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## Book Review: Interaction and interpretation. Psychoanalysis or psychotherapy?

by Jerome Oremland, with a critical evaluation by Merton M. Gill. Hillsdale NJ & London. The Analytic Press, 1991, IX & 184pp.

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The process of delineating (proper) psychoanalysis from (psychoanalytic) psychotherapy has taken up considerable amounts of energy and ink. Just recently this *Journal* in vol 40:1 (1992) reported on three panels that took place at the mid-winter meeting of the APA in 1989. All the discussions share the basic consensus that there are two main options to handle the issue. One option votes for the categorical approach, the other option makes a plea for a dimensional approach.

Oremland's slim but substantial monograph has been deliberately situated by its very title into the midst of this discussion. Its main aim is to provide conceptual and clinical support for a new version of the triadic system which had been established by Gill's classic paper from 1954. The book has the advantage to provide a critical, extensive response focusing on the salient issues by one of the main authors in this arena, by Merton M Gill himself who takes the opportunity to continuously revise his thinking on the subject. To review this cogent and clearly written contribution from a non-US perspective, being the junior co-author of a textbook on the theory and practice of psychoanalysis (Thomä & Kächele 1988, 1992) endorsed by my long-standing experiences as a psychotherapy researcher (Kächele 1992) may provide a different though complementary perspective.

The title page confronts the reader with a subtle placing of "Interpretation **and** Interaction" parallel with the subtitle "Psychoanalysis **or** Psychotherapy?" providing at the same time an answer by the graphic representation of the author's key idea on the relation of his newly defined psychoanalytically oriented psychotherapy with psychoanalysis proper: the

metapher of the double helix portrays the relationship of these two. We shall see whether this metaphor holds up.

The first chapter summarizes how in the USA the development of the field of psychotherapy was a by-product of the Golden Age of psychoanalysis and how it rested more on the widespread application of a melange of theories and styles of practice than it did on psychoanalysis proper (p.4). It also points out that these developments were intertwined with the rise of professionalism in psychotherapy that placed medical trained psychiatrists-psychoanalysts in an elitist position. One wonders whether this professional medicocentrism still plays a role in the actual discussion on psychoanalysis or psychotherapy; could it be that with many more psychologists moving into the psychoanalytic field now a new look on these issues may arise? At least Oremland clearly points out that the American Psychoanalytic Association's 1953 panel was supposed "to bring order to the chaos created by wide and indiscriminate application of psychoanalytic principles to psychotherapy"(p.5).

The results of these efforts resulted in the well known triad which would determine the shape of the discussions from then on. However "Gill more than previous writers, blurred the distinctions between psychotherapy and psychoanalysis proper, placing the psychotherapies on a continuum"(p.8). Since then we have the aforementioned two options, one trying to clearly differentiate categories of treatments, the other giving at least theoretical space for a different conception altogether by using a dimensional approach in classifying psychoanalytic informed treatments.

The second part of chapter one imports the key concepts the author uses in the book. He invokes the dichotomy of the psychoanalytic and the therapeutic orientation. For the sake of clarifying this central argument let me first quote Freud:

"As a method of treatment it is one among many, though, to be sure, *primus inter pares*. If it was without therapeutic value it would not have been discovered, as it was, in connection with sick people and would not have gone on developing for more than thirty years" (Freud 1933a,pp157).

Contrasting scientific and therapeutic psychoanalysis lies at the bottom of the whole controversy. Though Freud also expressed the concern that "the therapy will destroy the science" (1927a, p.254), he also insisted on the creation of the most favorable circumstances for change in each individual analytic situation, i.e. he recognized the need for patient-oriented flexibility (1910d, p.145).

If it were true, as Oremland puts it, "the psychoanalytic orientation is, in fact, not therapeutic it is investigative - an investigation of the personality"(p.10)

then there would be no justification to restrict its proper application to medically trained people.

This dichotomy then is said to parallel the dichotomy of interpretative interventions, which provide understanding, and interactive therapeutic interventions in psychotherapy (p.10). This notion follows the erroneous, but widely shared and highly praised idea that "interpretation as an intervention is qualitative different from other interactions in that its aim is solely to add explicit knowledge, whereas interactive interventions remain largely experiential"(p.10). As this distinction provides the main substance of Oremland's new triadic system of psychotherapies it is of paramount importance to discuss this notion.

Since quite a few years discourse analysis has discovered the field of psychotherapies as a rich field for the application of its detailed knowledge on discourse activities. Labov & Fanshel (1977) were among the first one to publish about in the USA; in Germany we have had the opportunity to extensively collaborate with the researchers on psychoanalytic materials (Thomä & Kächele 1988, pp. 248-252; 1992, pp. 278-286, 471-487). The message from these microanalytic-linguistic studies clearly points to the fact that interpretations do not only "add explicit knowledge" but they are powerful interventions to restore a subject's capacity for communicative action. As conversational activities they are answers to questions the patient didn't know (Flader & Grodzicki 1982). The formative influence of interpretations on patients had been demonstrated as early as 1972 by Garduk & Haggard in a simple, straightforward quasi-experimental study. So we have to ask "How do interpretations influence the psychotherapeutic and psychoanalytic process" (see Silberschatz et al. 1986).if we want to find out what is different and what is shared among the different forms of (psychoanalytic) therapies.

From a psychotherapy researcher's outlook the dichotomy Oremland builds on his distinctions is wrongly simplifying: it continues to evoke the idea that psychoanalysis proper works only by the technique of interpretation alone which memorizes Gill's famous definition arrived at in the 1954 paper. One would like to have empirical substantiations of that claim; probably the statement achieves the status of an idealtype in the sense of Max Weber which would not survive empirical testing. The few investigations on psychoanalytic technique based on tape-recorded transcripts that have been summarized by Luborsky & Spence in 1971 demonstrate that it is very likely to encounter also in psychoanalysis proper the many variables of therapeutic

processes that have been identified within formal psychotherapy research since more than thirty years.

After having commented on the notion of interpretation as a discourse activity certainly dominating in psychoanalysis proper more than in psychotherapy I also would like to comment on the notion of "interaction". The author comes very close to make a tautological statement when he writes "that all aspects of the psychotherapeutic interaction are just that, various kind of interactions"(p.10). He might be well advised to make up a list on the complexity of interactions taking place in psychotherapy and in psychoanalysis as special cases of social interaction: voice, gestures, mimic, time, space, psychophysiology (f.e.. heart rate), linguistic features (vocabulary, sentence structure, semantics etc). The contrasting placement of "interaction" vs "interpretation" does not make much empirical sense. The simple, often repeated juxtaposition of "interactive" with "therapeutic" deprives the psychoanalytic interactions of their therapeutic qualities which are the embedding background for interpretations to work. Contrasting the notion "interactive" with the notion of insight achieved via interpretation is not in accordance with the state of the art concerning the role of insight (Roback 1974; Thomä & Kächele 1988, p. 368).

So the author's blunt statement " the effects of interactive psychotherapy are relatively limited by the range and scope of internalizations"(p.13) betray more the author's not being informed about the state of process-outcome research in psychotherapy than anything else (Orlinsky & Howard 1986). To cover the vast array of other forms of psychotherapies by the term "interactive psychotherapy" demonstrates that the author has not kept in touch with the theoretical foundations of other forms of psychotherapy based on theories of social interactions (see Benjamin 1992).

It is easier to follow the author when he points out that "the psychoanalytic orientation is one of knowing, of learning about what the person does with others, which in turn, translates into a potential "therapeutic". However if this is true than quite a few of the modern psychotherapies would qualify as psychoanalytic orientated because they too have discovered the use of the detailed analysis of the here and now.

In chapter two the author sets out to single out from the field of psychoanalytic psychotherapies a subset which he calls "psychoanalytic oriented psychotherapy" that is, in essentials, technically as well as theoretically identical to psychoanalysis (p.20). This appears a peculiar name which - at least from outside - carries the connotation of being less

psychoanalytic than the others. It seems to me that the name of "psychoanalytic therapy" which would be far more appropriate to what he is describing in the chapters to come; but alas may it be that Franz Alexander's shadow is still in the way ?

Oremland's main emphasis resides with the identity in technique and theory of his form of treatment with psychoanalysis proper which mounts to the claim that what the therapist does in both forms of treatment is identical; how the patient reacts to it may be different owing to several factors (p.20). Underscoring this point allows him to untie the notion of treatment from the person performing this treatment. He thus places the kind of interventions in the center of his definition and not the therapists professional adherence.

Chapters 3-7 then are masterpieces of outlining the essentials of psychoanalytic clinical theory adopted to the special setting of dyadic interactions. It is here that Oremland realizes "that all interventions, including interpretations, carry complex transference, interactional components and gratifications....such interactional components are complexities that must be ferreted out, identified, and interpreted to the degree that they can be"(p.43). He realizes that the psychoanalytic orientation is an ideal to be strived for but rarely fully achieved. This statement may well apply as well to psychoanalysis proper which would support my initial notion that in fact we are faced with dimensions and not categories. The difference among the different forms of treatment resides in different degrees of realization of technical components that only by definitional artifice are distinctively classifiable (see Wallerstein 1986). "The essential commonality between psychoanalytically oriented psychotherapy resides in the intervention employed, that is, interpretation. The essential difference lies in the primary area of psychotherapeutic interplay. In broad sweep, the operational difference between psychoanalytically oriented psychotherapy and psychoanalysis is the training of the practitioner, the range of patients treated, the frequency of sessions, and the use of the couch. Simply put, the mode (interpretation) is the same; the modalities and what eventuates as the process unfolds is different" (p.112).

The terms of modes and modalities that Oremland borrowed from Erikson deepen this conception and allow for an understanding of a key message in this book which is again reiterated in chapter 8. Here the model of the double helix is used to underscore that both forms of treatments "are intrinsically and complexly interrelated. Visually, psychoanalytically oriented psychotherapy and psychoanalysis become a double helix, entwined yet distinct"(p.131). The

metapher of the helix is chosen to express the distinctiveness of the two modalities which share the basic features of the psychoanalytic treatment model. From his careful discussions however it becomes clear that the psychoanalytic oriented psychotherapy modality is the more encompassing, more flexible form of treatment and one wonders whether it would not be more appropriate to conceptualize psychoanalysis proper as a special form of psychoanalytic oriented psychotherapy. This step seems to lie outside the field's awareness. However Oremland reminds the reader that comparing psychoanalysis proper with psychoanalytic oriented psychotherapy in terms of effectiveness has not yet demonstrated the superiority of psychoanalysis proper (p.122). He even touches of the difficult ethical issue how to handle the circumstance if for suitable patients "the procedures roughly are equally effective" (p.135). Then the differences in after-education - one more cross sectional the other more genetic - in both forms of treatment, assumed that they are empirically valid, call for another kind of motive to embark on the more intensive, more costlier enterprise of psychoanalysis proper. It may be the respect for the tradition, for the handed down conception of Freud that makes it difficult to reach for a truly general theory of psychoanalytic treatment where the use of the couch, the frequency of sessions become clearly subordinate to the mode of interpretation. It needs careful process research to investigate the overlap and the difference (Dahl et al. 1988); in my opinion it may well be that the model of the helix will not be suitable to represent the empirical findings. Besides where is the right handed screw in the relationship of psychoanalysis proper and psychoanalytic oriented psychotherapy ?

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