

Minding the gap between clinical practice and empirical research in psychoanalysis

From Psychoanalytic Narrative to Empirical Single Case Research: Implications for Psychoanalytic Practice

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Pervestigare necessere est

Psychoanalytic research papers are cited and read with less frequency than clinical papers, as demonstrated by Schachter and Luborsky (1998). A decade later this state of affairs probably remains unchanged and the authors' conclusion still seems valid: the persistent disinterest may be based on anxious anticipations that empirical findings may undermine hard-learned analytic beliefs – which they may. It is unlikely that the publication of the landmark volume by Kächele, Schachter and Thomä, summarizing a lifetime of scholarly work by some of the world's most skilful psychoanalytic researchers, will be able to bring about a change – which it should. For the future of psychoanalysis, it is a momentous issue.

The gap between clinical practice as a main source of our theoretical models and the empirical research in psychoanalysis has attracted growing attention over the last decades (cf. Canestri, 2006; Fonagy, 2003; Leuzinger-Bohleber, Dreher and Canestri, 2003; Sandler, Sandler and Davies, 2000). What is surprising is that the clash between the two cultures has taken so long to become such a central issue (Luyten, Blatt and Corveleyn, 2006).

Freud's (1927, p. 256) thesis of the 'inseparable bond' between therapeutic success and theoretical development equated cure with research, placing psychoanalysis at an exclusive epistemological position: "Our analytic procedure is the only one in which this precious conjunction is assured". With some exceptions – such as direct observation of children (Freud, 1905, p. 201) or Pötl's tachistoscopic experiments (Freud, 1900, p. 181) – Freud was convinced that support for psychoanalytic theory and practice could only be derived within the clinical setting. Consequently, theoretical controversies in the early days of psychoanalysis – and long afterwards – could not be solved on a basis of accessible evidence, so they easily turned into ideological disputes. Nowadays, in psychoanalytic parlance, a distinction is often made between analytic or clinical research and extra-analytic or extra-clinical research, which also contrasts research *in* psychoanalysis with research *on* psychoanalysis. The implicit assumption is that 'true' psychoanalytic research is 'conjunction' research and that other research tools, beyond the therapeutic method, are something alien to psychoanalysis.

As I understand it, the main concern of the co-authors of the volume *From Psychoanalytic Narrative to Empirical Single Case Research*:

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Implications for Psychoanalytic Practice, as elaborated in the introductory chapter, is to mind the gap between psychoanalytic therapy and psychoanalytic research – minding it in the double sense of the word, i.e. to beware the breach and to preserve the ‘bond’. In their striving for intersubjectivity in psychoanalytic research, they follow Wallerstein’s (1968) recommendation of differentiating between ‘research’ that presupposes a certain formalization and systematic categorization of data and findings, and ‘search’ in the clinical situation. In the view of the authors, the contemporary version of Freud’s ‘inseparable bond’ thesis has to refer to empirical single-case research, but not to clinical reports: “For scientific examinations it is not sufficient to rely on the memory of the analyst only” (p. 13).

The work presented in this volume confronts central problems of psychoanalysis on the interface of clinical practice, theory and formal scientific research.

- *The shaky evidence for central psychoanalytical assumptions.* The explicit starting point for the Ulm Psychoanalytic Process Research Study Group is the need for sophisticated and multifaceted, time-consuming descriptive research, distilling change processes specific to psychoanalysis.
- *The problematic relations between psychoanalytic technique, clinical theory and metapsychology.* According to Fonagy (2003), if theory and practice were decoupled, technique might progress on purely pragmatic grounds, on the basis of what is seen to work. In the view of the authors of the present book, such pragmatic grounds are to be found in empirical single-case studies.
- *The multitude of psychoanalytic theories and the lack of established ways of comparing and testing of competing theories.* The ambition of the authors is to develop a rigorous methodology for testing the credibility and trustworthiness of our theoretical models, applicable on a high level of specificity to a series of longitudinal cases.
- *The confusion of private and official theories.* The Ulm format of treatment report, presented in this volume, offers one way of exploring how the analyst’s implicit conceptualizations (Sandler, 1983) influence the analytic work.
- *The lack of established rules for in-session examination of clinical interpretative hypotheses.* However, the tacit rules of such examination still need to be made explicit. Here too, the Ulm methodology might be a significant contribution.

The core message of this book is that the only way to resolve these problematic issues is by empirical research. Thus the first sentence of the first chapter states: “The case for psychoanalytic research is not academic; it is imperative” (p. 1). Clinical findings need to be tested by formal empirical research. The authors make the strong point that naturalistic studies of psychoanalytic treatments might help to mind the gap between clinical practice and empirical research in psychoanalysis. This would facilitate finding a research focus that is closely connected to everyday clinical reality and entail learning from the practitioners’ experiences.

Before going into details of the clinical psychoanalytic research conducted by the Ulm Study Group, Thomä and Kächele present an extensive exposé of pertinent problems of metascience, in a chapter that was originally published in 1973. In an update some 30 years later, they declare themselves to be empiricists and ‘idiographic nomotheticists’ of the single case, thus refusing the historical opposition of understanding and explanation, as well as observational and theoretical language in psychoanalysis. Referring to Hook (1959), the authors state that all points of view on the contemporary controversies about the scientific status of psychoanalysis were already dealt with a half century ago. Without ignoring the questions of philosophy of science, they refuse to become stuck in this high-level abstraction and be hindered from empirical investigations. As to the relation of practice to theory, their position is unequivocal: psychoanalytic interpretations need clinical explanatory theories as a guide. Consequently, psychoanalytic clinical theories can be clinically proven, while metapsychological theories remain a “speculative
 2 superstructure” or an attractive but deluding “witch”. However, no testing of psychoanalytic theories is possible without considering that the method is embedded in human interaction: the elimination of the repetition compulsion has to be attributed to new relational experiences. Without using the term, the 1973 paper on metascience concludes with a strong intersubjective positioning.

Let me now refer back to the title of this book and follow its three segments.

From psychoanalytic narrative ...

In the third chapter the authors document the scientific and didactic significance of case histories in psychoanalysis. They examine the functions of Freud’s classical case histories and introduce the subsequent transformation of clinical vignettes and case presentations into formalized single-case studies of the course of treatment. Some parenthetical reflections follow.

Freud’s strategy for gaining recognition and legitimacy for the psychoanalytic method was to show to the public detailed and persuasive case descriptions. When he, together with Breuer, published the first case stories, the scientific biographical method was widespread in the psychiatric and psychological research of that time. The medical model of the 19th century equated knowledge about a disease with description of the origin, development and treatment of the unique individual’s illness. In the second volume of *Psychoanalytic Practice*, Thomä and Kächele (1992, pp. 14ff) refer to Freud’s distinction between case histories (histories of illness) and treatment histories. The authors point out that Freud was more concerned with questions of the genesis of neurotic symptoms than with examination of *causa sine qua non* of change.

Case histories are central for many forms of professional knowledge, as cases are constructed when theory and practice conjoin. A case emerges at the crossroad between the individual and the general. The specificity and uniqueness of each case are simultaneously an exemplification of a general model or rule. Crucial for the construction of a case is the case record or

file (Bergmann and Streeck, 2009). The construction of a case follows tacit rules that must be made explicit. Every clinical protocol entails unavoidable omissions yet also adds something. The selection process for a case record is directed by theoretical and methodological assumptions. Thus we always have to consider the context and purpose of the protocol. Psychoanalytic case narratives have to be translated into a cumulative body of empirically supported knowledge. Following the tradition of Freud's classic case studies, the approach of the Ulm Study Group is simultaneously idiographic and nomothetic. In contrast to Freud, the authors reject the claim that clinical research in psychoanalysis is enough – the translation demands multiple, extra-clinical methods. Furthermore, research in psychoanalytic process presupposes some kind of recording of the original in-session exchange. Thus they prefer the designation 'treatment reports' for different forms of documentation necessary for systematic case-study research and hypothesis testing.

... to empirical single case research

The goal of the studies presented in this book is formulated as establishing methods for systematic and multidimensional description of psychoanalytic processes and for examining process hypotheses (p. 18). The authors apply a four-tiered hierarchy of conceptualization: clinical case studies, systematic case descriptions, guided clinical judgements and computer-assisted linguistic studies. The overall design of the presented studies could be described as a microscopic and retrospective perspective on a prospectively collected material.

The tape recording of the 'specimen case' of Amalia X, treated by Helmut Thomä and available through the Ulm Textbank (formally starting in 1980), allowed an extensive and systematic description of the course of treatment which is presented in Chapter 4. External reviewers were able to compile a cross-sectional presentation of the process with a minimum of psychoanalytic jargon. In Chapter 5, various research models were applied to formalized studies of the case material. According to the authors, only a team of researchers can test the validity of causal connections between hypothesized unconscious schemata, intersubjective processes and occurring symptomatic or structural changes. This is the contemporary version of Freud's 'inseparable bond' thesis, translated into a methodological postulate.

The data allowed for comparative evaluation by researchers from different clinical perspectives. The reporting of a panel at the 43rd Congress of the International Psychoanalytic Association in New Orleans confirmed that every participant defined the clinical material from a different point of view but, at the same time, there was a wide consensus on the basic analytic process. The authors conclude that many aspects of the treatment would remain unreported when relying exclusively on the analyst's presentation of the sessions.

Among the methods for guided clinical judgements, the authors present application of several instruments to the specimen case: the Emotional Insight Rating Scale, a category system for content analysis of self-esteem,

rating scales for the intensity of suffering and for the helplessness in dealing with suffering in sequences of transcripts, dream series analysis, the Core Conflictual Relationship Theme (CCRT), the Plan Formulation Method, the use of CCRT for a study of reactions to breaks as an indicator of change, and the Psychotherapy Process Q-Sort.

Chapter 6, on linguistic studies, discusses the manifold methodological approaches made possible by the Ulm Textbank. The computer-based approaches were used in studies of micro-processes in analysis. Additionally, data from the Adult Attachment Interview, conducted with Amalia X 25 years after termination of her analysis, unveiled the impact of her parents' death on her attachment representations.

In summary, the authors succeed in demonstrating that the multifaceted and circumstantial picture of one unique case can lead to general conclusions at a high level of clinical specificity, applicable for several other cases. The conducted studies generated some new hypotheses and research questions that can guide further research and, it is to be hoped, enrich the clinicians' understanding of new cases. In order to develop empirically supported models of therapeutic action in distinct subgroups of patients, a large number of cases need to be studied applying formalized methods of case analysis. And, I would like to add, we have still much to learn from the methodological developments in qualitative research today.

Verbatim transcripts of sessions and extensive clinical notes are a dry and impossible reading, as already pointed out by Freud (1918, p. 13) and also acknowledged by the authors. As readers of extensive case reports, we have to rely on being guided in a reliable and trustworthy way by the presenter. The choice of material and the rules of processing data have to be explicit. The authors of the present volume brilliantly fulfil these demands. However, there is still a risk of the reader drowning in all the data and conclusions in the specimen case. Thus I recommend a narrow reading of the concluding chapter.

Implications for psychoanalytic practice

This milestone work demonstrates the potential of psychoanalytic treatment research for improving our understanding of unconscious processes and mechanisms of change. The use of multiple methodologies in single case research, as applied to the specimen case of Amalia X, is a powerful exposition of how the richness of the clinical observations can be distilled into refined and empirically provable theoretical models with a low level of abstraction.

Summarizing the results from the extensive collaborative enterprise, the authors conclude that working through the patient's core problematic areas and using a patient-oriented technique under conditions of a long-term intensive treatment with an experienced psychoanalyst brought about the previously specified improvements. A dedicated clinician might object, asking whether all this detour was necessary? Did the treating analyst not already perceive this outcome 25 years ago? I think the authors would answer that having a clinical feeling and establishing causal connections are

two very different things. Relying on our feelings is necessary for the art of psychoanalysis but is not enough for the professional practice. Extra-clinical ways of studying psychoanalytic claims are needed for integrating clinical findings.

As Klein (1976, p. 64) put it, the method of all psychoanalysts is “impressionistic reliance-upon-authority type of statements, with only anecdotal reference to case reports”. In a paper preceding the publication of the present book, Thomä and Kächele (2007) argued that it is essential to understand how the analyst applies his knowledge in the analytic situation to investigate the analytic process and develop research models for evaluation of clinical hypotheses. According to the authors, the understanding that develops in psychoanalysis is not research. For research to take place an exploration of causal connections is necessary and includes audio transcripts and the analyst’s annotated comments, which can be evaluated by independent observers. And for the assessment to be scientific, it must be based on reliable measurements, as documented in the present book. The systematic and multidimensional examination of pre-post-treatment changes in the specimen case could, for example, confirm Blatt’s (2008) hypothesis that psychoanalytic work is optimal for introjective personality organization, in contrast to anaclitic type and supportive treatment.

In the final chapter the authors touch on such difficult issues as the level of the material on which the mutative factors in psychoanalysis operate, as well as the role of suggestion and placebo effect. Without being able to answer these questions, they give convincing proof that psychoanalytic clinical work can be the subject of methodologically sophisticated research, and that such research can identify specific patterns of change. I fully concur with the conclusion that the narrow and long-term inspection of the analytical process in empirical single-case research can lead to results that could not be apparent to the treating analyst. Furthermore, my experience in longitudinal prospective studies corroborates the view that such patterns of change could hardly be identified on a short-term session level and demand a long-term perspective over the course of treatment. As a whole, this book is an impressive plea for a multidimensionality and methodological pluralism in research on the impact of unconscious processes on conscious experience and behaviour. Of course, “such research is feasible, provided that enough devotion, passion, and financial resources are provided” (p. 394). The success in this respect of the Ulm Psychoanalytic Process Research Study Group is also an extraordinary achievement.

One issue I would like to comment on here is the methodological choice of session transcripts and exclusion of interviews with both participants in the psychoanalytic endeavour. The authors acknowledge that empirically investigating a two-person system requires data from two people, i.e. an examination of the analyst’s and the patient’s inner thoughts and feelings (p. 15). This concept also applies to other two-person psychoanalytic systems (e.g. the supervisory dyad), as well as to process and outcome research. There is a pressing need for psychoanalytic research that collects data from both participants in dyadic situations. In order to approach the analysands’ and their analysts’ tacit constructions of meaning – their private theories of

cure – we applied in our studies a specially designed interview format. Contrary to the fears originally expressed by the Ulm Study Group, repeated interviewing of both participants in analysis did not negatively influence or intrude upon the clinical process. This experience, shared with other research groups, is also acknowledged in the final chapter of this book (p. 394).

The most important contribution of this pioneering work for developments in psychoanalysis is taking a further step from the authoritarian or ‘magical’, sacral vision of the analyst’s role as a neutral and initiated interpreter of a pre-existing hidden meaning, and from the more or less utopic ideas of conducting ‘proper analysis’. The most salient implication of the empirical single-case research for psychoanalytic practice is, in the authors’ words, that “rather than the analyst making sweeping inferences and drawing strong conclusions... humility and tentativeness in all interventions are optimal” (p. 400). It is my deep conviction that such research can help us bridge the gap between how we are working as analysts and what we believe we ought to do in order to conduct a ‘proper analysis’.

Consequently, the authors recommend discontinuing the endless discussions of the validity of specific interventions and paradigmatic frames of reference. As shown elsewhere (Bernardi, 2002, 2003), analysts do not change their theoretical models according to the canons of science, but rather according to changes in their private theories, also influenced by cultural and societal changes. In order to navigate the ocean of current pluralism in psychoanalysis, more research is needed.

As also witnessed by many other researchers devoted to the thankless task of conducting empirical psychoanalytic studies, the authors divulge the enormous impact of conducting their own research on their psychoanalytic thinking. I am not sure that the impact of this publication on the psychoanalytic community of clinicians will be as impressive. The briefest chapter is on the implications for psychoanalytic practice. The task of deriving theoretical and clinical conclusions from the corpus of hitherto cumulated research results from psychoanalytic empirical studies has still to be carried out. Boesky asked in 2002: why don’t our institutes teach the methodology of clinical psychoanalytic evidence? He concluded that we need to invent a new discipline of comparative psychoanalysis (Boesky, 2002). Actually, the Ulm format of treatment report was developed as a basis for comparative psychoanalysis. I hope this epoch-making book is already being included in the curriculum of psychoanalytic education at many institutes. The future of psychoanalysis is in the hands of our students, but it is the obligation of the current generation of psychoanalytic teachers and supervisors to incorporate research courses in the psychoanalytic syllabus.

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