activity along the temporal axis of the treatments we learned of another feature of the process. Patient Amalia was developing her capacity to vary verbal activity over the course of treatment nicely and her analyst behaved unobtrusively even reducing his participation more and more as the analysis came to an end.
Patient Christian and the same analyst remained intertwined throughout session 1 to session 450 represented by every tenth session that were the basis of this measurement.
Being clinically well aware of what happened we knew that these data described a very difficult analysis with a patient that was most of the time silent, with an analyst who most of the time initiated verbal interaction, who tried to get the patient involved in the analytic task of using the space provided for him. At the end of this observational period one could discern a slow development of the patient´s capacity to become a more active participant. It was only from session 500 onward that he developed the same verbal activity features that I could demonstrate of the other patient. At a later time when after 700 sessions the treatment had ended the remaining sessions also had been transcribed and we repeated the measurement for patient Christian´s verbal activity. This time we used another sampling taking five sessions in an even distance of twenty-five sessions for each data point

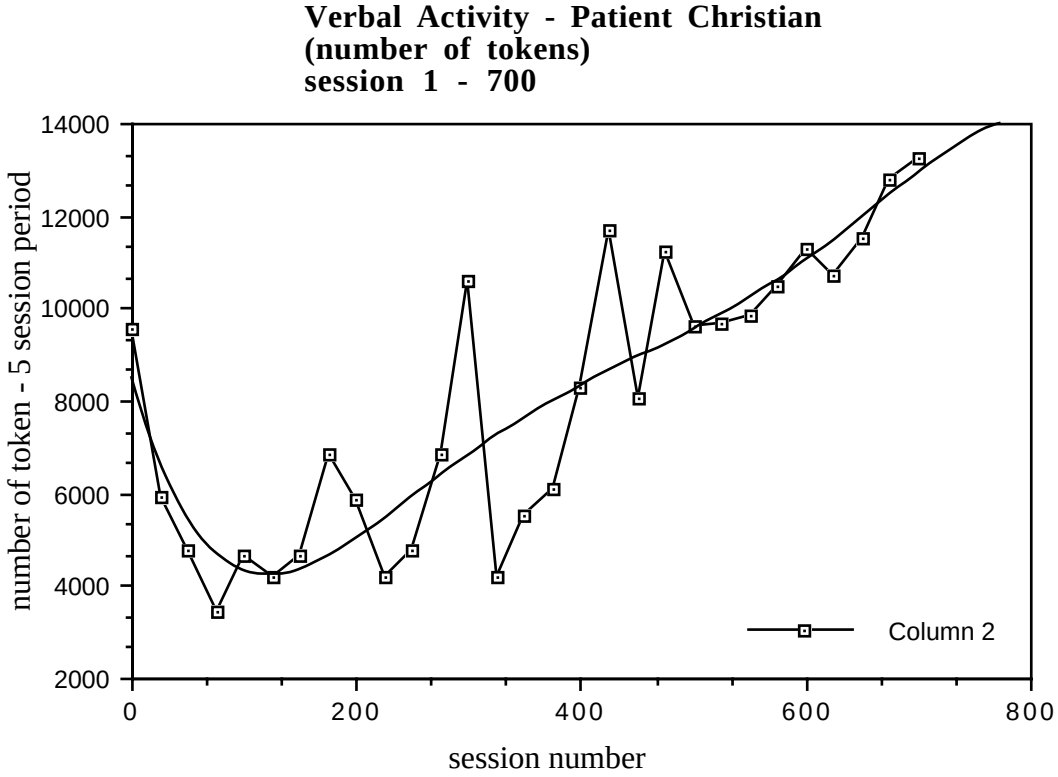

Figure 1

To interprete the data from our clincical knowledge of the treatment it was fairly obvious that the patient went into a long regressive state characterized by a decrease of talking. The therapist stayed close to the patient´s verbal activity without falling into the hole of regression but instead.tried to verbally activate the patient The correlation of verbal activity over the total treatment length was even larger in this larger sample (+0.43 Spearman rank).

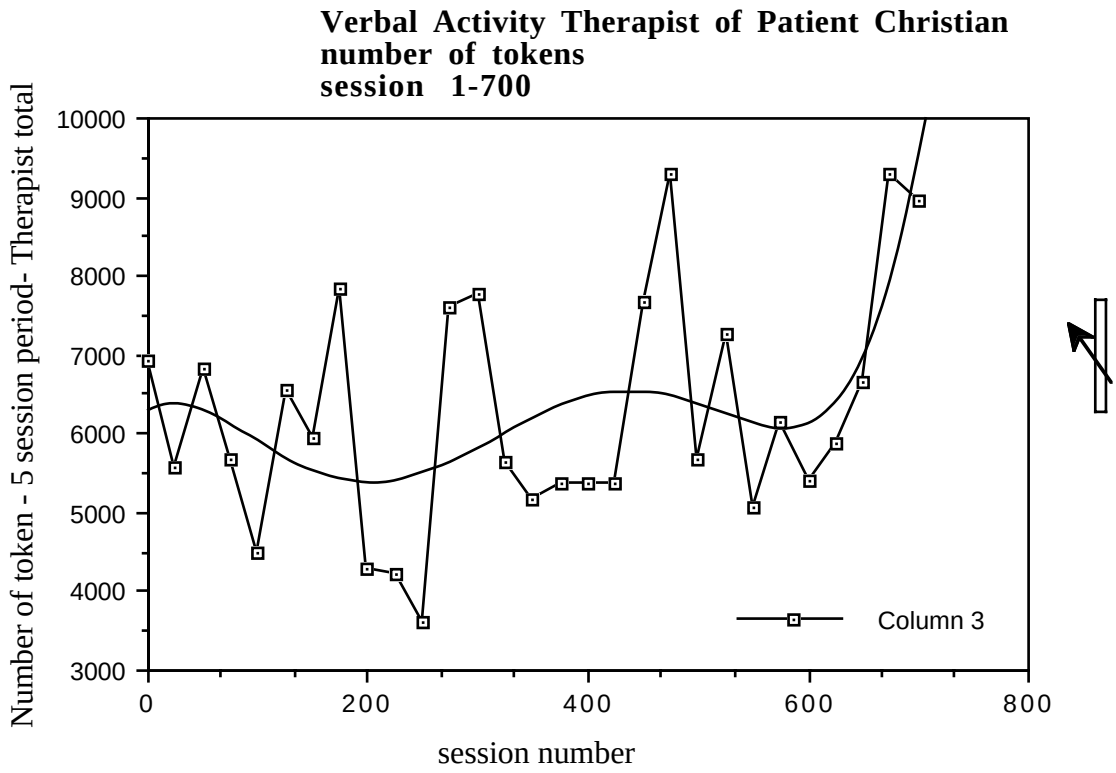

Figure 2

The observational possibilities of the textbanksystem also allow for even a more detailed diagnostic of the way verbal activity is deployed.Instead of categorizing with Strupp´s intervention catalogue - we used the empirically demonstrable correlation between types of intervention and length of intervention (Kitzmann, Kächele & Thomä,. 1974a, 1974b).

By analyzing the distribution of length of interventions using large sample of interventions (N = 14 000) we were able to point out that f.e. the analyst in the Amalia case transported his verbal activity by relying on short interventions whereas with Christian he showed a shift in his spectrogram towards using a much higher proportion of medium and more lengthy interventions. We may be seduced to think of our clinical experience that good effective psychotherapeutic work does indeed take place by short remarks instread of bulky interpretations.

In order to better understand this treatment we studied in detail the use of "Core Conflictual Words" (Kächele, Schaumburg & Thomä, 1973; Kächele, 1991) - to paraphrase Luborsky ´s CCRT - in the analysis of the patient Christian Y.
This patient suffered from a such severe anxiety neurosis that he was unable to leave the hospital for three years and was treated on an inpatient basis five times a week. His most frequent noun was the word "anxiety". Looking at at the course of this word over the treatment for both patient and therapist displays a remarkable synchrony:

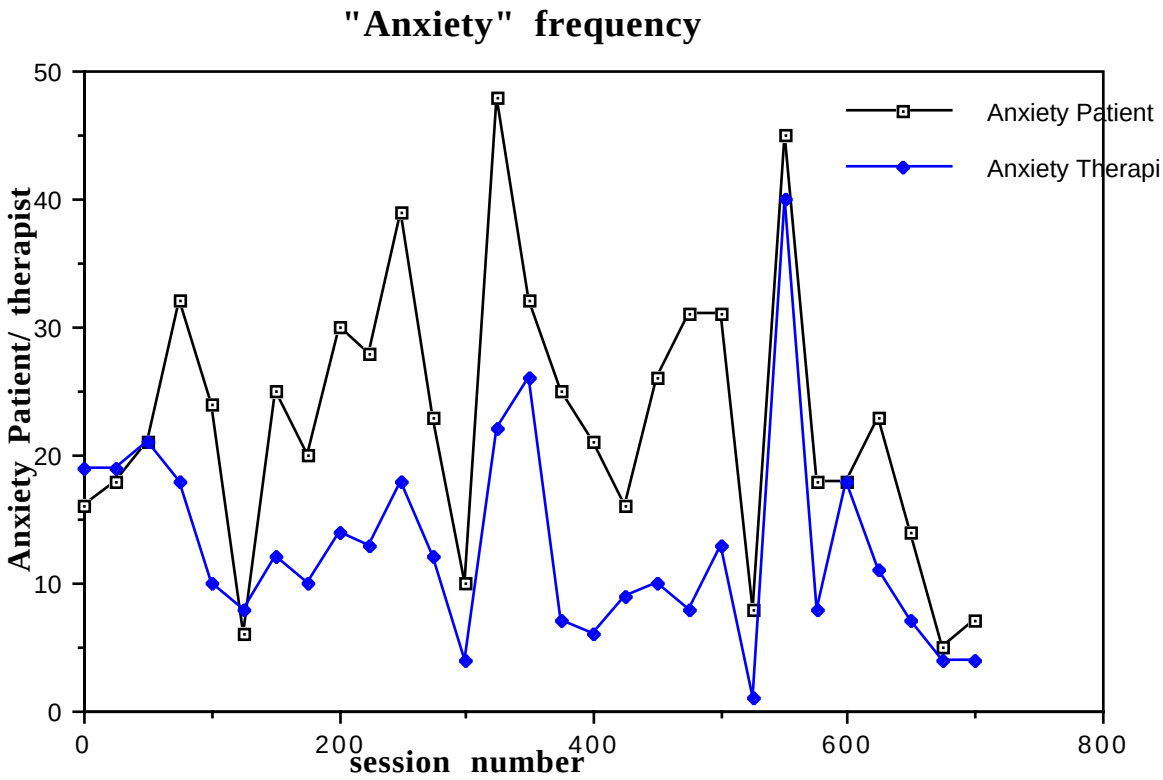

Figure 3

Now, it is a firm conviction in the psychoanalytic world that such severe states of anxiety have to do with repressed aggressive feelings toward the primary love object. We therefore selected the word anger and mapped the relative frequency over treatment.

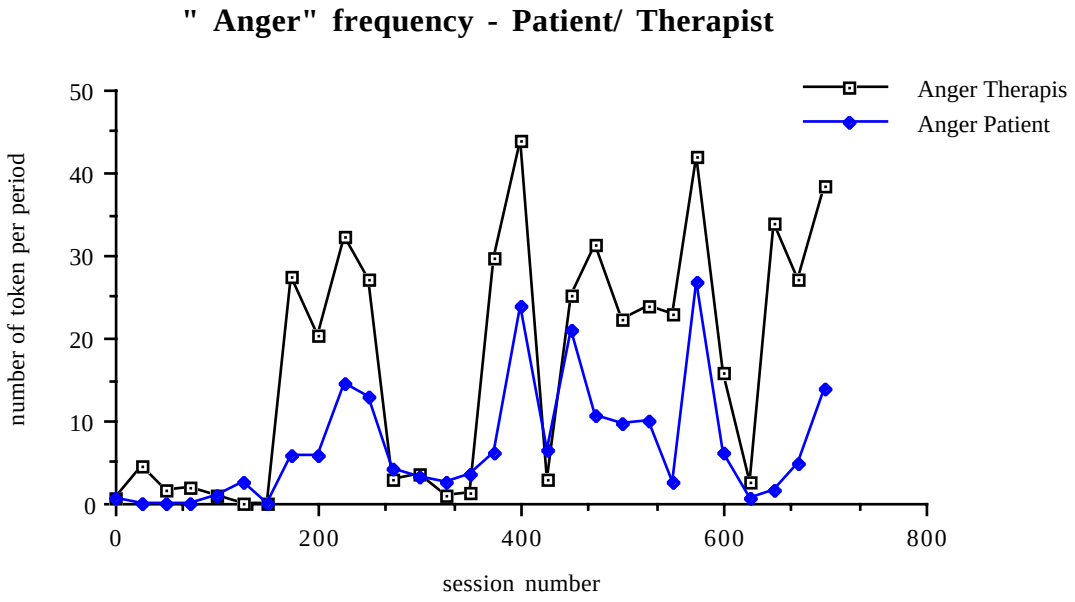

Figure 4

A first inspection of the graphical representations underlines a very important feature: there is a striking covariance of these central concepts. Balint's thesis that the patient has to learn the language of the analyst can just as well turned round by saying that both partners have to establish a constructive mixture of similarity and dissimilarity in talking about the inner world of the patient. The use of the word "anxiety" correlates between patient and analyst with +.60; the use of the word "anger" even correlates +.81 over the whole course of treatment. Though positive correlation of content are are usual feature of conversations the figures for these two nouns were extremely high.
However, the similarity with regard to the use of the word "anxiety" only refers to the process aspect. The degree of intensity of usage shows a striking difference. The analyst though taking up this main complaint by the patient is reluctant in its use. The word "anger", practically not used as element in the dialogue for more than 150 sessions, is heavily imported the first time into the dialogue by the analyst from sessions 175-255. It is in this phase of the treatment where the analyst tries for the first time to focus on the theoretically relevant connection of anxiety and anger .

There are quite a few other approaches of text analysis we have tried on our research cases. Analyzing the use of personal pronouns we found quite different relationships in each of the four analytic cases that we have worked with. Impressive contingencies between pronouns of I and you in one case alternate with insignificant relations of the same variables in the other (Schaumburg, Kächele & Thomä, 1973; Schaumburg, 1980). As the analysis of personal pronouns was once introduced by Daniel Jaffe as a promissing measure for the "language of the dyad" (Jaffe, 1958) with exciting "tracking phenomena" observed in a series of nine interviews I may make the point that our experience with large series of sessions does not support this early enthusiasm. Generalizations are not warranted. The same holds true for grammatical aspect of the dyadic language system in psychoanalysis. Analyzing the use of passive constructions Beermann (1983) could demonstrate on our four analytic cases that each patient preferred special ways of constructing the passive voice; change in direction to more active forms took place in all four treatments. Our studies on the emotional vocabularies are still under way; first exciting results demonstrate systematic differences between the different cases studied in the PEP project (Hölzer, Scheytt, Pokorny & Kächele1989).

Going back to the organizing notions of this talk - narration and observation - this approach clearly is naked observation of elements - generating only data bruta - which are but the letters of the therapeutic alphabet. In order to make sense out of them we have to find the words and sentences which built up to narratives of interaction. These data would be meaningless if measured only at a single instance, they approach meaning by the repeated measurement. But looking at them as a series of events they are easily placed into a frame of understanding this specific case. These data show shifts in patterns of language, by looking at them from this holistic view brings them into the horizon of representing a new language game. The manifold bottom up approaches convinced us that careful descriptive work on the microprocesses is

necessary to understand the working of the macroprocesses grasped by our clinical notions.

All results on psychoanalytic dialogues studied by these techniques underscore the dyadic nature of the process. Whatever microsystem is analyzed, one finds dyadic dependencies and specifics within dyads. This has been one of the reasons why the Ulm research paradigm has been so intrigued by the study of singular cases. This kind of work may seem not to be in the mainstream of the work done in SPR for various reasons. One seems to be our tenacious stand with investigating long term cases in their full length and richness. This is connected to the maybe unique German situation that the societal perspective on psychotherapy research as represented by the agencies responsible for the funding of psychotherapy is still convinced that long term treatment within the psychoanalytic frame of reference for a certain share of patients is the proper thing to do. Another reason lies in a strong support for basic research provided by the German Research Foundation. We therefore could concentrate on basic research since 1970, having received continuous funding since then for diverse projects all focused on the issues I have dealt with in this presentation.

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