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**A Psychoanalytic Research Perspective for the Institute
Candidate**

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The institute candidate's research project can reflect (a) understanding of the dynamics of his or her specific case; (b) systematic attempts to answer any question(s) raised in the single case study, thereby contributing to the clarification, or even modification, of theory; and (c) an integration of his/her unique experience with the technical skills applicable to this particular analysis. This article guides the student to a perspective of observation of data presented by the patient and recommends a careful analysis of findings, recognizing the differences between conjecture, assumption, inference, and certitude. As such, the study also represents the candidate's ability to conduct the analysis incorporating what is learned in the institute while presenting a scientifically valid research project.

In the premiere issue of this journal, **Davis (1976)** cited a landmark study conducted by **Meadow (1966)** as an example of how the field of psychoanalytic theory is broadened by a scientific examination of the relative effectiveness of techniques. Despite the fact that in the past twenty years research has moved beyond outcome studies, this work introduced, for the first time in a research design, contact functioning as a technical intervention. The results of Meadow's study established this technique in the broader domain of psychoanalysis. The student researcher need not prove the utility of this method, but may cite the evidence presented by the original researcher and others who later utilized this method.

The psychoanalyst as a researcher may accept as true that the chosen method of research replicates the carefulness of the archeologist, the slow and painstaking method which respects the potential fragility of what might be uncovered. This approach places the observer in the role of scientific gatherer of data who, without leading the patient, makes inferences about what is observed. What is observed may be non-verbal behaviors and the language used by the patient.

An example of an observational model using gesture, expression, etc. is seen in the work of **Piontelli (1987)**, a psychoanalyst who has done major work on neonatal and fetal behavior. She proposed that regressions she observed in her patients reflected *in utero* experience and a living-out of womb life. Her observations of fetuses in the womb and her follow-up of neonates and children were motivated by the conjecture that fantasies and representations of life inside the womb, as expressed in the process of the sessions, could be inferred from that scientific observation. Her method is not based on manipulation but on careful observation of what is. This kind of research has, as a starting point, the hypothesis that there is psychic structuring taking place *in utero*.

The young researcher is relatively free from the need to grapple with the larger issues of current psychoanalytic theory. For his/her purposes, the pertinence of psychoanalytic concepts is sufficiently established to get on with the research, using care in defining the method of collecting and analyzing material as it connects to the area of inquiry.

In the culminating phase of a candidate's studies at the institute, the breadth of the program should have enabled him/her to understand a patient sufficiently to raise questions about the patient's motivations.

The data that lead to conjecture, inference, and hypotheses lie in the careful gathering of the patient's process. This forms the nexus of the psychoanalytic research model. Yet the student may be under the misapprehension, or may be drawn by concerns over larger questions, that there is more to be done in the research. He/she may think that some earlier theoretical or technical construct must be proved, as opposed to studying the patient in a unique or particular way.

The student researcher may be confident about having a theory base is sufficiently grounded to allow for drawing appropriate inferences. He/she is required only to know the assumptions about the case while silently awaiting the data presented in the verbal process, presentation of dreams, symbolic communication, and actions of all

sorts—leading to interpretations in his/her mind and inferences drawn from the understanding of such data.

An example taken from the law suggests the power of inferential thinking. A trial based on the circumstantial evidence can be presented to ascertain the power of inference in drawing a conclusion—a conclusion which can result in a guilty verdict based on the circumstantial case presented by the prosecutor. That conclusion is not a provable truth because it rests on circumstantial evidence, i.e., evidence that is not clearly cause-and-effect related. But enough of it establishes the case as sufficiently beyond a reasonable doubt to justify the verdict. Just one other missing piece of evidence that is not circumstantial, were it to be presented, could overturn the entire circumstantial presentation. And should that new evidence be provable in the way that the circumstantial is not, then the whole body of the circumstantial case would fall apart. This potential for arriving at conclusions is utilized in trials when hard facts are absent and the presumption of guilt is strong enough for the prosecutor to pursue the case.

The theory base that the analyst holds allows him/her to decipher the utterances of the patient's process and to make sense of the patient's communications in response to analytic interventions. An illustration of this is seen in a case from **Kanzer and Blum (1967)**, in which the analyst interprets that a description of a man being talked about in a session in a somewhat negative way reminds the patient of the analyst. The patient denies it, but then speculates that while she was silent before the interpretation, she was indeed wondering if the analyst had been thinking that she was, in some way, talking about him. Not having revealed this until after the interpretation suggests to the analyst that his interpretation was correct, but further affirms several theoretical constructs that the analyst holds. One of these is: *Transference exists in the analytic relationship, and from such transference there might be a potential for the patient to be saying something about the analyst when she speaks of another person in the session* (**Kanzer & Blum, 1967**). In the example, the analyst intervened with his interpretation after the patient broke the silence following what she had said about the man, reporting that her mind was blank. Her response indicated to the analyst that, in fact, her mind was not blank and that she was wondering about him. This is an example of using a theoretical construct (transference) to form an intervention.

Although the Kanzer example was drawn from a case anecdote provided by a self-described “classical analyst,” the way in which the assumptions and confirmations were taken from the process of

interaction could be the same regardless of the orientation of the analyst. The modern analyst might not interpret, as was done in the example cited, and the intervention might be different because his/her theory of technique might be different.

When we look at the same vignette and introduce a modern analytic position, we see that the analyst might arrive at conclusions in a similar fashion despite different interventions.

For example, when the patient broke the silence by saying, “I have nothing in mind,” the response might have been, “Should I have something in mind?” (object-oriented question—the analyst as object), as opposed to the interpretation given by the classical analyst, presuming that the analyst considered the statement to be a contact of sorts. The patient might, at that point, volunteer that she was wondering if the analyst could have been considering that she was indirectly talking about him. This potential revelation, without the leading intervention, might more strongly confirm the tenet of transference communication.

Of course, there are other possible responses to the contact made by the patient after the silence was broken. An analyst might not have intervened with an object-oriented question at all, and might have remained silent despite the perceived contact, inasmuch as the contact was not direct. In that case, the patient might have broken the silent period with a statement or a question about what the analyst was thinking. Presuming that the unspoken thought of the patient was the idea that the analyst might be construing the statement to be related to him (the analyst), the patient might say something about this either directly or indirectly. For instance, the patient might say, breaking the continued silence, “You probably think I’m talking about you,” or “What are you thinking?” or something in between these two positions. At such a point, the exploration of these patient contacts by means of reflection would offer greater validity for the assumption that the patient was thinking about the analyst.

The author of a psychoanalytic research project is required to make clear the differences among what is conjectural, what is implied, and what is inferred. Certitude is a position of which the single-case researcher needs to be wary. Usually the wording of concluding remarks about findings is tentative, speaking of provisional truths. The wording selected for those concluding remarks about findings must necessarily reflect that condition.

Interpretation is probably the most difficult intervention to contend with, since it introduces the conscious or unconscious aspects of the analyst. Discerning with accuracy the outcome of any intervention

is extremely difficult. Therefore, a research model which places the primary focus on a patient's production, with the analyst's interventions secondary to that process, may increase the potential for understanding the patient's dynamics with less likelihood of contamination by an analyst's own issues. Modern psychoanalysis has emphasized, since the inception of the journal *Modern Psychoanalysis*, contact functioning and other interventions that avoid interpretation as much as possible, thereby offering a unique opportunity within the analytic setting both to examine the psychodynamics and to preserve the therapeutic intent of the process—always the primary objective of the analysis.

More recently, the single-case research model has become the primary model; it is unique in research methods in that it is conducted as a process ancillary to the primary objective of the analytic experience. Research which flows from the analytic work should not in any way compromise the goals of the analysis itself (Spotnitz, 1992). A mutual therapeutic intent lies at the heart of the agreement that both analyst and patient preserve in the process of psychoanalysis. Therefore, the study of the dynamics of that process has inherent in it a difficulty that other human science research models do not. The researcher-psychoanalyst must always insure that his/her research goals do not interfere with the fundamental therapeutic responsibility of the analysis. This complex situation requires that the design of the research methodology be as free as possible of the analyst's unconscious, and sometimes conscious, intention for particular outcomes. To have an outcome in mind at the outset restricts the free expression of the patient's process and could lead the patient to those conclusions that brought the analyst to his/her predetermined outcome.

The unique phenomenon that arises from the flow of the sessions leads the analyst to consider a research question. The patient's process raises ideas and concerns that generate questions. A unique aspect of how the patient conveys the function of his/her mind processes can be isolated and studied in this way. The conclusion of studies, as presented in the research paper, should reveal answers to the question posed and might generate further questions and hypotheses for additional scrutiny.

Paradoxically, the claim of the scientific merit of psychoanalytic research rests on a model that allows for observation of data unencumbered by the analyst's efforts at research aims. Its research model aspires to the free emergence of the patient's communications. Whether such communications are verbal expressions, non-verbal

actions, or symbolic communications does not alter the observational method of collecting this data. With silent listening as the major analytic tool, and with adherence to the principle of contact functioning, the potential for studying the natural process of the patient is generally assured. This position reveals to the analyst both the timing and need for intervention and those dynamics unique to the mental events of his/her patient. Over time, what emerges is a focus of the analyst's interest on particular aspects of the patient's unique way of communicating. This particular, patient-specific focus leads to ideas and questions about the patient.

It is understood that although the candidate is primarily concerned with answering a discrete question about the psychic functioning of his/her patient's mind, the work with the patient may provide an opportunity to address larger questions that come to light. This secondary result might suggest further research about broader issues. For example, **McDougall (1991)** describes alexithymic patients as individuals who do not present dreams. If the process of a particular patient were to fit all of McDougall's criteria for this diagnosis, except that dreams were presented as well, further questions about the diagnosis, or about her idea, might well be raised. Given that these questions might be uncovered in the process of a study, the psychoanalytic researcher could arrive at ideas and hypotheses that might generate further inquiry.

The explanatory power of a theoretical construct gains its strength from the application to clinical process. With the potential for clinical process to lead to varying inferences and conclusions that are at odds or take issue with extant theory, the researcher puts forth findings which generate further study of his/her patient and suggest a consideration of theoretical modification. The psychoanalytic research project conducted by the institute candidate results, therefore, in a demonstration of his/her ability to study the patient in a particular way that adheres to scientific principles, in the process answering questions that evolve from the treatment and revealing potential areas for further study.

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