

Horst Kaechele
Time and Space as Elements of
Psychotherapeutic Identity

A quotation from a textbook on
Psychoanalytic Therapy

„The structure of numerous social events is based on the categories of time and space. Regular club evenings, Wednesday meetings in Freud's apartment, church on Sunday, and summer vacations at the same place every year are just a few examples of the biologically and socially based rhythm of life. Regularity can reinforce identity“
(H. Thomä & H. Kaechele (1985) Lehrbuch der psychoanalytischen Therapie)

Therefore I want to examine issues of the space and time perspectives in their impact on therapists' identity

Part one
**Therapeutic
SPACES**

How therapeutic spaces
look like with
some additional thoughts by
HK

Supported by
Matejek & Lempa 2001

Norbert Matejek / Günter Lempa

Behandlungs[T]räume

Ein satirisch-psychoanalytisches Lehrbuch
in Bildern und Texten

Vorwort von Stavros Mentzos

Brandes & Apsel · Edition Déjà-vu



This historical environment was once located in Berggasse 19, Vienna

The classical (Freudian) setting

This classical setting consisting of the couch and the arm chair.

Patient and analyst meet 4-5 times per week for fifty minutes for many years.

This environment is highly suitable for patients with higher education - i.e. academic level and cultural interests and highly organized neurotic-narcissistic disturbances

Empirical evidence is provided by the Stockholm study (Sandell et al. 2001); for some concerns see later

Experiment in Free Association

My students colleagues Hoelzer, Heckmann, Robben and myself we - many years ago experimentally investigated the impact of the seating arrangement on the capacity to freely associate as a function of trait anxiety and positioning.

Patients with high levels of trait anxiety were more productive in face-to-face arrangements than in couch-chair arrangement.

Hölzer M, Heckmann H, Robben H, Kächele H (1988) Die freie Assoziation als Funktion der habituellen Ängstlichkeit und anderer Variablen. Z Klin Psychol 17: 148-161

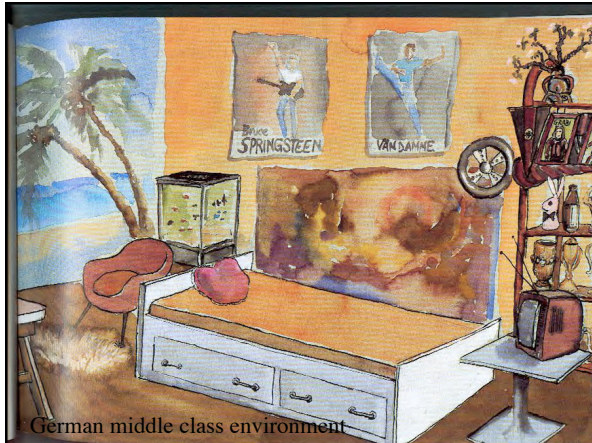
Heckmann H, Hölzer M, Kächele H, Robben H (1987) Resistance and Transference as two main constituents in an "experimental analogue" of free association. In: Huber W (ed) Progress in Psychotherapy Research. Presses Universitaires de Louvain, Louvain-la-Neuve, pp 582-593



This environment entails a rather radical new beginning:

mutual analysis asks for re-calibration of where and when to do what

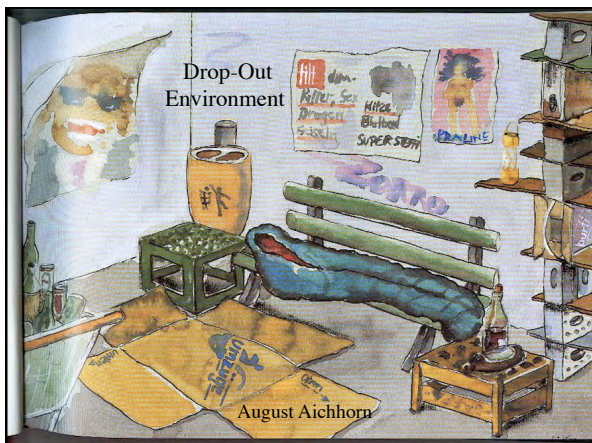
No doubt it was Ferenczi's contribution to raise the issue of early disturbances that - in his opinion - would need a radical different therapeutic environment, what later Winnicott would term an holding environment.



Features of MCE

This environment is best suited for chronified neurotic symptomatology in people with a middle range educational level and mean ego strength. In Germany it was created as part of the post war anti-depression campaign. It was accepted by the general insurance companies in 1967 and since then about 10-15 percent of all patients taken into psychotherapy are treated within this format. Therapists do not answer night calls or provide Sunday services; they appreciate long holidays and are rather proud of the peer reviewed system.

Successful outcome - average of 100 sessions - was demonstrated in 1962 by Dührssen.

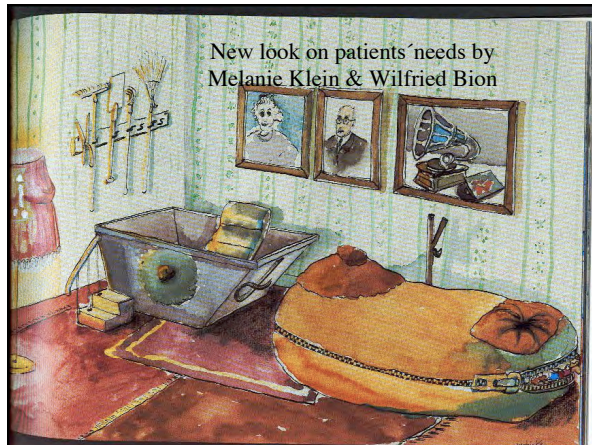


Special clients need special environments

This environment offers the possibility to expand the realm of indications to socially deprived clients. August Aichhorn from Vienna was the very first one to work on the special needs of these clients.

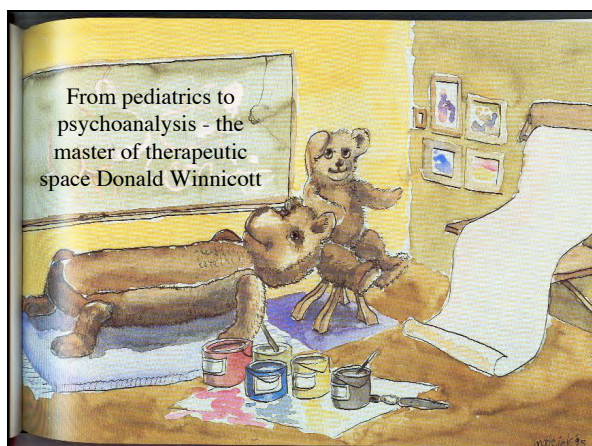
The furniture including sleeping bag etc point to the need to offer familiar ground

A Aichhorn (1925) Verwahrloste Jugend. Int. Psa Verlag, Wien; engl., Wayward Youth



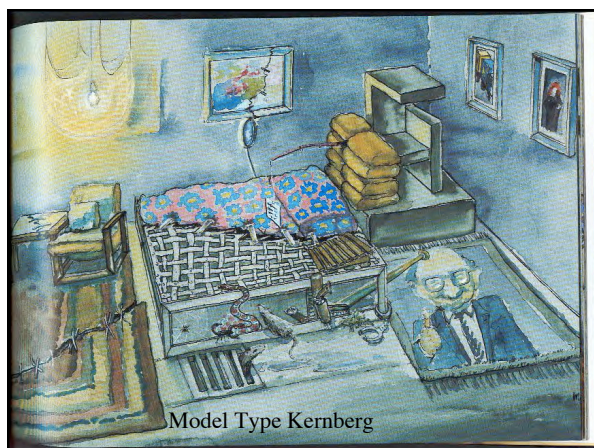
Internal Objects made Tangible

The two British analysts have grounded their leading concepts - part objects in the here and now - by providing concrete interactive devices to alleviate the process of projection and introjection, and have designed a new all encompassing mechanism - projective identification supported by environmental design



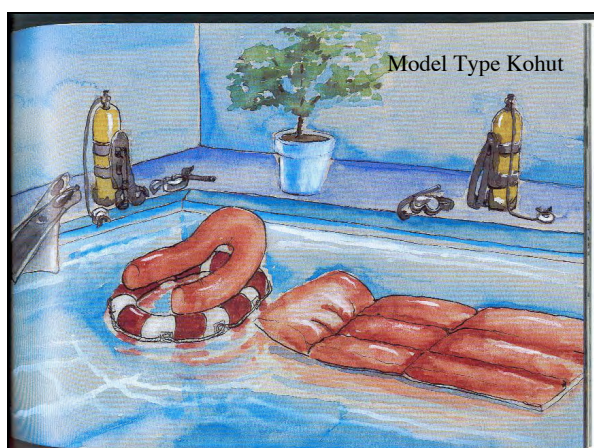
Winnicott's Technical Principles

- # Recognition of the importance of early environment
- # Empathy for non-verbal communication and body language and experience of mutuality
- # Holding
- # Playing



What would you say ?

I hope you all see the splitting
of object representations



Kohut creating the tragic
man he liberated
narcissism

In contrast to Freud's
guilty man

So much for variety in therapeutic spaces

And now let us turn to the question:

How much time **for** psychotherapy ?

Now the funny part is over - wake up

Time for Psychotherapy

How much time (sessions / weeks) is provided in experimental treatment research and

How much time is provided for whom in which form of treatment in naturalistic settings ?

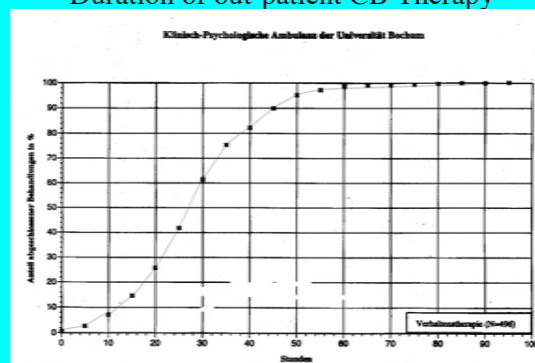
and

Does it make a difference ?

Frequency, Duration & Total Dose

- 1 Sessions per week ca 1 year: ca 30 sessions
- 2 Sessions per week ca 2 years: ± 120 sessions.
- 3 Sessions per week ca 3 years : ± 270 sessions.
- 4 Sessions per week ca 4 years : ± 480 sessions.
- 5 Sessions per week ca 5 years : ± 750 sessions.
- 6 Sessions per week ca 6 years : ± 1080 sessions
- *Increase of frequency tends to prolong the duration, thus total dose grows exponentially*

Duration of out-patient CB Therapy



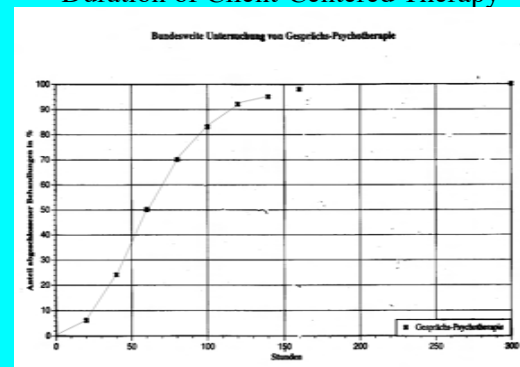
Cognitive-Behavioral Therapy

The data on 496 treatments were shared by Prof. Schulte from the University of Bochum, Department for Clinical Psychology and Psychotherapy.

Fifty percent of treatments are finished by 28 sessions

The relationship of time in experimental trials to naturalistic design is 1 : 2.5

Duration of Client-Centered Therapy



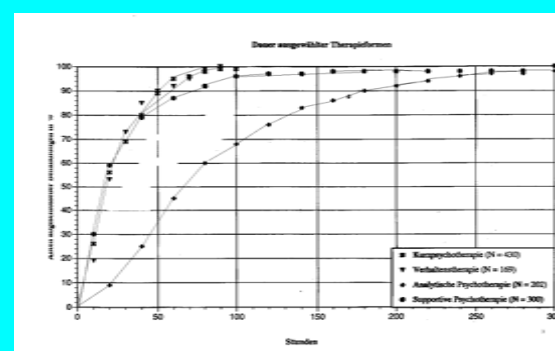
Client-Centered Psychotherapy

The data on 300 treatments were shared by Prof. Eckert, University of Hamburg based on a German nationwide sample.

Fifty percent of treatments are finished by 60 sessions.

The relationship of time in experimental trials to naturalistic design is 1 : 3.5

Ulm Out-Patient Clinic 1980-1990



Psychodynamic Psychotherapies

The Ulm Outpatient Clinic provides different forms of treatments. 50 % of 430 once-a-week psychodynamic and 169 CB treatments are terminated after 20-25 sessions.

202 analytic psychotherapy - twice a week - reach the fifty percent benchmark after 65 sessions.

Supportive psychotherapy provided by social workers reach the 50% benchmark like the once-a-week group; then some patients need longer care.

Time and Outcome

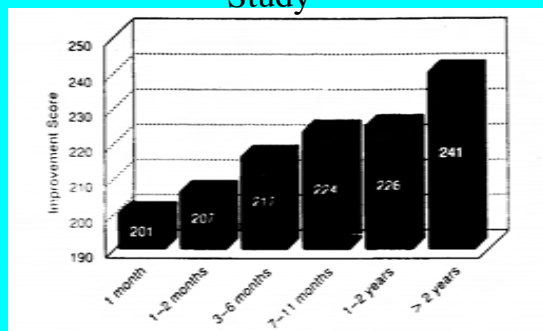
One finding seems clear:

Time is allotted to and used by patients/clients in quite variable degrees

Research question:

Does more treatment also leads to better outcome ?

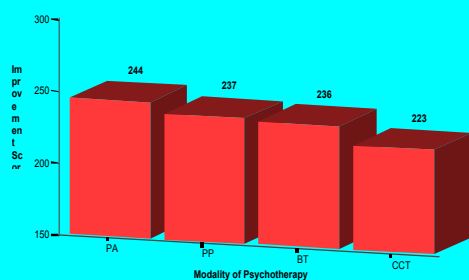
The Original Consumer Reports Study



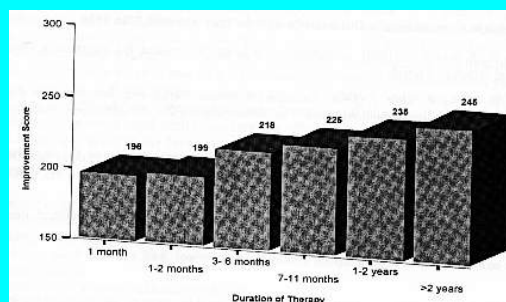
German Study on Effectiveness Psychotherapy and Patients' Satisfaction I

- Hartmann & Zepf (Saarbruecken) perform another replication of the CR Study using the translated CR questionnaire

German CR Study II Effectiveness & Treatment Modality



German CR Study III Duration and Effectiveness



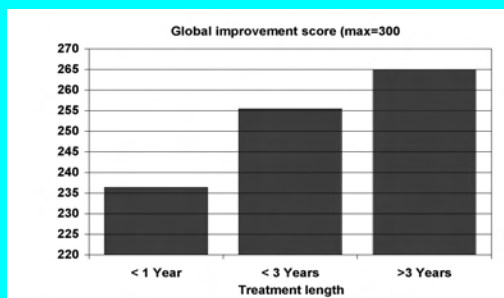
German CR Study IV Findings

- Clear cut influence of duration of treatment
- The first significant improvement of effectiveness after 7 months, the second after one year, and a highly significant improvement after two years .
- Methodical problems reside in sampling

Berlin Jungian Psychoanalysis Study I Characteristics of follow-up sample

Follow-up sample (n=111)	Mean (SD)
Age at follow-up, 1994 (yrs)	44.5 (4.8)
Age at start of treatment (yrs.)	35.0 (8.8)
Age at the end of treatment (yrs)	37.0 (8.0)
Time of follow-up (yrs)	5.8 (0.79)
Treatment length (0.3-8.3 yrs)	2.9 (1.7)
Number of therapy sessions (range 15- 399)	161.9 (94.9)

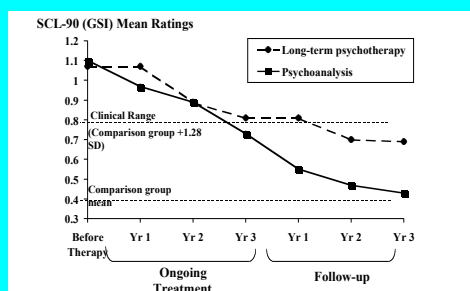
Berlin Jungian Study **Duration and outcome** (Global improvement based on three scales)



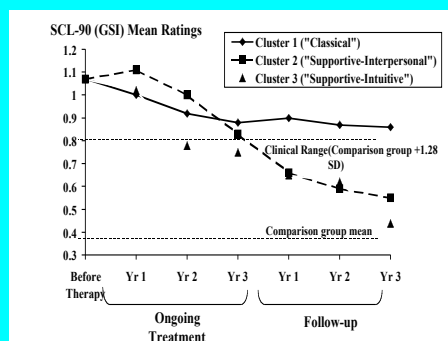
The Stockholm Outcome of Psychotherapy and Psychoanalysis (STOPP) Study

Treatment Groups	Comparison Groups
<p>N = 700 persons at various stages of treatment (before, ongoing, or after):-</p> <p>n_1 = 60, subsidised for psychoanalysis 1990-1992 or 1991-1993</p> <p>n_2 = 140, subsidised for long-term psychotherapy 1990-1992 or 1991-1993</p> <p>n_3 = 500 on waiting-list for subsidy in 1994</p>	<p>N = 650 persons:-</p> <p>n_4 = 400 in community random sample</p> <p>n_5 = 250 university students</p>

STOPP SCL-90 Global Severity



STOPP Therapists factors



Consequences

Interaction of therapist style and treatment intensity ?

Should treatment intensity influence therapist style ?

Answers open for discussion !!!!!

Never be impressed by researchers too much - they like to simplify, and they have to simplify

They only doing their job !!

If you want to know more or a copy of this lecture, write to me:
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