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Psychoanalytic Controversies Response

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F. Busch's effort to distinguish psychoanalysis from psychotherapy elaborates that ''the goals and treatment outcomes differentiate the two forms of treatment''. He points out that the ''methods of working become distinguished based upon these factors''. In his view ''the process of knowing is as important as what is known''. It is easy for me to agree that, in relatively successful psychoanalytic treatments, what can be achieved is a way of knowing, and not simply knowing. Whether the parameters of psychotherapy make it unlikely that the psychotherapy patient can reach this goal depends on the way a treatment format is installed. The shorter a treatment the less likely this capacity may develop. The interesting comparison resides in the comparison of long-term psychoanalytic treatments with low and high frequency as the German catamnestic project (Leuzinger-Bohleber *et al.*, 2003) has studied. They found that, in high-frequency patients, the capacity for self-reflection and the internalization of the function of the analyst was more comprehensive, the reflection of what has changed more differentiated and the development of potential resources more creative than in long-term psychoanalytic therapy of low frequency. As these treatments were performed by well-trained analysts we might take home the message from this study that long-term treatments (average of 4 years' treatment in both groups) do achieve similar similar symptomatic outcome, but the more intensive version provides better chances of developing the self-analytic function.

These findings of the German study correspond only partially to the findings from the Stockholm study by Falkenström and his collegues (2007) that Busch cites. They carefully studied a random sample of 2 x 10 patients from psychoanalysis and long-term psychotherapy (out of the total sample) and identified categories of different types of post-treatment developments. Results indicate that the variation within treatment groups was large, and that development may continue in several ways after termination. The most striking difference between psychoanalysis and psychotherapy was not, as hypothesized, in the self-analytic function, but in various self-supporting strategies described by former analysands, but not by former psychotherapy patients. However, only self-analysis was significantly correlated with post-termination improvement across both treatments (quoted from the abstract of Falkenström *et al.*, 2007, p. 629).

So this study underlines that the acquisition of self-analysis is not suitable to endorse a clear-cut distinction of two modalities, but it might well

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support the notion that the capacity for self-analysis should be a goal of any analytic work as we spelled out in our textbook in 1987:

> At the end of a psychoanalytic treatment the patient should have developed the capacity for self-analysis. This means simply that the patient learns and employs the special form of reflection that characterizes the psychoanalytic dialogue.
>
> (Thomä and Kächele, 1987, quoted from 1994, p. 319)

How often this goal is achieved may depend on a host of process factors that shape any analytic treatment. The number of studies that detail these processes is still small. The clinically well-founded expectation that the capacity for self-analysis will work against the inclination toward regression which may still arise after analysis when new problems are encountered, and thus that the renewed development of symptoms will be hindered, needs far more substantiation than we have today.

Busch's proposition that there is ''wide acceptance of the expansion of the Ego as central to self-analysis and the curative process'' would also need further empirical demonstration. Whether ''one can see a growing coalescence about these methods amongst the Contemporary Kleinians, the French school, Contemporary Ego Psychology, and thinking amongst some the current Bionians'' may be disputed given the present concern about a 'Babelisation of psychoanalysis' (Jiménez, 2009).

The evolution of psychoanalytic technique that Busch portrays in the second part of his paper covers important developments that to a larger or smaller degree are characterizing modern psychoanalytic therapies. The controversy about distinguishing psychoanalysis and analytic psychotherapy – in my view – should centre around the issue of its usefulness. I would maintain that working with a unified view does more justice to the existing diversity of psychoanalytic treatments, to the diversity of analysts and their patients.

D. Widlöcher, after presenting the debate around training from a French view, suggests using a perspective which he calls 'dialectic', and ''which will distinguish in any practice born from psychoanalysis, a psychoanalytic listening method *per se*, and a psychotherapeutic listening one'' (p. 3). I can sympathize with this distinction as it points to two operative modi that may present in any session to a different degree depending on the clinical situation. I therefore can agree with his statement that ''it is not possible to consider the psychoanalytic process itself as pure knowledge of the self which could be abstracted or isolated from any therapeutic effect'' (p. 3). Most likely it is feasible to empirically differentiate the prevalence of one of the two types of listening mode using a methodology such as the Psychotherapy Process Q-Set (Jones, 2000) as Ablon and Jones (2005) in their paper on analytic process have demonstrated. The implications for training of Widlöcher's position are that our institutions should focus on teaching this bi-modality of listening, sharpening the understanding of which stance is useful at which moment. That a well-trained traditional analyst is competent for adapting his or her technique to each individual case under various setting conditions is, however, not borne out by data as the Stockholm study has also demonstrated (Sandell *et al*., 2006). Therefore I can wholeheartedly

endorse Widlocher's statement: ''As for the specific conditions of the treatment and the technical rules applied, these are to be adapted to the pressures exerted by patients' psychotherapeutic quest''.

References

Ablon JS, Jones EE (2005). On analytic process. *J Am Psychoanal Assoc* **53**:541–68.

Falkenström F, Grant J, Broberg J, Sandell R (2007). Self-analysis and post-termination improvement after psychoanalysis and long-term psychotherapy. *J Am Psychoanal Assoc* **55**:629–74.

Jiménez JP (2009). Grasping psychoanalysts' practice in its own merits. *Int J Psychoanal* **90**:231–48.

Jones EE (2000). *Therapeutic action: A guide to psychoanalytic therapy*. Northvale, NJ: Aronson.

Leuzinger-Bohleber M, Stuhr U, Rüger B, Beutel M (2003). How to study the quality of psychoanalytic treatments and their long-term effects on patients' well-being: A representative multi-perspective follow-up study. *Int J Psychoanal* **84**:263–90.

Sandell R, Lazar A, Grant J, Carlson J, Schubert J, Broberg J (2006). Therapists' attitudes and patient outcomes: III. A latent class (LC) analysis of therapies. *Psychol Psychother* **79**:629–47.

Thomä H, Kächele H (1987). *Psychoanalytic practice, vol. 1: Principles*. Berlin, Heidelberg, New York, Tokyo: Springer. [(1994) Softcover reprint Northvale, NJ: Aronson.

