

Research groups on transformations in the analytic process

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In 2013, Fredric Busch, editing an issue of the important American journal *Psychoanalytic Inquiry* entirely devoted to theoretical-clinical research, began his Introduction by quoting a passage from an article by Cooper which had appeared in JAPA in 1993:

Empirical research methodology is developing rapidly. It will be applied to psychoanalytic propositions, and many of our favorite ideas will be shown to be wrong or what amounts to be same thing, not useful. Psychoanalysts should learn to entertain this prospect as good news rather than bad news (Cooper A. M, 1993, 391).

Twenty-five years have passed since this exhortation, but psychoanalysts still have great difficulty seeing research – in particular the empirical kind – as a source of «good news» and applying themselves with interest and without mistrust to the literature devoted to research, which in the end they rather look down on.

The fact is that, as early as *Studies in Hysteria*, Freud attempted to found psychoanalysis on scientific presuppositions which would take proper account of preliminary hypotheses, detailed observational accounts of clinical cases, and subsequent theoretical elaborations, finally presenting conclusive considerations that are amenable to revision in the future.

In the *Two Encyclopaedia Articles* of 1922 («Psycho-Analysis» and «The Libido Theory»), Freud says:

Psycho-analysis is not, like philosophies, a system starting out from a few sharply defined basic concepts, seeking to grasp the whole universe with the help of these and, once it is completed, having no room for fresh discoveries or better understanding. On the contrary, it keeps close to the facts in its field of study, seeks to solve the immediate problems of observation, gropes its way forward by the help of experience, is always incomplete and always ready to correct or modify its theories. There is no incongruity (any more than in the case of physics or chemistry) if its most general concepts lack

clarity and if its postulates are provisional; it leaves their more precise definition to the results of future work (253-4).

So, all his work can be conceived of as continual research, characterized not only by its brilliance but also by the humility typical of the researcher who is always able to redefine his own provisional conclusions, giving rise to the apparently inexplicable and disturbing phenomena – the so-called interferences – which manifest themselves in the field of his observations.¹ Later generations of psychoanalysts have tried to emulate this scientific rigour and this spirit of research, from the early pioneers to the most recent developments of our own time.

Research is therefore an implicit condition of psychoanalysis, which is itself perennially poised between the courageous and perilous urge to explore the desert that is madness (Gaddini 1984) and the endorsement of consolidated and reassuring theoretical positions which sometimes risk turning into sclerotic dogmas or defensive bastions against the unknown. After all, as psychoanalysts, we are constantly engaged in a complex transition between highly turbulent mental conditions in which we are in search of something not yet known and where our negative capability is put sternly to the test, and calmer conditions where we satisfy our need to saturate the unknown by the use of memory and desire.

One aspect I would like to extrapolate from this brief preface therefore concerns an inescapable and intrinsic – but not linear – gradualness which marks out the way psychoanalytic research is conducted: a gradualness to which Gaddini refers in his illuminating 1984 paper, where he wonders if and how patients have changed in our time, describing psychoanalysts as an army of researchers forever marching along the paths of psychic suffering.² In the same paper he clearly restates the traditional Freudian view that, in psychoanalysis, the clinical situation is the most appropriate focus for research.

In the context I have set out here, I would now like briefly to illustrate the research project which the Italian Psychoanalytic Society is promoting, and which is founded on precisely these two conceptual pivots: the sense of gradualness and the clinical situation.

¹ Classically, this happened with the transference, which was initially regarded as an obstructive false-nexus indicating resistance to remembering, but later became the fulcrum of psychoanalytic therapy; while more recently it has also happened with the countertransference and with the concept of acting/enactment.

² During this journey, some of these pioneers, with their discoveries and with the original formulations which have resulted from them, have made complete breaks with previous conceptualisations. I will only cite some well-known examples here: Ferenczi, constantly researching the mutuality of the analytic process and committed to not imputing to the patient the sole responsibility for impasses in therapy, intuiting that repetition is as crucial as remembering; Klein courageously exploring the infant's internal world and psychotic phenomena, leading her to formulate the concept of «position» which went on to overturn the established notion of a linear libidinal development organized into phases; Bion's de-reification of metapsychological language and the importance he attached to the bi-personal encounter as an indispensable place for attributing meaning to feelings and emotions which thus become the building blocks of thought; Winnicott's intuition that there is «no such thing as a baby» but only a mother-infant couple within which an illusory and creative intermediate space takes shape – the transitional space – which is essential in enabling the human mind to come to terms with reality.

The basic tool of this project was fine-tuned by a Research Committee of the IPA – the Project Group for Clinical Observation (Altman M., Fitzpatrick-Hanly M.A., & Leuzinger-Bohleber M., 2012a) – with the aim of developing various possible improvements in the quality of clinical research by using a method – the Three-Level Model for Observing the Patient’s Transformations – which was conceived specifically for conducting systematic clinical observations of the transformations of patients in psychoanalytic treatment (and hence for improving analysts’ ability to listen and to elaborate – the so-called «second look») as well as for constructing a suitable tool for validating these observations (Expert Psychoanalytical Validation) (Leuzinger-Bohleber, Engels & Tsiantis, 2008). This research model has already been tried out with success in other psychoanalytic communities, and also applied to various studies with significant scientific relevance and important consequences on the institutional level (Leuzinger-Bohleber et al., 2010). It is based on work in groups discussing transformations within the analytic process, starting from a bottom-up research philosophy using a Three-Level oriented method.

The philosophy underlying this observational methodology is founded on the postulate, initiated by Freud, that the complete account of a case is still the most important form of scientific communication in the international psychoanalytic community, even though in recent years this type of report has had little space in international reviews, where priority tends to go to so-called «clinical vignettes».³

In a challenge to this tendency, the conceptual hinge around which the Project Group’s main effort has consolidated is the insistence that no credible alternative to the full drafting of a clinical case has yet been developed for adequately and «legibly» presenting and sharing – to the psychoanalytic community and others – the so-called «narrative truths» acquired over the course of a long psychoanalytic journey (Altman M., Fitzpatrick-Hanly M.A., & Leuzinger-Bohleber M., 2012b). However, it has at the same time introduced the group dimension and its elaborative work as the promoter of the theoretical re-signification which is indispensable if these observations are to be validated.⁴

In this connection, Gedo (2001) claimed

In my judgment Freud’s most lasting and valuable scientific contribution was not conceptual; hence it tends to be overlooked by nonspecialist historians. This achievement was the development of a novel observational method through which it became possible for the first time to gain reliable data about man’s inner life. From about 1890,

³ In this connection, some authors have emphasized that the growing disappearance of this old tradition of psychoanalysis as «clinical science» may be in part connected to the heated debate which has questioned the scientific validity of this type of clinical account (Thomä & Kächele, 1985).

⁴ See the considerable literature on the debate over the difference between «narrative», «historical», and «empirical» truth in psychoanalysis (Spence, 1982; Thomä & Kächele, 1985; Pfeifer & Leuzinger-Bohleber, 1986; Leuzinger-Bohleber 2002).

when he began to practice the «talking cure» invented by Breuer, it took Freud roughly twenty years to standardize a «psychoanalytic method» that permitted independent observers to collect such data. It is these unprecedented observations about mental functions and the control of human behavior that have defined the boundaries of psychoanalysis as a scientific domain. In other words Freud accomplished a methodological breakthrough whereby, single-handedly, he founded a new discipline (106-7).

Research into the process has therefore played a fundamental role in psychoanalysis since its origins. Indeed, Freud conceived of psychoanalysis as a theory of mind, a research method, and a form of clinical intervention. He further indicated the study of therapeutic treatment, rather than experimental investigation, as an appropriate context for research. The traditional database for research into the analytic process has therefore been the single case study. On the other hand, over the past few decades, there has been ever greater recognition of the specific problems associated with case studies as a source of knowledge: among these we find, for example, the potential loss of information intrinsic in the limitedness of the observations carried out from the viewpoint of the individual analyst who is conducting the treatment (Bucci, 2005, 518). Hence, a line of empirical research into process has become increasingly prominent, and may be able to give an answer to these problems, while a series of experiments has been started, based on the introduction in research of objective measurements into material transcribed or recorded in the analytic sessions.

This is not the place to analyse this type of study or its validity.

We need only consider that the method of the single case study and that of empirical research have begun to follow separate paths, developing autonomously on the one hand, but steadily diverging on the other so that they now hold positions that are very remote from one another. Indeed, while in one respect empirical research based on more objective measurement of the material (by audio-recording, for example) may contribute to «... bypassing the inevitable biases of the analyst as a contaminant of the data filter» (Wallerstein, 2001, 261), in another respect – since psychoanalytic «facts» are intrinsically subjective – it could instead have negative effects on clinical work since «... any attempt to submit the data of the sessions to the 'hard sciences' criteria, and treat them by derived techniques, is likely to destroy the very object of the research, and moreover could not be accepted as proof by the sceptics. Recordings (audio- or video-) are then banned, not only for ethical reasons (due to confidentiality), but also because such a situation, even with the explicit agreement of the patient, disturbs gravely the transference-countertransference relationship» (Perron, 2002, 16).

According to this last conception, research into psychoanalytic treatment should therefore be based solely on the clinical method which was adopted by Freud to create and develop psychoanalysis and follows the traditional method of case studies employed in medicine. However, while precise transcriptions of whole sessions can

often prove to be indispensable in theoretical-clinical discussions, they seem insufficient to convey the efficacy and complexity of an entire treatment and the outcomes achieved. On the other hand – as is clearly illustrated in the cases magisterially recorded by Freud – exhaustive accounts which show the unfolding of the analytic process are highly effective in conveying what psychoanalysis «really» is, the goals it pursues, and the kinds of transformation it can produce in patients (Leuzinger-Bohleber, Stuhr, Rürger et al., 2003).

How can we integrate all these aspects?

The philosophy underlying the method of research I am describing aims in the direction of overcoming the sterile dichotomy between narratable and measurable truths; a dichotomy which often takes the form of a very gradual trend in which the scientific status of the observed data would no longer depend on empirical verification and the correctness of the logical nexuses, but rather on the existence of a field of meanings which can only be experienced within, and confirmed by, the rules of narrative coherence. But the problems associated with this position – above all when it is held radically – are only too well known and include the arbitrariness of the clinical observations that are «stressed» in order to endorse a predetermined hypothesis or theoretical position; the risk of «hermetically» closed points of view; the narcissistic confirmation which takes the place of the capacity for self-critical reflection during the observational process; the fatal attraction to the description of «outstanding» cases which concluded positively, in contrast to the absence from the literature of accounts of treatments in which important difficulties were encountered or even resulted in therapeutic failures; the risk of unconscious «constructions» and falsifications (especially in training cases); and finally, complacent repetition and conformism in institutional discussions fitted to whichever mainstream theoretical principle prevails in a psychoanalytic community. This last fact has the consequence of causing the disappearance from the scientific panorama of unconventional, innovative ideas which are the harbingers of new metapsychological possibilities (Leuzinger-Bohleber et al., 2002; 2003; 2008, 2016).

The Committee therefore aimed to promote the most precise possible model of systematic clinical observation; a model that might be really helpful both for testing theory and for «constructing» it more creatively and originally, in the light of these historical presuppositions and given the many theoretical languages present today in psychoanalysis. In fact, the Three-Level Model for Observing the Patient's Transformations proposes a gradual progression which enables the working group to shed light on the possible blind spots in the analyst's understanding and to initiate the process of observation using a phenomenological language which attempts as far as possible to make use of these concepts within clinical practice, adopting «words» that may capture the «smallest common multiple» of the various theoretical options in existence

which related to that chosen concept (Altman M., Fitzpatrick-Hanly M.A., & Leuzinger-Bohleber M., 2012b).

In this context I shall cite Freud again, this time from *Instincts and their Vicissitudes*:

It is only after more thorough investigation of the field of observation that we are able to formulate its basic scientific concepts with increased precision, and progressively so to modify them that they become serviceable and consistent over a wide area. Then, indeed, the time may have come to confine them in definitions. The advance of knowledge, however, does not tolerate any rigidity even in definitions. Physics furnishes an excellent illustration of the way in which even 'basic concepts' that have been established in the form of definitions are constantly being altered in their content (1915, 117).

So, this method has the primary aim of enriching and refining the analyst's observational powers and capacity for working-through, focusing closely on the transformations which happen in the patient during analysis. The term 'transformation' is therefore initially used in the common sense of change or modification, and only in later stages of the group work are the various theoretical views of transformation included in the analysis of the observation. The patient's transformations always have priority, even though it is implicit that these occur within the reciprocal relationship with the analyst in a field dimension. They may obviously apply to multiple aspects and cover a vast range of questions such as: What changes? How does the change come about? When? Why? (Bernardi, 2013).

However, the research group's purpose is not specifically to answer these questions (many of these features are in fact exhaustively discussed from various conceptual perspectives in the literature), but rather to identify distinctive paths and modes by which better clinical observation may be able to contribute to furthering progress in the study of these questions (Bernardi, 2014).

The Three-Level Model is therefore fundamentally a heuristic method for refining, systematizing, and conceptualising clinical observations. Hence, it can be used both as a tool for personal reflection – when an analyst feels it necessary to develop a «second look» at the material (Baranger W., Baranger M., Mom, 1983) – and can, above all, be adopted as a protocol for the work of discussion groups who wish to develop the participants' capacity for clinical observation through systematic analysis of clinical material (Altman, 2013).

For a detailed description of the method I refer the reader to the many works on the subject (Altman de Litvan, 2014; Leuzinger-Bohleber, 2018), and will confine myself to a brief reminder that the model consists of three successive levels or steps as follows:

1. Phenomenological description of the transformations.

2. Identification of the main area of psychic functioning in which the change occurred.

3. Evaluation and comparison of the possible hypotheses that might explain the change.

The first step of the model is represented by the possibility of refining the ability to report the transformations which have occurred in an analysis through observation and a discussion of the phenomenological description of two or more reference points. The second level is characterized by the effort to identify the main area of psychic functioning within which these transformations do or do not occur. By contrast, the third step envisages the transformations occurring during an analysis as capable of being understood in accordance with different theoretical models of explanation. So, testing hypotheses could be considered as an attempt to explore and improve the observational basis of the theoretical hypotheses, to develop the ability to connect them critically with clinical observations and to make predictions or conjectures that may stimulate new clinical observations.

SCIENTIFIC AND INSTITUTIONAL OBJECTIVES OF THE CLINICAL OBSERVATION GROUPS

I would now like to summarise a few short-, medium- and long-term objectives of this bottom-up clinical-theoretical project, also highlighting their possible impact at an institutional level.

First of all, as is amply reported in the literature (Altman, Fitzpatrick-Hanly, Leuzinger-Bohleber, 2012a; Bernardi, 2013; Ungar, 2014), the groups based on the Three-Level Method help to develop the capacity for systematic observation of the analytic process. Indeed, they represent valuable tools focused on the psychoanalytic process for systematically capturing the psychic transformations of patients in analysis with observations and meetings for discussion repeated over time (Altman de Litvan, 2014).

Furthermore, they are helpful in promoting coherence between the theoretical-clinical hypothesis of the analyst presenting the case and its validation by the group. Indeed, work in the group allows the hypotheses and theoretical models of the analyst at work to be tested, as well as getting psychoanalysts from different theoretical backgrounds to engage in dialogue and discussion. Another related and by no means negligible feature is represented by the fact that this partly structured and focused work of collective oversight allows the transformative work of the analytic couple to be compared, and to assess whether or not transformations have happened on an intrapsychic and interpersonal level during the psychoanalytic treatment being observed and discussed.

Turning to the merits of the medium-term objectives of the clinical observation groups, I am prompted to emphasize that they allow us to refine the ability to illus-

trate clinical material fully and in a way that can be compared and evaluated by structuring it according to hypotheses that are discussed through the demonstration of the process.

In essence this is the so-called Expert Psychoanalytic Validation (Leuzinger-Bohleber, Engels & Tsiantis, 2008; Leuzinger-Bohleber, 2018), a method that takes its starting point from the rich psychoanalytic tradition which promotes supervision, and especially peer supervision, as an appropriate intersubjective practice for comparing individuals' intuitions and clinical observations. The purpose of the various forms of Expert Psychoanalytic Validation is to reflect critically on the influences of unconscious falsifications and the limits of our comprehension of the complexity of clinical material due to the impact of the countertransference and/or other phenomena of unconscious interference which may alter our capacity for listening and elaboration (blind spots, implicit theories, unconscious collusions with the patient).

Another, in my opinion fundamental, feature implicit in this form of observation is learning to integrate clinical practice more fully with theory since, in the first place, clinical observations are the foundation stone of any future possible theoretical elaboration and, in the second place, the theoretical model with which clinical phenomena and their possible developments are described and categorized must possess an internal coherence of its own.

Turning to the specific character of our institution – the Italian Psychoanalytic Society – the work of the research groups can foster a greater integration between the present and future generations of psychoanalysts and contribute to limiting the marginalisation of Members, involving analysts with differing levels of experience and from different Psychoanalytic Centres and making them work together, even on controversial aspects of clinical practice. In this way, scientific and educational activities also start to become interwoven, involving Candidates (from the fourth year of their training) and therefore bringing group work – the famous fourth pillar – concretely into their training, in a research perspective which really fosters a climate of greater freedom and creativity.

Lastly, the clinical observation groups have the long-term goal of progressively building up a shared outlook across all levels of the psychoanalyst's experience (a low-est common denominator for both a Candidate and a Training Analyst), marked by the constant interweaving of clinical observation and theoretical re-elaboration and at the same time inspired by reciprocal comparison and respect. All this allows us to develop the psychic attitude of researchers so that analysts address their clinical work with curiosity and humility and are prepared to let themselves be challenged by empirical evidence (Nicolò, 2018). Thus, they will learn a way of proceeding: for our purposes, therefore, «research» is a mental disposition to be aimed for both in the session and when reflecting on clinical material in après-coup.

CONCLUDING CONSIDERATIONS

Reflecting on the varied panorama of research in psychoanalysis, I think it is essential to revisit some of the aspects I have addressed and use them as the basis for setting out some concluding considerations.

Over time, as has been stressed by many authors (Malan, 1976; Shadish et al., 2000; Vinnars et al., 2005, 2013; Kim et al., 2006; Seybert et al., 2012; Kächele, 2013; Michels, 2013) there have been numerous pressures, both scientific and social, on the traditional corpus of psychoanalysis to set up clinical trials and undertake longitudinal studies which might demonstrate with greater transparency both the efficacy of the psychoanalytic method and what really happens in the therapeutic relationship. In particular, the disappearance of psychoanalysis as a scientific discipline from most universities and healthcare institutions (first in North America and then in Europe) has made it necessary to construct and carry out – above all, in Anglo-Saxon countries – randomized clinical trials in order to evaluate the effectiveness of therapies with a psychodynamic orientation (Lemma, Target & Fonagy, 2013). Around the world, critical voices have been raised in response to this impulse towards empirical research into psychoanalysis, expressing fears that clinicians' creativity will be impoverished and their spontaneity in daily practice will be rigidified. More specifically, there are those who glimpse the risk of an interference by the observational tools of research in the observed field, affecting the very outcome of the analytic process with consequent limitations on the richness and associative freedom of analysts who have been thoroughly trained on the personal, theoretical, and clinical levels.

On the other hand, in my opinion, psychoanalytic research should be accorded not only respect but also trust, because it represents the only way for our discipline to emerge from the shoals of a sterile debate about its scientific or hermeneutic basis, and courageously to address the redefinition of theories about etiopathology, metapsychological models, and theories about technique. In fact, this research activity allows us to focus our attention both on the intrapsychic and interpersonal phenomena which have determined and still determine the structure of the psychopathological organizations and on the factors at work in therapeutic action. The systematic analysis of the micro-processes and micro-interactions of the therapeutic couple at work can only help us to comprehend better what kinds of intervention will produce the best possible transformative effect in different clinical situations (Vigna-Taglianti, 2018).

Overall, we should look ahead in the awareness that psychoanalytic research can only bring «good news», since by honestly identifying what we are doing, and above all whether we are doing it in the best possible way, we can only improve our ability to really help our patients (Cooper, 1993; Busch, 2013).

SUMMARY AND KEY WORDS

From *Studies on Hysteria* onwards, Freud tried to lay down scientific foundations for psychoanalysis. All his work can be viewed as research informed by being able to re-define his own provisional conclusions, starting off from new phenomena that manifest themselves in the field of his own observations. Many other authors after him followed this line and maintained that the clinical situation is best suited for research in psychoanalysis. In light of this conceptual assumption, in this paper we explore the *Three-Level-Model for Observing the Patient's Transformations* and the research project based upon it which has been promoted by the Italian Psychoanalytic Society. Here, the scientific and institutional short-, medium- and long-term goals of the research groups based on the *Three-Level-Method* are explored. This is a heuristic method which has been conceived to carry out systematic clinical observations of the transformations of the patients in psychoanalytic treatment that can be used as a working protocol for discussion groups aiming to enhance, through a systematic analysis of the clinical material, the observational skills of the participants and to improve analysts' listening and capacity for working through – the so-called «second look».

KEYWORDS: Groups, three-level-model, observation, research, transformations.

GROUPES DE RECHERCHE SUR LES TRANSFORMATIONS DU PROCESSUS ANALYTIQUE.

Depuis les études sur l'hystérie, Freud a tenté de fonder la psychanalyse sur des hypothèses scientifiques. Tout son travail peut être conçu comme une recherche caractérisée par la mentalité de savoir redéfinir ses conclusions provisoires, en partant de nouveaux phénomènes qui se manifestent dans le champ de leurs observations. Beaucoup d'autres auteurs après lui ont suivi cette ligne et soutenu que la situation clinique est, en psychanalyse, la plus valable pour la recherche. À la lumière de cette prémisses conceptuelle sont expliquées dans cet article, *Three-Level-model for observing the patient's transformations* et le projet de recherche, fondé sur ce modèle, que la Société Psychanalytique Italienne est en train de promouvoir. Dans le document, sont également examinés les objectifs scientifiques et institutionnels à court, moyen et long terme des groupes de recherche sur la *Méthode à Trois Niveaux*: une méthode heuristique conçue pour effectuer des observations cliniques systématiques sur les transformations de patients en traitement psychanalytiques qui peut être adoptée comme un protocole de travail pour des groupes de discussion visant à renforcer, par l'analyse systématique de matériel clinique, les capacités d'observation des participants et améliorer la capacité d'écoute et de traitement – la soi-disant «deuxième regard» – des analystes.

MOTS CLÉS: Groupes, *Three-Level-Model*, observation, recherche, transformations.

LOS GRUPOS DE INVESTIGACIÓN SOBRE LAS TRANSFORMACIONES EN EL PROCESO ANALÍTICO.

Desde el Estudio sobre la histeria, Freud trató de fundar el psicoanálisis en presupuestos científicos. Se puede concebir toda su obra como una investigación caracterizada por la mentalidad de saber cómo redefinir sus propias conclusiones provisionales, a partir de los nuevos fenómenos que se presentan en su sector de observación. Muchos otros autores después de él siguieron la misma línea y afirmaron que la situación clínica es, en el psicoanálisis, la más válida para la investigación. En este marco conceptual se presentan, en este artículo, el *Three-Level-Model for Observing Patient's Transformations* y el proyecto de investigación que la Sociedad Psicoanalítica Italiana esta promoviendo. En este trabajo analizamos también los objetivos científicos e institucionales a corto, mediano y largo plazo de los grupos de investigación basados en el *Three Level Method*: un método heurístico destinado a conducir observaciones clínicas sistemáticas de la transformaciones de los pacientes analizados, que se puede adoptar como protocolo de trabajo en los grupos de debate, que potencien, a través del análisis sistemático de la documentación clínica, las capacidades de observación de los participantes, y mejoren las capacidades de escucha y de elaboración – la llamada «segunda mirada» – de los analistas.

PALABRAS CLAVE: Grupos, *Three-Level-Model*, investigación, observación, transformaciones.

DIE FORSCHUNGSGRUPPEN ZU DEN TRANSFORMATIONEN IM ANALYTISCHEN PROZESS.

Von den Studien über Hysterie an hat Freud versucht die Psychoanalyse auf wissenschaftliche Bedingungen zu gründen. Sein gesamtes Werk kann als ein Forschen verstanden werden, das sich durch ein Denken auszeichnet, welches die eigenen vorläufigen Schlussfolgerungen ausgehend von neuen Phänomenen, die im Feld der eigenen Beobachtungen auftreten, neu zu definieren weiß. Viele ande-

re Autoren nach ihm sind dieser Spur gefolgt und haben die Ansicht vertreten, dass die klinische Situation in der Psychoanalyse die für die Forschung valideste ist. Im Licht dieser konzeptuellen Voraussetzung werden in diesem Artikel das *Three-Level-Model for Observing Patient's Transformations* und das auf diesem begründete, von der Italienischen Psychoanalytischen Gesellschaft geförderte Forschungsprojekt illustriert. In der Arbeit werden zudem die kurz-, mittel- und langfristigen wissenschaftlichen und institutionellen Ziele der Forschungsgruppen untersucht, die auf der *Three-Level-Method* basieren: eine heuristische Methode zur Durchführung systematischer klinischer Beobachtungen über die Transformationen der Patienten in psychoanalytischer Behandlung, die als Arbeitsprotokoll für Diskussionsgruppen übernommen werden kann, welche darauf ausgerichtet sind, durch die systematische Analyse klinischen Materials die Beobachtungsfähigkeiten der Teilnehmer zu stärken und die Fähigkeit der Analytiker, zuzuhören und auszuarbeiten – den sogenannten «zweiten Blick» – zu verbessern.

SCHLÜSSELWÖRTER: Gruppen, *Three-Level-Model*, Beobachtung, Forschung, Transformationen.

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