

PERSONALITY-RELATED RESPONSES TO THE PSYCHOANALYTIC PROCESS

A Systematic Multicase Study

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Seven analysands and their analysts were repeatedly interviewed at the beginning, during, and after the analysis about the analysands' problems and helpful and hindering factors in the analytic process. Using the analysands' initial descriptions of their problems, the authors categorized them as anaclitic or introjective according to Blatt's personality model. The hypothesis was that they would differ as to experiences of the analytic work. The introjective group expected improved emotional control and ability to regulate interpersonal distance in addition to better understanding the roots of their problems. The anaclitic group believed that the analyst's strength and empathy would help them handle their need for support and love. The introjective group saw their own problems as the main hindrance in analysis but also directed critique to the analyst as a person. Their analysts experienced that the analysands wanted to do the work by themselves and were difficult to engage in the analytic process. The analysands in the anaclitic group were more occupied by hindrances in the psychoanalytic frame and attitude. Their analysts, on the other hand, sometimes found the work difficult and frustrating. The authors underline the importance of being aware of personality differences in analysands' response to specific dimensions of the analytic process.

Keywords: personality, psychoanalytic process, expectations, helpful and hindering factors

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In a longitudinal, prospective study, we focused on analysands' and analysts' subjective understanding of the problems of the analysand, their expectations from the analysis, and the experiences of help and hindrances during the analytic process (Werbart & Levander, 2006). We have constructed elsewhere a tentative typology of ideas of cure in analysands and their analysts (Werbart & Levander, 2011). Working with the extensive material from repeated interviews, we saw obvious differences between the analysands concerning their view of their problems and experiences in analysis. In addition, in each case, analysts noticeably described different limitations and hindrances in the analytic work. Thus, we decided to try to discern individual patterns and their significance for the analytic process.

In another study of young adults in psychoanalytic psychotherapy (Lindgren, Werbart, & Philips, 2010; Philips, Wennberg, Werbart, & Schubert, 2006), we used the Differentiation–Relatedness of Self and Object Representations Scale (Blatt & Auerbach, 2001; Diamond, Blatt, Stayner, & Kaslow, 1991) as one of several outcome measures to evaluate the degree of complexity and differentiation in cognitive–affective schemas of concepts of self and others. Following the work of Blatt and colleagues since several years, we wanted to explore personality-related experiences of psychoanalysis. In the book *Polarities of Experiences*, Blatt (2008) summarizes his extensive studies of two personality factors related to fundamental developmental processes, psychopathology and the therapeutic process. He defines *relatedness* as the development of increasingly mature, mutually satisfying interpersonal relationships and *self-definition* as a coherent, realistic, differentiated, integrated, and mainly positive sense of self.

Working on his model of personality development, Blatt has mainly followed similar lines as classic psychoanalysts. Freud's (1930/1961) dualistic theory composed the polarity of egoistic and altruistic urges. According to Blatt, this polarity is also evident in the formulation of two major tasks in life, "to love and to work," as Freud is reputed to have said (Erikson, 1959, p. 96; 1968, p. 136). Blatt (2008, p. 109) refers to Erikson's (1968) description of the identity stages in adolescence as a stepwise increase of the integration of self-identity and self-in-relation. Furthermore, Blatt finds support for his model of the two developmental lines and personality dimensions in the attachment theory (e.g., Ainsworth, 1969; Bowlby, 1988; Mahler, Pine, & Bergman, 1975).

Attachment studies indicate that a good half of the population develops a secure attachment, a pattern that makes the basis for good emotional and cognitive capacity for building relationships (van IJzendoorn & Bakermans-Kranenburg, 1996). Remaining groups become either dismissing or preoccupied in their dependence on others, thereby forming the basis for future problematic relationships. In Blatt's understanding, attachment theory is concordant with his description of representations of self and others as lasting cognitive–affective structures that develop in the interaction with important people. These representations form basic patterns for assimilating new experiences into already existing mental structures and affect the individual's way of handling complicated situations and their associated problems.

Blatt specifically notes that many research projects fail to identify differences between the psychotherapeutic effect of different therapeutic methods and hypothesizes that researchers wrongly assume homogeneity in the groups investigated. The effect of existing personality differences within the groups studied thus tends to eliminate differences between the groups, leading to the "Dodo bird verdict" (Luborsky, Singer, & Luborsky, 1975; Rosenzweig, 1936) or the "equivalence paradox" (Smith & Glass, 1977).

Using the material from the Menninger Psychotherapy Research Project, Blatt and Shahar (2004) studied the stability of patient-by-treatment interaction. They found significant differences related to type of psychotherapy and to the patients' personality

structure. In the anaclitic group, supportive–expressive psychotherapy was more effective in improving the handling of relationships, whereas psychoanalysis was more appropriate for introjective patients when symptoms were used as an outcome measure. A change was thus observed in both groups but in respect to the aspect that was most relevant to their pathology and their character structure.

The Riggs–Yale Project (Blatt & Ford, 1994; Blatt, Ford, Berman, Cook, & Meyer, 1988) focused on young “treatment-resistant” patients. In the introjective group, therapeutic changes were most evident in the area of clinical symptoms, whereas the anaclitic patients improved their way of treating other people.

Using data from the National Institute of Mental Health-sponsored Treatment of Depression Collaborative Research Program, Blatt (1995; Blatt, Sanislow, Zuroff, & Pilkonis, 1996; Blatt, Zuroff, Bondi, Sanislow, & Pilkonis, 1998) categorized the patients according to personality factors and found that these factors had a significant effect on the treatment outcome. The degree of perfectionism and self-criticism (signs of an introjective personality organization) was found to be related to a bad outcome at the end of the treatment period and at follow-up. The original research groups had not found the predicted differences between the studied treatment groups.

Our aim in the present study was to apply Blatt’s personality model to the analysands’ initial descriptions of their problems. Our hypothesis was that the introjective and anaclitic analysands would differ as to initially wished-for and feared cures, as well as to the positive and negative experiences of the analytic work. Furthermore, we hypothesized that the analysts of the introjective and anaclitic analysands would experience different limitations and hindrances in the analytic work. We regarded a systematic, qualitative multicase study as a methodology of choice for testing these propositions on the basis of the participants’ inner experiences of the psychoanalytic process.

Method

Participants

The material for this study was collected between 1997 and 2006. In all, seven cases of psychoanalyses conducted by the members of the Swedish Psychoanalytical Society were included. Four of the analysands were women and three men. The mean age was 32 years at the start of analysis (range, 26–41 years). No prior information about the analysands and their problems was collected. The mean duration of the analyses was 49 months (range, 24–64 months), with a frequency of four sessions a week. Of the seven analysts, there were five women and two men; six were physicians, and one was a psychologist. The mean time in psychoanalytic practice as a full member of the Psychoanalytic Society was 12 years (range, 7–19 years), and four of the analysts had training-analyst status. Their theoretical orientation can be roughly described as object-relational, in some cases with Kleinian influences.

Interviews

The semistructured Private Theories Interview (PTI; Werbart & Levander, 2005, 2006) aims at collecting narratives, concrete examples, and illustrative episodes concerning the following themes: (a) problem formulations, (b) ideas of pathogenesis, (c) ideas of cure, (d) ideas of the other party’s views, and—at termination and follow-up—(e) descriptions of change. The analysands and their analysts were interviewed during the first week of psychoanalysis; interviews were repeated at 6 months, every 18th month, at termination,

and (analysands only) at the 18-month posttermination follow-up. The analysands were interviewed on five to seven occasions, depending on the length of analysis, and their analysts on four to six occasions. In all, the material study comprises 75 interview transcripts.

Creating Condensates

The transcripts were analyzed in accordance with the PTI coding manual (Werbart & Levander, 2006) based on the phenomenological principles “categorization of meaning” and “concentration on meaning” (Kvale, 1996). A computer software interface (ATLAS.ti, 2000) was used in this textual-level work to assist in selecting and condensing the material for further analysis. Each single interview transcript was coded separately. Utterances were sorted as belonging to the distinct domains: problem formulations, ideas of pathogenesis, ideas of cure, ideas of the other party’s views, and descriptions of change, regardless of whether these utterances were direct responses to the corresponding question in the interview or to another question. The utterances within each domain were thematized by grouping similar statements into condensed “tailor-made formulations” of central themes, that is, the utterances were formulated in a more concise way without losing their essential meaning (e.g., by deleting redundant spoken language). These condensates were formulated using phrasing closely similar to the informant’s own way of expression and abstaining from interpretation. Condensates within each domain were written as memos in ATLAS.ti (usually making up a third to a full page of text). The 243 condensates created in this way captured the central meaning or point in the informant’s narrative (see Figure 1 for an example of creating a condensate of one analysand’s initially expected cures). In

Interview transcript	Condensates
“I can do everything by myself (laughs). You don’t learn anything if you don’t want to learn, and what I have to do is to remember, somehow, not to panic when it comes to that kind of a situation. But I have to remember from where it comes, and start calming myself down, somehow. And this is what I have to become more...not controlled, but more cold, somehow, to calm myself down. OK, if I calm myself down, I at least know why...and I have to practice this somehow. And I have to do it, and I will do all of that. And I do want to know what’s inside myself...to find out what actually lies there in the background; but then I think that [the analyst’s name] can help me with her knowledge, and also my own analysis, but I am the one who has to do it, 99% of it. I know that, but it feels safer when you have somebody next to you somehow. And this fear of going astray in one’s own analysis; that you need...somebody who helps.”	<ul style="list-style-type: none">• She has to do everything herself, as you cannot change yourself if you don’t want to.• She must try to calm herself down when she feels the panic coming; to become more controlled, to restrain herself and look inside herself to see what lies in the background.• The analyst’s knowledge is helpful.• To have somebody next to her can also help her not going astray in her own analysis.

Figure 1. An example of creating condensates.

the following qualitative analysis, we used the condensates for each case in the relevant domain, but there was also an iterative back-and-forth movement to the verbatim interview transcripts.

Categorization of the Analysands' Presented Problems

The seven analysands were categorized as predominantly introjective or anaclitic according to Blatt's (2008) description of the two types of personality organization or character style (see Figure 2). In this sorting, we used the analysands' initial descriptions of the problems that brought them to the analysis (condensates of problem formulations from the first interview). We discussed every case of disagreement until a consensus solution could be reached, following principles of consensual qualitative research (Hill et al., 2005). Most of the problem descriptions were easy to define as belonging to one of the categories, but two cases had to be referred to Sidney Blatt for consultation. The difficulties concerned problem formulations that did not seem to express stable patterns of reaction but rather a wish for a contrary character style or a greater balance between interpersonal relatedness and self-definition. Following the consultation, descriptions of wished-for personality changes were excluded at this step of analysis.

Comparative Analysis

The aim of this step was to examine and compare the two groups of analysands as to their initial problem formulations, expected and feared cures early in the analysis, and hindrances experienced during the whole process. Also, the experience of hindrances reported by their analysts was taken into account. Similarities and differences between the introjective and the anaclitic cases were commented on in memos. The initial descriptions of the problems and of expected cures were taken from the first interviews with the analysands, as these two domains were later on influenced by the analysands' experiences in analysis. Fears of possible threats during the analytic process, on the other hand, could

Introjective personality organization: focus on self-definition

Character style: Organized, critical, steady, responsible, reliable, unemotional, cautious, methodical, emphasis on control and reason. Dominated by issues of the head.

Object relations: Assertion, control, autonomy, power, prestige.

Instinctual focus: Aggression in service of self-definition.

Thought processes: Literal, critical, focused on overt behavior, logic, consistency and causality.

Cognitive focus: Analytic. Critical evaluation of details and separate elements.

Cognitive style: Field independent, sensitized, sharpens differences.

Anaclitic personality organization: focus on relatedness

Character style: Sensitive to interpersonal issues, distractible, intuitive, passive, dependent, emotionally naive, trusting, living in the present, sensuous.

Object relations: Maintain close, intimate relationships.

Instinctual focus: Sexuality in service of affection, intimacy and relatedness.

Thought processes: Figurative and impressionistic, focused on feelings, interpersonal relations and affects.

Cognitive focus: Synthetic. Reconciliation, integration, cohesion.

Cognitive style: Field dependent, leveling of differences.

Figure 2. Main characteristics of the two personality organizations (adapted with permission from Blatt, 2008, pp. 135, 139).

be activated when the analysands had at least some experience of what it means to be in analysis; thus, the two first interviews were included for this domain. The analysis of the analysands' and the analysts' experiences of hindrances in the two groups was based on all accessible interviews. All quotations presented in the Results section are as close as possible to the informants' own phrasing, but have been reformulated in the third-person singular. All names are fictive.

Results

Introjective and Anaclitic Analysands

The categorization resulted in an introjective group of four and an anaclitic group of three cases (see Figure 3), coming rather close to the theoretical prototypes. The introjective group comprised two men and two women, and the anaclitic group comprised one man and two women. The introjective analysands were preoccupied with issues of control and lack of contact with emotional parts of themselves and were more concerned with their autonomy and achievement capacity. The anaclitic analysands were concerned with need and dependence; they experienced problems in their relationship to others, wished to be liked by others, and tried to approach the picture they thought that others have of them. In both groups, the analysands displayed fairly significant character pathology in their respective personality configurations.

Initially Expected Cures

Did the analysands in the two personality groups differ in what they hoped to get out of the analysis? The introjective analysands expected to get help with their control and to become better at keeping a distance from others (see Figure 4). They wanted to find their own strength by being able to stand firm on their own thoughts. One (Allan) wished to get closer to his emotional experiences—that is, a reduced need for controlling. The anaclitic analysands thought about how the analyst could be of help to them, and also how they could become less dependent on the acceptance of others, or the opposite, how to get more support and love from others. The introjective analysands formulated their expected cures in more cognitive terms, whereas the anaclitic analysands formulated theirs in more relational terms.

We also found a connection between the analysands' problem formulations and their expected cures. For example, those who thought that they had control problems also hoped for stronger, better, or reduced control, and those experiencing difficulties in maintaining their boundaries to others hoped for help in that area. Nonetheless, for all seven patients, most ideas of wished-for cures concerned relationships and questions of closeness and distance, dependency and independence. Most of the introjective analysands wanted to regulate the distance to others, whereas the anaclitic analysands talked of their need for emotional support or longing for greater independency. In addition, both groups expressed a wish for change related to a better self-image.

Fears of Possible Threats During the Analytic Process

In addition to our interest in what was expected from the analysis, we examined the interview material for possible fears of what might happen in the analysis. Did the two groups have different ideas early in analysis about what might threaten them during the analytic process? No apparent differences were found between the two groups concerning feared cures (see Figure 5). A fear of being influenced or exposed to the method and the

The introjective analysands

Allan: His need for control dominates his life. This has had a disabling effect and has led to many missed opportunities. He is stricken by panic in situations he cannot control, he starts perspiring, then leaves. He gets caught in negative episodes when he does not attain his own expectations, and repeatedly harps on them.

Barbara: She feels miserable because of messy relationships with a girlfriend and her father, whose feelings she has had to bear. She experiences men's sexuality as something she has no right to refuse. She avoids conflicts, because she is unable to handle her boundaries and is afraid of losing face and prestige. She has taken on all the blame for a sexual assault by her teacher when she was young, even though she knows it was not her fault. She wants to relinquish her control, but suspects the analyst will manipulate and remake her to fit a kind of Freudian model without her being aware of it.

Dan: He has broken up with his girlfriend, but regretted this after she met someone else. His whole world collapsed. He questions his way of living. He has a poor self-control and contact with his emotional life. He is out of tune with what he wants. He has fled from and denied his problems and feels miserable—does not want to see people or do anything.

Sophie: She feels she is unlike others and that she is observed—she feels like an outsider. Because of this she has difficulties setting her boundaries. She does not suffice in her mother's eyes and feels guilty ... and therefore she has to accomplish one thing after another. She gets a feeling that she has done something foolish. It is a terrible feeling that has to do with situations in the past, and which she constantly lets herself get into.

The anaclitic analysands

Carl: He is in an acute crisis situation after a short intensive relation that led from total warmth to total coldness. He is afraid of strong feelings in relationships—especially with women—rage, happiness, love and hate. Whenever he takes a forward step in a relationship, he sees to it that it comes to an end. It suddenly becomes too serious. He does not allow himself anything even though he has plenty of money. He does not care about anything.

Eva: In addition to many psychosomatic problems, she experiences herself as a person with great problems and thinks life is difficult. She tries to please everybody to be liked, but behind it all she thinks there is anger she cannot express. She has problems with self-confidence and a tendency to give priority to others. Takes responsibility for others—like her father—who she fears will start drinking. She wants to be able to put her foot down, but feels guilty and excuses herself. She also thinks that she is foolish and ungrateful when she tries to butter somebody up.

Elisabeth: She has difficulties with close relationships; focuses on feelings, becomes disharmonic, angry and feels utilized—at the same time she feels dejected, destitute, lonely and frustrated. She feels unworthy in relation to other people, not allowed a place of her own; a constant feeling of being weak and powerless.

Figure 3. Initial problem formulations in the introjective and the anaclitic groups (first interview).

analyst, as well as a fear of closeness were found in both groups. A fear of contributing to a negative outcome themselves also was an issue in both groups (flattering the analyst, going astray, or destroying the analysis).

The Analysands' Experience of Hindrances in the Analysis

The hindrances experienced by the introjective analysands seem to be related to what was described as initial problems (see Figure 6). Allan, who had described his problematic

The introjective analysands

Allan: He wants the analyst to help him see patterns of reacting and why things turned out as they did. In that way he hopes to be able to leave his control problems behind.

Barbara: The frame in the analysis is crucial; she hopes it will allow her to talk freely and release her control without risk of mental encroachment. She wants the experience of being listened to—on her terms. She needs help becoming aware of making unconscious, irrelevant connections. She wants to be as honest as possible in the analysis, without fleeing when things are getting risky.

Dan: He wants better contact with his inner life. If he gets to know himself, he might be able to listen to his own feelings. He wants to tell the truth in analysis without trying to escape. His analyst says many wise things that can help him understand.

Sophie: Putting her guilt-feelings into words may give her an instrument to cope with her depression and states of confusion and help her see where to find the roots of her frightening feelings. The analyst's knowledge can be of help if she goes astray in her own analysis, but she has to do the work herself.

The anaclitic analysands

Carl: In the analysis he relies on the enormous strength of his analyst. He thinks she will be able to tackle his problems. He hopes the analysis will help him to get closer to his problems step by step.

Eva: In the analysis she wants to start working with her lack of self-confidence and to learn to speak her mind without being so dependent on being liked by others. She has to take up issues in the analysis and not push them aside to please her analyst. It is great that the sessions are so frequent.

Elisabeth: Her dream is to have a [therapeutic] relationship where she is seen and gets affirmation, support and the love she is thirsting for. But now she understands that psychoanalysis is a questioning technique.

Figure 4. Initially expected cures in the introjective and the anaclitic groups (first interview).

need for control, also experienced his inability to open up as an obstacle. Barbara, who felt she could not handle her boundaries in relationship to men, had difficulties knowing how close she wanted her analyst to come. She also was disappointed because he left her major problem unheeded. Dan often felt uneasy in the analysis because of both his own shortcomings and some imperfections in his analyst. Sophie, who had difficulties saying no to others and always felt that she had to achieve, experienced the analyst's interpretations and comments as a hindrance and wanted to do the job herself. These analysands thus tended to criticize themselves or direct their critique to their analyst as a person. At times, they also experienced analysis as "too much." The anaclitic analysands, except for Elisabeth, were less inclined to experience hindrances. Only problems with the time aspect of the frame were mentioned. Elisabeth, who described major hindrances early in her analysis, seemed to direct her critique to her analyst's neutrality and the importance he attached to interpretations. In later interviews, her critical view of the situation changed completely.

The Analysts' Experience of Hindrances in the Analysis

Did the analysts also experience different limitations and hindrances in the analytic work (see Figure 7)? The analysts of the introjective analysands seemed rather matter-of-fact when describing the hindrances observed and mainly saw them as a part of the patients' avoidance of closeness. Only one analyst in this group mentioned obstacles in himself

The introjective analysands

Allan: No fears mentioned.

Barbara: She suspects her analyst will force her into some Freudian form, that her problems will be seen as pathologic... that she slowly and surely will be manipulated and transformed without noticing it. She feels conflict about closeness, that if she admits something in the analysis her analyst will take over or invade her. She was seized by panic when the therapists suggested three sessions a week ... surely she cannot be that sick and crazy, the analyst is just after more money. At times, she suspects her analyst sees a problem with her lesbianism, which has to be corrected.

Dan: He thinks there is a risk that he will just skim the surface, because he is unwilling or afraid to poke into what is problematic....he has had to build a role for himself....otherwise everything might go to hell.

Sophie: She is afraid of going astray in her own analysis.

The anaclitic analysands

Carl: He thinks it would be repulsive to find out that he is homosexual. He is terrified to be in analysis and have nearness.

Eva: She is afraid that she will try to flatter her analyst, that she will not dare to question her.

Elisabeth: She doubts whether analysis will do her good and contemplates quitting.

Figure 5. Feared cures in the introjective and the anaclitic groups (first and second interview).

(Barbara's analyst described his countertransference reaction that made him want to be a capable and wise father as a hindrance); the others described much the same hindrances as did their analysands. The analysts of the anaclitic analysands also perceived aspects of the analysands as the hindrance, mainly, their way of relating to the analyst. Their descriptions were wordy and emotionally tinged when they talked about the frustrations in the analytic work. Again, only one analyst elaborated on his own contribution to obstacles in the collaboration (the analyst's initial ideas of doing "proper analytic work," challenged by Elisabeth); the others described their countertransference as a reaction to the obstacles ascribed to the analysands.

The analysts related many more ideas about hindrances in the analytic work than did their analysands (70 vs. 40 statements, respectively), even though analysts were not interviewed at follow-up. This difference was especially marked for the analysts of anaclitic analysands, who (except for Elisabeth's analyst) made few statements about hindrances.

Discussion

The research question in this study centered around the relationship between the personality of the analysands, as categorized according to Blatt's model for personality development, and their reactions to specific dimensions of the analytic process: Would they differ in their experiences of helpful and hindering factors in analysis?

Starting with some aspects of the method used, it should be mentioned that Allan and Elisabeth were those analysands who seemed most typical of the two personality categories, introjective and anaclitic, respectively. Gerhardt (1986, 1994) introduced ideal-type analysis, also called "forming types by comprehension," as a method for creating qualitative taxonomy in multicase study research. In psychotherapy research, this method is

The introjective analysands

Allan: He withdraws from himself to escape being in the focus; he has not opened up enough—has not burrowed into himself.

Barbara: It is difficult for her to judge how close she wants to let the analyst come, where to set her boundaries, what she wants to tell. She would prefer less time in analysis. It is hard to find time for everyday tasks. She has not been able to talk about the sexual assault by her teacher, so she must deal with this on her own. At times it feels like the analyst has not understood her. Barbara sometimes cannot go deeply enough. Instead she polemizes—a mixture of feminism and her own experiences. She hadn't meant for them to take sides. The analyst was assigned the role of mean, evil man, although it has been a while since that happened.

Dan: The time between the sessions is difficult, as if he has to start all over again, —“cold starts.” Sometimes the sessions are just bullshit. He has difficulty associating because of his need for control. Maybe they need more time. His analyst is probably not firm enough; and she is a woman.

Sophie: Her analyst talks a lot, has ideas and somehow interprets what happens. Sophie cannot accept her interpretations. Because of her mother's demands, Sophie dares not speak about other people's weaknesses.

The anaclitic analysands

Carl: It took time to trust his analyst. He suspects it was a slow start—but he nevertheless feels good about it. He took any cancellation of his sessions very hard. He would have a phobic reaction about the analyst not liking their sessions or that she cancelled because of something that he had said. Even when he knew she was on sick leave, he became very upset, although he did not dare disclose his reaction. He hid his negative feelings about the two first summer breaks—pretended everything was just fine—but now he was broken-hearted for two weeks following termination.

Eva: She finds the pace of 4 sessions a week to be exhausting and wants a break. The time for the session has also been hard; she wishes she would be allowed to pick any time she would like.

Elisabeth: Psychoanalysis is a questioning technique, and she wonders if it is good for her. She needs more empathy and understanding. She thinks there is a fundamental difference in the way she and the analyst think about what is helpful. She does not trust him. It would be OK if he admitted that he was just a human being,—but he does not. He gives her labels and assessments instead of understanding her. He hinders her from attaching, has an outsider's view of her and is sarcastic and ironic. He is more occupied by saving his own skin. She feels badly in the analysis, dysfunctional, wrong, full of problems. Explanations and intellectualizations is not what she needs, as they mean nothing to her. It feels strange that he does not say anything about himself. She is the one who has to change. If she wants help in not adjusting to everybody, she has to pull herself together and adjust to him—an impossible situation.

Figure 6. Hindrances in the analytic work explicitly mentioned by the analysands in the introjective and the anaclitic groups (all interviews).

sometimes described as “qualitative cluster analysis” (Wachholz & Stuhr, 1999). Our procedure in categorizing the analysands' personality followed this method, and the two cases mentioned can be regarded as optimal (paradigmatic) cases within the two personality clusters (Stuhr & Wachholz, 2001).

There was more uncertainty about Barbara, who was considered introjective, and Eva, who was assessed as anaclitic. We found elements of both categories in each of these two cases. In her first interview, Barbara described feeling bad because of difficulties in her relationship with her girlfriend, that she avoided conflicts, and had a wish to surrender her

The analysts of the introjective analysands

Allan: He is an escapist, shunning all attempts to close contact. He is stuck in an oedipal conflict and in shame. He lacks motivating powers and intellectual resources, and he does everything by himself in the analysis, pushing away the analyst. When the analyst broke through his armor it was too much for him, and his narcissism was reinforced.

Barbara: She is locked up in something. She devotes too much thinking to herself, is worried about the analyst being boundless and coming too close, afraid of being overwhelmed by him, trying to create differences between them in theoretical questions. The analyst has a countertransference reaction that makes him want to be a capable and a wise father [which he sees as a hindrance].

Dan: He takes pride in being independent; does not understand that there can be something good in daring to be small and dependent on the analyst. Sometimes he worries about coming to sessions.

Sophie: The transference work has never started—she does not listen when the analyst tries to interpret transference reactions. To become attached to somebody is worse than war for her. She is scared stiff of having a positive transference; the analyst is only allowed to listen and sit there.

The analysts of the anaclitic analysands

Carl: He has a suspicious control of the analyst and makes the analysis into a kind of pseudo life; he has a kind of observer's position and avoids talking about the analyst in order to protect the therapy relationship. He keeps one sector for himself; he writes quite a lot at home and expresses his emotions outside the analytic room. His resistance makes it difficult to work on the transference level. He intellectualizes when he talks about the problems in his childhood and avoids saying anything about his thoughts about the analyst. There is something shallow with his emotions, and he sets boundaries that define how far he wants to go in the analysis. His narcissistic vulnerability makes his personality structure somewhat rigid, which made it difficult for him to experience the other person in the relationship. He understands things in the analysis, but he goes out into the world and lives as before. He probably does not want to change very much. The analyst has occasionally been afraid of him and has difficulties thinking freely during the sessions.

Eva: She has helplessness as a defense against conflicts; she makes herself helpless as a child and a victim in order to make the analyst pity her and like her. She has a way of adjusting herself and makes the analysis into a kind of theatre. She cheats and seduces the analyst in a sly way by being good, nice and smart. This is part of her personality character, and the analyst sees it as a drawback and wonders whether a better and more experience analyst is needed to manage Eva's problems.

Elisabeth: The analyst says that Elisabeth sees his interventions as an expression of hostility, something incompatible with what she is saying, as attacks; she exists in a strongly projective and locked-up world. She has a strong fear that the analyst will dominate her, and in the first years she was on her way to destroy him as an analyst and the analysis as a whole.

Figure 7. Hindrances in the analytic work explicitly mentioned by the analysts in the introjective and the anaclitic groups (all interviews).

control. These are all considered as mainly anaclitic characteristics or strivings. Simultaneously, she described her suspicions about her analyst: that he secretly wanted to remake her into something that would fit into the Freudian model. We deemed her as introjective in attitude, despite of her strivings toward a more anaclitic mode of reacting in her relationships. Her current problems were seen as a basic need for protecting her integrity.

Eva was considered as basically anaclitic at the time. She complained of problems because of her dependence on others, a personality trait that she wanted to replace with a more introjective way of reacting. Most analysands obviously struggled with finding a balance between closeness and distance. For some, this meant an attempt to strengthen their basic reaction tendency (Allan and Sophie). Eva wished to change her way of reacting to something radically different, whereas Barbara seemingly struggled to find a balance between her introjective and anaclitic strivings.

According to Blatt's model, increased maturity should lead to an integration of interpersonal relatedness and self-definition, resulting in a greater capacity for closeness in private relationships combined with more distance in public, professional situations. The effective factor in both personality development and psychotherapy was described by Behrends and Blatt (1985; Blatt & Behrends, 1987) as an alternation between experiences of gratifying involvement (e.g., attachment) and experienced incompatibility (e.g., separation). In personality development, too great a disruption may result in an unsafe balance between closeness and distance, either a pronounced anaclitic or introjective way of reacting. In the context of psychotherapy, this view of mechanisms of change is similar to the sequence of repeated repair of ruptures in the therapeutic collaboration (Safran & Muran, 2000).

Psychoanalytic developmental research (e.g., Gergely & Watson, 1996; Jaffe, Beebe, Feldstein, Crown, & Jasnow, 2001; Stern, 1985) has long held that moderate degrees of caregiver–infant contingency or coordination in affect states are optimal for the development of adequate affect regulation and attachment security. A caregiver–infant system with too much or too little contingency and mirroring results in developmental psychopathology, that is, in Blatt's terms, introjective or anaclitic difficulties. The process of mutual regulation of affects also characterizes the therapeutic relationship (e.g., Tronick, 1998). Current developments in studies of mechanisms of change try to integrate findings from mother–infant research with such concepts as affect regulation, attachment styles, mentalization, and reflective functioning (e.g., Blatt, Zuroff, Hawley, & Auerbach, 2010; Fonagy, Gergely, Jurist, & Target, 2002).

Our experience in working with Blatt's personality model suggests that the classification could possibly be improved by including further subgroups by taking developmental level into consideration. This could be done by including the Object Relations Inventory (Blatt & Auerbach, 2001; Blatt, Stayner, Auerbach, & Behrends, 1996; Diamond, Kaslow, Coonerty, & Blatt, 1990; Gruen, & Blatt, 1990) in the interview protocol and rating the Differentiation–Relatedness of Self and Object Representations Scale (Blatt, 2008; Diamond et al., 1991) or the Conceptual Level Scale (Blatt, Chevron, Quinlan, Schaffer, & Wein, 1988), thus differentiating between lower and higher level introjective and anaclitic analysands. However, the limited number of participants in this study precluded further subdivision.

Of interest, of course, is the comparison of the two personality groups. Were the aspects studied in the two groups of analysands, their ideas of wished-for and feared cures, as well as experienced hindrances in the analytic process, in agreement with Blatt's findings? Did the present study confirm the relationship between personality style and types of responses to the psychoanalytic process and the therapeutic relationship? Considering the limited number of cases in each group, it is not realistic to expect full agreement, but the tendencies were in the expected direction. The introjective analysands wanted help with their control and in maintaining distance from others, whereas the anaclitic group more often talked of trust and a wish for support from their analyst. As to experienced hindrances, the introjective analysands often critically pointed to their own

shortcomings, as well as to aspects of the analytic method and the analyst's way of working. The anacletic analysands (except for Elisabeth) experienced fewer hindrances. The analysts in the introjective group experienced that their analysands wanted to do the analytic work by themselves and were difficult to engage in the analytic process. The analysts in the anacletic group perceived their analysands' way of relating as frustrating and gave eloquent descriptions of difficulties in their analytic work. These findings seem to comply with Blatt's theoretical model of self-definition and relatedness in personality and its effect on the therapeutic process, thus providing an incentive for further study.

It might be of interest to mention the special negative matching between Elisabeth's personal needs and her analyst's analytic attitude, as it seemed to have a crucial effect on the analytic process (see a more detailed description in Werbart & Levander, 2011). The analyst described that he, for personal reasons, was keen on handling the analysis in a strict and correct way, whereas Elisabeth had a strong need for a warm and close relationship with him. Initially (the two first years of analysis), both were utterly frustrated and urgently insisted on their personal expectations from the analytic work. The analysis was twice on the verge of breaking down, and it was not until the analyst gave up his initial idea of "proper analytic work" and declared (in the interviews) that he felt he had to refrain from interpretations and confrontational interventions that the negative process (cf. Binder & Strupp, 1997) ended. He let Elisabeth find her own way in the analysis, besides keeping the frames and the formal neutrality. Elisabeth at once noted the change, and the climate in the room changed. At the end of the analysis, the analyst pointed out that his original goals nevertheless had been reached: structural change in the analysand's personality. Elisabeth was one of the analysands who was clearly satisfied with her analysis.

It is striking that the analysts in our study seldom explicitly reflected on their own contributions to the difficulties in the analysis, with only one exception in each group (Barbara's and Elisabeth's analysts). Most analysts ascribed hindrances in the analyses to the analysands' difficulties, even though the interview material suggested that the analysts had diverging countertransference reactions, depending on the analysand's personality configuration. In the introjective group, Sophie's analyst mentioned that she was allowed to only listen and sit there, but not to interpret Sophie's transference. In the anacletic group, Carl's analyst was occasionally afraid of him and had difficulties thinking freely during the sessions, and Eva's analyst wondered whether a better and more experienced analyst would be needed to manage Eva's problems. This may be an artifact of the inductive methodology and theory-free interview protocols applied in the present study. However, it may also be an expression of the analysts' more general tendency to ascribe hindrances to the patients' avoidance of closeness with the therapist and of "going deeply" into their feelings and thoughts rather than to their own countertransference difficulties (cf. Lilliengren & Werbart, 2010).

The strength of the present study is the richness of clinical material obtained in repeated interviews and the systematic, in-depth analysis of the analysands' and the analysts' experiences of the analytic work. However, several limitations with qualitative case studies are applicable to this study as well. A measure of the reliability in the classification procedure is desirable. Although a consensual procedure was applied in the present study, reliability—in the strict sense of interrater agreement—was not measured. Alternatively, a self-rating instrument, such as the Depressive Experiences Questionnaire (Blatt, D'Afflitti, & Quinlan, 1976) could have been used at baseline to sort patients as introjective or anacletic. The number of cases included in the study was small, and the interview protocol used in the present study was not explicitly designed for

exploring the dimensions of relatedness and self-definition in personality. Consequently, the group comparisons stand on shaky ground and have to be seen as preliminary pending further studies. The methodology of systematic, qualitative multicase study, as applied here, can be seen as a first proof of the propositions posed here, hopefully of heuristic value to the clinicians and inspiring further research. A systematic test of our hypotheses about the differences between introjective and anaclitic analysands and their analysands as to their experiences of helpful and hindering factors in analysis would require a larger sample and standardized process and outcome measures, in addition to an exploration of the participants' inner experiences.

In conclusion, we suggest that the results support the hypotheses that the personality and needs of the analysand are important factors that the analyst must take into account. Analysands respond differently to the analyst's way of establishing contact and building relationships, including the transference work. For the anaclitic analysand, rhythm, tone of voice, expressions of interest, and empathy are important, whereas the introjective analysand is more engaged in issues of integrity, sense of self, and maintaining a certain distance in the relationship. Sensitivity to these aspects seems particularly important in the beginning of the analysis, and to some extent, it seems necessary for the analyst to remain open to the idea of attitude adjustment.

Future research is needed to develop more structured methods for classifying introjective and anaclitic personality styles. More attention should also be paid to how differences in the process of therapeutic change relate to the patient's personality style, as recently suggested by Blatt et al. (2010).

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