What can clinicians gain from research in psychoanalysis?¹


The goal of psychoanalysis is complex; this can not be more clearly defined and made more explicit than as an aspiration on the part of the analysand and the analyst to promote autonomy, knowledge, emancipation, and health and to liberate the individual from some limitations and suffering. How do we reach our goals in psychoanalysis? What happens within and through the interaction between the analysand and the analyst? Does change lead to insight or insight to change? What does it signify that patients may feel equally understood by analysts belonging to different schools of thought, despite their divergent and often conflicting views of what is relevant and correct? What is specific? Is the analysis a process of acquired learning or a new beginning due to the analysand’s relation to the analyst? What is curative? Are the factors, which vary and distinguish between different schools non-specific or specific?

The study of the process of change is a complex undertaking that can raise more questions than it answers. Results do not explain how the change occurred or what influenced it or brought it about. The individual case report has long tradition in the study of psychoanalytic process. Immersed in the clinical material the analyst - as a researcher - tries to identify (impressionistically) the different elements of the process, what changes, how it changes and why. A problem with using individual case studies for research is the unchecked or not systematically checked subjectivity of the observer and how unknown systematic biases are introduced by selecting data for presentation according to unspecified canons of procedure for determining its relevance.

To maintain psychoanalysis as a discipline, as a theoretical system and as a treatment method we have to have a commitment to the reflection of its own nature and structure and we have to be continuously interested in trying to study these questions. An examination of contemporary psychoanalysis reveals major disputes in both theory and techniques as well as conceded gaps in knowledge. The need within any scientific body for resolution of disagreements and additions to knowledge provides steady pressure for the development of improved research methods. Nevertheless systematic research and empirical research does encounter resistance within the psychoanalytic community. The main aim these workshops had, was to enhance and deepen discussion between "clinicians" and researchers, to learn more about how we can approach the study of a central question: How does psychoanalysis work?

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How to study the quality of psychoanalytic treatments? Report from the DPV katamnestic study

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The major aim of the project was to study the patient’s views of their psychoanalytic experiences and their effects retrospectively, at least 4 years after the end of psychoanalysis or psychoanalytic long-term treatment. They wanted also to compare the subjective views of the former patients with the ones of their former analysts, independent observers and results of tests and questionnaires used in psychotherapy-research. 91% of the members of the DPV supported and 401 former patients were willing to participate in the study and received a short questionnaire. 129 from these former patients were given an extensive questionnaire and were interviewed twice. Results of the questionnaire sample show that 80% of the former patients - average 6,5 years after the end of treatment- show positive and stable changes in their well being, personal development and their relationships with others. The follow-up proved to be clinically very interesting and relevant. "The 62 colleagues who had been actively engaged in the study as interviewers maintained unanimously that active involvement in the follow-up study made them start thinking and were an emotional enrichment, which was of benefit to their psychoanalytic practical work. Many of them also told us that for the first time in their life they felt to be able to combine their clinical identity with one of a partially extra clinical researcher”.

Using the Psychoanalytic Process Rating Scale (PPRS) as a tool for research as well as quality assurance in clinical work

Jolien Zevalkink and Jan Stoker

did investigate whether self-report instruments in the form of a questionnaire (Psychoanalytic Process Rating Scale) and a semi-structured report (Psychoanalytic Process Report) can be used to visualise the psychoanalytic process during treatment from the perspective of the psychoanalytic therapist in a systematic and standardised manner. They did examine whether the analyst evaluates the results of the instruments as a meaningful contribution to yearly discussions with colleagues about the patient’s progress. Furthermore they will consider, how the data can be used to make comparisons within patients across various points in time and between patients from the same therapist, across therapists, and across treatments.

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Psychoanalysis and research - two conflicting positions? Conclusions from the Heidelberg-Berlin project studying structural changes in psychoanalytic therapies. Gerd Rudolf, Tilman Grande, (Heidelberg-Berlin) Central for their investigation is the question of the specific quality of therapeutic changes, which take place in intensive psychoanalytic treatment on the one hand, and in low-frequency psychodynamic therapies on the other. They assume that "structural changes" are more likely to occur in psychoanalyses, whereas in low-frequency therapies the probability is higher of encountering changes of a "coping" kind. To investigate this they had an elaborate design: Using the Operationalised Psychodynamic Diagnosis system (OPD) they focus on the ways the patients/analysand mental structure changes in three areas: on the relationship axis, conflict axis and structure axis. The Structural Change Scale can enable external observers (aided by the data the patient and analyst give through self rating questionnaires and protocols) to qualitatively follow the changes – presumably “produced”.

Investigating implicit theories of change in analysands and their analysts Andrzej Werbart and Sonia Levander (Stockholm) presented some preliminary findings from a project investigating the analysands’ and the analysts’ preconscious, private, or implicit theories of pathogenesis and cure, how they develop during the psychoanalytic process, and how the theories of the two participants relate to each other. The analysands and the analysts were interviewed at repeated points of time: at the start of analysis, 6, 18 and 36 months later, at termination, and the analysands also at a 1.5 year follow-up. The Private Theories Interview (PTI) focuses on four questions: (1) Problem formulations: What are the difficulties and problems that brought you to analysis? (2) Theories of pathogenesis: How did the problems and difficulties arise? (3) Theories of cure: What would be the best help for your problems and difficulties? (4) Positive and negative changes (at termination and follow-up). With two cases they illustrated the co-existence of two irreconcilable, implicit theories of change, held by the analysand and by the analyst.

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“When less is more: reflection from the findings of a prospective study of psychoanalytically informed treatment for severe personality disorder”. Marco Chiesa (England) This paper argues that scientific research has beneficial effects for psychoanalysis, applied disciplines and their clinical practitioners. Systematic collection of relevant data yields comprehensive information about several key aspects of clinical practice that would have otherwise evaded awareness. The findings from research (like the ones conducted at the Cassel Hospital) have a potential for informing the practicing clinician and lead to beneficial modifications and developments in the approach to emotional disorders, as was shown in his study.

“The psychoanalytic process with moderate and severe personalit disorders in psychoanalytically oriented hospitalisation and its influence on outcome. “ Vermote R. , (Vertommen H., Corveley J., Verhaest Y.) Belgium. The relationship between outcome and process is not so clear as one should hope. While 80 % of psychoanalyses have a good outcome, only in 40 % of the cases a psychoanalytic process is considered to have been developed. This relationship between outcome and process is even less evident with personality disorders, where most therapeutic approaches show to have a good outcome at least in the short term. For the study of this problem they relied on a three-dimensional model of the psycho-analytic process in personality disorders, that is, felt safety, object relations and mentalisation. They presented the preliminary results of a process-outcome study based on that model, for 70 patients with personality disorders consecutively admitted in an in-patient and day treatment on psychoanalytic lines. The interactions between the three measured dimensions of the psychoanalytic process did show that felt safety and self-objectrelations gradually increase after a period of regression during the first period of the therapy. The pattern of change in mentalization suggests that a controlled regression maybe a decisive factor for a good outcome also in personality disorders.

March 20 2005, Vilamoura

Implications of research work on the process of supervision Rainer Krause (Germany) and his group are (since 30 years) investigating un- and preconscious micro affective behaviour, predominantly in the face but also in the whole body of two persons and language in a pragmatic sense and how this micro interactive behaviour is related to mental disturbances and curative factors in treatment. Success of treatment is related to the specific forms of such unconscious exchange processes from the very beginning of the first meeting, in so far
as complementary affective exchange patterns are related to better results whereas reciprocal patterns are doomed to fail. They have developed expert knowledge and can code affective behaviour of patients and therapists. They use this knowledge for selection of cases, to teach candidates to differentiate their own observable behaviour from their countertransference feelings which might be very far apart in cases of countertransference defense.

Infant Developmental Problems - a treatment study. Doing research on analytic colleagues' work - thoughts and reactions Björn Salomonsson (Sweden) After a brief outline of his research project, which evaluates psychoanalytic treatments of infants and mothers in Stockholm and treatments conducted at child guidance centers, he did expound on his own and his colleagues thoughts and reactions when their psychoanalytic work is subjected to quantitative and qualitative research. “The attitudes towards systematic research, especially randomised controlled studies - among my colleagues, have sometimes been cautious. However, the conviction is quickly spreading that the scientific and political community demands this kind of proof if they be willing to subsidize these treatments”.

Learning from the patients through research. Rolf Sandell (Sweden), made an interesting summary of the research studies he and his group are conducting in the Stockholm Outcome of Psychoanalysis and Psychotherapy Project (STOPPP). Outcome is a process. According to qualitative analyses of a series of post-termination interviews this post-treatment process seems to be influenced, not as much by intentional self-analysis, but by various self-managing and self-soothing strategies under the influence of the introjected good analyst. The main source of variation in psychological treatment outcome is not different types of treatments but different treatment providers. Thus, differences between good and not-so-good analysts or therapists produce outcomes among patients that differ much more than the average differences between various types of psychological treatments. The therapist is “the dark continent” in psychotherapy (research). Therapist must participate in research. Especially the last finding makes it important that analysts and therapists lend themselves to studies and evaluations of their performance.

Do therapists use feedback from a quality monitoring system? Jan Stoker (Netherlands) The Netherlands Psychoanalytic Institute is not a part of the Psychoanalytic Society as in other countries. In contrary, it is a mental health institution, confining itself to psychoanalytic treatments paid by national health insurances and have to deal with social-political representatives. There is a quality monitoring system introduced in daily clinical practice. The analysts/therapists fill out, every two weeks during treatment, the Psychoanalytic Process Rating Scale, with 44 statements about the actual behaviour, action and interaction of the therapist and patient; and than completes these data with three monthly written reports. Once a year the output of the scale as graphs and the written reports are presented for and discussed with the therapist. Working with AAI - and moreover - applying the Reflective Functioning Scale (RFS) had to be introduced by theoretical and technical seminars to give familiarity with the theories of the mental process- and mental representational model and their important links with the technique of mentalization based psychoanalytic interventions. They became aware lately, how thoroughly the mental change of the staff members of the Institute has been. It snowballed other developments, such as the start of a new department for knowledge and training” that organizes, among many other happenings, monthly presentations and discussions about ongoing projects.

Can a psychoanalytic community identify with research on process and outcome in psycho-analysis? Sverre Varvin (Norway) After Harald Scholderup pioneering follow-up study in the 1950ies (the Oslo I Study) the presently ongoing Oslo II Study (a prospective process-outcome research) started in the mid 90-ies. The specific aim of the project is, through intensive, detailed study of a small number of completed, tape-recorded psychoanalyses, to identify and describe process factors and interventions contributing to positive outcome. Therapeutic outcome is assessed through a variety of dimensions, including symptomatic improvement, modification of personality structure and changes in subjectively experienced self states. A diversity of methods are applied, among them AAI. 11 analyses are included in the project. There has been a rather positive development in the Society, One amazing thing has been the willingness among some clinicians to do tape-recording and also the general acceptance by members in the Society for this procedure. “One main aim, however, with bringing research into a psychoanalytic society is to foster a research culture where questions can be posed, positions can be criticized and, most important, ones work can be evaluated both by formal research and in the daily clinical work without prejudices. In the daily clinical work one would moreover hope that a culture of research will influence our private theories and models and open for better psychoanalytic work”.

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Patients responses to interpretations: a dialogue between Conversaion Analysis and psychoanalytic theory. Anssi Peräkylä (Finland) He reported from a conversation analytical study of the patients’
responses to interpretations in psychoanalysis. The data came from 27 tape recorded and transcribed psychoanalytic sessions involving three analyst-patient dyads. The study seeks to facilitate dialogue between conversation analytical findings and psychoanalytic theory, by using CA to describe the practices in and through which the psychoanalytic theory concerning interpretation is realized in actual interactions.

**Does the clinician’s knowledge of psychoanalytic assessment instruments improve her/his everyday analytical work?** Patrizia Giampieri Deutsch (Vienna) She started expressing her hope, that the long-standing tradition in clinical psychoanalysis, that theoretical thinking may impair the capacity of the analyst (and of the candidate) to carry out sound clinical work is changing. The presentation focused on how the knowledge of psychoanalytic measures [like Sidney Blatt’s Object Relations Inventory (ORI) and Peter Fonagy’s Reflective Functioning (RF)], which are a concentrate and distillate of the clinical psychoanalytic experiences, helps to improve the clinician’s perception and are sharpening the psychoanalytic work of the clinician.

**How to be a lay researcher in and of psychoanalysis** Gabor Szöövi (Budapest) He gave very interesting descriptions about and reflection to a number of studies he was engaged in, about psychoanalytic competencies, shuttleanalysis and supervision.

**The relevance of psychoanalytic research for analytic training** Beatriz Priel (Israel) She emphasized in her paper the relevance of psychoanalytic research for analytic training. In her experience, clinical training and a close acquaintance with the contents and methods of psychoanalytical research are dialectical partners in the formation of future analysts. The integration of psychoanalytic research early in the analytic training should be a crucial step towards the creation of a psychoanalytical culture open to questioning, exploration and collaboration.

The discussions during these workshops focused mainly on: What kind of research can best serve psychoanalysis? as well as: Does research interfere with psychoanalysis. The structuring of specific psychoanalytic parameters into operationalised dimensions may help to add new answers to an old question, namely ‘how psychoanalysis works’ – “by constructive change of conflicts - by modification of central relationship themes, which loose their compulsive character or - by integration of vulnerabilities into the structure”. It does not present the ‘essence of psychoanalysis’, but may serve as useful tools in training and evaluation – even if this can be seen by some as an attack on the analyst’s creativity and unique relation to his patient. Some cautioned against the exclusive preoccupation with effectiveness, which is a must in the race of the sciences and health services. Once more did the presence of the third open an old controversy; to involve external observers seems to be irrecconcilable for many psychoanalyst. Can we ever deepen the dialogue and understanding between those who advocate the necessity of using the perspective of the external observer/researcher to approach the questions: how does psychoanalysis/psychotherapy work and those who find the presence of the third as incompatible, destructive and unnecessary. The importance of defying resistance within the psychoanalytic community against empirical psychotherapy research was stressed in the discussion, and “to increase our efforts to save psychoanalysis as a discipline in the competitive world of science and far more, that it is accepted and valued as a therapeutic tool!” Even if the use of the psychoanalytic method is carried out in a frame of mind very much like that of the researcher’s, with an inquisitiveness, a thirst for knowledge, and an openness of mind as crucial elements, the importance of projects of research being formalized and structuralized was stressed, with careful attention to the definition of concepts, methods, and the objects of study, irrespective of whether the research in question is e.g. empirical or conceptual. Psychoanalytic research, be it conflicting or complementary to the clinical practice of every day, reconfigures our system of thinking, conceptualising, feeling, intervening and brings about a deepening of the understanding of what happens intersubjectively between analysands and analysts in the protected setting of the analytic cure.

My own deep conviction is, that we need to study how psychoanalysis and psychoanalysts work: what kinds of intervention produce what kinds of change under what kinds of circumstances? This we have to do in all the three ways: clinical, conceptual and empirical research. We have to foster in our institutes and societies a more scholarly atmosphere in which members, faculty and candidates can work together in understanding, challenging, and extending psychoanalytic method and theory. This is how I understand Michel’s accent that “we should disapprove of analysts who have no analytic interest other than the analysis of their analysands. They are practitioners, but not professionals, since they fail to contribute to their colleagues or to future patients.” Under the presidency of David Tuckett the European Psychoanalytic Federation has formed so-called Working Parties on Clinical and Theoretical Issues, as well as on Psychoanalytic Education. They have the task to “describe the types of working psychoanalytically”, “assessing the effectiveness of working psycho-analytically” and “creating transparent means to assess training outcomes, and publishing studies of the effectiveness of different educational systems”.

3 Michel R. (2000) The case history JAPA 42