

PANEL (P55) : Multiple approach panel: case presentation (case history, treatment report and follow up)

Panel: David Tuckett (London, UK), Chair; Helmut Thomä (Leipzig, Germany); Horst Kächele (Ulm, Germany).

Reporter: Roberto Basile (Milan, Italy)

This panel debates the question of working towards a comparative psychoanalysis, that would help find harmony in the contemporary psychoanalytic “tower of Babel”. In fact, psychoanalysts working nowadays surely share a wide common ground, but which are its boundaries? And what does it consist of?

Thomä and Kächele’s paper brings a contribution to this project by presenting a “new form of treatment report” which, if applied extensively, could become a basis for sharing and comparing experiences. The presenter is Dr Thomä, who is the head of the Department of Psychotherapy at Ulm University and also the director of the newly founded psychoanalytic institute which is under one roof with the university department. He calls himself an analyst “on the way to an inter-subjective relational understanding of the psychoanalytic process”.

Dr Thomä starts his report by making some general statements about his psychoanalytic thinking, which constitute the first part of the work. He then goes on by giving an example of application of his formula of treatment report in the case of Amalia X. This is one of the twelve completely audio-taped analyses and analytic therapies which are now stored in the Ulm text bank, a special unit directed by Prof. Dr E. Mergenthaler.

Let us start with Thomä’s illustration of his views on comparative psychoanalysis. I will follow the order of his points.

1. Thomä finds that, in view of the official recognition of psychoanalytic pluralism brought about by the courage of Wallerstein, we are now forced to compare various psychoanalytic techniques with each other. But to make the comparison reasonable, reliable and fruitful, shared criteria are needed. So we are forced to bring to light and state what is usually just implied in published case reports and membership papers: how exactly the clinical facts have been collected and recorded. There are many possible ways to do this and in fact this question has been the object of much thinking and debating, as an important corollary to comparative psychoanalysis.

The technique chosen for describing a case depends greatly on one's general approach to psychoanalysis. Given the present pluralism, there is not one "true psychoanalysis", consequently, there is not one "true" technique of case description. Even the scientific ideals of the authors of "new genre" case descriptions are different from the ideal Freud adhered to. Their investigation centres upon therapeutic interventions and their effects on changes. The Sherlock Holmes tradition is considered no longer valuable.

The methods of presenting data should allow the reader to participate in the argument so that he too can evaluate the proposed links between evidence and conclusion. This allows for the possibility of refutation, disconfirmation and other operations with the material. These new genre techniques, including the one presented by Thomä, can provide psychoanalysts with an archive of specimen interpretations, specimen dreams and specimen cases. In this way it becomes possible, also to scholars from other schools of psychoanalysis, to combine data from many patients and many analysts, as also Spence has emphasised.

2. Casual connections in psychoanalysis are of a probabilistic nature. They allow only inductive statistical explanations rather than deductive-nomological ones. As a consequence, we permanently deal with exceptions. This is why psychoanalytic research will always be centred on single-case studies, reflecting the uniqueness of every human being. "Hermeneutic" understanding and "casual" explanation do not oppose, but supplement each other.

3. Grünbaum totally missed the scientific problems of psychoanalysis when he blamed Freud for offering only contaminated data. Orthodox psychoanalysis aims at pseudo-objectivity by establishing strict rules of abstinence and neutrality, so that the fact-gathering be as objective as possible. Instead, he should have differentiated various forms of suggestions and their influence on therapeutic change processes.

4. The treating analyst is in a uniquely privileged position to experience and make observations regarding processes of change. At the same time, this singularity is fraught with all the problems of subjectivity. According to Freud's "inseparable bond" thesis, we must conclude that only a team can do the job, since it is often unreasonable to expect an investigation of the processes of change from the participant observer who has initiated these processes. Therapy research is a most complex endeavour far beyond the capacity of the psychoanalyst working in isolation.

5. The Freudian concept of *Junktim* (the inseparable bond) plays a major role in the German psychoanalytic thought. However the presenter interestingly points out how this

concept is only very rarely properly quoted in its full context: "In psychoanalysis there has existed from the very first an inseparable bond between cure and research. Knowledge brought therapeutic success. It was impossible to treat a patient without learning something new; it was impossible to gain fresh insight without perceiving its beneficent results" (Freud, 1927)

6. It is most regrettable that in clinical papers the evidence for unconscious changes is often missing. There is a description of how symptoms disappear, but this is not enough. We gain access to unconscious schemata by microanalytic descriptions of the therapeutic process, allowing one to make tentative diagnostic assumptions about the unconscious conditions of the patient's experiences and behaviour.

7. For the analytic encounter to take place the asymmetry between analyst and patient is unavoidable. The intersubjectivity does not imply a confusion of roles. Corrective emotional experiences are facilitated not only by the analyst's interpretations, but also by the climate he is able to create in the situation.

8. The case of Amalia

The second part of the paper consisted in the presentation of a clinical case, the case of Amalia, which has been the object of great investigation in the Department of Psychosomatic Medicine and Psychotherapy of Ulm. Of the whole clinical case the Author has presented just a specimen, as an example of what he considers to be a very good way of formulating a "treatment report". All the sessions had been audio-taped. The structure of the verbal interaction during the sessions is enriched by the analyst's side considerations. In this way it becomes possible for the reader to get to the micro-level of a session and place himself side by side with the analyst. He can see in detail not only the analyst's interventions but also the quality of his thoughts during the work: his diagnostic evaluation, his choice of interpretative level, his ideas on what enhances transformation. In this case, the analyst spotlighted the movements of displacement, penis envy and the genital level of the material. The author feels that the sessions he is presenting demonstrate how the patient is influenced by the presence of the analyst, constituting a new object and a new emotional experience.

The discussion was very rich and raised many points, two of which I would like to emphasise.

The first concerned the concept of datum in psychoanalysis. A datum in psychoanalysis is not only what one hears in the recording of a session, it must also include what is in the

analyst's mind, also his feelings. It doesn't matter whether they were verbalised or not, what counts is that they were present in his mind.

A second important point in the discussion was an epistemological one. What direction should comparative research in psychoanalysis take? The exploration of the patient's mind and of possible ways to interpret it or the constant presence of a question on the patient and in need of an answer? David Tuckett feels that researching all the ways to interpret the patient's contents may be fruitless, since the possible meanings are endless and depend very much on the analyst's theoretical approach.