

## A single-case study on the process and outcome of psychoanalysis

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*This study aimed to explore the specificity of psychoanalytic treatment by investigating one psychoanalysis over a period of its five years as well as two and five years after its termination. The patient and analyst were interviewed and the analyzand filled out questionnaires and self-rating scales every year during the treatment as well as at the follow-ups. The analyzand reported that he found “a space for himself in himself” in which he could contain a range of strong affects. The psychoanalytic relationship was stable and consistent, and the patient’s initial complaints decreased significantly over time. “Reflective functioning scores” increased during the treatment; the self-ratings already showed positive changes in the first year of treatment, which were maintained throughout treatment as well as at the two- and five -year follow-ups.*

**Key words:** *psychotherapy research – outcome-process study – mentalization reflective functioning*

In order to deepen our knowledge of the psychoanalytic theory of treatment, it is of vital importance to carry out empirical studies on the psychoanalytic process and outcome. Relevant scientific psychoanalytic research should also focus on the clinician and on clinical skills in order to renew ideas and to integrate research results in clinical practice. The need for empirical scientific research in the clinical sphere is urgent and necessary for constantly testing and validating current clinical knowledge. A number of studies have shown the usefulness (efficacy and effectiveness) of psychoanalytic treatment (Fonagy et al., 2002). A study from Sweden (Sandell et al., 2000) demonstrated better long-term results on measures of symptom relief, social maladjustment, and existential attitudes for psychoanalysis compared to short-term and other long-term psychotherapies. Still, many clinicians and researchers argue that the results are unclear and that the effects of psychotherapy research are not specific enough for psychoanalysis; and there is a need for detailed single-case studies to better describe the process and its rela-

tion to outcome (Kächele et al., 2006) This study aims at demonstrating that such a study is feasible in an ongoing psychoanalysis.

To study the psychoanalytic process, it is necessary to follow changes over time and to gain repeated information how these changes develop during treatment. These may be: change in the way the analyzand perceives himself and others; change in the dynamics of the interaction between analyzand and analyst; changes in the quality of the analyzand’s other relationships. Notwithstanding what psychoanalysts think about the potential of psychoanalysis to lead to change in the realm of relationships, it is important to emphasize that every analyzand has her or his own unique set of expectations: the analyzand may indeed hope for change, but also for relief, understanding, liberation, refuge, asylum, substituting the need for others with a professional relationship, becoming beautiful, potent, or happy, vanquishing the analyst by revealing his helplessness, taking revenge by punishing the analyst or by failing, recapturing something, being liberated

from something. Few analyzands would accept Freud's rather skeptical offer to transform neurotic misery into common unhappiness. We shall always maintain an awareness that the psychoanalytic process is an exclusive relationship, as it is simultaneously safe and questioned, trustful and ambiguous.

At the first IPA Research Training Program in London in 1995, a number of European psychoanalysts decided to form a network, AHMOS (representing Amsterdam, Helsinki, Milano, Oslo and Stockholm), with the aim of collaborating in their research on process and outcome of psychoanalytic treatments. The present paper focuses solely on the study conducted in Sweden. However, in this study, we wished to construct a design that would enable us to make comparisons with outcome research in the other AHMOS centers as well as with work carried out by others in the fields of psychotherapy- and psychoanalytic research. Our main objectives were to find ways to "open windows" into the psychoanalytic process, and to obtain information about the psychoanalytic interaction, including how the interaction is experienced by the two participants.

To obtain information about the specificity of the process, we had to decide on a construct that at least theoretically could be seen as related to the changes one hopes to achieve in psychoanalysis. We found this in the capacity for reflective functioning, as proposed by Fonagy et al. (1995). "Reflective functioning" is a psychological function that is also frequently referred to as mentalization. It contains both a self-reflective and an interpersonal component that provide the individual with a capacity to distinguish inner from outer reality, "pretend" from "real" modes of functioning, and intrapsychic mental and emotional processes from interpersonal communications. Further, this capacity includes seeing and understanding oneself as well as others in terms of mental activity, that is, as owning feelings, beliefs, intentions and desires. In addition, it is about the capacity to reason about one's own and other's behavior in terms of such mental phenomena through what is commonly termed reflection. The capacity for mentalization thus determines not only the nature of the psychic reality of the individual, but also the quality and coherence of the reflective part of the self, which is believed to be at the core of the self-structure. Attachment traumas in the child's early years have a devastating influence on the development of reflective functioning. Therefore, the early years of life should still be considered as crucial to development. As children learn to understand other people's behavior, they can flexibly activate, from the multiple sets of self-object representations they have organized on the basis of prior experience, those representations best suited to respond adaptively to particular

relationships. Exploring the meaning of others' actions is crucially linked with the child's ability to label and find meaningful his own psychic experiences, an ability that underlies affect regulation, impulse control, self-monitoring, and the experience of self-agency. Four major patterns of attachment representations are identified: secure/autonomous, dismissing, enmeshed/ preoccupied and unresolved/disorganized.

This study aims to explore the specificity of psychoanalytic treatment by investigating one psychoanalysis over a period of its five years as well as two and five years after its termination. The focus is on if and how the reflective functioning is influenced through psychoanalysis, but also on how analyst and analyzand perceive the process through narrative data from interviews, and on how the analyzand's attachment pattern as well as self-evaluation may change over time. The manner and the degree in which reflective functioning and attachment representations change during psychoanalysis can be considered as a process-related outcome measure of psychic change during psychoanalysis.

## METHODS

### *The participants*

*The analyst*, an experienced training analyst with an interest in research, volunteered when we announced that we were starting our study at the Swedish Psychoanalytic Society. He works in private practice and, as an MD, is attached to the National Health Service, which pays for an unlimited number of psychoanalytic sessions.

*The analyzand* agreed to take part in the study after the analyst suggested that he meet with a member of the research team. He was given information about the study and signed a declaration of his willingness to participate. A professional man in his mid-forties, he sought analysis after a divorce; he was afraid of the strong destructive tendencies he was continuously acting out in his relationships towards women. His father had died when he was five-years-old and he had a strong and almost enmeshed attachment to his mother: he would try to dominate her, but he also lived in fear that she would abandon him. As a child, due to his frequent outbursts of rage and fear, the family had contacted a child guidance clinic, and he saw child therapist (whom he both adored and hated) between the ages of 5 and 18. Later on, he was in a supportive psychotherapy from the ages of 23 to 31. At the start of the analysis, he was staying at his mother's flat, and had shared custody of his 5 year-old son. His analysis lasted 5 years, and had a four-time/week frequency.

### *Interviews*

The analyst was interviewed before starting, annually during and shortly after termination of the analysis. The focus at the interviews was first on the analyst's theoretical and practical attitudes to and expectations of psychoanalysis generally and on the studied analysis particularly.

At the yearly interviews the focus was on the analyst's approach towards, the perception of and insight derived from the ongoing analysis. At termination, the analyst's approach towards, perception of and insight from the termination of the analysis, were addressed in the interviews.

*The analyzand* was interviewed before the analysis started, annually during the ongoing analysis, at termination, and two and five years after termination. Questions can be summarized under the following rubrics: reasons for starting psychoanalysis; how analysis has influenced or changed the analyzand; the relationship with the analyst; thoughts about the analysis as such; thoughts and feelings about the research interview and interviewer. The answers to or comments on these themes were studied qualitatively.

### *Outcome measures*

To be able to compare this study with other empirical psychoanalytic and psychotherapeutic studies, three widely accepted non-psychoanalytic outcome measures were included and data collected in connection with each interview: SCL-90=the Hopkins Symptom Checklist (Derogatis et al., 1974); IIP, Inventory of Interpersonal Problems (Horowitz et al. 1988) and SASB, Structural Analysis of Social Behavior (Benjamin 1974).

In addition, Capacity for Reflective Functioning was scored by rating the analyzand's responses to the Adult Attachment Interview (AAI) according to criteria defined by Fonagy et al. (1997). Ratings for this study were carried out at the University College, London. The AAI is an approximately hour-long semi-structured interview, developed by Main & Goldwyn (in press) and Main (1993) to assess the attachment representations of adults. This interview asks for descriptions of early relationships and attachment-related events by probing for specific corroborative and contradictory memories of caregivers, usually the parents, and the relationship with them.

Reflective functioning during the treatment was also assessed by scores of the way the analyzand reflected on his attachment relationship with the analyst, as in the Therapist Attachment Transference Interview TATI, as designed by F. Beenen and J. Stoker at the Netherlands Psychoanalytic Institute.

In the analysis of the interview transcripts, questions were divided into two types: (a) those that permit the interviewed person to demonstrate reflective capacities and (b) those that require or demand a demonstration of their capacity for a reflective function. The overall rating is based mainly on the ratings of answers to the "demand" questions (Fonagy et al., 1997).

Quotations from the interviews with the analyst and analyzands, as well as scorings of Reflective Functioning from the AAI and TATI will be presented in as they emerged each year; results of the attachment classification as well as of the self-rating scales are offered at the start and termination.

## PRESENTATION OF THE FINDINGS

### *Before the psychoanalysis started*

At the first interview with the psychoanalyst, the psychoanalyst came across as open and willing to describe his experiences and attitudes:

I hope to help the analyzand to experience the pleasure of exploring, thinking, reflecting about the inner world; to discover the beauty, the aesthetic beauty of the inner world. I hope that the analyzand will find and create an inner space in which he can acknowledge the existence of mutually contradictory and ambiguous wishes and fantasies. I try to be open and unprejudiced, let him impress me with his idiosyncrasies, small gestures, replicas, voice, nonetheless relying on and using my knowledge as an experienced analyst in the background.

The patient wanted to start psychoanalysis to be able to change his behavior towards women. His relations with women had broken down several times. He saw in this pattern a repetition of his stormy and overheated relationship with his mother and speculated that it also was a consequence of missing his father, who died when he was 5 years old. The patient is described by the analyst as introspective and well motivated, "looking for the opportunity to establish a stable inner father-representation". He was said to have a neurotic, anal-sadistic character structure, with a mixture of submissiveness and an anal, controlling attitude towards the analyst.

From the first interview with the analyzand I quote:

I sought psychoanalysis after the divorce, as I discovered too many destructive aspects in my personality. I hope that I will reach some kind of peace, harmony. I do not believe that I shall

become a different person, but I hope to be able to govern my aggression, meet my grief, and be able to understand myself better. I hope to find a way to have a more stable partnership with a woman. I know I have potential, but I have to come to terms with my strong need to be seen and confirmed. I imagine it to be a kind of purification-process that I shall find out about myself, things that can be difficult, unpleasant and difficult.

The AAI before the start of the treatment was classified as “Fearfully preoccupied by traumatic events (Enmeshed 3)”. This means that the patient showed a mental representation of an insecure and entangled attachment pattern. His overall score on the Reflective Functioning Scale was 5 and was described as follows:

Although the analyzand is able to consider mixed emotions and unusual perspectives and can provide statements reaching a score of RF=7, which indicates marked reflective functioning. Nevertheless an overall score of RF=5 is given, because his RF=7 responses are all elicited by the interviewer. Moreover, while his responses do include descriptions of mental states, there is often an absence of material that support the assumption that he genuinely understood the implications of his statements; some statements appear somewhat clichéd, banal, superficial, or “canned” and include generalizations, vague expressions, distorting and self-serving recollections and even odd or bizarre formulations.

#### *After one year of analysis*

Based on the interview with the analyst, it seemed that the analyzand expected him to function as a container for all his projections, that is, that he (the analyzand) could pour out all his complaints about an evil world and everybody’s badness – the hellishness of it all – and spew out angry, engulfing epithets; the analyzand could get quite excited and the analyst considered these outpourings to be unconsciously highly sexualized. The analyst thought it was important not to be taken over by listening to the content of this material, but to focus on the meaning of the outpouring itself. This had made the analyzand upset to begin with. He would complain, accuse, and threaten to quit. It was important to show him how he used the same technique with others, mainly women or superiors, and to highlight the intentions and fantasies behind it. From the beginning, the analyst felt that he needed to be “tough” and persistent in focusing on the transference, but at the same time that he should rely on his feeling of camaraderie

and wish to help the analyzand find a space for himself and in himself.

The analyzand projected the responsibility for these scenes on others and was not ready to see his own part in them. They often had connections to separations, breaks in the analysis, even short weekend breaks. He had tried to deny this, but as soon he left the analyst’s office he became “upset about the callousness of the world”, the analyst included.

From the interview with the analyzand after one year of treatment, we quote his view of the treatment:

It is like a refuge where I hope to get some guidance and relief. It is often hard and difficult. I become anxious and have to hold myself back not to run away. One is exposed so much more and it is different from the way it was in psychotherapy. It is easier to think, I am calmer, I do not pour out my feelings as before, and I have something of an inner space and can talk to myself. When I become agitated – as I did often in the past – I can calm myself. At the same time, it is rather unpleasant to see so many objectionable things, not least in myself, that he (the analyst) has made me aware of. I recognize how I act – and can stop it, but sometimes it is stimulating to stay in that aggravated state of mind, and I don’t want to stop it. I feel as though I am back in the times when I was three or four, in the state I was locked up in then; I seem to re-experience it in dreams, to feel it towards my analyst. It is unpleasant and hurting and I don’t know how to go on. In the beginning, I felt exposed to or in the hands of the analyst, who always knew better. But analysis is so valuable, the most valuable [project] I ever participated in; it helps me gain a perspective I never had. I am gaining an instrument to think and choose to act with.

The overall score of the Reflective Functioning on the TATI with the analyzand is: 3c, Miscellaneous, which means questionable or low RF. Taken as a whole, this material is not really reflective: emotional events are often described but without the implications being spelt out; there is little awareness of a link between cognition and affect as well as little awareness of the impact of one relationship on another. (According to Fonagy (personal communication), this is not an unusual finding, due to the regression that may commonly take place during the analytic process.)

#### *After two years of analysis*

The interview with the analyst shows he feels that he stands on secure ground with regard to the main task of establishing space for the analyzand and for anal-



ysis. He clearly emphasizes his appreciation of and with his warm, positive feelings for the analyzand as well their work together, which – notwithstanding that their backgrounds were different – was a collaboration between two men of the same age. At the same time, the analyst continued to feel that he could and should be “tough” and persistent in focusing on the transference.

From the interview with the analyzand we quote:

I feel much more at home and react to breaks, even if it is for the weekend. I recognize this now, different from what I used to do when he (the analyst) confronted me with reaction to separations. I become hostile, have rude thoughts, and feel that everybody is against me, that they want to hurt me. But now, I can think and keep this in my mind and don't have to act it out. We talk about the “hysteric” and aggressive features of my personality, how these are enacted in my dreams; or how I can feel that I am inside others, to control them somehow. I can better appreciate how I behaved as a child towards my mother. It is kind of a double-exposure, I can see myself and make myself stop behaving like that. It is a kind of an alarm system, warning lamps blink, and I am able to think about how it would be if I let myself go. It feels as a privilege to have someone who listens attentively and with interest, while I can sink deep into myself, work with dreams. Still I wish I could feel more and deeper, feel pain, sorrow, guilt, and loss. Analysis is a kind of a journey, an adventure, which makes me and my life better, even if it is hard, painful and unpleasant many, many times. I still feel that women are untrustworthy, as they can leave you. I had a number of relationships that went wrong and where I repeated something that was anchored in my relationship with my mother. Nevertheless I hope I have been able to convey to my son that his mother is OK, and we have a rather good co-operation in the way we care for our son.

The overall score of Reflective Functioning on the TATI with the analyzand was 6. The analyzand now showed an ordinary capacity to make sense of his experiences in terms of thoughts and feelings with some understanding of conflicts. His model of mind is not limited and includes some understanding of conflicts; this is why a higher rating is given.

#### *After the third year of analysis*

The analyst reported that his perception now was that the analyzand could express his dependency on and trust in the analyst more openly, despite his outpourings

and his sometimes tiresome quarrels. The analyzand has humor, the analyst reported, which he also uses to comment on the relationship with the analyst. For example, the analyzand uses the metaphor that the analyst, and sometimes he, himself, are like an old-fashioned biblical prophet who waves his stone tablets of commandments. Also some genital elements have crept into his dreams, which, however, are still overfilled with anal material, and more and more often, the analyzand is able to express his sadness and feeling that he is a longing little boy. Nonetheless, his egotism, and his sometimes vulgar mocking and teasing attitude at times evoked negative feelings of being fed-up in the analyst.

From the interview with the patient we quote:

Analysis is difficult and exciting, as it has helped me to see things in myself that I did not know about and has enabled me to have a more mature and less infantile attitude. I am aware how I react during breaks, coming back I am full of complaints, full of disgust, and want to be consoled, and wish to empty all those bad feelings into the analyst. But then the analyst turns into a highly exciting adventure, a journey, associating with dreams. Its regularity is important, so different from once weekly therapy, where you are also face-to-face with each other. I can lean back into myself much more; many times getting in touch with rather unpleasant feelings and being much more exposed and defenseless. It is also important not to have many breaks in between. My analyst helped me to be aware and accept my sadness and the depressive parts of my personality. Sometimes, I am afraid of losing him, which makes me aware of my closeness to him and my dependency.

The overall score of Reflective Functioning on the Therapist Attachment Transference Interview was 5, which means average RF. Often the analyzand does not provide specific examples in the interview with the investigator, to support his statements, which has a negative impact on the overall level.

#### *After the fourth year of analysis*

The interview with the analyst shows that the analyzand is more often able to find space for his sad, mourning, and longing little-boy self. He dreams a lot and they do a great deal of dream-analysis. Confrontations are often friendly and show a sense of partnership. The transference-countertransference interplay is managed comfortably by the analyst. The analyzand reacts to separations and breaks by becoming overheated and choleric, and can then fill the sessions with his complaints and polemics. Occasionally, the analyst

can become concerned that this will be a never-ending analysis or, in contrast, wonder with hopeful expectation that the analysand will be able to open up to the deepest sorrow that the analyst believes is at the heart of his suffering, the primordial experience of being left and abandoned.

From the interview with the analysand I quote:

I talk a lot and can brood over my past and present life, but analysis has helped me to be able to contain more and better. I think differently, I can retrieve my projections and do not attack those who are close to me. I experience more confidence and hope for the future and about my own capacity to contain and think. I have not become another person, but I can control and soothe myself. Even if I become angry as before, I can control it and keep it in my mind. I am also more aware of how and what I feel. It was he (the analyst) who pointed out the way I kept my hand over my breast, in kind of a distress, as if I could not breathe freely; and this brought back the loss of my father, how he lay in the respirator (he had very serious tuberculosis). So I often feel a pressure in my breast, my lungs, and how it gets worse after breaks in the analysis. I recognize now how I react to breaks, my thinking becomes crude and I feel like attacking people around me. I see evil around me, people seem untrustworthy. But after the break, during the week this loosens and I feel more and more harmonious.

The overall score of Reflective Functioning on the TATI with the analysand is 5, that means ordinary RF. However, compared to the former year, it is possible to observe in this interview a higher level of RF scores to “permit questions”, suggesting a new habit of spontaneously thinking in terms of psychological explanations. In these questions, contrary to the “demand questions”, the participant is not explicitly asked to respond in a reflective way. If he does nonetheless, it enhances the overall score.

#### *After the fifth year of analysis and at termination*

In this interview, the analyst expressed his confidence about having had a fruitful working-through phase with the analysand. The patient was able to play, had a secure feeling of having an inner space in which he consciously experienced and stayed with – contained – his feelings of sorrow, hope, joy, remorse, anger, and even desperation. The patient has faced that he was ageing, and thought about death, describing his analysis “as a preparation to be able to accept death”. He has grieved

over his dead father and worked with the disappointment that the analyst could not become his father and as such compensate him for his painful and difficult experiences. Autonomy was now highly valued by the analysand, which is not inconsistent with the fact that he also acknowledged his previous feared dependency and longing for closeness to the analyst, to his mother, son, and women.

With regard to participating in this study, the analyst in the beginning felt pressed to demonstrate good enough analytic work and was anxious about exposing himself boldly in the interviews. But, in retrospect, the study did not interfere with him as an analyst, and he is now confident about himself in his profession as well as in the study, which he acknowledges was not as intrusive as he had feared.

I quote from the interview with the analysand:

It is no coincidence that I was not able to manage my life better – but now I can see and understand this better .... I have gained a better understanding of inner life. I understand now how my actions were governed by feelings, wishes and unconscious processes. I knew about this intellectually but now I understand it from inside. I feel calmer and more secure, and analysis helped me a lot. My feeling of what it is to be a man is not without problems. The relationship with my analyst gave me a lot to think about – it became a good instrument with which I can relate to the outside and inside worlds. To be in analysis four times a week makes a big difference compared to the once-a-week therapy I experienced before. I feel more secure and stable than ever before, and even if I feel somewhat empty, so close to the end of the analysis, I look hopefully into the future. I am freer than I used to be, I can stay with my feelings, even the unpleasurable ones, and can keep calm, and I do not have to act out as earlier. And I have an understanding that being human means also not to be perfect, that one has features that are quite intolerable, but that I can still be forgiving towards myself as well as towards others. So, that I can think, and to learn to think, is central in analysis. And this depends on the relationship I had with my analyst....I can also feel regret. When I started analysis, I felt guilty, I would feel regret, and feel that I had a conscience. Last but not least, I accept my age as well as that I am getting old. I like living and want to live. Earlier I denied death, believed unconsciously that I was immortal, and by constantly creating excitement and turbulence around me, I could avoid feelings of aloneness, abandonment and that life can come to an end. Today I can at least think about this.

With regard to the patient's participation in this study, I quote:

It is rewarding to give and to contribute to research and psychoanalysis. I gained so much from my analysis, which I got free through the National Health Care System. To meet you [the interviewer] and talk about intimate things was not without strain. I don't know you very well, and now and then, I wanted to respond [to your questions]: it is not your business to ask for my answers. But I gained so much from my analysis, and it was also flattering to sit here and to be the center of your attention. And you and my analyst are different persons, and I trust you both for your confidentiality. The study did not invade or influence my analysis – this I can say.

The overall score of Reflective Functioning scored on the AAI is 6/7, that means a score in the direction of marked RF, but the following restriction was added by the rater:

Even though the participant is able to provide sophisticated and complex statements, has an interactional perspective within his mind, uses examples of causal sequences, he cannot get an overall score of 7, as his understanding of his mental states is not maintained in relation to more problematic areas.

The classification of the attachment pattern on the AAI, taken from the analyzand at termination, shows a significant change into a more secure attachment pattern, a score of "Free, 4b". As mentioned before, the AAI before the start of the treatment showed a mental attachment representation of an insecure and entangled pattern.

Individuals [such as this person] with difficult childhoods that may include traumatic experiences, such as loss of an attachment figure through death, or sexual or physical abuse within the family [all of] which presently directly preoccupy [the participant's] attention .... Understandably; they may be somewhat incoherent and confused ... regarding some topics, but for the greater part of the interview, they are ultimately both rational and convincingly conscious" (Quotation of the rater).

The summary of the analyzand's self-rating scales (SCL90, IIP, SASB) allows the following conclusions: During treatment the analyzand experienced a substantial decrease on several core psychiatric symptoms

(hostility, obsessive-compulsive symptoms, interpersonal sensitivity, and paranoid ideation), critical interpersonal problems (domineering, overly nurturing, and intrusive). He reported a gradually more protecting and enhancing self and, correspondingly, a less oppressing and destroying self. These treatment gains were already presented in the first year of treatment, and the gains were maintained throughout the treatment.

#### *Two years after termination*

At the follow-up two years after termination, the ex-analyzand delivered his filled-out questionnaires but was unwilling to be interviewed again with the AAI. This, to him, was a most important decision: he would no longer consent to being seen "a patient". He declared that he respected our study and did not wish to harm it, but he also said that he did not want to expose himself to being interviewed as a patient or former patient any more. He found being in analysis a very tough experience, at times almost heartless, requiring him to search himself through and through to the point where he was "almost standing at gunpoint." Before analysis, he had had many problems, and he had made life difficult for others as well as for himself. He did not do this any longer. He knew that analysis did help him; nevertheless, he also felt that he had lost his "neurotic vivre" or a joy of life. However, while filling out the questionnaires, he recognized that in many ways, he felt very much better than ever before. He now had his own apartment, close to the place where his former wife lives, so his son can attend the same school as he used to and see his friends. His relationship with his son, former wife, friends, and with his own mother were fine. He would never choose to avoid what he experienced and learned during analysis, but he does not ever wish to return to treatment. He said that he would be willing to fill out the questionnaires after another three years and send them back.

The evaluation of the self-rating scales data showed that the treatment gains were maintained throughout the treatment, at termination, and that they were maintained at the first follow-up (two years after treatment). At the interviews during his treatment, the analyzand reported an increasingly well-functioning self, including a protecting and "loving" superego-structure (Schaffer, 1960), which is consistent with the outcome of the assessment scales.

#### *Five-years after the termination*

The former analyzand did send his filled out questionnaires and made a short telephone call – to say he is

working, lives together with a woman, and has good contact with his son. The SCL-90 ratings now showed low levels of psychiatric symptoms and were within a normal range on all scales with the exception for the scale of additional symptoms, such as sleeping and eating problems, where the ratings are above a normal level. The self-image (SASB) ratings confirmed the pattern of normal ratings with high self-acceptance, self-love and self-protection and very low ratings of self-blame, self-destruction and self-neglect. The balance in self-control and self-autonomy is also very good. The ratings on IIP show that he has no problems in interpersonal relationships.

## DISCUSSION

To compare the unique experience of an analyzand and an analyst and the way they talked about this experience in interviews with the structured responses to the questionnaire items and the scores of assessment scales was both stimulating and highly interesting. Aware of the limitations of a single-case study for making generalizations, I wish only to add some brief reflections on the findings.

The self-rating scales showed positive changes from the first year of treatment and these gains were maintained and deepened throughout treatment as well at the two- and five- years follow-ups. The ratings on IIP show that he no longer has problems in interpersonal relationships. The comparison of the patient's mental attachment representations before the treatment and at termination showed a shift from an insecure attachment representation to a more secure one. This suggests the patient gained some earned security during the years of treatment. As the analyzand had had long previous experience of psychotherapy, this change in what in contemporary psychological research is often called "attachment" could be seen as a specific contribution of psychoanalysis. It is a question for further research to ascertain whether this gain is linked to the psychoanalytic relationship (between this particular analyst and analyzand) considered here or whether it is a generalizable, expected outcome of psychoanalytic treatment in general. Other forms of psychoanalytic research speak for the latter alternative (Blatt & Auerbach, 2001; Bucci, 2001; Fonagy et al. 1996; Fonagy et al., 2002).

The patient's capacity for reflective functioning changed from the ordinary level of 5 to the marked level of 7, with the restriction that in problematic areas, such as ambivalent relationships with a parent and about losses, the higher level couldn't be maintained.

The latter qualification may indicate that a person's mentalizing capacity may temporary drop when his attachment system is activated, for example, by stressful events in intimate relationships.

Both analyst and analyzand provided thoughts about the study. They appeared to agree that the study did not interfere negatively with the analysis. The analyst reported that he continues to feel confident in his capacity as an analyst, and did not find the study intrusive. The analyzand expressed that it "is rewarding to contribute to research and psychoanalysis" and that "the study did not invade or influence my analysis".

It must be an open question as to how to understand the former analyzand's response at the 2-year follow-up: "It is for me a most important decision: I no longer will consent to being seen or being related to as a patient". He emphasized that he still respected our study and did not wish to harm it, but he had changed his attitude to exposing himself outside of his analysis and be interviewed as a patient or former patient. He was confident that analysis helped him. Nevertheless, he also said that, through it, he had lost his "neurotic vivre," or a joy of life. But then, again, while filling out the questionnaires, he recognized that in many ways, he felt very much better than before. He also sent in his questionnaires five years after termination and made a short contact by telephone. I assume that the analyzand continues to feel more autonomous as a non-patient, but also note that he probably does not wish to risk a confrontation with the loss of his analysis and analyst, by whom he felt loved and who, we know from clinical experience, can remain an internal, influential healing presence in relation to the narcissistic vulnerability of many analyzands.

The psychoanalytic encounter facilitated the development of a more secure attachment relationship, which is an important precondition for the development of mentalization, that is, the ability to think about thoughts and feelings in oneself and others. Although these interpersonal components are sometimes thought to be non-specific therapeutic factors, they could be considered to be specific mutative dimensions of long-term psychoanalytic treatment.

I hope that this report on a single-case study will stimulate other psychoanalysts interested in research to report their experiences and that it has provided enough evidence for the feasibility of such an endeavor, even if it is a rather time-consuming undertaking and may be difficult to combine with daily practice.



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