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THE SCIENTIFIC STATUS OF PSYCHOANALYTIC CLINICAL EVIDENCE

(III)

COMMENTS ON THE ISSUES RAISED BY DR. MARTIN[1]

by

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It cannot be denied that the main source of evidence for psychoanalytic theory has been clinical observation in therapeutic sessions. It is also true that many psychoanalysts, especially in the earlier days of psychoanalysis, have presented rather uncritical views regarding the validity of clinical evidence. On the other hand, it should be noted that in recent years quite a few psychoanalysts have shown a profound interest in the issue of clinical observation and validation, and have demonstrated a very sober and sophisticated outlook on the methodological problems involved. In fact, my main objection to Martin's article is his oversimplified presentation of the psychoanalytic point of view, a presentation that comes near to constructing a man of straw as an easy though spurious object of attack and ridicule. Martin's tendency, by implication at least, to dichotomize between clinical and non-clinical evidence in my opinion also oversimplifies the problem involved.

Martin's reference to the results of recent studies on verbal conditioning and social persuasion, although somewhat one-sided in its avoidance of the many contradictory and ambiguous results that could also be cited, brings to the fore an old problem in new garb: the question as to what extent psychoanalysis is a kind of suggestion therapy. Many psychoanalysts assume a fairly undogmatic view on this problem today, and quite a few have even gone far in trying to pin-point not the differences but the similarities between the psychoanalytic and the hypnotic situation. This development does not mean that psychoanalytic theory is in the process of losing ground, but that its perspective has been broadened and that some of its assumptions have been redefined.

The problem of finding criteria for evaluating the correctness of

clinical interpretations has been an ever-recurring one. Although one may agree with Martin's discussion and objections to the criteria suggested by Freud[2] and Schmidl,[3] it ought to be emphasized that Schmidl's systematic and novel approach is not such a unique 'important exception' as Martin implies. Recently several analysts have called for greater attention to interpretation as a therapeutic agent as well as as a scientific tool.

In the present article I am going to review various viewpoints regarding the validity of clinical observations and at the very end put forward some personal opinions on this topic. In order to present a background for my own suggestions and to provide some evidence concerning my objections to Martin's viewpoints, I will start out with a rather broad perspective and quote extensively from well-known psychoanalytic writers.

The Scientific Status of Psychoanalysis

Validation is an important part of scientific endeavor, but providing proof is not the whole of science. Of equal importance is the discovering aspect, the formulation of problems for investigation. If we accept such a view, the development of a science about human dynamics does not only imply the testing and checking of propositions but also the formulation of fruitful and relevant propositions for investigation.

A large number of propositions have emerged from psychoanalytic observations. This does not mean that psychoanalytic theory today represents a complete or nearly complete system of propositions. One of the most common misconceptions about psychoanalytic theory is related to its status of maturity. A number of its more loud-spoken opponents — when discussing and denouncing its achievements — frequently talk about psychoanalytic theory as if its adherents attributed to it a status of static perfection.

Very much in contrast to this view, most modern psychoanalytic theoreticians are rather modest in their claims as to the maturity of their theoretical system. For instance, in an article on 'The Nature of Psychoanalytic Propositions and their Validation', Kris states:

> While psychoanalysis covers a wide area, the closer one investigates the interrelation of propositions, the more 'the gaps' hit ones eyes, the more does it become evident that however suggestive is the sketch at which one looks, a sketch it is, richer

> in some parts, more general and pointed with a broader brush in others. Psychoanalysis is not static. Out of psychoanalytic observation a stream of new propositions constantly emerges ... It cannot be a static process, it must be dynamic and continuous.[4]

Benjamin,[5] in a more recent article, points out that by far the greater part of the theorizing going on within psychoanalysis today is concerned with problems of clarification, of redefinitions of concepts and intervening variables, correcting one-sided points of view, but that to some extent one does also find the introduction and discussion of newly observed phenomena and attempts toward theoretical amplification and revision. In this latter context he refers to the work of Erikson, Spitz, Wolf, and others. Finally he confesses that he himself believes that parts of Freud's theories will prove in need of *basic revision* rather than just clarification and amplification.

My main point here is only that many psychoanalytic scholars are more concerned with psychoanalytic theory as providing a promising base for further advances than with stressing its present achievements or shortcomings — this latter point being no doubt too obvious to most observers to be of any particular interest. Psychoanalysis has in the past proved to be extremely productive of ideas, hypotheses and explanations. There is little to be gained by denouncing and rejecting psychoanalytic theory without replacing it by anything better: by another theory at least as comprehensive, testable and productive. Another matter altogether is the need of minor and major modifications within psychoanalytic theory as new methods develop and new clinical and experimental data become available. Personally we are inclined to believe that further experimental and clinical demonstrations of the phenomenon of verbal conditionability may represent a vehicle for amplification (and possibly modification) rather than refutation of psychoanalytic theory.

Clinical versus Non-clinical Validation

Rapaport's statement[6] that the major body of positive evidence for psychoanalytic theory lies in the field of accumulated clinical observations, should not be interpreted as showing Rapaport's unconditionally favorable attitude toward clinical evidence. As a matter of fact, Rapaport as well as a number of other present-day psychoanalytic scholars, have expressed very strong reservations concerning this type

of evidence. For instance, Kris states that 'clinical observation, especially the psychoanalytic interview, is still [*sic*] the most important source of our knowledge'. But he continues:

> While the psychoanalytic interview is uniquely suited for the double purpose of therapy and research, the hypotheses established by it are ambiguous in many areas. They should be verified by more rigorous methods...[7]

The same viewpoint is found in an article by Horwitz who states that he considers the psychoanalytic situation as having no peer in generating hypotheses about personality functioning, but that the psychoanalytic situation alone is not a suitable vehicle for confirming or disconfirming psychoanalytic theory.[8]

Discussing the many pitfalls for the validation of psychoanalytic theories by psychoanalytic techniques, Kubie[9] calls attention to the fact that no therapist can be wholly detached and objective, that the recorded impressions and memories of therapists are burdened with significant sources of error in terms of selective perceptions, memory and recall. In psychoanalytic research the analyst cannot be both therapist and observer, Kubie maintains. But he does not think that this excludes the psychoanalytic situation as an important testing ground for psychoanalytic theory; what is needed is methods by which the entire psychoanalytic process can be observed and recorded.

Kubie points out that what takes place between the patient and the therapist employs a language which uses many means of communication, that gesture and expression and posture all enter into it, and although in practice relatively less use is made of these components than of words, they represent essential ingredients that should not be omitted from an inclusive psychoanalytic investigation. Kubie suggests that the use of infrared motion pictures with sound tracks combined with various physiological measures, might provide an answer to the methodological problems — including the problem of replicability and intersubjectivity — confronting the investigator in this field today.

Although Shakow[10] doesn't go as far as Kubie, the kind of control suggested by him goes in the very same direction; namely 1) divorcing the therapist from any but the purely therapeutic function, with the research duties falling upon others, 2) having data collection depend primarily upon recorded psychoanalytic interviews, preferably motion

pictures, 3) getting additional pertinent data regarding the therapist's reactions to the patient in post-session interviews. Commenting upon Shakow's viewpoint, Horwitz writes: 'Without the introduction of the kind of controls suggested by Shakow, the analytic situation is of only limited value for hypothesis-testing'.[11]

Discussing the validation of psychoanalytic theory it is important to distinguish between its dynamic and genetic propositions. According to Benjamin,[12] the applicability of psychoanalytic observations differs very much between these two instances. While the validation of many dynamic constructs and propositions 'are certainly not beyond the needs for further investigation and revision', it is the genetic propositions that constitute the major segment of psychoanalytic psychopathological and general psychological theory — and in this area it is not possible to speak meaningfully of validation and invalidation without experimentation and experimentally controlled observation.

It is true that much information can be gained in psychoanalytic treatment concerning early experiences, but it is also true that the historical data offered by a patient as factual events are not necessarily real events. Specific criteria and methods are needed to distinguish the role of actual events from the role of fantasies in any life history. Discussing this problem Kubie notes that occasionally it is possible to test memories by canvassing other members of the patient's family — although this method is far from infallible and may sometimes multiply the sources of error. Another method — again not a safe one — is to make use of hypnosis and have the patient relive the supposed memories as though he were actually experiencing the events as they occurred. Other methods might consist of the use of psychopharmacological, biochemical or physical agents. LSD-25, mescalin, and sodium pentathol all offer routes to unconscious material, routes that have been likened to a non-stop jet-flight as compared to the long, circuitous and laborious land routes offered by such traditional techniques as free association, dream interpretation and slips of the tongue.[13] However, the difficulty of distinguishing between psychic and actual reality remains unsolved. It is possible that in the far future electrical brain stimulation of the mnemic structures of the temporal lobe may turn out to be a reliable and applicable method. At present it has to be conceded that the psychoanalytic situation is rather unsuited to testing hypotheses regarding genetic relationships.

In the face of this conclusion it has been suggested that the checking of genetic hypotheses should be done by longitudinal and direct

observations. Some analysts, however, have expressed reservations concerning the value of this approach too. For instance Kris writes:

> However closely we observe the growing individual, however accurately we register what we have seen, the relative importance of an experience for the individual becomes clear only in that retrospect which the psychoanalytic interview establishes with greater precision than any other clinical method...[14]

In another connection Kris elaborates further on this latter point.[15] Here he emphasizes that children are influenced to a very large extent by their parents' unconscious attitudes, and for the understanding of mother-child relations it is essential to study in detail a mother's unconscious attitude toward a specific child. Thus, what is called for, according to Kris, is a combination of psychoanalytic and longitudinal observational methods.

Benjamin too has emphasized that continuous observations will give rough answers only, if not combined with other methods. In particular Benjamin advocates the use of predictions, stating that

> ...insofar as one is trying to validate the existence of necessary conditions and to approximate the possibly unobtainable ideal of demonstrating sufficient conditions for varied directions in the development of personality, prediction is an indispensable method of validation.[16]

In principle, predictions can be employed both inside and outside the clinical situation, and in the testing of both genetic and dynamic propositions. Material gathered in the psychoanalytic interview can be used in formulating predictions about responses in an experimental setting, and diagnostic material derived from systematic observation or psychological tests can be used to predict a subject's subsequent response to psychoanalytic therapy, e.g. in terms of his resistances, transference manifestations, and structural changes. Of course, long-term predictions imply a sort of concomitant prediction for future environmental conditions. In quite a few instances it is possible to assume the particular behavior under study to be relatively independent of environmental variations, and in other instances, to formulate specific contingencies for alternative predictions.

During the past decade several studies have been reported in

which predictions have been used to test and extend psychoanalytic theory.[17] [18] [19] Although prediction as a method introduces specific problems of its own, in terms of contaminations of various sorts, it is probable that an extended application of this method in the years to come may gradually and to some extent bridge the gap between experimental and clinical evidence.

We fully agree with Benjamin and others that the psychoanalytic method is rather unsuited for the testing of genetic propositions. As regards dynamic propositions the situation is somewhat different, granted the method is more thoroughly scrutinized (differentiated and analyzed) than is frequently the case, and granted its inherent limitations are fully acknowledged. In a later section we will discuss these matters a little further.

The Achilles Heel of Psychoanalytic Clinical Research

The orthodox conception of psychoanalysis is that every analyst is performing a 'research study' on each case that he happens to get for treatment. The contention is that controls are introduced by means of the 'analytic incognito' and the analytic situation — standardizing the role of the observer to a very high degree. Furthermore, it is held that the total course of the association between observer and subject provides an experimental setting which permits the observer to confirm and disconfirm hypotheses by deliberately introducing changes in the situation, and to observe the subject's reactions to his (theoretically derived) interventions.

Within orthodox psychoanalysis the interventions in question are very much limited to verbal statements, to interpretations — statements translating any conscious psychic act, idea or feeling on the part of the patient into its unconscious determinants. Interpretations, whether focused upon the manifestation of a conflict at any current moment or upon the genesis of a conflict, are considered an important vehicle for bringing unconscious material to the surface of consciousness. To test the success or failure of interpretations the analyst watches the subject's subsequent behavior. The subject may acknowledge or reject the interpretation. The interpretation may be followed by recall of forgotten memories, by alterations in symptoms, by noticeable changes in the content of the subject's dreams, fantasies and free associations, and so on. The problem of establishing criteria for the validity of specific interpretations is a very complicated one. This is exemplified

clearly by the fact that various analysts have suggested different criteria. Some analysts working within the framework of what is customarily referred to as 'Id-Analysis' have emphasized the significance of emotional reliving. Close to this position is Reik's theory of the surprise reaction which arises when the analyst verbalizes repressed content. Other analysts adhering to an ego-psychological position have rated lower the significance of emotional expressions, whether in the form of surprise, relief or other emotions, and emphasized that what follows a correct interpretation is mainly a neutralization of affects, giving rise to a reorientation and readjustment of the patient's ego. Still other analysts have taken an intermediary position, emphasizing the significance of an adequately blended emotional and intellectual response, that is, a correct interpretation being felt by the patient as authentic and immediately applicable to his inner and outer life.

Considering the various criteria suggested one gets the feeling that many analysts in testing their interpretations are guided just as much by empathy and emotional identification as by intellectual considerations. This may to some extent explain the lack of interest and the reservation shown by many analysts toward establishing definite rules of evidence concerning interpretations. The establishment of specific criteria in this area would necessarily come into conflict with the attitude of 'free-floating attention' that is prescribed to psychoanalytic practitioners. On the other hand, it ought to be noted that several psychoanalysts have called for more exact procedures. Kubie,[20] for instance, states quite explicitly that better tests are needed for checking the validity of interpretations than those being employed by analysts today.

An important problem is related to the analyst's selective perception, that he will be inclined to perceive what he wants to perceive. However another problem is also involved. This is the problem introduced by the fact that the psychoanalytic method to some extent helps to manufacture the data of observation: the interpretations offered by the analyst may function as suggestions.

In contrast to the traditional view that interpretations will not effect any changes unless they are *correctly* formulated and timed, that is that an incorrect or inexact interpretation does not matter very much, the more and more prevalent view is that interpretations may easily have a suggestive effect. Commenting upon the issue French states:

> If the analyst has failed to recognize the conflict that is actually focal and makes an interpretation of some other conflict... then the effect may be to activate a competing focus.[21]

Glover goes still further, stating that only a glaringly inaccurate interpretation that is not backed by any transference authority is unlikely to have an effect.[22] He states that

> ... despite all dogmatic and puristic assertions to the contrary, we cannot exclude or have not yet excluded the transference effect of 'suggestion through interpretation'.

He points out that the lack of 'effective control of conclusions based on interpretations is the Achilles heel of psychoanalytic research'.

Psychoanalysis as Suggestion Therapy

Psychoanalysts have defended themselves strongly against the charges that psychoanalysis is merely another form of suggestion therapy.[23] In order to disprove such charges three different types of argument have been employed.

One argument goes as follows: There is no mutual relationship between the analyst and the patient. Psychoanalysis is a method in which an infantile regression is induced in the patient only. Because the analyst remains outside the regressive movement, because of his training to prove resistant to counter-transference, suggestion can play no decisive part.

A second argument goes: Although it may be true that suggestions are transmitted in the transference situation, the dissolution of the transference during the analytic process removes the irrational affective bond from which suggestion gains its power. Transference 'cures' sometimes occur, but if the resolution of transference is not followed by relapse this shows that suggestions have not been a decisive factor. Briefly, because of the resolution of transference, psychoanalysis is not a method of suggestion.

A third argument goes: It is important to distinguish between exact and inexact interpretations. While exact interpretations release 'true' unconscious fantasies from repression, inexact interpretations will be seized upon by the patient as a target of displacement, increasing the repression of his genuine conflicts. Suggestions related to true complexes

cannot be regarded as procuring their effect through suggestions since what is attained is not induced but only released from a state of latency. The extent to which psychoanalysis works as a suggestion therapy — producing cures through a general redressing of the balance of conflicts — which brings in its train an increased effectiveness of repression, or as a non-suggestion therapy — releasing and resolving conflicts — is a matter of the exactness and completeness of the interpretations offered in each individual case. Furthermore, the exactness of interpretation reflects the development of psychoanalytic knowledge generally. The ever-increasing body of psychoanalytic knowledge renders it less and less likely for suggestions to play any significant part.[24]

The validity of the arguments listed above can be, and in fact has been, questioned by psychoanalysts themselves.

The assumption that the psychoanalyst can maintain a completely detached, neutral and objective attitude has been questioned by several writers. For instance, Alexander states:

> Since the phenomenon of counter-transference has been recognized, we know that a completely objective attitude of the analyst exists only in theory no matter how painstakingly he may try to live up to this requirement.[25]

Kubie elaborates on the same point as follows:

> ... no therapist can be a wholly detached and objective person. In analysis we strive to achieve an attitude which Ernest Jones characterized as one of 'benevolent curiosity', but I doubt that any analyst can spend months and years with his few patients without investing in each of these therapeutic odysseys an enormous amount of hope and eagerness as well as deep feelings. If he claims that the outcome is a matter of indifference to him, he either has fooled himself or else he should not be an analyst, because such indifference would indicate a pathological withdrawal of feeling from the fate of his patients and from years of effort. Therefore, in spite of efforts to be objective, the good therapist will always be in some measure an ax grinder.[26]

Gitelson argues along the same lines that the classical conception of the analyst as a completely neutral figure is not attainable, and that the analyst, like the patient, comes into the analytic situation with his own quota of potential non-rational attitudes.[27] Even assuming that the analyst has been well analyzed, he may still bring into the analytic

situation current problems of his personal life, surviving vestiges of original conflicts and identifications with his own analyst. The smooth analytic surface is inevitably rippled by the analyst's humaneness and personal 'style', and the transference field contaminated by such factors as the 'before' and 'after' moments that surround the analytic session, the analyst's inadvertent or technically intended conduct during the hour and those unavoidable contacts that occur outside the analytic sessions. Gitelson concludes that the analyst as a mere screen does not exist in life, and that counter-transference, like transference, exists as a fact in any analysis.

The assumption that the transference situation is resolved during the psychoanalytic process is difficult to prove. The fact that attempts are made in this direction is no proof that the patient's transference becomes eliminated. Neither can lasting effects of psychoanalysis be considered proof that suggestions are not involved. In this connection it is sufficient only to mention that lasting psychological effects have been demonstrated following sessions of autogenic training, a therapeutic approach exclusively based on autosuggestion.[28]

The following expert opinion of Macalpine's is worth quoting:

> ...the resolution of...transference is not understood in all its aspects. True enough, its manifestations are continually analyzed in psychoanalysis and an attempt is made to reduce them, but its ultimate resolution or even its ultimate fate is not clearly understood. Whenever it is finally resolved, it is during an ill-defined period after termination of analysis. By this feature alone it escapes strict scientific observation. It might even be argued that analytic transference in some of its aspects must in the last resort resolve itself... It seems important to stress this point as, by sheer weight of habit and repetition, ambiguous conceptions tend to assume the character of dignity of clear scientific concepts.[29]

The argument that psychoanalytic interpretations operate as suggestions only to the extent that they are inexact or incomplete, might be accepted. It is important to notice that this viewpoint leaves quite open the question of what constitutes an exact interpretation and to what extent psychoanalysis has yet attained the status of a non-suggestive method of treatment.

Before turning to a further discussion of this issue we would like to add some further comments on the role of suggestion in psychoanalysis.

Hypersuggestibility as a Common Denominator of Hypnosis and Psychoanalysis

Although transference manifestations are continuously analyzed in psychoanalysis and attempts are made to reduce and resolve them, it should be kept in mind that in the very beginning of an analysis transference responses are facilitated and deliberately asked for. Freud discovered early that the patient's ability to understand and make use of the analyst's interpretations depends on his emotional orientation toward the analyst. He suggests that an important interpretation should not be made until a dependable transference has been established. A negative transference predisposes the patient to reject the analyst's interpretation, while a positive transference makes him receptive to what the analyst tells him.

Granted that transferences as well as counter-transferences are evoked and mobilized in the analytic situation, the question emerges of to what extent the analytic situation has elements in common with hypnosis. From extreme antagonists of psychoanalysis the conception has been launched that psychoanalysis works through unresolved transferences and post-hypnotic conditioning. Discussing the perpetuation of Freud's 'delusional explanations' of normal and abnormal human behavior, Campbell states:

> The technique of inducing the subject to lie on a couch, to indulge in a state of reverie . . . [is] plainly hypnotic in nature . . . the interpretations made by the training analyst are the foreordained result of his own analytic conditioning . . . psychoanalytic treatment is . . . a mutual hypnotic indulgence between analyst and subject. My analyst could *only* make interpretations that fitted his own *post-hypnotic conditioning and the hypnotic conditioning* he received while on the couch . . . . To be analysed is to be hypnotized and put under the influence of post-hypnotic suggestion.[30]

It is important to note that this viewpoint is not totally rejected by all psychoanalysts. Glover, for instance, makes it quite explicit that there is a tendency inherent in the training situation of psychoanalysts to perpetuate theoretical and technical errors:

> Whatever may be the ideal of training analysis, it is indisputable that the margin of scientific error introduced by factors of transference and counter-transference is extremely wide.[31]

In training analysis the candidates' objections to interpretations are frequently rated as 'resistance' that has to be analyzed and worked through. In psychoanalytic meetings the opinions expressed by most participants bear an unmistakable resemblance to those of the speakers' training analysts. Psychoanalytic groups are peculiarly susceptible to fashion, canalized no doubt through a hierarchy of transferences and counter-transferences, so Glover states.

As previously noted, in sharp contrast to earlier writings which sought out the difference between analysis and hypnosis, a number of recent psychoanalytic papers tend to focus upon the similarities of the two methods. Nunberg points out that the archaic relationship found in hypnosis seems to be repeated in the psychoanalytic setting and that the place to study hypnosis is in the analytic transference situation.[32] Macalpine talks about the analytic transference as a slow-motion picture of hypnotic transference manifestations.[33] A common point made by these authors is that the hypnotic subject and the analytic patient both experience states of induced regression — the only difference being the degree and the intensity of the regression.

Discussing the psychoanalytic situation Macalpine objects strongly to the classical idea of transference manifestations arising spontaneously from within the neurotic patient. Most individuals have a certain transference potential, that is, a potential to regress and form relations to earlier imagoes. Historically the linkage of transference with neurosis is an exact replica of the earlier linkage of hypnosis with hysteria. What characterizes the analytic situation is that it exploits an individual's readiness for transference by placing and keeping him in a setting to which he is forced gradually to adapt by regression. To respond to the classical analytic technique, the individual must have some object-relations intact and have enough adaptability at his disposal to meet the analytic setting by regression. For both hypnosis and psychoanalysis there is a sliding scale from the hysteric to the schizophrenic.

Among the factors that promote regression in the analytic situation the following have been particularly emphasized: the supine position on the couch, the discouragement of movement, the constancy of the environment, the presence of an adult who sits behind the patient, the elimination of any gratification from looking and being looked at (Freud at first even asked his patients to keep their eyes shut), the reduction of reality cues, the fixed routine of the session, the frustration of every gratification, and the simultaneous stimulation of needs

(according to Freud it is expedient for the analyst not only to deny the patient those satisfactions which he desires most but also to keep the patient's unfulfilled wishes in abundance).

In the psychoanalytic situation external and internal stimuli are reduced to a minimum. It is interesting to note that in one of the McGill experiments in sensory deprivation — where subjects were exposed to recorded propaganda about the supernatural, emphasizing arguments for the reality of telepathy, clairvoyance, ghosts and poltergeists — experimental subjects were found to be swayed significantly more by the propaganda than control subjects who listened to it in normal surroundings.[34] The result indicates that the analytic situation may induce in patients a state of hypersuggestibility.

The supine position of the patient, the presence of an adult who sits behind the patient, as well as other elements in the situation, may also induce a state of dependency. By analogy it is worth mentioning that Jakubczak and Walters recently in an experimental study found dependency to be positively intercorrelated with suggestibility.[35]

The most direct approach to suggestibility of patients in analysis is provided by Fisher's experiments.[36] [37] On the basis of his studies of the fate of dream suggestions in analytic patients, hypnotic subjects and normals — using his analytic patients as their own controls — Fisher states:

> ...in spite of all reservations, the results indicate that suggestions to dream are accepted by patients in analysis and that the content of the suggestions influences the content of the dream produced.

Summing up his findings, he concludes:

> It is demonstrated that patients in analysis show a capacity for accepting dream suggestions which approaches that of hypnotic subjects and that when given suggestions their behavior resembles that of hypnotic subjects. Increased suggestibility appears to be one of the properties of states of induced regression, among which are to be included the hypnotic and analytic relationships.

Although a psychoanalyst will scarcely make use of the type of explicit contingent stimuli found to be effective in verbal conditioning experiments, the hypersuggestibility of the analytic patient may strengthen the impact of even more casual and covert reinforcements. On the basis of theoretical and empirical considerations we may

suggest the somewhat paradoxical proposition, that the degree of suggestibility found in analytic patients will vary concomitantly with the amount of effort invested in shaping the analytic situation so as to prevent direct suggestions from taking place.

Interpretations and Other Suggestive Devices

It is self-evident that consistent and recurrent use of interpretations may provide the analytic patient with an abundance of directive stimuli. In spite of the 'analytic incognito' a number of verbal as well as non-verbal stimuli will continuously activate the patient's conscious and unconscious perception.

The role of interpretations in psychoanalysis has been extensively debated. Three different viewpoints have been launched: 1) Psychoanalysis relies entirely on interpretations; 2) Interpretations are important, but not the exclusive tool of psychoanalysis; 3) Interpretations are of far less importance than other psychoanalytic agents.

Among analysts adhering to the latter position it has been maintained that the recovery of memories and the enhancement of insight are *signs* of improvement rather than its cause, and that quite definite changes can be observed in patients without any interpretations or intellectual formulations being offered by the analyst or the patient. Alexander, for instance, denounces the value of content interpretations and asserts that the emotional experience in the transference situation alone may produce lasting alterations in psychological functioning. He suggests that the analyst should assume a deliberately predetermined attitude according to the patient's life history and character so as to maximize and plan the corrective emotional experience the patient will attain in the analytic situation.[38] Many analysts have objected to this proposal on the ground that it will introduce a large element of arbitrariness in the analytic procedure. A few analysts have expressed agreement with Alexander's claim that the classical objective and detached attitude prescribed by psychoanalytical practitioners is as adopted and studied a one as those deliberately worked out in each individual case, but at the same time have maintained that after a while a patient will see through every single attitude an analyst might deliberately assume. Nacht, for instance, states quite explicitly that the unconscious attitude of the analyst is the most decisive factor in effecting personality changes in patients. It is what the analyst is rather than what he says that matters. The basic rela-

tionship of the patient to the analyst springs from what his unconscious perceives of the unconscious of the analyst rather than from the interpretations that are given him. Nacht states:

> My experience leads one to believe that there indeed exists communication from unconscious [of the analyst] to unconscious [of the patient] in both directions ... It is precisely these exchanges between one unconscious and another which form the strongest bond in the analytic relationship. The essence of this relationship lies, therefore, *beyond the verbal level.*[39]

Examples have been presented of analytic patients showing an amazing sensitivity to emotional psychic material pertaining to the analyst's mind. A few analysts have even given examples of presumptively telepathic incidents during analysis.[40] Commenting upon a 'telepathic-precognitive dream' presented by a patient during analysis, Servadio writes:

> We might be satisfied with ... accepting once more the fact that telepathic and/or precognitive dreams do exist, and that the dream-work can utilize 'paranormal' information just as it does day-remnants and other perceptual material. However, in my opinion there is more to be noted. The dynamics of such a dream reveal ... an *unmasking* by the patient of emotional psychic material pertaining to the analyst's mind — material which is thus thrown, as it were, in the analyst's face. Viewed from this angle, the dream is a challenge to the analyst's attempt to conceal, or to repress, something which might have appeared — or to a certain extent may have actually been — unfriendly or hostile to the patient.[41]

The conception of unconscious attitudes and their impact on human interactions have been repeatedly emphasized by psychoanalytic scholars. The importance of parents' unconscious attitudes and fantasies in relation to their children's personality formations has been discussed by Rank,[42] Johnson and Szurek,[43] Sperling,[44] and others. In this connection it is also worth recalling our previous quotation from Kris to the effect that longitudinal observations of children ought to be supplemented by inquiries into the mothers' unconscious attitudes toward their children. Although the psychoanalytic situation has very often been compared to a developmental and maturational process, it has nevertheless relatively seldom been described in terms of un-

conscious communication. The work of H.S. Sullivan should of course be mentioned as an exception to this statement.

Nacht speaks of the essence of the analytic relationship existing beyond the verbal level. As non-verbal cues operating in face-to-face interaction we are confronted with such things as the therapist's facial expressions, a lift of the eyebrows, a questioning glance, gazing at the floor, looking out of the window, a shrug of the shoulder, a smile, a nod or a shake of the head, a period of breath-holding, a slight leaning forward in the chair, and so on. Turning to the 'behind the couch' position, we are confronted with the sounds of shifting postures, subtle variations in voice, the speech rate, silences, the respiratory rhythm, sighs, yawns, the scratching noises from taking notes or lighting a match and so on. The events just noted may act as significant cues to the patient (as well, of course, as to the therapist). Usually they are not consciously perceived and their meaning and interpretation not intellectually accessible. Consequently, we may talk about a large part of analytic communication taking place not only on a non-verbal, but on an unconscious level. At this point we want to recall Kubie's statement previously quoted, that although in psychoanalytic practice use is less frequently made of gestures and expressions and postures than of words, these elements of communication are sometimes an essential ingredient of the total interaction pattern.

It has been claimed and also to some degree empirically demonstrated that a systematic use of the various types of cues mentioned above as reinforcements can produce changes in an individual's verbal behavior without either the cue-receiver or the cue-sender being aware of the underlying process. It has furthermore been maintained that a psychoanalyst by unwittingly influencing his patient's verbal behavior may produce evidence that confirms his theoretical position and thus create a circularity between his theoretical conceptions and empirical observations. The sensitivity and suggestibility of analytic patients quite obviously introduces such a danger. Are there any safeguards that can be adopted by the analyst in order, if not to prevent, at least to minimize this danger?

Some Remarks Concerning Construct Validity

In the previous section we touched on various conceptions of psychoanalytic technique, that is of what constitutes effective agents for bringing about personality change. It is important to keep in mind

that the variety in viewpoints in this area does not necessarily imply any difference in the conception of personality dynamics *per se*; that is, in the conception of what ought to be changed in a given case.

The curative effects or lack of effects of psychoanalytic technique can scarcely be taken as evidence for the validity or non-validity of psychoanalytic theory. This viewpoint is accepted today by psychoanalysts generally. For instance, Kris states:

> The validation of psychoanalytic propositions through psychoanalytic observation must start with the exclusion of what one might expect to be the most convincing test: the success of psychoanalytic therapy.[45]

Kubie is of the same opinion, stating that:

> At this stage of our knowledge too many variables are at work for us to be able to say that an apparent therapeutic result proves the validity of an interpretation ...[46]

Gitelson goes even one step further, stating that:

> ...the various psychotherapies derived from psychoanalysis, and some that claim an origin *sui generis*, seem quite as effective as the usual psychoanalytic procedure.[47]

As previously noted, a substantial part of psychoanalytic theory consists of assumptions concerning dynamic and structural constructs that are determining and explaining variations in human behavior. The most salient structural constructs are the ego, the superego, the id and their intra- and interrelationships referred to by such terms as ego defenses, ego strength, control, decompensation, ego autonomy, modulated and controlled ego regression, etc. Among the most important dynamic constructs are Oedipal strivings, oral sadism, castration anxiety, penis envy, oral erotism, anal sadism, positive identification, guilt feelings, etc., and such second-order constructs as libidinal and aggressive, de-aggressivized and neutralized psychic energies.

Psychoanalytic theory not only assumes the validity (or existential probability) of the various constructs just mentioned, it also assumes the existence of certain interrelationships between the constructs and between the constructs and specific antecedent and genetic conditions.

In contrast to this, psychoanalytic techniques of various kinds are only related to the question of how to bring about motivational changes.

The inference of a latent motive or dynamic construct from a piece of behavior confronts us with specific problems.[48] An inference represents a claim only. In order to substantiate the claim it is necessary to go one step further, namely to show that other behavioral manifestations reflecting the same construct (or manifestations of other constructs supposed to be interrelated to the first one) are also present or can be procured under given conditions. In other words, construct validation takes place when an analyst believes that his observations reflect a particular construct and his belief in this respect — because of the meanings that are attached to the construct — gives rise to deductions that he is able to test and confirm. What we are saying is only that in order to examine construct validity more than one method (or operation, data source or classification process) is needed. In this respect we are arguing on the same lines as Campbell and Fiske. They state:

> For any body of data taken from a single operation, there is a subinfinity of interpretations possible; a subinfinity of concepts, or combinations of concepts, that it could represent. Any single operation, as representative of concepts, is equivocal.[49]

A multiplicity of operations (or methods) greatly limits the constructs that could account for the data. Consequently we may say that the validity of a construct will be higher the greater the convergence between data from different operations, the greater the number of operations employed, and the greater the independence between the various operations used in the validation process.

It is difficult to state any absolute criteria in terms of the amount of convergence, the number of methods, and the degree of independence that is required. This would be very much a matter of personal taste. If a minimum requirement of two operations is taken and these are completely independent of each other, we might feel satisfied if we demonstrated some convergence, while if the two operations are not entirely independent our requirements in terms of convergence and number of methods might be correspondingly increased. At the present stage of psychological progress we can only hope for evidence of relative validity.

Following the maxim that the validity of constructs increases with the number of operations by which they can be defined, it has been asserted that the use of the psychoanalytic method is unfitted for validating psychoanalytic constructs since these were originally inferred by that very method. As pointed out by Benjamin,[50] there is a fallacy here in equating the psychoanalytic method with one operation. Although many analysts in their clinical work may employ the method as one undifferentiated operation, there are, in principle at least, many operations that can be carried out within the psychoanalytic procedure. In the following we are going to discuss several operations that can and to some extent actually are carried out.

Two operations are involved if the analyst consistently keeps apart the formulation and testing of hypotheses. French has strongly advocated such a division, and asserted that only if the analyst plans and in some way predicts the analytic process beforehand will he alert himself to discrepancies and be able to check and reformulate his conceptions.[51] He suggests that the analyst in the very beginning of an analysis of a case should try to make an historical reconstruction of the genesis of his patient's difficulties and outline a kind of grand strategy of the principal steps necessary to achieve the desired modification of the patient's behavior patterns, the probable course of the treatment, complications to be expected and how to handle them. He argues that it is only in the beginning of an analysis, before the patient's emotions and transference have become focused intensely upon the analyst and the analyst's counter-transference has started to emerge, that it is possible to review comprehensively the patient's situation and history. As the analysis proceeds the analyst will lose perspective, and if no planning is done at an early stage, he will to a large extent lose the opportunity to learn from his experiences.

French argues that short-term planning is equal in importance to outlining a grand strategy. The analyst should try to predict the effect upon the patient of each of his interpretations. His predictions of the patient's reactions will not only serve to make the analyst sensitive to confirmatory and non-confirmatory reactions but also make it possible for him to recognize the significance of a reaction that he might otherwise have overlooked.

Several analysts have criticized French on the ground that his proposal would lead the analyst unwittingly to force his patient to

behave according to the plan and dispose him to interpret his patient's associations and behaviors in such a way as to make them conform to his formulations. May not the analyst, instead of really checking his predictions, force his understanding of the patient's behavior into a pattern suggested by his own predictions and preconceptions? But we may also ask: Are the objections mentioned less valid in relation to a non-planned treatment situation? Judging from available evidence we could venture to state that the likelihood of the analyst's unwittingly influencing his patient's behavior is greater the less he is consciously and conscientiously attempting to distinguish between hypothesis-formulating and hypothesis-testing operations in the treatment situation. Quite obviously we are here confronted only with a relative independence of operations. The analyst's shifts back and forth will introduce a large element of shared 'method variance'.

In order to reduce this variance a little further, French suggests that the analyst should make use of two different approaches to his clinical data and use the information gained by each operation to check the other. Traditionally a basic method for both formulating and checking psychoanalytic interpretations is the analyst's intuitive understanding of a patient's behavior, based upon a direct and partly subconscious identification with the patient's total situation. French asks: Must we resign ourselves to the thought that psychoanalysis will always be only an intuitive art, subject to every whim of the analyst's counter-transference? Intuition alone is a rather untrustworthy guide even when there are no strong counter-transferences to distort it. Is it possible to think of one's own intuitive insights as hypotheses that can be subjected to independent testing? French suggests that this in part may become possible through the analyst's shifting back and forth between empathic understanding and interpretive reasoning, the latter approach being based upon different bits of evidence derived from common-sense knowledge of human behavior, his own and other analysts' psychoanalytic experiences, comparisons between different segments of the patient's behavior, and hypothetical, schematic reconstructions of how the patient's behavior patterns are rooted in the past. French states:

> Because empathic understanding is so different from understanding based on interpretive reasoning — for this very reason these two kinds of insight can serve all the better as checks on each other.[52]

Quite obviously again we are confronted with operations that are far from completely independent. Although it is difficult to deny that a consistent use of the two operations mentioned may increase the validity of interpretations, the increase may be rather insignificant seen in relation to what should be required of a validation process.

As part of the interpretive reasoning method, French calls attention to the importance of making comparisons between various segments of the patient's behavior. This is an approach frequently mentioned in psychoanalytic literature. Waelder[53] talks about an interpretation being valid to the extent to which it offers an explanation that is congruent with all the known facts about the case, and to which it finds confirmation in facts discovered after the interpretation has been made. Kubie follows the same viewpoint and distinguishes between the following types of facts: the patient's free associations to his thoughts and feelings, to his activities, to his fantasies, and to his dreams.[54]

Benjamin[55] indirectly objects to free associations being the exclusive method in investigating the unconscious motivation of a given piece of behavior. He distinguishes between three parts of such an investigation. The *first* part is to consider the behavior in question in relation to conscious motives or perhaps to rationalizations of the subject as well as to his other overt behaviors; the *second* part is the direct investigation of unconscious motives through dreams, associations, slips, and the like; and the *third* part is the final validation by the emergence into consciousness of the hitherto unconscious motives.

The classification of information from dreams, free associations, slips, and experiential data concerning motives, comprises somewhat different operations. However we are again confronted with the problem of to what extent the various operations are *significantly* different from each other. We are confronted with a possible 'halo effect' introduced by the observer's selective perception; but just as important is the fact that the different sources of information are all related to the patient's verbal behavior, and thus to the fact that converging evidence on this level may only reflect the effect of generalized transference suggestions.

Reich's invention of character analysis is considered generally as an important stepping-stone in the development of psychoanalytic technique.[56] By emphasizing the significance of style, mode, and ways of expression, a new dimension was added to the previous concern about the symbolic content of free associations, dreams and fantasies.

It is worth noting that one of the arguments given by Reich in favor of his new technique was his observation that by the orthodox aproach patients were inclined to produce material for the analyst's benefit; that is, that they were quick to find the analyst's theoretical expectations and present associations and symbols accordingly. The character-analytic method was introduced as a supplement to the classical method, as a method enabling order to be brought into the observations of content and providing an impetus to and an independent check of the treatment process.

French touches on this method in his discussion of dream interpretations. He writes:

> When interpreting a dream, we ask ourselves first how the dreamer is reacting to the dream that he is reporting, then what is the predominant emotional pressure or dynamic trend in the manifest content of the dream itself. As a first test for the correctness of a dream interpretation, we require that it account adequately for these dynamic pressures in the patient's attitude toward the dream and in the dream text itself.[57]

It is true that the separate classification of 'content' and 'mode' data as they emerge in the psychoanalytic situation does not imply completely independent operations; but we are here at least *approaching* a significant level of independence.

Is it possible to approach psychoanalytic dynamic constructs through other means or operations than those mentioned so far? From his character-analytic inventions Reich moved on into the area of vegetotherapy and postural analysis, his assumption being that dispositional constructs would have derivatives not only on the ideational and expressive levels but on the muscular-postural level as well.[58] In fact, he ended up by considering this latter level as tantamount to the psychic unconscious. According to Reich, an individual's postural patterns represent his behavioral substrata and predispositions. Consequently from a thorough investigation of postural data it should be possible to derive a comprehensive psychological personality description.

Several authors have emphasized that postures do express motivations. Deutsch, discussing his observations in the psychoanalytic situation, states quite explicitly that when a patient is invited to lie down on the couch, his posture illustrates not only his ability to relax his muscles, but also, just as much, his basic personality structure.[59] Comparing his observations of his patients' postures and free asso-

ciations Deutsch found a number of intriguing relationships, i.e. various leg, arm and hand postures being related to different covert sexual and aggressive ideational themes.[60] Deutsch's observations fit in quite elegantly with Reich's psychodynamic theory of postural configurations and also with recent experimental findings concerning localized EMG changes in psychiatric patients engaged in the discussion of various topics of personal relevance.[61] [62] What is important in the present context is that, in principle at least, the gathering of postural data within the psychoanalytic situation may be considered a separate operation, as a potential source of data to draw inferences from and against which to check inferences arrived at from other sources. Compared to the relatively high interdependence between methods based on verbal material exclusively or on verbal and non-verbal aspects of speech, the latter operation shows a fairly high degree of independence from the rest — although not a complete independence, of course, since in the analytic situation only one and the same observer is involved.

Further Comments on Construct Validation

In an article some years ago Kubie touched on the danger of interpretations contaminating the data of psychoanalytic observations — by raising the following question: Is there any way by which unconscious levels may be enabled to reach direct expression without concealing distortions, and which would eliminate the necessity to interpose interpretations of unconscious, conflict-laden impulses into their symbolic meaning? Kubie doesn't consider it quite impossible that techniques may one day be found for direct moment-to-moment recording (or alteration) of different levels of consciousness. When such a technique is developed, enabling us to obtain an immediate translation of the idiosyncratic meaning of the words uttered, we would be in a position to understand a patient's illness almost at once.[63]

We mentioned that some analysts have come to consider postures, gestures and non-verbal aspects of speech as providing an independent source of diagnostic material. Does the type of non-verbal cues focused upon by these analysts provide the sort of translations called for by Kubie? Again we are confronted with the problem of validity. Is it at all possible to link the various dynamic constructs of psychoanalytic theory to behavioral manifestations within other areas than the verbal-symbolic one?

According to the opinion of several scholars this is not an impossible task.[64] Postural tensions have been used as a basis for psychological inferences and a number of studies have been directed toward the question of the extent to which observation of gestures and qualities of speech may allow for valid judgement of a subject's emotional state and relatively stable personality characteristics. For instance, in a recent review of the literature on the relationship between voice and personality it is concluded that 'many details still remain to be explored, but the "analytic-experimental approach" has, by now, verified that such relationships exist'.[65] Continued efforts to link concepts and cues will open the way to that interplay between theory and empirical data that is so much needed in psychoanalytic research, and eventually leave in their wake important revisions of present-day theoretical constructs.

At this point it is interesting to note that Freud himself was far from completely satisfied with the ideational or psychic basis for his explanatory concepts. He quite explicitly assumed that the time would come when psychological constructs could be replaced with or transformed into physiological and biochemical ones. The shortcomings of our description would probably disappear if for the psychological terms we could *already now* substitute physiological or chemical ones, Freud states.[66]

The idea of testing psychoanalytic concepts and hypotheses through somatic operations has been put forward by several psychoanalysts. Kris, for instance, discussing the advances made in psychosomatic medicine, writes:

> The fictitious division of body and mind has been eliminated. It seems that at least one side of the advance ... may be of immediate relevance ... The fact that certain physiological changes provide possibilities for exact measurements of concomitantly registered psychological experiences ... has opened up the avenue for new and more rigorous verifications.[67]

But inferences from physiological changes are also in need of validation. Should these inferences be checked against verbal material or should this latter type of material be discarded on the ground that it is too unreliable and too easily contaminated?

Our previous reservation concerning the use of verbal cues was based on the supposition that the inferences to be validated were derived from the same type of material. Our reservation did not stem

from any disavowal that dynamic forces and constructs will be reflected on this level, but primarily from the practical difficulties involved in disentangling and procuring relevant information on the verbal level due to the impact of the psychoanalytic situation. In this respect, the possible effect of transference suggestions represents a massive stumbling block. What is called for is relatively independent criteria. This applies whether the starting-point is verbal or non-verbal observations.

The question may be raised whether transference suggestions are not just as easily induced in the field of posture and style as in the field of verbal behavior. Wouldn't an analyst oriented toward the checking of his hypotheses on the level of acoustics, gestures and postures unwittingly start to reinforce the response classes he is concerned with, so that after a while the disentangling of relevant cues would be just as difficult in these areas as on the verbal level today?

Some observations by Deutsch are of relevance in this connection. Deutsch tells from his analytic practice that he time and again found himself better able to make correct prognoses of his patients from postural observations than from improvements in their 'mental' and professional lives.[68] He maintains that unless the analytic procedure mobilizes postural changes as an integral part of the dynamic process, the therapeutic progress (as derived from verbal material) is extremely doubtful. He suggests that a postural method of evaluation is better than the psychological ones commonly being used, that is, better in the sense of sampling more significant and less easily contaminated data about the personality structure. It has to be noted that Deutsch's analytic technique is the classical one and that his position in the analytic situation is behind the patient. Maybe had he made use of a physiotherapeutic approach, psychological methods of evaluation would have offered the most significant information.

In the last resort the susceptibility to transference suggestion of various behavioral segments is an empirical question. The same is the case as regards the generalizability of changes between different segments. Findings that physiological correlates can be influenced by changes in verbal behavior and vice versa, do not really solve the problem regarding depth of changes — and this is the crucial issue within psychoanalytic theory.

The objection may be true that increased interest on the analyst's part in his patient's non-verbal behavior will broaden his domain of reinforcements. On the other hand, it may also be true that the type of reinforcement program needed to achieve multidimensional effects

represents just the type of program that effects motivational changes in depth. To assume the existence of dynamic constructs that are deprived of every behavioral manifestation would be a rather fruitless investment. Maybe the type of unconscious communication praised by some analysts as being the vehicle for bringing about real personality changes in the psychoanalytic situation will finally turn out to be identical with such a global reinforcement approach? It should also be mentioned that some analysts have particularly stressed the importance of using different therapeutic techniques. For instance, according to Schjelderup an unresolved infantile conflict will have various 'offshoots'; one manifestation being the symbolic representation of the unconscious conflict in dreams, neurotic symptoms, and other 'automatic behavior', another manifestation being the formation of character, and a third the development of definite bodily muscular attitudes. While classical analysis has its point of departure in symbolic representations, it is just as possible to focus on the different attitudes of character or on muscular-postural behavior — the two latter approaches being referred to as 'character analysis' and 'vegetotherapy' (or 'postural analysis') respectively. Discussing their interrelationships, Schjelderup states:

> ... 'character analysis' and 'vegetotherapy' have been spoken of as something fundamentally new in psychoanalysis. Actually, what we have are special developments of technical viewpoints which find their natural place within *global analysis* into which psychoanalysis has increasingly developed. Apprehension, character structure and muscular attitude go together, and analysis can use now one, now another point of departure. But in every case analysis has to deal with the personality as a whole. The treatment must be global.[69]

We would like to add that although the treatment process might benefit heavily from a global outlook, for the sake of process evaluation it is of great importance to differentiate between various techniques and various sources of observational data.

Schjelderup writes:

> Judging from my own experience, one method cannot be regarded as *more correct* than another. Nor is one of the forms of analysis, generally speaking, more suitable than another... what is more important than a specific technique is a high degree of elasticity ... Any dogmatism and one-sidedness ... hinders that liberation and integration of personality which is the goal of analysis.[70]

While Schjelderup is talking about the conditions facilitating personality change, and our own viewpoint is how to obtain reliable knowledge from clinical observations, the conclusion arrived at is the same, namely, the crucial importance of using a multimethod approach.[71] We would like to add that the viewpoint presented by Schjelderup is fairly representative of the Norwegian direction of psychoanalytic thinking.[72]

It is true that many subtle and perhaps very significant qualities of postural and expressive behavior are difficult to observe without the aid of such amplifying devices as electromyographs, speech spectrographs, slow-motion pictures, and pressure sensitive gadgets. It has been hinted that these methods may one day take their unaffected place in the offices of psychotherapists on a par with the couch and the resting chair.[73] The observable conscious and inferable unconscious is in the process of being replaced by the observable unconscious and inferable conscious in modern psychophysiology.[74] That this trend will have an increasing influence on psychoanalytic conceptions in the years to come seems most likely. The important point is, however, that psychoanalysis may benefit tremendously from such a development — not least by introducing into the clinical situation proper the necessary controls for overcoming to a very large extent its hitherto inherent limitation of shared-method variance.

Summary

The scientific status of psychoanalytic clinical observations has many aspects: on the one hand their ability to generate motivational constructs and theories, and on the other, their suitability for testing and validating theoretical formulations concerning genetic, dynamic and therapeutic issues respectively. The status of psychoanalytic observation differs depending on which area one chooses to focus upon.

The problem of psychoanalytic clinical evidence has to be considered in relation to the theoretical model implied by the psychoanalytic way of thinking about human behavior. One of the main features of this model is the conception of conflicts — and of various layers of personality dynamics. Turning to psychoanalysis as a method of therapy a crucial question is the depth at which changes are effected. A distinction is drawn between transference cures and complete cures, between cures produced by suggestion, that is, through a general

redressing of the balance of conflict, and by real conflict resolution. In discussing this topic, we referred to the modern view regarding the essential difference between exact and inexact interpretations, and to the conception that psychoanalytic treatment in principle is neither a suggestive nor a non-suggestive type of therapy, but is moving gradually from the former type to the latter. What is implied here is that the aim of psychoanalysis is constant — to modify not only manifest behavior patterns but also the dynamic roots of such patterns. The dynamic constructs that have been invented reflect the supposed nature of these roots, and what is called for in therapy is the bringing about of changes pertaining to these constructs. But the modern viewpoint also implies something else, namely that inferences concerning dynamic roots are pretty difficult to make and that an analyst may easily fool himself into thinking that he has accomplished things that he has not. Through the accumulation of knowledge analysts will be better able to detect on which level they are producing changes. The reference to psychoanalytic interpretation as the Achilles heel of psychoanalysis stresses the need for finding diagnostic operations that are uncontaminated by the suggestive impact of the interpretation process. So long as analysts were predominantly thrown back on the very same ideational (verbal-symbolic) material for both formulating and testing their hypotheses, and for both formulating and evaluating the effect of their interpretations, they were in a very bad situation indeed. How bad has become clearly demonstrated in recent years through the results of empirical studies indicating the extreme hypersuggestibility of analytic patients. However, the history of psychoanalytic thought shows another important trend, the gradual broadening out of the number of diagnostic operations, checks and controls at the analyst's disposal. We have devoted several pages to a description of this trend. Although the various operations discussed don't yet completely prevent an analyst from fooling himself and his patients — they certainly represent a substantial impediment against tautological reasoning, and, if extensively and systematically applied, an important impetus toward enhancing the validity of psychoanalytic clinical evidence.

We have emphasized that the requirements concerning the validation of theoretical constructs have to be somewhat relative in nature. And the same relativity is present as regards the validity of clinical evidence. Clinical evidence is neither a question of perfection nor nonsense. It has to be considered in terms of the methodological

precautions that are taken in the individual case. Its scientific status is not a matter of anything fixed and defined once and for all.

It is true that much clinical observation reported in psychoanalytic journals is of rather questionable validity. The fact that the analyst is motivated to produce changes and to some extent is an integral part of the analytic situation, will always introduce an element of shared-method variance, regardless of how many and how principally different and independent diagnostic operations he is making use of. Clinical evidence has its inherent limitations, although the degree of these limitations is a relative matter as indicated by recent developments in psychophysiology. But what is most obvious is the possibility of raising the validity of clinical evidence above its present level. As indicated in this article there is good reason to believe that this level is in the process of being raised, and that the most salient aspect of psychoanalytic clinical evidence at present is its considerable variability when considered in relation to general scientific standards.

NOTES

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[69] H. Schjelderup, 'Personality-changing Processes of Psychoanalytic Treatment', *Nordisk Psykologi*, 1956, *8*, 47–64, p. 50.

[70] Ibid., p. 51.

[71] The multiple (but independent) method approach has, on the basis of psychometric considerations, been strongly advocated by Block in observer-evaluations generally. He states: ' Much too much energy has gone into interpreting single, already filtered perceptions rather than in diversifying the basis for evaluation. If multiple, independent views of behavicr are gathered and combined . . . we can almost guarantee a reliability and, in addition, increase the likelihood of finding the validities we seek'. Cf. J. Block, *The Q-Sort Method in Personality Assessment and Psychiatric Research*, Charles C. Thomas, Springfield, Ill. 1961, p. 40.

[72] See for example: T. Braatöy, *De Nervose Sinn. Medicinsk psykologi og psykoterapi* (The Nervous Temperament. Medical Psychology and Psychotherapy), Cappelen, Oslo 1947; T. Braatöy, *Fundamentals of Psychoanalytic Technique*, Wiley, New York 1954; H. Schjelderup, *Nevrosene og den nevrotiske karakter* (The Neuroses and the Neurotic Character), Gyldendal, Oslo 1940; N. Waal, 'A Special Technique of Psychotherapy with an Autistic Child', in *The Emotional Problem of Early Childhood* (ed. by G. Caplan), Basic Books, New York 1958.

[73] R. F. Hefferline, 'Learning Theory and Clinical Psychology — An Eventual Symbiosis?' in A. J. Bachrach (Ed.) *Experimental Foundations of Clinical Psychology*, Basic Books, New York 1962.

[74] Cf. G. Razran, 'The Observable Unconscious and Inferable Conscious in Current Soviet Psychology', *Psychol. Rev.*, 1961, *68*, 81–147.