

## THE DYADIC TRANSACTION

The Investigation into the Nature of the Psychotherapeutic Process

by Samuel Eisenstein, Norman A. Levy, and Judd Marmor  
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Once upon a time, in 1957, psychoanalyst Franz Alexander conceived the idea of using controlled naturalistic observation of psychoanalytic cases as a means of increasing our understanding of the psychotherapeutic process. Funding was obtained and the study begun.

The first year was spent developing an appropriate methodology. Cases were to be treated by Alexander, the principal investigator on the project. The therapist and members of an observational team were independently to fill out worksheets immediately following each session. The worksheet included seven major subsections—"Observer as person," "Free style chronological dynamic account of the hour," "Events of the hour," "Interventions," "Therapist as a person," "Intrapersonal processes," "Shifts and changes"—several of which had a number of subsections. Technical jargon was to be avoided; personal information on the feelings and attitude of the observers was to be recorded. Session transcripts and observer notes were time coordinated. For a while, the patient's galvanic skin response was recorded, and a keyboard was developed for the therapist to record his instantaneous reactions. The keyboard was soon discarded, however, as it was discovered that it interfered with the therapist's ability to concentrate on the patient. A coordinator took the various data and spent several days per session integrating them into a coherent description of what happened. The observer team and coordinator then met and reached a consensus as to what had occurred during a block of treatment.

After the year of methodological refinement, two patients were seen. One was a 35-year-old married psychologist with two sons whose chief complaints were anxiety headaches and recurrent im-

potence. Alexander treated him for 98 sessions while the team observed. This book is an account of that therapy. Unfortunately, something went awry, and the book was not completed for more than 35 years. We are not given a full account, but, evidently, the analysis of the data essentially stopped after Alexander's death. Presumably, it was taken up again many years later and completed. One imagines that either a gnawing conscience or the Zeigarnick effect, in which unfinished tasks linger, was active here.

The book consists primarily of blocks of session summaries followed by accounts of how the observer team and the therapist viewed the sessions. The two viewpoints are contrasted, so that we gain insight into the similarities and differences in their perspectives.

The therapist focused early on the patient's dependency needs and quickly indicated his wishes for the patient to become less "soft," more masculine. Already by the third session the therapist was making numerous interpretations regarding the patient's unconscious dependency needs and his conflicting wishes regarding wanting to be dependent on and also independent of his wife. The patient frequently complained about the pressure from the therapist to grow up and become a man, but the therapist saw the complaining, and many of the patient's symptoms, as attempts by the patient to get the therapist to take care of him. The therapist reported depreciatory feelings toward the patient at this point. The observers, meanwhile, felt that the patient fought, usually unsuccessfully, to get his viewpoint heard and then usually submitted to the therapist. They also felt that the therapist's focus on psychodynamic formulations led him to give "the impression often of not being aware of patient's immediate emotional reactions. As a result, he frequently appears unsympathetic and unempathic to patient's feelings" (p. 45). There was an implicit contradiction between the therapist's desire to have the patient accept his interpretations and his desire for the patient to be more "masculine" and less dependent.

Gradually, as the therapy progressed, the patient and therapist seemed to be in less conflict. The patient appeared to accept the

therapist's general viewpoint, while managing to stand up for himself on occasion. At some point, the therapist decided that the patient was essentially cured, and initiated a termination process. All objections by the patient to terminating were viewed as resistances to the patient's accepting his independence and as attempts to maintain dependency on the therapist. When the patient saw the therapist as immovable on this issue, he then chose to decide on the actual date of termination himself.

One of the especially interesting aspects of this case is that there were 10 follow-up sessions, over four years, after the therapy ended. One of these sessions was initiated by the patient, while others were initiated by the therapist, who usually used follow-ups to resolve unresolved conflicts that become clearer after termination. In each session, the patient started by complaining of symptoms that remained. He also expressed that he felt very hostile toward the therapist, which hostility he had been afraid to express during the treatment. The therapist always interpreted "that the patient was keeping his symptoms alive in order to convince the therapist that he needs more therapy, thus perpetuating a dependency on the therapist" (pp. 157-158) while also being accepting of the patient's angry feelings. The patient would seem reassured by the end of the session.

The last follow-up session was with a member of the team. During this session, the patient complained that he had not been ready to terminate but had complied. "He thought the therapist had made a serious mistake in terminating the therapy. He felt that the therapist underestimated his discomforts and symptoms" (p. 159). Perhaps a fair summary of the case is that of the authors:

This last interview seems to confirm the team's previous impression, that the patient had suppressed and repressed many feelings during the therapy, and that compliance was a major motivation in this patient's behavior during the therapy. However, it also confirms the therapist's opinion and the team's that the patient has made significant changes toward maturity. (p. 159)

As a psychoanalytic reader, I was horrified by the therapist's badgering the patient to conform to his point of view, while I was

filled with admiration that a therapist would open himself up so fully to the observation and critique of respected colleagues. If one shares the view of the patient and the observers, as I do, that much of the therapy was characterized by patient compliance, we are also faced with the need to acknowledge that, in many ways, the therapy was good enough. An imperfect therapy nevertheless led to considerable change in the patient. Unfortunately, most clinical theories do not do well explaining such phenomena.

As a psychotherapy researcher, I was filled with a sense of missed opportunities. This study was far ahead of much other psychotherapy research of the time. The development of a systematic qualitative methodology could have been of enormous benefit to the field in helping avoid the split between quantitative rigor that ignores clinical realities and clinical thinking that ignores the need for critical thinking, careful examination of evidence, and the confrontation of varying perspectives.

Unfortunately, the book does not appear to have been assembled in such a way as to have a major impact on the field. It is often unclear whose perspective we are being exposed to at a given point. For example, on page 61, after being thoroughly confused for ten pages, we are told that the material on pages 51 to 59 are in the therapist's own words. I'm still unclear as to what material was written by the observer team, the coordinator, or the book's authors (who may have been in the other roles; we are not told).

The study is also poorly integrated with current thinking. We are provided with an 11-page literature review chapter that mentions various psychotherapy research projects that have occurred since the present one was begun but neglects to mention any findings of these projects or to integrate the findings of this project with the extant literature. Similarly, the conclusion neither related this study to other research nor relates the case to current psychodynamic thinking. The case could usefully have been analyzed from the perspectives of object relations theory, interpersonal theory, or the unconscious plan approach of Weiss and Sampson (1986), but these analyses are not given. The only reference in the Conclusion is to Dollard and Miller's 1941 book on social learn-

ing. One has the feeling, that, with the exception of the literature review, the book has simply lain in a drawer for 30 years.

The resulting work has some value, nevertheless. It is still one of a very small number of cases described in sufficient detail that readers can form an informed independent assessment of the dynamics. Unlike most other such published cases, this one was not selected by the author to represent his or her best work. Thus, students can get a rare glimpse of a real therapy, warts and all, which can counter the idealized accounts that usually make trainees feel so inferior. Researchers can gain from pondering the current study and the advantages and disadvantages of its methodology. Those interested in qualitative research and in research-informed case studies (Soldz, 1990) could learn much. It would be nice if more of the raw material, including transcripts and research work sheets, were to be made available to qualified researchers. Then, perhaps, the potential of what could have been a landmark study would be realized.

#### REFERENCES

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