McLaughlin, J.T. (1991). Psychoanalytic Process Research Strategies: Edited by Hartvig Dahl, Horst Kächele and Helmut Thomä. Heidelburg/New York: Springer-Verlag, 1988. 334 pp.. Psychoanal Q., 60:108-114.

THE PSYCHOANALYTIC QUARTERLY

(1991). Psychoanalytic Quarterly, 60:108-114

Psychoanalytic Process Research Strategies: Edited by Hartvig Dahl, Horst Kächele and Helmut Thomä. Heidelburg/New York: Springer-Verlag, 1988. 334 pp.

Review by: *James T. McLaughlin*

In the summer of 1985, researchers from academic settings in the United States and West Germany gathered in Hamburg for their Eighth Workshop on Empirical Research in Psychoanalysis. One valuable outcome is this account of progress made in eighteen research projects that focused upon clinical data from psychoanalysis and dynamic psychotherapy.

Close reading will reward the psychoanalytic clinician interested in respectable validation and correction of theory through accepted scientific method. Yet to slog through information dense with statistics, acronyms, and references to crucial technical detail elsewhere described is a daunting journey.

Hartvig Dahl's introduction helps in mapping the methods, strategies, and focuses of the contributors, as do the latter themselves as they compare and contrast their data with those of the other researchers. These multiple perspectives provide the reader with a clear sense of the knowledge gained by the relatively small handful (32) of contributors.

As Dahl notes (p. viii), the research thrust of the past ten years no longer aims to document the comparative efficacy of various treatment modalities, but instead has converged on the patient's problem, the treatment processes, and the therapeutic outcome. This convergence, following the pioneering work of Luborsky and of Strupp in the 'seventies, demands that these three components be conceptualized and articulated in terms that are congruent for all. This strategy, implemented by variants of Luborsky's CCRT method (see below), has served as model for the main operational processes now in general use in both countries. Luborsky and Crits-Christoph (pp. 99, ff.) present a clear summary of its evolution and refinement.

Using samplings of audio or videotaped recordings of psychoanalyses and psychotherapies, the various groups in both countries have sought, from different perspectives, to identify in the patient's words and behaviors repetitive patterns whose significance reflects a particular theoretical preference. Much of their effort has gone into learning how best to sample large data masses, and into evolving standardized routines of appraisal of these patterned events by trained sets of judges guided by manuals detailing how they are to conceptualize their task.

What is immediately striking in all the reports is the focus upon the patient's words and their manifest, literal meaning, with little of the leaps of inference and quick translation into analytic meanings that so permeate the usual clinical account. Equally impressive is the amount of information that has been gained from many small samplings, making possible the tracking of repetitive patternings in voluminous data from all stages of the therapeutic process.

Just as striking is the difference in the ways by which the German investigators and those in America have pursued otherwise congruent interests. The Americans have opted for a multiple case sweep, first scanning numerous clinical instances in order to discern repetitive patterns of maladaptive behavior. These "structures" are then studied by trained evaluators whose sortings are weighed statistically to arrive at operational refinements of the particular research net. Once so refined, it can be further tested through study of the same case, or of other cases, at different

stages of the clinical process, and matched against other research methodologies. Koenigsberg, Kernberg, et al., report on progress in developing such an instrument to measure the nature of different treatment techniques applied to borderline patients (pp. 147, ff.).

One impressive instance of the employment of a research instrument and its comparison with others is provided by Luborsky (pp. 109, ff.), who utilizes a very special feature of this volume. The second chapter, "The Specimen Hour" (pp. 15, ff.), consists of the complete verbatim transcription of the eighth hour of an audiotaped analysis, which Luborsky, Bucci, Dahl, Gill, and Teller separately used as the clinical base for separate reports. Luborsky applies his CCRT approach to the Specimen Hour, in which he seeks the Core Conflict Relationship Theme to assess the patient's transference. He then compares and contrasts his data with those gathered via Gill and Hoffman's PERT schemata, which explore the Patient's Experience of the Relationship with Therapist, and with Dahl and Teller's Frames of Mind. His comparisons are congruent with those made separately by the other research teams, although it is not surprising that each finds important features different from those of other approaches. The CCRT sortings identify recurrent psychic structures through imposing a uniform sequence of the patient's wish, the response of the other, and the patient's responses to her or his own wish, but perhaps at the expense of not accounting for less frequently repetitive yet still significant other themes. PERT imposes an exclusive set of predetermined categories pointing to implicit and explicit references to transference in the patient's verbalizations. Dahl and Teller's Frames operate without predetermined categories to identify in the verbal content a wide range of structured sequences alluding to affect-driven nonverbal memories connected with early relationships with objects.

The West Germans have taken a single case approach that reflects their unique data base, evolving sophisticated ways to work on data from multiple perspectives. As Kächele, Thomä, et al., describe, in two reports (pp. 179, ff., pp. 195, ff.), the *Ulm Textbank* of the University of Ulm exists as an expanding repository of computerized data of 22 entire psychoanalyses and 17 complete psychotherapies

as part of 2300 sessions covering 34 categories of patient contacts recorded by audio or videotaping.

Working with often the same verbatim transcripting (Hohage and Kubler; Grunzig; Neudert and Hohage), the Germans have been deeply involved in developing both cross-sectional and longitudinal sampling concepts and procedures. Grunzig's (pp. 213, ff.) time-series studies constitute an important exploration in the use of block samples to follow the flow of analytic process with acceptable consistency. Neudert and Hohage (p. 227) demonstrate that it is possible to quantify and follow, over analytic time, changes in the patient's expressed suffering and attribution of its source in self, other, and the environment.

Hohage and Kubler (pp. 243, ff.) report on the evolution of a rating scale for following shifts in the patient's emotional insight via content analysis of transcripts. Judgments are based on language characteristics, rather than on clinical inferences.

Kraus and Lutolf (pp. 257, ff.) utilize a videotaped psychotherapy case to follow the interplay of facial expressions between patient and therapist and to test out hypotheses regarding change in the patient's defensive use of mask-like smiling over the course of the treatment. Lenzinger and Kächele (p. 291) report the application of Clippenger's ERMA artificial intelligence computer program to the study of the cognitive, problem-solving capacities of five analytic patients dealing with their dreams. Trained judges evaluated random samplings of the patients' verbal efforts to handle dream analysis in the beginning and at the end of their analyses. They applied the terms of Clippenger's six-mode modules for ERMA, dubbed Calvin, Mozart, Machiavelli, Marx, and Freud to connote the different cognitive style and task each carried out in synergistic, interfering, and competitive fashion during ERMA's performances (Calvin being the most rigid and restrictive and Freud the freest and most introspective). Significant changes in each of the six modes and in their intermix in the random samples of patient data were accurately detected by the judges. When these were placed in proper sequence, the changes in cognitive mode tallied accurately with the degree of success of analytic outcome as assessed by independent rating.

This piece of work seems to support Teller's (pp. 163, ff.) expectations

for the potential value of Artificial Intelligence (AI) models and processes in studying psychoanalysis. Her own work in team with Dahl has been to use AI templating to look for objective patterns and structures in the patients' discourses (Frames); and she gives demonstration of the power of her instrument in its application to the Specimen Hour.

Stepping back from this sampling for the moment, it is this reviewer's impression that the progress reports overall make up a mixed lot, varying from clear and persuasive demonstration of theses, process, and substantiation to strained inferences drawn from samples shakily evidenced; yet all are provocative and beckoning in their promise. This is in keeping with Dahl's caveat that the primary intent of the volume is "to outline strategies, not to proclaim conclusive findings" (p. xiii).

Some findings seem to document the clinically self-evident—in Bucci's words, "the task of the psychoanalytic researcher is in part to verify what the clinician already knows" (p. 29). Other findings, however, are, as she also notes, discoveries that surprise and confound in confronting us with what we thought we knew but about which we were wrong.

Further sampling may convey a little more both of the mundane and of the novel. None of the reports allows for a short summary, for each is so closely argued as to justify Luborsky's lament (p. 109) that even his intimate acquaintance with CCRT, PERT and Frame does not allow him an easy grasp of their likenesses and differences.

One challenging report comes from the Mt. Zion Hospital group. Silberschatz, et al. (pp. 128, ff), use the CCRT approach to compare two differing theoretical perspectives for predicting the patient's responses to the frustration of transference wishes. They see the traditional analytic view (dubbed Automatic Functioning) as expecting that the analyst's not responding to the patient's pressuring for gratification will produce frustration anxiety and regression, such as to intensify the patient's suffering and bring the wish closer to consciousness. They pit against this predictive view the newer concept of Higher Mental Functioning evolved by their colleague, J. Weiss, that views the patient's transference demand as a wish the patient hopes will *not* be met because he/she knows it to be pathogenic (i.e., patients may demand advice in order to test their

conviction that the therapist will be ready to run their lives as their parents did in the past). From this perspective, the HMF concept would allow the prediction that the therapist's frustration of the pathogenic wish through abstinence will mean passing the patient's test and causing him or her to feel assured, relaxed, and more venturing in the therapy. Judges schooled in the AMF viewpoint assessed the CCRT data and made no correct predictions as judged by independent rating scales, even attributing fear and anxiety when none was detected. HMF judges correctly anticipated all the positives (boldness, relaxation, experiencing) as well as the absence of negative effect. How is the experienced (and probably older) clinician to view this apparent failure of traditional theory to offer clinical guides?

For those analysts still content to conceptualize by the frustration model of the mid-sixties, as the Silberschatz study assumes, these data will be disconcerting. For analysts who have incorporated the developmental viewpoint, and approach the patient with the goal of exploring the patient's view from her or his psychic reality and need to be analytically held, sustained, and reflected, the findings of the study will seem expectable and, indeed, compatible with the viewpoint reflected in Gill and Hoffman's research endeavors (pp. 67, ff.)

Bucci's exploration, using the dual encoding model (pp. 23, ff.) of two separate but related representational modes in the mind, is especially appealing to the analytic clinician: the two modes form a comfortably loose fit with the familiar concepts of primary and secondary processes and are congruent with currently held analytic perspectives about the lifelong developmental expansion of primary process modes. There is also a provocative allusion to current exploration in cerebral lateralization. Bucci has been able to evolve procedures to study emotional schemata, originating in the nonverbal representational mode, as these appear in small samplings of the verbatim data of the cognitive mode. Her procedures involve successive stages of judgment, at increasingly higher levels of generalization, to be made by separate sets of judges on random segments of verbatim associative material taken utterly out of flow and context. She applies these procedures to the Specimen Hour to identify and track specific Emotional Frame Structures within the random idea units. In Bucci's words, "it is possible to identify

significant repetitive patterns reliably in the text of a therapy transcript, while stringently precluding the operation of 'intuition' and the imposition of structure on the text …" (p. 38). She states further that the "linguistic indicators provide a means of *external and shared* validation of the presence of *private* and *internal* emotional representations" (p. 49, emphasis Bucci's). "Thus we are not confined within the hermeneutic circle, but can point to evidence for emotional structures that are present independent of their verbal report, and that are detected by observers rather than constructed by them" (p. 49, emphasis Bucci's.).

For those of us who have developed a strongly held clinical conviction about the indomitable power of transference expectancies and their roots in the developmental past of each of us, Bucci's findings are very exciting for the reasons she has cited. They make us eager to follow her further work closely.

Also exciting about these overall research endeavors is the principle consistently exemplified by each: that it is possible and richly rewarding to direct one's attention, research or clinical, to the words of the patient and to read them at their manifest level—in Freud's term, at the psychic surface. From such a starting and returning position,

centered in the patient's own dimensions and experiencing of his or her problems, rather than in high-level theory, it ought to be possible to realize Dahl's optimistic expectations: "For the first time we have converging research definitions of psychopathology that have been translated into … formalized structural descriptions … that … can serve as guides for clinicians to likely specific therapeutic targets …" (p. xii).

This is not possible now—perhaps not even soon. But even now we have much to applaud in the range and richness of these groups' explorations, and much to admire in the intergenerativity and imaginativeness of their efforts.

Article Citation [Who Cited This?]

McLaughlin, J.T. (1991). Psychoanalytic Process Research Strategies. *Psychoanal Q.*, 60:108-114