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Should supportive measures and relational variables be considered a part of psychoanalytic technique? Some empirical considerations

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This article presents some quantitative findings from a survey of 89 psychoanalysts (all members of the American Psychoanalytic Association or the International Psychoanalytical Association) about their own experiences in analysis. A comprehensive questionnaire was used to collect retrospective data about (1) how participants felt they benefited from their analyses and (2) how they remembered their analysts' technique, personality, and style of relating. A correlational analysis found that, according to our participants' ratings, the most beneficial analyses were associated with having a caring and emotionally engaged analyst who possessed positive relational and personality qualities, used supportive techniques in addition to classical techniques, and pursued therapeutic as well as analytic goals. Outcomes rated as successful were also associated with experiencing a good 'fit', a good working relationship, and a positive therapeutic alliance. Our results support the call for an expanded view of acceptable analytic technique (e.g. Schacter and Kächele, 2007).

Keywords: history of psychoanalysis, interpretation, psychoanalytic psychotherapy, research, therapeutic alliance

Introduction

Freud's theory of psychoanalysis provides a comprehensive theory of mind, psychopathology, and treatment that underpins three major psychodynamic approaches to therapy – traditional (or classical) psychoanalysis, expressive (or uncovering or insight-oriented) psychotherapy, and supportive psychotherapy. Each approach is associated with a specific set of techniques that uniquely define it (Kernberg, 1999; Robbins and Wallerstein, 1956). The techniques used in psychoanalysis, expressive psychotherapy, and supportive therapy are assumed to determine the extent and durability of the personality changes that can be achieved. Glover (1954) noted that, without some reliable way to define and standardize our treatment techniques, there can be no science of psychoanalysis.

The goal of classical psychoanalysis, internationally referred to as North American Ego Psychology, is to bring about the most extensive degree of insight and conflict resolution a patient can achieve (Knight, 1952). The psychoanalytic method is intended to revive in the transference the infantile origins of the patient's unconscious conflicts, which are resolved through interpretation (Fenichel, 1941; Gill, 1954; Glover, 1954; Nunberg, 1948;

Rangell, 1954; Stone, 1951). The analyst focuses on developing a 'psychoanalytic process' rather than on treating symptoms. The procedure is stressful (for the therapist as well as the patient) because it actively induces regression, arouses strong transference and countertransference feelings, and is largely carried out under conditions of abstinence, neutrality, and anonymity. Patients must have the requisite ego strength to tolerate the anxiety produced by the frustration of their wishes, the analyst's relative inactivity (e.g. silence), and the interpretation of their transferences, defenses, and unconscious conflicts. The relationship between the therapist and the patient is primarily understood in terms of the dynamics of transference and countertransference. Traditional technique is what is most often taught in psychoanalytic institutes that are affiliates of the American Psychoanalytic Association (APsaA). (See the Principles and Standards for Education in Psychoanalysis, 2008.)

Expressive psychotherapy utilizes similar techniques to those used in psychoanalysis although there is more focus on the patient's problems and external life. Technical neutrality may need to be abandoned in times of crises but is re-established as soon as possible (Kernberg, 1999). There is less pull for patients to develop a regressive transference neurosis because they are usually seen face-to-face and less frequently than in analysis. Robbins and Wallerstein (1956) differentiate expressive psychotherapy from psychoanalysis in the following way:

> Problems are projected against the transference screen, but a distinction is made between psychoanalysis as that technique which *analyzes* transference and resistance back to its genetic–dynamic roots, and analytically-oriented psychotherapy as that technique which *recognizes* transference and resistance and rationally utilizes this recognition in the therapy.
>
> (p. 254)

Although the results of expressive therapy are expected to be less extensive than the results of psychoanalysis, both forms of treatment are assumed to be capable of producing enduring (i.e. structural) personality change.

Supportive techniques are hypothesized to operate through different change mechanisms. They are intended to bolster the functioning of patients with permanently or temporarily weakened egos. Supportive techniques counteract regression, strengthen adaptive defenses, and provide a positive interpersonal relationship in which the therapist is interactive, offers practical help and guidance, and provides emotional reassurance and support (Dewald, 1964; Gill, 1951; Knight, 1952; Luborsky, 1984; Horwitz, 1974; Rockland, 1989; Robbins and Wallerstein, 1956).

In reporting on the findings of the Menninger Project, Wallerstein (1989) states that the establishment of a dependent, positive, need-gratifying attachment to one's therapist was an important change mechanism in supportive therapy and, to a lesser extent, in expressive therapy and psychoanalysis as well. Horwitz (1974) identified as important change mechanisms in supportive therapy the corrective emotional experience, need gratification, a wish to please the therapist (transference cure), and introjection of the therapist's ego and superego attitudes. Luborsky (1984; Luborsky and Luborsky, 2006)

identified several relational factors that he considered important supportive techniques, such as conveying to the patient a sense of liking, respect, understanding and acceptance. The therapeutic benefits of using supportive techniques are not expected to be permanent. One of the beginning assumptions in the Menninger Study (Horwitz, 1974) was that "structural" change can be achieved only through "a process of uncovering, insight, working through, and ultimately, conflict resolution" (p. 272).

There is considerable disagreement over whether supportive techniques are compatible with classical psychoanalytic technique. In principle they are logically contradictory in that one promotes regression and uncovers progressively deeper levels of psychic conflict, whereas the other does the opposite. A number of prominent analysts oppose the use of supportive techniques in psychoanalysis on the grounds that they dilute the analytic process, create obstructions to the acquisition of insight, strengthen resistances, counter regression, provide undesirable transference gratifications, promote dependency, and limit psychic growth and development (Brenner, 1976; Dewald, 1964; Glover, 1931; Fenichel, 1941; Kernberg, 1999; Nunberg, 1948). Others writers (Knight, 1952; Luborsky, 1984; Rockland, 1989) believe that supportive techniques and expressive techniques overlap and that supportive techniques should be used as clinically required. Wallerstein (1986) notes that the clinical maxim at the Menninger Foundation was "be as expressive as you can be, and as supportive as you have to be" (p. 668).

Adding fuel (and confusion) to this controversy are numerous psychotherapy research findings which show that (1) successful outcomes depend upon the development of a positive therapeutic alliance (Barber *et al*., 2000; Hovarth and Symonds, 1991; Hovarth and Luborsky, 1993; Hovarth and Bedi, 2002; Luborsky, 1994; Norcross, 2002), and that (2) therapeutic alliances are created by the therapist's use of supportive techniques (Freedman *et al*., 1999; Horwitz, 1974; Luborsky, 1984).

What techniques do analysts actually use?

Relatively little is know about the range of techniques analysts actually use in their practice because of the requirements of confidentiality. Most published accounts of psychoanalytic treatments are incomplete and rely on the observations of the treating analyst. Galatzer-Levy *et al*. (2000) call attention to several potential sources of bias in published reports:

- Many analysts do not fully describe what they do out of concern that their work might be considered unanalytical.
- Analysts who believe themselves to be engaged in similar work behave quite differently with patients.
- Analysts (like other therapists) say they do what they think they should do.

These authors call attention to such unanswered questions as:

- To what degree do analysts confine themselves to interpretive remarks?
- Does the focus on interpretation change over the course of treatment?
- How supportive is the analyst and in what ways?

- How active is the analyst?

Method

This study used a comprehensive self-report questionnaire to gather information about the techniques used by a sample of analysts (the majority of whom were training analysts) as recalled by their former analysands (all practicing psychoanalysts). Our participants' ratings are of course filtered through the lens of many years of introspection about their experiences as an analysand[1] and as an analyst. Moreover, many important psychoanalytic concepts do not have agreed upon definitions and are interpreted differently by different people. What we were seeking to find was a group of analysts who share a mainstream understanding of core psychoanalytic concepts by virtue of their training, personal experiences in analysis, and clinical practice. Our measures are not 'objective' in the sense of being made by impartial outside observers. Nonetheless, they are clinically meaningful in terms of being 'inside' accounts of what transpired in our participants' analyses.

We also looked at certain relationship variables that are not formally a part of standard technique or training, such as the 'fit' between the personality of the analysand and the analyst and the quality of their working relationship. Our findings indirectly bear on long-standing controversies about:

- the essential components of psychoanalytic technique
- the types of interventions that are most therapeutically helpful
- the role of relational and personality variables in analysis
- the consequences of using supportive techniques
- the effects of pursuing therapeutic goals

Design

This project had two broad objectives:

- To develop a comprehensive questionnaire[2] that could be used by other investigators for studying the effectiveness of psychoanalysis
- To give the questionnaire to a group of experienced analysts to see what could be learned from their recollections of (a) how they benefited from their personal analyses; (b) what techniques their analysts employed; (c) the nature of their working relationship with their analysts; (d) the feelings they had during their analyses; and (e) their sense of 'fit' with their analyst.

The questionnaire consisted of 287 questions, some factual, some open-ended, and many in the form of rating scales. The narrative answers to the open-ended questions will be discussed elsewhere. Because our questions have only face validity, we tried to ask them in a very straightforward manner.

[1]The majority of our participants reported having more than one analysis, which is a common research finding among psychoanalysts (Curtis *et al*., 2004; Shapiro, 1976; Tessman, 2003).

[2]A copy of the questionnaire can be obtained by emailing Marshall Bush at <drmbush@pacbell.net>

In this article we examine the intercorrelations between the ratings made about outcome, the analysand's feelings during the treatment, and the treating analyst's technique, personality and manner of relating to the participant. These relationships do not necessarily reflect the participants' own theories about what analyst behaviors most influenced their outcomes.

Instruments

Our questionnaire was constructed in the following way. It began with a series of factual questions about age, gender, length of the analysis, frequency of sessions, time since termination, years in practice, whether the treatment was a training analysis, how the decision to terminate was made, gender of the treating analyst, and how one's analyst was chosen. Participants were then asked to make ratings about variables that have been hypothesized to affect analytic outcome, such as their sense of 'fit' with their analyst, the quality of their working alliance, and the degree to which the relationship with their analyst became internalized. There next followed a number of global and specific outcome ratings, a variety of questions about the treating analyst's technique, and a series of questions about the analysand's feelings during the analysis. The technique questions attempted to cast as wide a net as possible in terms of technique variables discussed in the psychoanalytic literature. They included items mentioned in the Training Standards of APsaA as well as items solicited from faculty members of the San Francisco Center for Psychoanalysis (SFCP).

The global outcome questions asked about overall satisfaction with the results of one's analysis, degree of life improvement and degree of problem improvement. The specific outcome questions asked about various types of personality changes that could be considered 'structural'. We also asked about the degree to which participants felt that their analysts understood and helped them achieve their therapeutic goals, in addition to trying to foster an analytic process. By therapeutic goals we refer to the problems analysands wanted to get help with. The questions about feelings did not ask participants to try to parse the transference from the non-transference aspects of how they remembered feeling during their analysis, although we assume that their answers reflected an amalgam of both.

The questionnaire went through three iterations. The first version was shown to students and colleagues at SFCP who made many helpful suggestions for change. The first 12 analysts who agreed to participate in this study were also asked for detailed feedback about potential problems with the questionnaire and for suggestions for fixing them. The remainder of the participants completed the final version of the questionnaire on which this report is based.

Participants

Participants were recruited in the following way. An email or fax was sent to all members of the APsaA (approximately 3,200) who listed an email address or fax number in the Roster for the year 2000. In addition, invitations were

sent to the 99 members of the Research Training Seminars (RTS) of the International Psychoanalytical Association (courtesy of Horst Kächele). Participants were guaranteed confidentiality and sent an honorarium of $150.[3] Twenty RTS members (20 percent) agreed to participate, as did 83 members (.05 percent) of the APsaA. We do not know how responders differed from non-responders.[4] We only know that the majority of responders gave as their reason for participating a desire to contribute to psychoanalytic research, which is probably not characteristic of all members of APsaA. Everyone who accepted the invitation was sent a questionnaire, and nearly everyone who received a questionnaire completed it. Respondents were asked to report on their most recent experience in analysis. The questionnaires were completed between June 2000 and March 2002. Participants were told that they could fill out the questionnaire by hand, on a word processor, or by audio recording (which a few analysts chose to do). They were also told to skip questions they felt uncomfortable answering and to qualify, modify, and expand the questions so that their answers reflected the true nature of their analytic experience.

The data analysis presented here is based on a sample of 89 analysts who completed the final version of the questionnaire.[5] Because a number of respondents either chose not to answer or inadvertently skipped a few questions, there is a small amount of missing data.[6] The average age of the participants was 59. The mean number of years in practice was 22. There were 56 males, 31 females, and two who did not specify their gender. Eighty-five percent indicated that they were reporting on their training analysis. Eighty-two percent indicated that their analysts were male. The average length of the analyses reported on was 6.4 years. The average frequency of sessions per week was 4.2. The average time since termination was 19 years, with a range from less than one year to 53 years. Most of the participants described their analysts' theoretical orientation as primarily classical (66 percent) or primarily Kleinian (17 percent), although these descriptions were frequently qualified.

Results

There were no significant differences on any of our scales when we compared the results for males and females and for different age groups. The participants belonging to the Research Training Seminars were significantly younger (Mean Age = 50) than those belonging to the APsaA (Mean Age = 62), had longer analyses (M = 7.38 years vs. M = 6.15 years), and had been in practice for a fewer number of years (M = 15 years vs. M = 24 years). They rated their analysts significantly higher on the use of

[3]The honorariums and statistical consultation fees were provided by a grant from the Windholz Foundation. The statistical consultants were Dr. Ira Lansing and Fred Loya.

[4]In order to preserve confidentiality, participants were not asked to identify the institutes at which they trained or to which they now belong. After the data was collected, all identifying information was destroyed and code numbers were assigned to each questionnaire.

[5]Two subjects were excluded from the data analysis because they skipped too many questions.

[6]Mean scores were used to replace the missing data.

analytic technique (M = 3.13 vs. M = 2.96, $p < .05$). The average age of the APsaA participants was nearly identical to the average age of the APsaA Membership in June 2002 (61.7 years old).[7]

Outcome scores

Outcome was measured by three global outcome questions and 23 specific improvement questions, each rated on 5-point scales. The global outcome ratings reflected the participants' assessment of how much their lives and problems improved as the results of their analyses and how satisfied they felt with the outcome. The three global outcome questions were averaged to create a single Global Outcome Score. The Cronbach's Alpha reliability coefficient for the Global Outcome Score was .79.

A Specific Improvements Score was calculated by averaging the ratings on 23 questions that asked about specific behavioral changes, such as resolving symptoms and inhibitions, being able to work more effectively, enjoying more satisfying sexual relations, greater emotional intimacy with others, feeling more integrated as a person, increased ability to be assertive, feeling more in touch with one's feelings, increased ability to enjoy oneself, increased control over one's life, increased capacity to analyze one's own behavior, etc. The Cronbach's Alpha for the Specific Improvements Score was .94. Specific Improvements correlated .61 ($p < .001$) with Global Outcome.

As a group our participants felt reasonably satisfied with the outcomes of their analyses. Their mean satisfaction score of 3.8 falls between 'Moderately satisfied' and 'Very satisfied'. The average specific improvement score was 3.9, which falls between 'Moderate' and 'Considerable improvement'. These outcome findings are comparable to those reported by Shapiro (1976) and Curtis *et al*. (2004). We also obtained similar outcome findings from a random sample of 200 members of the APsaA, 103 of whom responded to our three global outcome questions. This level of satisfaction may be characteristic of analysts who respond to this type of survey.

Two analytically oriented outcome questions – 'To what degree are you aware of having internalized your relationship with your analyst?' and 'To what extent did you take your analyst as a role model?' – looked at different aspects of the internalization process. Internalization of the analytic relationship should be reflected in an awareness of a continuing inner dialogue with one's analyst. Taking one's analyst as a role model refers to a learning process, which involves modifying one's behavior so as to become more like one's analyst. The global outcome score correlated significantly with both of these questions ($r = .34^{**}$ for internalization and $r = .37^{**}$ for taking one's analyst as a role model). The specific improvements score correlated significantly ($r = .27^{*}$) only with taking one's analyst as a role model.

[7]The average age of the APsaA membership in 2002 was provided courtesy of Ms. Debra Steinke Wardell.

Analyst technique scales

Our questionnaire contained 57 questions that asked about the treating analysts' technique and behavior. Each question was rated on a 1 to 5 scale, with 1 being 'Uncharacteristic' and 5 being 'Characteristic'. The technique questions were grouped into five scales: (1) Classical Techniques (24 items), (2) Supportive Techniques (14 items), (3) Positive Relational Qualities (14 items), (4) Positive Personality Characteristics (five items), and (5) Helpful Insight (two items). The classical technique and supportive technique questions were selected according to the definitions reviewed earlier in the paper. The positive relational qualities and positive personality qualities were selected according to empirically determined therapist characteristics that have been found to contribute to therapeutic success (Norcross, 2002). The insight items were treated separately because insight can arise from a variety of different techniques.

The items that comprise each subscale are presented in Appendix A. They are listed in rank order according to their mean values relative to all of the technique items. Items with higher means were more characteristic of the treating analysts.

The items comprising the Classical Technique Scale reflect observance of the principles of neutrality, anonymity and abstinence and an interpretive focus on defense, transference, and unconscious contents (conflicts, fantasies, feelings, impulses, and irrational ideas). The Cronbach's Alpha for this scale was .89.

The items comprising the Supportive Technique Scale reflect responsiveness to the analysand's needs and attempts to be practically helpful and reassuring. The Cronbach's Alpha for this scale was .87.

The items comprising the Positive Relational Qualities Scale reflect desirable relational capacities that help an analysand to feel respected, accepted, listened to, empathically understood, emotionally responded to, and granted the freedom to think for themselves and not to have to agree with the analyst. The Cronbach's Alpha for this scale was .88.

The items comprising the Positive Personality Qualities Scale reflect attractive personality qualities, such as seeming natural, warm, friendly, self-confident, optimistic and happy. The Cronbach's Alpha for this scale was .70.

The Helpful Insight scale contains two items that reflect the helpfulness and the comprehensiveness of the insight acquired. The Cronbach's Alpha for this scale was .75.

The means and standard deviations for the technique scales and outcome scores are presented in Table 1, as are their intercorrelations. To compare the degree to which the treating analysis used these different techniques (according to our participants' recollections), we conducted a multivariate analysis of variance (MANOVA), with each technique scale entered as a separate dependent variable. The resulting MANOVA was significant indicating that participants recalled their analysts as using these techniques to significantly different degrees. We then performed a series of planned pairwise comparisons to assess the significance of the differences between the mean technique scores. We applied Scheffe's test to these comparisons to control for familywise error across all possible mean contracts. We found

Table 1. Means, Standard Deviations, and Intercorrelations of Therapeutic Technique and Outcome Variables

Variable	M	SD	1	2	3	4	5	6	7	8	9
1. Global Improvements	3.75	0.78	–								
2. Specific Improvements	3.89	0.65	.61***	–							
3. Classic Analytic Technique	3.03	0.61	.40***	.43***	–						
4. Supportive Technique	3.24	0.72	.25*	.19	.00	–					
5. Positive Relational Qualities	3.99	0.68	.58***	.43***	.19	.65***	–				
6. Positive Personality Qualities	4.06	0.70	.33**	.13	.11	.53***	.55***	–			
7. Acquisition of Insight	4.10	0.82	.65***	.47***	.39***	.33**	.71***	.44***	–		
8. Internalized Relationship	3.63	0.92	.34***	.20	.22*	.28**	.35***	.35***	.32**	–	
9. Identified with Analyst	3.26	0.91	.37***	.27*	.30**	.37***	.36***	.35***	.31**	.56***	–

Note. N = 89. *p < 0.05; **p < 0.01; ***p < 0.001

that the mean for supportive technique was slightly (M = 3.2) but not significantly higher than the mean for classical technique (M = 3.0; t = 2.13, ns), which suggests that our participants recalled their analysts as using supportive techniques as often as they used classical techniques. The means for positive relational qualities (M = 4.0), positive personality qualities (M = 4.1), and helpful insight (M = 4.1) were all significantly higher than the means for classical (M = 3.0) or supportive technique (M = 3.2), which indicates that these attributes were remembered as being more characteristic of their treating analysts than either classical or supportive techniques.

The classical technique scale does not correlate with the scales for supportive technique, positive relational qualities, or positive personality qualities, which suggests that it likely represents a unique 'analytic' factor. The scales for supportive technique, positive relational qualities, and positive personality qualities correlate substantially with each other, which suggests that they probably represent a common interpersonal factor. The previously mentioned technique scales all correlate significantly with the analyst providing helpful insight. The high correlation between Positive Relational Qualities and Helpful Insight (r = .71, p < .001) raises interesting questions about how to account for the relationship between insight and the interpersonal relationship between the analysand and analyst.

In relation to outcome, classical technique, positive relational qualities and helpful insight correlate significantly with all outcomes measures. Supportive technique and positive personality qualities correlate significantly with global outcome, internalization of the analytic relationship, and modeling oneself after one's analyst, but not with the specific improvements. This correlation pattern shows that, from a statistical vantage point, outcome (as reported by the analysands) is as strongly related to the analyst's manner of relating as it is to the acquisition of insight and the analyst's use of classical technique.

Two hierarchical regression analyses were performed in which the technique scales were used as independent variables and the two main outcome

Table 2. Summary of Hierarchical Regression Analyses of the Effects of Therapeutic Technique on Outcome

Variable	Total R^2	ΔR^2	*B*	*SE B*	β
Criterion Variable: Specific Improvements					
1. Classic Analytic Technique	0.18	0.18***	0.45	0.10	0.43
2. Supportive Technique	0.22	0.04*	0.17	0.09	0.19
3. Positive Relational Qualities	0.31	0.09**	0.39	0.12	0.42
4. Positive Personality Qualities	0.32	0.01	−0.13	0.10	−0.14
5. Acquisition of Insight	0.34	0.02	0.16	0.11	0.20
Criterion Variable: Global Improvements					
1. Classic Analytic Technique	0.16	0.16***	0.51	0.13	0.40
2. Supportive Technique	0.22	0.06**	0.27	0.10	0.25
3. Positive Relational Qualities	0.43	0.21***	0.71	0.13	0.62
4. Positive Personality Qualities	0.43	0.00	0.06	0.11	0.05
5. Acquisition of Insight	0.49	0.06**	0.35	0.12	0.38

Note. N = 89. ΔR^2 effect size: 0.01 = small, 0.06 = medium, 0.14 = large.
*p < 0.05, ** p < 0.01, ***p < 0.001.

scores as dependent variables. Summaries of these analyses are presented in Table 2. Classical Technique was entered as the first predictor because we wanted to see if any additional variance in outcome would be accounted for by adding supportive techniques and relational variables as predictors. As anticipated, classical technique accounts for a significant amount of the variance in both the Global Outcome and Specific Improvements scores. Adding Supportive Techniques as a second predictor leads to a statistically significant increase in the R2 with both outcome scores, as does adding Positive Relational Qualities as a third predictor. Positive Personality Qualities does not further increase the amount of variance accounted for in either outcome score, although Helpful Insight does in relation to Global Outcome. These analyses indicate that supportive techniques and positive relational qualities statistically account for additional outcome variance beyond that accounted for by classical technique.[8]

Relationship scales

Our survey contained two questions about the working relationship between patient and analyst that were rated on 5-point scales: (1) 'How often did you feel you had a good working relationship with your analyst?' and (2) 'How often did you feel you were in a struggle with your analyst?' The majority of participants felt they had a good working relationship most of the time and were seldom in a struggle with their analyst.

We also derived a Positive Alliance Scale and a Negative Alliance Scale from 25 questions that asked about feelings participants remembered having towards their analysts. The Positive Alliance score was derived by averaging the participants' ratings on 13 questions that involved positive feelings. It had a Cronbach's Alpha of .91. The Negative Alliance was derived by summing the participants' ratings on 12 questions that involved negative feelings. The Cronbach's Alpha for this scale was .83. Both of these scales are contained in Appendix B.

Another relational variable we looked at was the participants' ratings on two questions about fit ('How would you rate the goodness of "fit" between you and your analyst?' and 'How important was the fit in determining the outcome of your analysis?'). We are aware that fit fluctuates over time according to the issues being worked on. We assumed that our participants' responses would reflect an intuitive weighing of their sense of fit over the course of their analyses. The majority of our participants (83 percent) felt they had a good or excellent fit with their analyst and that fit was of considerable or great importance in determining the outcome of their analysis (72 percent).

The intercorrelations between the relationship and outcome measures are presented in Table 3. Positive alliance correlates very significantly with having a good working relationship ($r = .71$, $p < .001$) and with fit ($r = .66$, $p < .001$), and negatively with negative alliance ($r = -.59$, $p < .001$) and frequent struggle with analyst ($r = -.32$, $p < .01$). Fit shows the same pattern

[8]It should be borne in mind that the results of this type of regression analysis are determined by the order in which the variables are entered.

Table 3. Means, Standard Deviations, and Intercorrelations of Therapeutic Relationship and Outcome Variables

Variable	M	SD	1	2	3	4	5	6	7	8	9
1. Global Outcome	3.75	0.78	–								
2. Specific Improvements	3.89	0.65	.61***	–							
3. Positive Alliance	4.03	0.70	.57***	.46***	–						
4. Negative Alliance	2.00	0.65	−.48***	−.27*	−.59 ***	–					
5. Good Working Relationship	4.27	0.84	.54***	.41***	.71***	−.69***	–				
6. Frequency of Conflict	2.25	1.07	−.21	−.08	−.32**	.59***	−.39***	–			
7. Goodness of Fit	4.13	0.90	.49***	.38***	.66***	−.58***	.63***	−.38***	–		
8. Internalized Relationship	3.63	0.92	.34**	.20	.41***	−.07	.34**	.08	.33**	–	
9. Identified with Analyst	3.26	0.91	.37***	.27*	.49***	−.12	.29*	−.01	.43***	.57***	–

Note. N = 89. *p < 0.05; **p < 0.01. ***p < 0.001

of correlations as positive alliance and may contribute to the formation of a positive alliance, as suggested by Shapiro (1976). The four outcome measures correlate significantly with having a positive alliance, a good working relationship and a good fit. These results are consistent with the conclusions of other researchers and theorists (Hausner, 2000; Horwitz, 1974; Luborsky, 1984; Luborsky *et al*., 1988; Meissner, 1991, 1996) who find that a successful outcome and the likelihood of internalizing the analytic relationship are related to the therapist's ability to establish and maintain a positive alliance.

Table 4 contains the intercorrelations between the relationship and the technique scales. Classical technique has the fewest and smallest significant correlations with the relationship scales, which implies that its use is relatively relationship independent. Supportive techniques, positive relational qualities, positive personality qualities and helpful insight all correlate very significantly with measures of a positive patient–analyst relationship. As would be expected, frequency of conflict and negative alliance correlate positively with each other (r = .59***) and negatively with acquiring helpful insight (r = −.23*, r = −.51***). Classical technique was the only technique scale to correlate positively with finding analysis a painful experience (r = .26*) and feeling afraid of one's analyst (r = .23*) in contrast to supportive technique, positive relational qualities, and positive personality qualities, all of which correlated negatively with finding analysis painful (r = −.35***, r = −.34***, r −.26*) and being afraid of one's analyst (r = −.30**, r = −.43***, r = −.28**). This pattern of correlations is consistent with the recognition that classical analysis is stressful. It also supports Meissner's (1996) contention that analytic interventions should be made in the context of a supportive relationship if the analyst is to preserve the therapeutic alliance.

Pursuit of therapeutic goals in analysis

Two questions asked about the extent to which the treating analyst focused on therapeutic as well as analytic goals: (1) 'To what extent did your analyst actively try to help you overcome your problems and achieve your therapeutic goals?' and (2) 'To what extent was your analyst primarily concerned with fostering an analytic process?' The five scale points for rating these questions went from 'Minimally' to 'Almost Always'. The mean for analytic focus was higher than the mean for therapeutic focus (3.97 vs. 3.57), although both would be considered moderately characteristic of the treating analysts. The lack of correlation between these two questions (r = .14, p = ns) implies that they are independent factors, i.e. they may or may not go together.

The intercorrelations between these two questions, the technique scales and the primary outcome measures are presented in Table 5. Pursuing therapeutic goals correlates significantly with the use of supportive techniques (r = .47***), positive relational qualities (r = .43***), positive personality qualities (r = .27*), and helpful insight (r = .32***), but not with the classical technique scale (r = .13). Pursuing an analytic process correlates significantly with the use of classical techniques (r = .39***), positive relational qualities (r = .27*), and helpful insight (r = .45***), but not with

Table 4. Means, Standard Deviations, and Intercorrelations of Therapeutic Relationship and Therapeutic Technique Variables

Variable	M	SD	1	2	3	4	5	6	7	8	9	10
1. Classic Analytic Technique	3.03	0.61	–									
2. Supportive Technique	3.24	0.72	.00	–								
3. Positive Relational Qualities	3.99	0.68	.21	.65***	–							
4. Positive Personality Qualities	4.06	0.70	.10	.53***	.56***	–						
5. Acquisition of Insight	4.10	0.82	.38****	.33**	.72***	.44***	–					
6. Positive Alliance	4.03	0.70	.28**	.63***	.79***	.61***	.63***	–				
7. Negative Alliance	2.00	0.65	.06	−.37***	−.67***	−.52***	−.51***	−.59 ***	–			
8. Good Working Relationship	4.27	0.84	.14	.46***	.70***	.61***	.66***	.71***	−.69***	–		
9. Frequency of Conflict	2.25	1.07	.12	−.16	−.28**	−.30**	−.23*	−.32**	.59***	−.39***	–	
10. Goodness of Fit	4.13	0.90	.31**	.44***	.74***	.48***	.64***	.66***	−.58***	.63***	−.38***	–

Note. N = 89. *p < 0.05; **p < 0.01. ***p < 0.001

Table 5. Means, Standard Deviations, and Intercorrelations of Analyst's Technique, Analyst's Pursuit of the Analytic Process and Therapeutic Goals, and Outcome Variables

Variable	M	SD	1	2	3	4	5	6	7	8	9
1. Global Outcome	3.75	0.77	–								
2. Specific Improvements	3.89	0.65	.40***	–							
3. Classical Analytic Technique	3.03	0.61	.25*	.43***	–						
4. Supportive Technique	3.24	0.72	.58***	.19	.00	–					
5. Positive Relational Qualities	3.99	0.68	.33**	.43***	.18	.65***	–				
6. Positive Personality Qualities	4.06	0.70	.66***	.14	.11	.53***	.55***	–			
7. Acquisition of Insight	4.10	0.82	.31**	.47***	.39***	.33**	.71***	.44***	–		
8. Pursued Therapeutic Goals	3.57	1.08	.38***	.30**	.13	.47***	.43***	.27*	.32**	–	
9. Pursued Analytic Process	3.96	0.88	.61***	.37***	.39***	−.10	.27*	.06	.45***	.14	–

Note. N = 89. *p < 0.05; **p < 0.01. ***p < 0.001

Table 6. Summary of Hierarchical Regression Analyses of the Effects of Therapeutic Orientation on Outcome

Variable	Total R^2	ΔR^2	*B*	*SE B*	β
Criterion Variable: Global Improvements					
1. Primarily Pursued Analytic Process	0.14	0.14***	0.33	0.09	0.37
2. Actively Pursued Therapeutic Goals	0.21	0.07**	0.19	0.07	0.26
Criterion Variable: Specific Improvements					
1. Primarily Pursued Analytic Process	0.14	0.13***	0.27	0.07	0.37
2. Actively Pursued Therapeutic Goals	0.19	0.07**	0.16	0.06	0.25

Note. N = 89. ΔR^2 effect size: 0.01 = small, 0.06 = medium, 0.14 = large.
*p < 0.05, ** p < 0.01, ***p < 0.001.

positive personality qualities (r = .06) or supportive techniques (.r = −.10). As might be expected, analysts who were experienced as being primarily interested in fostering an analytic process were also rated as making greater use of classical technique, whereas analysts who were perceived as actively trying to help their patients achieve their therapeutic goals were rated as making greater use of relational and supportive techniques. These seem to be two different, but not incompatible ways of working that may or may not be combined.

Both analyst orientations correlate significantly with the global and specific outcome scores, although the correlations are higher for the analytic orientation. If both orientations are used as predictors in a hierarchical regression analysis, adding the pursuit of therapeutic goals to the pursuit of an analytic process significantly increases the amount of outcome variance accounted for in the outcome measures (see Table 6). Within this sample of analysts, pursuing therapeutic goals in addition to an analytic process is associated with better outcomes than pursuing analytic goals alone. In fact, just feeling that your analyst understands your therapeutic goals[9] correlates significantly with the global (r = .49***) and specific outcome scores (r = .43**).

Discussion

Our findings raise important questions. Is it time for analysts to reconsider the value of using supportive techniques and helping patients pursue their therapeutic goals and solve their life problems? Should analysts give more careful consideration to the role of the therapeutic alliance and other personality and interpersonal variables, such as 'fit' or 'match'? The limitations of this study preclude our being able to provide answers because one cannot draw causal inferences from correlational data alone. We only know how a group of experienced analysts evaluated their analytic outcomes and recalled their analysts' behaviors and their own emotional reactions during analyses.

The majority of our participants reported feeling satisfied with their analytic outcomes and made many positive personality changes. Interpersonal

[9]One question asked: 'To what extent did your analyst seem to understand your therapeutic goals?'

factors, such as positive relational and personality characteristics on the part of the treating analysts, were significantly correlated with positive outcome, as were the use of analytic techniques, supportive techniques and the acquisition of helpful insight. An interesting finding was that the acquisition of helpful insight was more strongly correlated with interpersonal variables (positive relational qualities, positive personality qualities, a strong therapeutic alliance, having a good working relationship and a good fit) than with the use of analytic technique. This finding raises questions about how insight arises in psychoanalysis.

The use of supportive techniques made an independent statistical contribution to outcome beyond the variance accounted for by the use of analytic technique alone. Both types of technique were remembered as being equally characteristic of the treating analysts, although they appear to represent different ways of working that can be used singly or together. Many of the treating analysts were rated as actively helping analysands pursue their therapeutic goals in addition to pursuing an analytic process. Pursuing therapeutic goals made an independent statistical contribution to outcome, beyond the variance accounted for by pursuing an analytic process. The ratings for 'goodness of fit' and the scores for the therapeutic alliance correlated significantly with each other and with the outcome scores, which speaks to the importance of relational and personality variables in psychoanalysis.

One general finding was that the treating analysts, the majority of whom were described as traditional training analysts, commonly used an amalgam of classical, supportive and relational techniques. Treatment techniques that theoretically do not belong in traditional analysis (using supportive measures and helping patients achieve therapeutic goals) or are not a part of its explanation of cure (maintaining a positive therapeutic alliance and attending to the effects of match on the analytic process) correlated positively with how our participants viewed their outcomes. In fact, the best self-reported outcomes were associated with analysts who maintained a positive therapeutic alliance and combined the use of supportive techniques and positive relationship skills with the use of classical technique.

Within our sample of analysts, how analysis is commonly taught and portrayed was not consistent with our participants' memories of their analysts' behavior. This finding suggests to us that many of the treating analysts used whatever techniques best met the needs of their analysands, i.e. that they were more pragmatic than purist in the way they conducted analysis. Marianne Leuzinger-Bohleber (2002), reporting on the results of a very large German psychoanalytic outcome study, came to the following conclusion:

> The idiosyncrasy of the different psychoanalytic processes and outcomes is amazing. We have the impression that these processes can lead to a satisfactory outcome if the analyst is capable of a skilful adaptation of his psychoanalytic technique to the individual characteristics, needs and conflicts of his specific patient, and can avoid following in a rigid and narrow way his own 'stereotyped' technique or his ideological view of how psychoanalysis should be.
>
> (p. 163)

It is worth noting that classical technique, compared to supportive technique, was less related to having an analyst who displayed positive relational and personality qualities. It had a smaller correlation with having a positive alliance (r = .28**) than supportive technique (r = .63***) and no significant correlation (r = .14) with the rating for having a good working relationship, which correlates .46*** with supportive technique. This finding can be looked at in different ways:

- Classical technique may depend less on maintaining a positive working relationship or having a good fit in order to be effective.
- The requirements of neutrality, anonymity, and abstinence may interfere with the development of a positive working relationship.
- The smaller correlations between classical technique and positive relationship variables may be a reflection of the personalities of the treating analysts.

It is hard to know how generalizable these findings are. Our participants were self-selected, partly on the basis of their interest in contributing to psychoanalytic research. This fact alone may set them apart because many analysts consider empirical research irrelevant to clinical psychoanalysis. Such indifference has a long history, going back to Freud's dismissal of the need for empirical confirmation of his theories by scientific research. According to Wallerstein (2009), Freud "stated that such confirmatory evidence was not needed, since psychoanalysis rested on such a wealth of positive clinical experiences" (p. 110).

Our findings have relevance for disagreements in the literature about such questions as whether relational concepts such as therapeutic alliance (Abend, 2000; Brenner, 1979; Friedman, 1969; Hoffer, 2000) and 'match' (Vaughan and Roose, 2000) have value for psychoanalysis, whether supportive techniques should be used in the analysis of treatable neurotic patients (Brenner, 1976; Dewald, 1964; Kernberg, 1999; Torsti-Hagman, 2008), and whether analysts should pursue therapeutic goals (Renik, 2000; Sandler and Dreher, 1996). What we found is consistent with what other investigators have found: (1) personality 'fit' (Kantrowitz, 1986, 1993, 2002; Leuzinger-Bohleber and Target, 2002; Shapiro, 1976) and the quality of the therapeutic alliance (Horwitz, 1974; Luborsky, 1994; Nuetzel *et al.*, 2007;) are strongly related to our participants' experience of outcome, and (2) the use of supportive techniques in psychoanalysis and can lead to the same types of enduring structural changes that were thought to be possible only through the resolution of unconscious conflict by analytic technique (Horwitz, 1974; Wallerstein, 1986, 1989). It is our impression that these earlier findings, which should have had significant implications for psychoanalytic theory and practice, have been largely ignored.

There is an irony here stemming from the fact that classical psychoanalytic technique represents Freud's effort to turn psychoanalysis into a scientific method for studying the unconscious and curing the psychoneuroses. He envisioned the analyst's role to be that of an objective, scientific observer and interpreter of the patient's psychic conflicts (Schachter and Kächele, 2007). Classical technique is intended to minimize the biasing

effects of the analyst's personality, relational influences and suggestion by having the analyst remain anonymous and neutral. Freud considered this technique 'pure gold' because he believed it was the only truly scientific and curative form of treatment, in contrast to other techniques, which he considered treatments by suggestion (Wallerstein, 1989). Glover (1931) echoed this sentiment when he took the position that only classical technique can uncover psychological truth; all other techniques are varieties of suggestion that can conceal truth.

The lack of receptivity by many analysts to empirical research findings may partly stem from theoretical difficulties that arise when one tries to integrate relational variables and adaptational considerations into Freud's one-person psychology of mind. In that model (the structural theory), psychopathology results from intrapsychic conflicts occurring within the confines of a mostly closed unconscious system containing the id (a reservoir of repressed instinctual impulses) and repressed parts of the ego and superego. To resolve a neurosis, the pathogenic unconscious conflicts must first be uncovered through the analysis of defense and transference, after which they can be worked through with the aid of the analyst's interpretations. Other therapeutic methods are acknowledged as being capable of providing relief, but only by way of various kinds of psychic manipulation.

In order to accommodate new findings about how change occurs, psychoanalysis needs to revise its model of unconscious mental functioning to allow for multiple pathways to conflict resolution and personality change. There needs to be more space for reality and relational factors to play a fundamental role in bringing about structural change. It will be difficult for empirical research in psychoanalysis to advance if new findings cannot be assimilated into our core theory.

Appendix A: Analyst Technique Scales

Classical Technique Scale

1. My analyst did not disclose personal things about himself/herself (M = 3.84).
2. My analyst interpreted the distortions in my perceptions of him/her, myself, and others (M = 3.83).
3. My analyst did not let me get away with things (M = 3.72).
4. My analyst related my transference reactions to my childhood traumas and family relationships (M = 3.69).
5. My analyst seemed primarily interested in showing me how my mind works (M = 3.48).
6. My analyst focused on my unconscious identifications with my parents (M = 3.47).
7. My analyst focused on my unconscious fantasy life (M = 3.40).
8. My analyst held me responsible for things I blamed on others (M = 3.39).
9. My analyst confronted me with painful emotional issues I was trying to avoid (M = 3.38).
10. My analyst primarily focused on my defenses and resistances (M = 3.28).
11. My analyst focused on my irrational beliefs (M = 3.28).
12. My analyst focused on my feelings of shame (M = 3.26).
13. My analyst focused on my irrational guilt and my need to punish myself (M = 3.23).
14. My analyst pointed out other people's responsibility for things I blamed on myself (M = 3.20).
15. My analyst focused on my omnipotent feelings of responsibility for him/her and other people (M = 3.15).
16. My analyst primarily focused on the interaction between us in the here and now (M = 3.13).
17. My analyst said very little (M =3.08).
18. My analyst focused on my grandiose wishes and feelings (M = 2.94).

19. My analyst focused on my feelings of hatred and anger towards him/her (M = 2.93).
20. My analyst focused on my magical thinking (M = 2.79).
21. My analyst focused on my feelings of envy (M = 2.79).
22. My analyst primarily focused on my attempts to gratify my childhood needs and wishes in my relationship with him/her (M = 2.44).
23. My analyst focused on my sexual feelings about him/her (M = 2.43).
24. My analyst made interpretations about how I was making him/her feel (M = 1.80).

Supportive Techique Scale

1. My analyst showed confidence in me (M = 4.35).
2. My analyst recognized my strengths (M = 4.22).
3. My analyst responded to my sense of humor (M = 3.83).
4. My analyst helped me deal with problems with my spouse, children, and parents (M = 3.74).
5. My analyst would spell out his/her thinking if I had trouble understanding an interpretation (M = 3.59).
6. My analyst's interpretations led me to see my behavior in a more positive light (M = 3.45).
7. My analyst acknowledged my accomplishments and my progress (M = 3.38).
8. My analyst seemed primarily interested in helping me overcome my problems (M = 3.25).
9. My analyst gave me reassurance and encouragement when I needed it (M = 3.16).
10. My analyst answered my questions (M = 2.72).
11. My analyst actively tried to help me achieve my goals (M = 2.65).
12. My analyst tried to stop me from doing self-destructive things (M = 2.57).
13. My analyst gave me useful advice when I needed it (M = 2.31).
14. My analyst shared his/her thoughts and feelings (M = 2.13).

Positive Relational Qualities Scale

1. My analyst treated me with respect (M = 4.82).
2. My analyst gave me space to be myself and to think for myself (M = 4.51).
3. My analyst was patient with me (M = 4.44).
4. My analyst seemed interested in what I had to say (M = 4.37).
5. My analyst seemed comfortable with the full range and intensity of my emotional reactions (M = 4.15).
6. My analyst persevered in trying to help me (M = 4.10).
7. My analyst made me feel like I didn't have to agree with him/her (M = 4.10).
8. My analyst could accurately empathize with my feelings and needs (M = 4.06).
9. My analyst was emotionally fully present with me (M = 4.01).
10. My analyst seemed to enjoy working with me (M = 3.96).
11. My analyst allowed me to correct him/her when I felt he/she was wrong (M = 3.76).
12. My analyst recognized and took responsibility for his/her mistakes (M = 3.43).
13. My analyst explained the analytic process in a way that made sense to me (M = 3.22).
14. There were moments when my analyst engaged with me from a deeply personal place within himself/herself (M = 2.89).

Positive Personality Qualities Scale

1. My analyst seemed self-assured (M = 4.39).
2. My analyst seemed like he was being himself/herself (M = 4.33).
3. My analyst seemed like a happy person (M = 3.88).
4. My analyst had a warm and friendly manner (M = 3.85).
5. My analyst had an optimistic outlook towards life (M = 3.84).

Helpful Insight Scale

1. My analyst helped me develop a broad understanding of my problems and life history (M = 4.20).
2. My analyst helped me understand my problems in ways that led to their improvement (M = 3.99).

Appendix B: Positive and Negative Alliance Scales

Positive Alliance Scale

1. I felt strongly attached to my analyst
2. I was proud of my analyst
3. I loved my analyst

4. I felt that my analyst was very committed to trying to help me
5. I felt accepted by my analyst
6. I felt my analyst really cared about me
7. I felt safe with my analyst
8. I admired my analyst
9. I felt supported by my analyst
10. I felt helped by my analyst
11. I felt respected by my analyst
12. I felt gratitude towards my analyst
13. I liked my analyst's personality

Negative Alliance Scale

1. My analysis was an emotionally painful experience
2. I was afraid of my analyst
3. I felt that I intimidated my analyst
4. I felt manipulated by my analyst
5. I felt like I disappointed my analyst
6. I could not tell how my analyst felt about me
7. I felt my analyst wanted me to agree with him/her
8. I felt critical of my analyst
9. I felt criticized and blamed by my analyst
10. I felt misunderstood by my analyst
11. I felt like a burden to my analyst
12. My analyst's interpretations made me feel anxious and defensive

Translations of summary

Sollten stützende Maßnahmen und Beziehungsvariablen als Teil einer psychoanalytischen Technik verstanden werden? Klinische Überlegungen. In diesem Artikel werden einige der quantitativen Ergebnisse einer Umfrage unter 89 Psychoanalytikern (alle Mitglieder der APsaA oder der IPA) über ihre eigenen Erfahrungen in der Analyse dargestellt. Ein umfangreicher Fragebogen diente der Erhebung retrospektiver Daten darüber, (1) in welcher Weise die Teilnehmer glaubten, von ihrer Analyse profitiert zu haben, (2) welche Erinnerungen sie an die Technik, die Persönlichkeit und den Beziehungsstil ihrer Analytiker hatten. Eine Korrelationsanalyse der Einschätzungen der Teilnehmer ergab, dass die nutzbringendsten Analysen verbunden waren mit einem fürsorglichen und emotional beteiligten Analytiker, der positive Eigenschaften hinsichtlich Beziehungsaufbau und Persönlichkeit hatte, der über die klassischen Techniken hinaus unterstützende Techniken einsetzte und der sowohl therapeutische als auch analytische Ziele verfolgte. Ergebnisse, die als erfolgreich bewertet wurden, waren außerdem verbunden mit der Erfahrung, gut zueinander zu passen, mit einer guten Arbeitsbeziehung und einem positiven therapeutischen Bündnis. Unsere Ergebnisse stützen die Forderung nach einer erweiterten Auffassung von akzeptablen analytischen Techniken (z.B. Schachter und Kächele, 2007).

¿Las medidas de contención y las variables relacionales deberían considerarse parte de la técnica psicoanalítica? Algunas consideraciones empíricas. Este artículo presenta algunos hallazgos cuantitativos de una encuesta a 89 psicoanalistas (todos miembros de la APsaA o la API) acerca de sus experiencias en su propio análisis. Se utilizó un cuestionario exhaustivo para recoger datos retrospectivos sobre (1) cómo sentían los participantes que se habían beneficiado de su análisis y (2) cómo recordaban la técnica, la personalidad y el estilo de relación de su analista. Un análisis correlacional encontró que, según la calificación de nuestros participantes, los análisis más beneficiosos se asociaban con tener un o una analista capaz de relacionarse afectivamente y comprometerse emocionalmente quien, además, tenía cualidades de personalidad y relacionales positivas, utilizaba técnicas de apoyo además de las clásicas y tenía objetivos terapéuticos además de analíticos. Los resultados calificados como exitosos también se asociaron con la experiencia de haber `congeniado' con el o la analista, y de haber tenido una buena relación de trabajo y una alianza terapéutica positiva. Nuestros resultados respaldan la necesidad de expandir la noción de técnica analítica aceptable (véase Schachter y Kächele, 2007).

Les mesures de soutien et les variables relationnelles font-elles partie de la technique analytique? Considérations empiriques. Cet article présente les résultats quantitatifs d'une enquête réalisée auprès de 89 psychanalystes (tous membres de l'APsaA ou de l'API) au sujet de leur propre expérience de l'analyse, à partir d'un questionnaire détaillé permettant de recueillir des données rétrospectives

concernant les points suivants: (1) de quelle façon les participants pensaient-ils avoir bénéficié de leur analyse et (2) quel souvenir avaient-ils gardé de la technique, de la personnalité et du mode de relation de leur analyste? Une analyse corrélative permit d'établir, selon l'évaluation des participants, que les analyses les plus bénéfiques étaient associées à un analyste bienveillant, engagé au niveau émotionnel, ayant des qualités relationnelles et personnelles positives, utilisant des techniques de soutien en sus des techniques classiques et poursuivant des objectifs thérapeutiques parallèlement aux objectifs analytiques à proprement parler. Les résultats perçus comme positifs étaient également associés à une relation de travail bonne et harmonieuse et une alliance thérapeutique positive. Les résultats de cette enquête plaident en faveur d'une vue élargie de la technique analytique jugée comme acceptable (cf, Schachter et Kächele, 2007).

Le misure di sostegno e variabili relazionali vanno considerate come parte della tecnica psicoanalitica? - Alcune considerazioni empiriche. Questo articolo presenta i risultati di una ricerca fatta su un campione di 89 psicoanalisti (soci dell'ApsaA o dell'IPA) a proposito della loro esperienza di analisi. Mediante un questionario esaustivo sono stati raccolti dati retrospettivi su: (1) come i partecipanti si siano sentiti aiutati dalla loro analisi e (2) quali ricordi avevano rispetto alla tecnica, personalità, modo di rapportarsi del loro analista. L'analisi dei dati basati sulla correlezione ha rilevato che, secondo la valutazione dei nostri partecipanti, le analisi più fruttuose erano associate con il fatto di avere un analista sollecito e impegnato a livello emotivo, in possesso di buone qualità personali e relazionali, che usasse, oltre a quelle classiche, anche tecniche di sostegno e che perseguisse obiettivi terapeutici oltre che analitici. Fra gli altri risultati positivi si annoverano una buona combinazione di personalità nella diade analitica, un rapporto collaborativo, e una buona alleanza terapeutica. Questi risultati confermano la necessità di espandere i criteri nel valutare ciò che rende accettabile una determinata tecnica analitica (vedi Schacter and Kächele, 2007).

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