
Qualitative Analysis of Therapists' Process Notes (1)

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Introduction

This study is part of the multi-method, multi-perspective Practitioners' Study on Analytic Long-term Psychotherapy (Rudolf, Grande, Oberbracht, see this volume).

The focus here is the investigation of highly subjective data: the therapists' process notes of the psychoanalytic treatment process.

The project is located in the tradition of Ramzy's paper on psychoanalytic inference *How the mind of the psychoanalyst works* (1974), Peterfreund's *Working models* (1975), Meyer's question *What makes psychoanalysts tick?* (1988), furthermore *Psychoanalysts' individual theories and their tacit assumptions* (*Hintergrunderwartungen*, U. Streeck 1986, 1995), and Moser's *Pchoanalyst as an on-line researcher* (1991).

Our design is a non randomized naturalistic one that proceeds directly from the therapeutic practice and aims at making the following processes transparent:

- what's crossing the analyst's mind in certain sessions?
- how does the last session or how do the last three months influence the therapist's interpretation of what is happening right now and what happened in retrospect?
- how do psychoanalysts evaluate what's going on without knowing about the outcome?

This paper will include the outline of our project and first results of a pilot study done with a single case (see Appendix) and we would like to see it as Work in Progress. At this point it is important to mention what the study is not about:

We are not interested in so-called vignettes which are condensed and do not mirror the steps of the process any more. The outcome of the treatments is not the major issue but only one of the interesting aspects, since this study is basically process oriented. Furthermore; we do not aim at 'objectively' finding out what really happens in the treatments, we do not wish to test psychoanalytic theories, and we do not replicate studies on 'psychoanalytic components' (cf. Boesky 1990).

The Issue

Our basic goals are

- the reconstruction of psychoanalysts' clinical assessments
- the understanding of the process of 'making sense' of what happens in psychoanalytic sessions: the back and forth between observation, participation on various levels, and theories
- the description of evenly suspended attention and the actualization of clinical knowledge for the construction of hypotheses
- the investigation of which theoretical models (also mini-models, Meyer 1988) for the clinical understanding are actually being applied at different stages of the treatments and how they are individually modified
- the comparison of therapists' descriptions of which kind of material occurs when and how

- during the therapeutic process and how it is being worked through
- the comparison of clinical assessments of high and lower frequency long term psychoanalytic treatments

The Data and the Sample

Our primary data consists of the notes the psychoanalysts take down in a questionnaire under the following conditions: 15 experienced psychoanalysts each select two beginning treatments, one high frequency psychoanalysis and one lower frequency psychoanalytically informed therapy for the study. For each treatment and over its entire duration the therapists are asked to select up to three 'somehow relevant' sessions every three months and to freely comment on

- what happened in this session?
- what do you think it means?

These comments should be written directly after the sessions and in a personal style, including examples or quotes, illustrating the atmosphere felt by the therapist as closely as possible (cf. Meyer's *retro-reports*, 1981 and Heimann's *running commentaries*, 1969). Only for the interpretation of what it all means they should focus on theoretical implications.

Additionally, every three months the therapists write one assessment of the process including free comments on what happened in retrospect and semi-structured evaluations on

- the therapeutic relationship
- transference and counter-transference
- regression
- resistance
- unconscious fantasies, and
- psychodynamics

It is important to add that it should also be commented if there is no change at all or if the process itself cannot be sufficiently understood at that stage of treatment.

For the first three years of the project we will be able to analyze 240 to 360 notes on selected sessions and 90 comments on the psychoanalytic process.

The Basic Research Questions

Since no such data has ever been systematically obtained before we are initially interested in answering the following questions

How do psychoanalysts describe selected sessions?

How does the data look like?

Are the notes characterized by certain or typical topics or text units like the description of events, dreams, and interaction sequences?

How do psychoanalysts reconstruct the therapeutic process within the process itself?

What makes selected sessions meaningful, i.e. what are the markers in the texts that indicate the relevance of the material for the process?

Is there a difference in the assessments of high and lower frequency psychoanalytic treatments regarding the above mentioned topics?

More detailed questions concern 'change' in psychoanalysis:

What are the individual criteria for indicating change and which type of change is described how and when during the treatments?

The Method

For the text analysis we use a qualitative content analytic method which is based on the principles of the *Grounded Theory* by Glaser and Strauss (1968). It implies the development and systematization of a so called discovery oriented open category system: the texts are initially broken down into themes and text units and are later condensed into categories and types of category patterns. These are strictly data based, i.e. the categories are derived directly from the material (in the terms of Glaser and Strauss they 'emerge') and no preformed system is applied (Wilke 1992, 1994).

Beginning with single session and single case analyses we use the *Constant Comparative Method* (Glaser 1969) for the development of a typology of clinical assessments in different psychoanalytic settings. The steps of the analysis are the following:

1. First, we define broader *text units* like 'descriptions of events', 'negotiation of setting and fees' to get an initial idea of the texture of the data. The fine grained coding process continues as follows:
2. On the basis of single sessions we start with an *open coding*. All themes of each session are categorized on a basic level. No psychoanalytic terminology is used at that stage of coding. But there is an extra category for psychoanalytic terminology when the analyst uses it (e.g. splitting, cruel superego). The category system can be called 'saturated' (Glaser, Strauss 1968, 61) when it contains all topics of all sessions of the whole sample.
3. The next step is the *temporal coding* which systematizes the development of the categories over time during the process of each treatment.
4. A *selected coding* integrates the material and defines a *core category* which is essentially related to most of the other categories and can be regarded as the headline or story line of the treatment.
5. The *theoretical coding* introduces clinically and psychoanalytically relevant terminology and interprets the material on a higher and specific theoretical level.
6. For the comparison of all treatment processes of the whole sample we use the method of *contrasting* the assessments by 'maximum similarity' and 'maximum difference'. As a result we gain a typology of clinical assessments.
7. Finally, the results of the presented study are systematically related to those of the quantitatively oriented Practitioners' Study.

Credibility

There is a need for strict validation criteria in qualitative research. In this paper we do not wish to extensively focus on that matter, but we would like to introduce the term *credibility path* (cf. also Flick 1995) which implies the explication of each step of the analysis and the publication of the original notes as the data for the category system.

Furthermore, so-called *triangulation processes* are crucial: triangulation has become increasingly important for the discussion around validity in qualitative research. It is defined as the *systematic* comparison and correlation of various points of view and of the researchers themselves. In our study the triangulation of *researchers' perspectives* will play an important role: the coding is being performed by different members of different research groups of the project. After having finished the textual analysis of the notes we will introduce a triangulation as well of *data* as of *methods*: the therapists' notes and the results of the Practitioners' Study with various quantitatively oriented designs and research interviews are systematically related.

The most important aspect is that the results and the processes of gaining them can be evaluated by others by making them *intersubjectively transparent*.

Hypotheses

We expect a great variety of data.

We expect that the assessments of the psychoanalytic processes will illustrate some dependency between frequency and setting and the occurrence of specific and psychoanalytically relevant components like the depth of the transference neurosis or regressive processes.

It is however important to add that we do not expect a linearity of the treatment courses but cycles which, at first glance, may sometimes even seem chaotic. To a certain extent we expect to be able to analyze an underlying order of these nonlinear cycles.

We proceed from the assumption that 'treatment phases' are to be detected which can be defined as well qualitatively by their contents (what happens how on the various levels) as quantitatively (how often is a topic being mentioned and worked on) and by their very individual temporal occurrence (when do themes come up, disappear or are being transformed into other issues). Thus a 'treatment phase' will be seen as a complex matter which differs from analysis to analysis.

Results

We hope to be able to present the following results:

I The reconstruction of the descriptions of psychoanalytic sessions

- a) single sessions
- b) typification of assessments

II The structure of the assessment of the psychoanalytic process

- a) single case
- b) typification of processes

III A comparison of the assessment of high and lower frequency psychoanalytic treatments

- a) for each therapist
- b) for each treatment type

IV The comparison of the results with the Practitioners' Study on Analytic Long-term Psychotherapy

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Appendix

Single Case Analysis of the First Year of a High Frequency Psychoanalytic Treatment

Data: Notes of 15 selected sessions (from 136) and 5 assessments of the treatment process

Results (excerpts):

1. *Analysis of text units* (examples):

description of interaction sequences:

"the patient told Mr. X that she wouldn't take it any more and she wanted more of a respect from him, he then replied that he didn't see the point at all ... she left in a desperate mood and"

description of therapeutic interaction:

"when I told her that she is to be liked and deserves respect and love she didn't say anything for a long time and seemed to be very surprised and thoughtful"

description of explicit fantasies:

"she imagines her boss as a person who will eventually fully accept her and love her. ...She pictures herself being with that young man"

description of therapist's verbalization of patient's fantasies:

"I tell her that she probably imagines herself ... that she probably has the fantasy of ..."

therapist's hypotheses of patient's fantasies:

"I think... it occurs to me that.. she must have the fantasy .. she unconsciously has the fantasy ..."

naming of patient's dreaming:

"the patient told me that she had a dream but didn't elaborate on it..."

explicit description of dreams:

"she told me a dream where she lived in a very cold room without any furnitures where ..."

description of dreams and interpretation sequences, including patient's insight

2. Open coding: basic categories

TIME

Dimension	quality	text example
Now	for the first time	the P is able to accept other aspects than being worthless and shielded against others the P is able to work on her fixation: she sees the boss as an overwhelmingly powerful father figure
	new is	that she now struggles with her boss and is able to explicitly tell him that she doesn't want to ...
	still	she still enacts her core relationship conflict within the relationship with her boss
Beginning of treatment through now	up to now	she hasn't really had the wish to get in touch with reality
	more and more	there is a development of a stable self-representation
	Future	I don't see any development ... yet; a process has been started; she will be able to integrate ...
Biography	like in her childhood	when she was being left alone with her desires to be accepted and loved
	back then	when the mother had the accident
Duration	long	for several sessions she has been being occupied by this topic; she thinks about ... for a long time
	short	she touches ... only shortly and switches back to ...

RELATIONSHIPS

Persons	in general	men
	specific	her boss
Form	love relations	she has never had a close relationship to a man of her own age before; she now is interested in a young man; she wants him to fully accept her and lives for her fantasies for him

AS WELL AS

at the same time,	she is able to experience her boss as s.o. who accepts her and is overbearing, too
as well as	she sees herself as well as a brave woman with a sword and a shield as having softer sides and female aspects like ...

not only but she is not only the disadvantaged one and a poor thing but also a grown up woman who makes people like her

EMOTIONS

Persons	patient	she says that she is so happy about having discovered ...; she laughs as is she were relieved
	from biography	the father was very scornful towards her
	present time	he was very disappointed by her; she now flirts with him
Contents	psychoanalyst	I can't concentrate any more and I'm getting bored. This is going to become a problem
	aggression	her father was very scornful towards her; she felt such a rage she can't feel her rage yet, for it would be too dangerous for her
	fear	she is very afraid of telling him; I can feel her anxiety
	sorrow, pain	it is very painful for her to become aware of the attempted suicide of her mother and that she also was in great danger; she is in deep sorrow about ...
	love	she is deeply in love with that man
	relief	she laughs with relief and says how much she can enjoy ...
	boredom	I am getting bored by her now
Form	explicit	she says that she can now enjoy ... so very much; she tells me all of her love fantasies
	hypothesis	she can't feel her rage yet, for it would be too dangerous for her; for the 150. time she tells me about her boss!

List of all categories for single case:

Time

Relationships

Dosage (*more and more, increasingly, deeper*),

As Well As

Actions (*slams the door*),

Job (*wants to quit, is overworked, her boss*),

Dreams

Emotions

Biography

Symptoms

Way of Communicating (*she talks a mile a minute, she remains silent for a long time*),

Process (*so far we have reached a point in analysis where she is now able to ...not even after one year of treatment we have reached ...*),

Therapeutic Relationship (*I feel touched by her ... she is now much more confident and can see me as someone who will support her*),

Emotional Attitude of Patient (*she is very suspicious towards me and expects to be left alone like her mother did when she was ...*),

Emotional Answer of Therapist (*I now feel superfluous and like I would disturb her. This has a connection to the scene in her bedroom when her mother ...*),

Involvement (*she increasingly loses her mistrust and opens up*),

Setting (*vacation, fees*),

Appearance (*she looks more female now*),

Body (*she says that her body feels more female now .. is hard*),

Metaphors (*shielded like a knight with sword and harness*),

Interpretations

Psychoanalytic Terminology

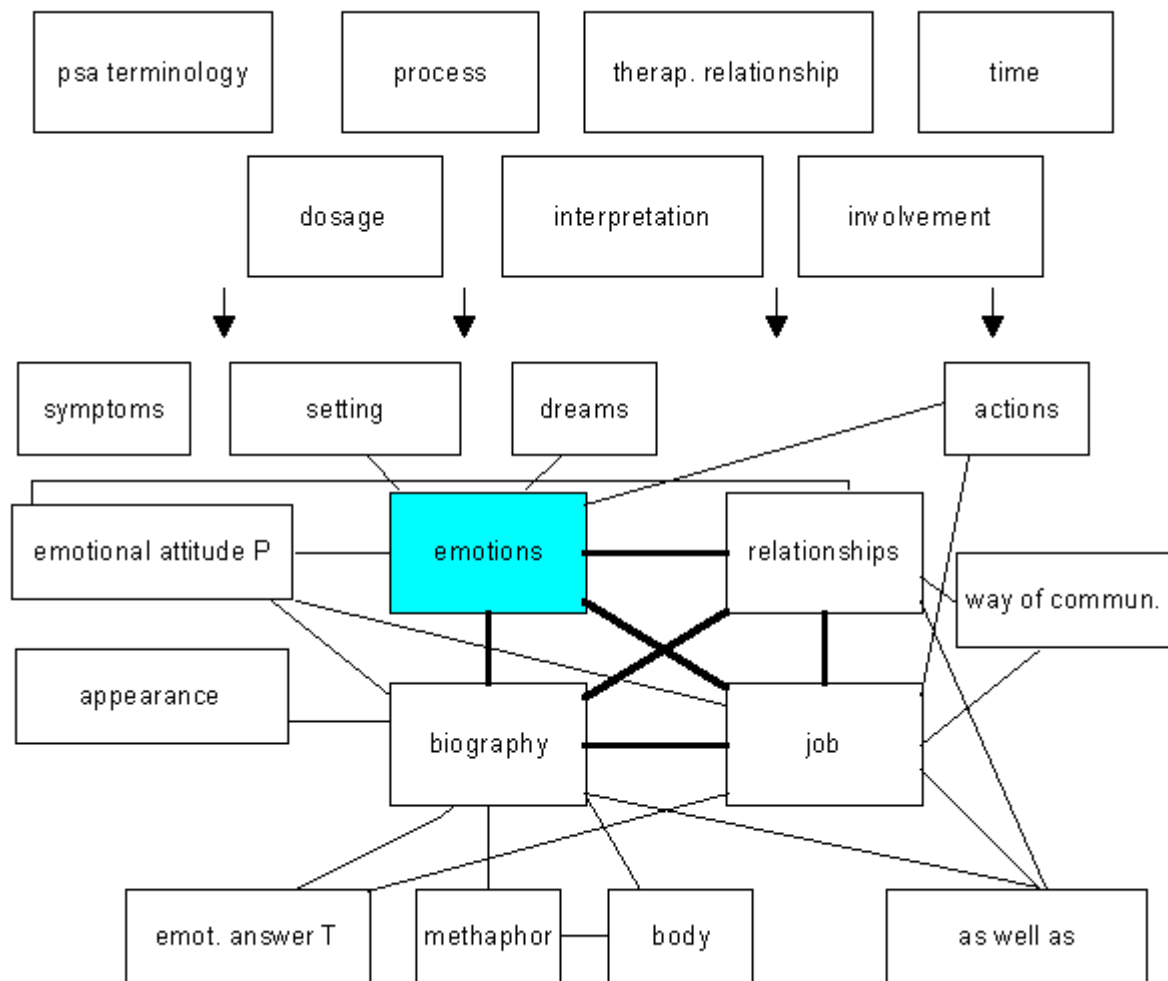
3. Temporal coding (examples):

The category JOB is relevant from session 1 on. EMOTIONAL ATTITUDE OF PATIENT only becomes explicit from session 93 on and is being discovered at that stage of therapy. INTERPRETATIONS also become increasingly important in connection with PROCESS and METAPHORS from session 93 on: The patient discovers her transference as a result of the analyst's interpretations and the patient herself comments on the therapy process now via metaphors "Well, it seems that our therapy has been sort of a train ride, me and you traveling together".

4. Selected coding: Core Category

Emotions turned out to be the core category of this treatment so far, followed by relationships, biography, and job.

The figure illustrates the categorial pattern with the connections of themes over 136 sessions.



A first look at another case of our sample indicates that symptoms seems to be the core category for the first half year of this treatment. The patient consistently focusses on his somatic symptoms and the therapist follows him so far. It is however to be expected that emotions will play an important part over the course of the treatment, too.