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Why do we need specimen cases in psychoanalytic research?

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As a clinical profession we all like telling stories, as story telling has been demonstrated to provide a major tool for transporting subjective experiences.
The beginning was an anecdotal affair; young doctor Freud learning from Dr Breuer, the well recognized man, about his visiting Anna O. This led -as we all know by now - to the "talking cure". Many decades have passed since that patient of the Viennese physician in 1881 naively created the metaphor of 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 Breuer´s observations of 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 modern discourse analysts story telling is highly estimated as an important way 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 exciting enchanting case histories, or by letting music consumers tell 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 Gˆttingen 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 ?

The "Studies on Hysteria" created a benchmark, a tradition that has maintained well its credibility. To this day then the traditional case report remains our most compelling means of communicating clinical findings, and the excitement attached to both reading and writing case histories has lost none of its appeal (Spence 1993, p.37).

However this image of psychoanalysis as a literary world leaves out an important facet of the psychoanalytic culture. Let me dare to say that the psychoanalytic world is a world of orally transmitted, group specific, traditions. In this world we are schooled and learn the rituals how to speak about a very complex matter (Kächele 1986) The institutes are kindergardens and the didadic analysts and training analysts are friendly-critical nurses. The products of this schooling - the final clinical reports delivered to an attentive audience are based on these reports yet the final decisions are based on their course of the final case seminar. There is no tape recording, let along a video recording of this event: I have not heard of any. The written reports of candidates that are prepared for the final examination, 20 pages long in the German Psychoanalytic Association, are systematically not published. They have not been subjected to systematic studies - an laudable exemption - as far as I know of - has been the doctoral dissertation of Klöss-Rotmann (198@) on sex-related usages of linguistic features in the verbal description of the initial interview of the patients.

The published world of psychoanalysis consists of quite a different universe. The number of writing analysts is quite small; most of those trained become practictioners writing at best one or two clinical paper in their professional life time.
Oral tradition and highly selected case studies constituted the major roads of

reporting the "findings" - findings that are gained by a theory guided discovery oriented research. The funny aforementioned 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 of these subjective reports; how exciting it would be to have a representative corpus of clinical case studies. Representative of what - at first of the patients that have been treated, then of the analysts that have been treating these patients. 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.
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 (1993) 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).
Even if a retreat to hermeneutics (Blight 1981) would be the last word in this debate a quick look to other non-natural science fields as history or laws teaches us that careful documentation called archiving is the sine-qua-non in these fields. Archives constitute a must in these fields.

Spence (1993) points out that "the average archival reports is open for many interpretations (see White 1978), with some building on one set of facts and some building on another, a narrative (and its cousin, the average case study) functions at best when all the evidence has been accounted for and no other explanation is possible. When stuying a historical archive, we usually come away with more questions than answers; when stuying a case report, we come away with our minds made up. In the more successful cases, the facts, patiently gathered and persuasively (artfully?) arranged, build up a pattern that is compelling and necessary; the facts lead directly to a solution, and no other resolution seems likely." (p.38).

What about Freud´s case reports ? Freud´s cases, in particular, have been

praised as "rare works of art and a record of the human mind in one of its most unparalleled works of scientific discovery" (Kanzer and Glenn 1980 cited by Runyan, 1982). Freud´s case reports have become specimen cases.

Specimen defined by Webster¥s New Encyclopedic Dictionary (1993) defines it as "an item or part typical of a group or whole". When Freud created the expression "Traummuster" specimen dream" for the Irma dream he invoked a notion of type. As I have discussed elsewhere Freud´s understanding of his cases fulfils the criteria of what Hempel (1952) specifies for the role of typologies in social sciences. Freud had learnt this thinking from Charcot whom he himself had descrived as a master of clinical description (Kächele 1981; see also Kächele & Thomä 1999).
For many years Freud´s cases studies fulfilled the function of an introduction to his work. Jones emphasizes "that the Dora case for years served as a model for students of psycho-analysis, and although our knowledge has greatly progressed since then, it makes today as interesting reading as ever (Jones 1954, p.288).
That makes it all the more remarkable that it was precisely on this case that Erikson (1962) demonstrated substantial weaknesses in Freud¥s understanding of etiology and therapy. Increasing criticism both of Freud's explanations of etiology in his case histories and of his technique as described in his treatment reports has instigated Arlow (1982, p.†14) to express his concern about their ties to objects belonging to the past. He recommended that we should simply say goodbye to these "childhood friends" who served us so well, put them to rest, and get back to work.

"That and how Anna O., little Hans, Dora, President Schreber, the Rat Man, and the Wolf Man became our childhood friends is definitely very important, as is knowing the conditions under which each friendship developed. Training institutes mediate these friendships, in this way familiarizing the candidates with Freud's work as a therapist, scientist, and author (Thom‰ & K‰chele 1992, p.2).

Saying goodbye is to old friends is one thing; finding new friends another. Developing our our long term project on psychoanalytic process research I scanned the psychoanalytic literature for such treatment reports that could serve as satarting points to develop criteria for more satisfying case reports. Using for the begin a very formal and limnkted criterium 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. Most of these reports were based on note taking procedures during or immediately after the sessions.
To quote one of the early research minded case reporters :
´It was on this account that I was tempted to record his analysis stage by stage in the hope that I would be able to convey to others interested in the subject the insight gaincd from a study of this clinical materialª (Berg 1946, p. 9).
This report is based on written on-line recordings of the analyst during the sessions
Moving is the story of a treatment report by D.Winnicott. 1954 on the congress of French psychoanalysts he reported on the analysis of a schizoid patient that lived through states wof withdrawal and regression.
. 1972 Winnicotts post-sessions notes of the last six months of this treatment appeared, hidden, in a collection of technical papers by Giovaccini as ´Fragment of an Analysisª. In the German published version in the journal Psyche (1956) a clear invitation to share these materials with collegues was spoken out:
"By chance I have written on the last four months of this part of the analysis a report; if anyone wishes to follow the work we have done, I am ready to hand it over" (Winnicott, 1956, S. 207).

Treatment reports as comprehensive as Dewald ´s (1972) voluminous 600 page long description demonstrate the potential research value of clinical carefully reported single case studies.

These well documented treatment reports at least demonstrate that some clinicians doubted the analyst¥s memorizing capacity. They used hand written recordings during the session that were bound to have some effect on their evenly hovering attention.
Still they do fall under the verdict of Michels (1988) that our current knowledge is based "almost totally based on the personal experiences and impressions of talented practitioners (1988, p.175). The advantage being that these reports at least proof the viability and the fruitfulness of these highly personal experiences. A video recorded therapy at the National Institute of Mental Health instigated by David Shakow (Bergman, 1966) was a formidable

exception. However these materials have disappeared.

It was critical - in the best sense of the word - that Merton Gill and his co-working started to evaluate the impact of tape recording (Gill et al. 1968; Simion et al., 1970) and that Hartvig Dahl began recording Mrs C. At the same time in Germany A.E. Meyer and H. Thomä did the same.
In the first edition of the Handbook of Psychotherapy and Behavior Change (Bergin & Garfield 1971), Luborsky and Spence pointed to the paucity of primary data:

"data accumulated during actual analytic sessions. Ideally two conditions should be met: the case should be clearly defined as analytic, meeting whatever criteria of process and outcome a panel of judges might determine; and the data should be recorded, transcribed. and indexed so as to maximize accessability and visibility. To date no sets of data exists that meets these conditions" (1971, p.426)

Where do we stand now with regard to these demands:
In Germany the implementation of the Ulm TextBank formally starting in 1980 - based on more than ten years of tape recording of psychoanalytic and psychotherapeutic sessions - has demonstrated the feasability of such an instrument on an international scale (Mergenthaler & Kächele 1993). Later the establishment of the Psychoanalytic Research Consortium (Waldron 1989) in the US has expanded the idea of shared textbank.

So over the last twenty years we have seen the growth of a tape recording scientific community of psychoanalysts. The very complicated problems of non-disclosure the patients` and the analysts` identity have been solved technically by anonymisation procedures. However the potential of including the therapist in the research work has not yet found many followers; in terms of promoting research we would appreciate to work on a viable solution (see Thomä 1998).

How do we proceed now to find new friends. What makes these diverse recorded cases suitable to serve as public specimen cases for psychoanalysis ?

When the Ulm group began its work in the late sixties first focusing on the extensive analysis of a single case treated by Helmut Thom‰ 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.
Our task was defined mainly as a descriptive enterprise, as a job to develop tools with which to describe the multitudes of 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 bottom up approach and the top down approach.

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 description
III guided clinical judgment procedure
IV linguistic and computer-assisted 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.

In this paper I would like to familiarize you with the work performed on the patient called Amalia X which we would like you to consider as a true specimen case.
Why she ? A women thirty years old, well educated she had suffered quite some years.

Amalie X came to psychoanalysis because her low self-esteem had contributed to a neurotic depression in the last few years. Her entire life history since puberty and her social role as woman had suffered from the severe strain resulting from her hirsutism. Although it had been possible for her to hide her stigma - the virile growth of hair all over her body - from others, the cosmetic aids she had used had not raised her self-esteem or eliminated her extreme social insecurity. Her feeling of being stigmatized and her neurotic symptoms, which had already been manifest before puberty, strengthened each other in a vicious circle; scruples from compulsion neurosis and different symptoms of anxiety neurosis impeded her personal relationships and, most importantly, kept the patient from forming closer heterosexual friendships.....

Clinical experience justified the following assumptions. A virile stigma strengthens penis envy and reactivates oedipal conflicts. If the patient¥s wish to be a man had materialized, her hermaphroditic body scheme would have become free of conflict. The question "Am I a man or a woman?" would then have been answered; her insecurity regarding her identity, which was continously reinforced by her stigma, would have been eliminated; and self image and physical reality would then have been in agreement. It was impossible for her to maintain her unconscious phantasy, however, in view of physical reality. A virile stigma does not make a man of a woman. Regressive solutions such as reaching an inner security despite her masculine stigma by identifying herself with her mother revitalized the old mother-daughter conflicts and led to a variety of defensive processes. All of her affective and cognitive processes were marked by ambivalence, so that she had difficulty, for example, deciding between the different colors when shopping because she linked them with the qualities of masculine or feminine" (Thom‰ & K‰chele 1992, p. 79).
The decision to call her a specimen case also requires that systematic

psychometric evaluations before and after treatment are available. The criteria by Luborsky and Spence (1971) that a panel of analysts would have to decide whether it was a true analytic case or not was not part of our decision.

Now I ll give you an idea of what has been achieved so far:

I clinical case study

On the level of clinical case study we do have typical clinical reports in the second volume of our textbook on psychoanalytic therapy in five chapters (Thom‰ & K‰chele 1992) dealing with topics like @@@.

II systematic clinical description

Based on a systematic time sample of the analysis (sessions 1-5, 26-30, 51-55 until the end of the analysis 513-517) two medical students under supervision have extracted systematic descriptions of important contents of the treatment. This report spells out for each blocks of five sessions the following topics: external circumstances, symptomatology, state of transference and countertransference, family relations, non-familiar relations, dreams, etc.

This account - 100 pages - has been a most useful device for understanding the findings of more quantitative evaluations.

The resulting 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 (K‰chele et al 1991).

Systematic description of Amalia X¥s transference themes

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 semi-professional readers (like students) with some understanding of what psychoanalysis is like; we then counter-check on their account using a more experienced clinician.

III guided clinical judgment procedure

Clinical description even performed by two or more observer keeps the nature of the data on a qualitative level. Level three works with guided clinical judgment procedures for specified conceptual dimensions like Luborsky did for transference; in this methodological mode various studies were performed:

Emotional insight
Change of self-esteem
Reaction to tape-recording

Changes of dreams
Interrruptions

Relying on material already collected in the preparation for the Ulm Psychoanalytic Research Conference in 1985 two more studies are on their way:
Structural aspects of transference (CCRT)
Allusions to the transference (PERT)

IV linguistic and computer-assisted text analysis
The fourth level in our research model consists in supplementing the approach rating clinical concepts by introducing the methodology of computer-based textanalysis; however some formal discourse analytic studies have also been performed

Discourse analysis

Computer-assisted studies

Verbal activity level
Analyst's vocabulary
Latent meaning structures
emotion and interpretative strategy
Therapeutic cycles
Personal pronouns
Body concept

Further steps are needed especially the task of integrating the many findings from the various studies.

Last but not least we have to fulfil our most difficult task which is to include the analyst in the evaluation. No one offically knows who the analyst of Mrs C ist though by now everyone with a little bit of experience in the research comunity nows.

We feel strongly about this point although the patient´s interests have to be kept in mind. At the present time of reserach development we feel that the analyst has the task to get involved and to evaluate the findings. It is not his task to critize them in term s of research findings, but his task is to appreciate them and find out where and how they could help him to enlarge his clioncial view.
So we have asked the analyst of Amalia Y - Dr. Thomä - about his impressions of being part of this enterprise for many years:

"Which of the many studies based on the therapeutic dialogue with Amalia had the greatest influence on myself? For the time being I prefer to give a general answer, although the distance of the various papers to their clinical relevance certainly varies greatly. It is the research culture as such created by interdisciplinary exchange, which had the greatest impact on myself as the treating analyst" (Thomä 1998).

Still the analyst gives an example of his being impressed by the research world:

"Obviously our German specimen case is the outcome of a very long professional endeavour. As far as my attidude and technique is concerned, the patient given the pseudonym Amalie in our Textbook was one of the first to profit from my new understanding of the transference interpreted from the perspective of "plausibility" in the here and now. In fact Merton Gill supervised a session on the basis of a transcribed audiotaped session in 1976 when the PERT (Patient Experience of the Relationship to the Therapist) was in the making.

He convinced me easily that I had missed a transference interpretation about a day-residue of a dream. Amalia had picked up my idiosyncratic speech acts, which were far from being as clear, distinct and short as an interpretation should be! Quite often I look for the most fitting words, starting anew, changing sentences halfway etc. In Amalia`s dream, a drunken man was stammering and expressed himself in a strange way. Nothing new for me so far: Because of overdetermination there are always additional, complementary, alternative, contradictory interpretations possible.

As an anecdote, my experience with Merton Gill goes a long way toward illustrating a fundamental change in my understanding and handling of Freudës grand concept: transference. The controversy about ÑplausiblityÑ versus ÑdistortionÑ of transferences ended, I think, in favor of the recognition that the patientës experience in the Here and Now are ÑplausibleÑ, insofar as

her/his perceptions are quite realistic. But what about the drunken man/analyst? For my part, I was never drunk as therapist. Amalia's dream-image is clearly a distortion due to unconscious schemata which Freud called transference-clichÈs. Do we therefore end up with the solution that both theses are valid and true? Indeed if we look at the intersubjective exchange, we need many points of view: The patient and the analyst have very many conscious and unconscious world-views. Some of them match, others are antagonistic to each other and some seem "distorted". If we take all clinical wisdom together, research into the transferences could be very meaningful if it is clear what is measured" (Thomä 1998).

Final Remarks

Research findings have to be replicated in order to prove their value. The core idea of having a specimen case allows not only testing hypotheses for single case, but allows testing the fruitfulness of methods. So far we are only sure about the definite effects of our investigations on our own psychoanalytic thinking and doing and those who are close to our work. Nothing has changed our psychoanalytic thinking and doing more than the public exposure to friendly critics and critical friends. We say this in order to encourage other psychoanalysts to open the privacy of their clinical work in the endeavor to improve clinical work by letting it scrutinize by others.

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