

### ***Forty-Two Lives in Treatment. A Study of Psychoanalysis and Psychotherapy* by Robert S. Wallerstein**

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#### **Review by Arnold Richards**

Robert Wallerstein's *Forty-Two Lives in Treatment. A Study of Psychoanalysis and Psychotherapy* is the final account of the 30-year (1954–1985) psychotherapy research project conducted at the Menninger Foundation. The last of a series of books about this project (Kernberg, 1972); (Voth & Orth, 1973); (Horowitz, 1974); (Applebaum, 1977), *Forty-Two Lives* is formidably comprehensive (784 pages), encompassing not only a huge amount of clinical data but also Wallerstein's own painstaking consideration of process and outcome issues. It may not be an exaggeration to say that the clinical portions of the book 'read like a novel', for it should be noted that the comprehensive case summaries (Wallerstein had several hundred typescript pages available for each of the 42 patients) enliven this report in an altogether unique way. Here is a research report to which serious readers can devote themselves entirely.

Before I address the yield of this massive research effort, a few preliminary remarks on the study population and setting are in order. Subjects were selected from the Menninger Foundation waiting list for psychoanalysis and psychotherapy on a random basis, albeit with certain exclusion criteria. It was intended that the sample be evenly divided between men and women and between those in analysis and those in psychotherapy. This goal was approximated, with 22 patients recommended for analysis (12 women and 10 men) and 20 for psychotherapy (9 women and 11 men). Subjects ranged from 17 to 50 years of age, with a mean of 31 (33 for the men and 30 for the women). Individuals undergoing concomitant group or family treatment were excluded, as were individuals for whom hospital management was the major therapeutic instrument. It should be stressed that hospitalized patients per se were not excluded from the sample and that over half the sample, 22 of the 42 patients, were in fact hospitalized at least once during the course of the treatment. Also excluded from the study sample were patients for whom brief therapy was indicated, patients who had had previous treatment at the Menninger Foundation, patients who could not be readily available for follow-up, and patients deemed 'professionally/socially selected cases' (i.e. patients drawn from the Menninger professional community). This final exclusion criterion, by eliminating among others the spouses and children of Menninger staff personnel, further skewed the population in the direction of not only 'sicker' patients but of patients more likely to be treated by relatively inexperienced members of the Menninger staff. Wallerstein acknowledges that this implicit skewing of the study sample could have created an 'unhappily more negative overall results effect' (p. 58). At the same time, the systematic exclusion of members of the professional community presumably skewed the comparison of analytic and psychotherapeutic outcomes to the advantage of the latter: study analysands were generally treated frequently as control cases by the least experienced analysts, whereas the psychotherapeutic cases were frequently assigned to more experienced therapists.

If, owing to these exclusions, the study population contained a disproportionately large number of patients for whom analysis or even analytic therapy was truly an 'heroic indication' (Glover, 1954); (Ticho, 1970), it nonetheless remains a population amenable to the analytic effort in the unique setting of the Menninger Foundation. During the three decades of the study, the Foundation achieved international recognition for its comprehensive treatment approach, from

the evaluative process through the range of treatment options and extensive support services for families. This approach reflects the spirit of Karl Menninger, whose many-sided consideration of patients as also persons strongly influenced the ambience, including the research spirit of the Foundation. Everyone working there, from residents to senior staff (I was myself a resident at the Foundation from 1960 to 1963), was vitally imbued with Dr Karl's approach to psychiatric case study, an approach that eschewed diagnostic labels in favour of co-ordinated assessment of the patient along intrapsychic interpersonal, social and biological axes. This 'ecology' of the Menninger Foundation, to which Wallerstein refers, was undoubtedly responsible for the willingness of the study organizers to provide treatment to patients whose serious psychopathology would in all likelihood have disqualified them for participation in research studies conducted by psychoanalytic centres (see Weber & Bachrach, 1985); (Erle & Goldberg, 1984); (and Firestein, 1978). In Topeka, Leo Stone's 'widening scope of psychoanalysis' (1954) was not merely a slogan but a day-today reality.

As a test, under optimal sanatorium conditions, of the true breadth of the 'widening scope', the Menninger Psychotherapy Research Project (PRP) has a cautionary import. One of its most important findings is that, despite the 'unparalleled comprehensiveness' of the Foundation's evaluation process, major psychopathology was concealed during the initial diagnostic evaluation in 24 of the 42 subjects. This finding bears on 18 instances of substantial underdiagnosis, 14 of which were the result of concealment during the initial evaluation. Of the 22 patients assigned to analysis, only 12, Wallerstein informs us, appeared in retrospect to have been suitable for such treatment. Of the 10 deemed unsuitable, six seemed unanalysable, being drawn from the rank of the 'sicker' patients, the 'alcoholic, the addicted, and the paranoid borderline' (p. 569). Of the 12 for whom analysis was judged in retrospect to have been the appropriate treatment choice, 10 achieved reasonably good outcomes, one was equivocal, and one was an outright failure. Of 20 patients assigned to psychotherapy, 12 appeared to have been appropriately selected and 11 of these had reasonably good outcomes. Of the remaining eight, six had problems for which outpatient therapy proved inadequate while two had poor outcomes, owing to 'totally inadequate social casework with the families'. For two of the 20 therapy patients, analysis appeared to be the treatment of choice but could not be undertaken, owing to financial limitations.

These findings and retrospective judgements are explored in the section entitled 'Heroic indications for psychoanalysis considered'. Citing the pioneering articles of Glover and Stone, Wallerstein offers a two-pronged rationale for the Menninger Psychotherapy Research Project attempt to determine just how far the reach of psychoanalysis can be extended: (1) for many severely disturbed patients analysis is justifiable and even desirable simply because no other available therapy promises comparable help, and (2) for such patients analysis promised the greatest benefit when it is provided in a controlled sanatorium setting such as the Menninger Foundation. It was this 'double set of convictions,' Wallerstein writes, 'that PRP was in an excellent position to try to put to empirical test' (p. 670).

What were the results of this test? In supplying empirical referents for PRP patients who might qualify for the 'heroic indications' category, Wallerstein mentions 15 who were severely alcoholic, eight who were severely drug-addicted, 18 who suffered severe sexual dysfunction (beyond potency and orgasmic disturbance), 14 who showed strongly paranoid characters, and 20 who had borderline or otherwise precarious ego organizations. Citing 11 patients who fell into at least three of these five groups, Wallerstein submits, plausibly enough, that we have here 'a

group of extremely ill patients for whom psychoanalysis would indeed be a heroic treatment choice' (p. 671).

And what were the treatment outcomes for these 11 patients? Of the six recommended for analysis, three ultimately died of causes related to mental illness, drug abuse, suicide, etc. Another three were either taken out of analysis or removed themselves; five were in the overall group of six for whom analysis was to prove inappropriate. For four of these six treatment failures, Wallerstein notes, the 'salient issue' was the emergence of a psychotic transference reaction that 'threatened to be totally unmanageable'. Five of the 11 'extremely ill' patients received psychotherapy. Of these, four were total treatment failures, including two deaths from causes related to mental illness. Only one of the five, a sexual masochist, who may be the sickest patient in the entire sample, managed to evince some moderate improvement after 30 years of almost continuous treatment. Reviewing these findings, Wallerstein concludes that, 'Clearly, even with all of the availability of hospitalization within a psychoanalytically oriented sanatorium setting, and all of the historical clinical precedents for this course within this specific Menninger Foundation setting, psychoanalysis on the basis of these "heroic indications" has been found tragically wanting as a treatment course' (p. 678). Referring specifically to two 'heroic indications' patients who died in the absence of concomitant hospitalization, as well as to two other patients in this category who evinced significant improvement but were hospitalized for lengthy periods, he joins earlier commentators on the PRP in arguing for the necessity of concomitant hospitalization of severely disturbed individuals with whom analytic treatment is undertaken heroically.

A collateral issue of great interest is the relationship between insight and structural change in the study population. After duly noting the ambiguous meaning of such terms as 'structure' and 'structural change', Wallerstein goes on to observe that in 19 of the 42 subjects, changes brought about by treatment 'substantially outstripped their developing insights' (p. 704). The preponderance of these 19 received therapy rather than analysis. By contrast, of the 10 patients for whom insight was co-ordinate with treatment change, nine were in analysis, six of whom were diagnosed as having hysterical character structure. For at least some of the PRP patients in analysis, then, change seemed related to achieving insight, whereas for virtually all of those receiving therapy it did not. This finding dovetails with Applebaum's earlier assessment of the PRP (1977). Using psychological test data, he found that structural change was positively correlated with degree of conflict resolution, but that structural change could and did come about in its absence. For Wallerstein, the overall asymmetry between insight and structural change in the PRP population was strongly suggestive of both the valence of the 'analytic relationship in the psychoanalytic change process' and the efficacy of supportive, if analytically inspired, therapy.

With the patients treated via primarily supportive modes (of all the varieties specified), changes have been substantially in excess of concomitant achieved insights; furthermore, they have seemed over the course of follow-up observation to be just as stable, as enduring, as proof against subsequent environmental vicissitudes and as free (or not free) from the requirement for supplemental post treatment contact, support, or further therapeutic help as the changes in those patients treated via a centrally expressive mode (psychoanalysis). Moreover, in the arena of clinical assessment at follow-up contact, when changes in psychological functioning and well-being were being assessed, it was by no means necessarily clear whether the adjudged structural changes reflected underlying conflict resolution or not. Certainly, from all the data, 'conflict

resolution cannot be considered essential to structural change and may be independent of it in some instances' (Applebaum, 1977, p. 208); that is, structural change appears to occur independently of (without) conflict resolution in those instances (p. 719).

A monumental study, *Forty-Two Lives in Treatment* defies any such easy distillation. Its 30-year span, extensive documentation of every study case, and 100 per cent follow up set a standard that may never again be equalled. A critical appreciation of the yield and implications of the Menninger PRP would require something longer than a review. Let me then restrict my evaluative remarks to the two which I have focused on in the issues above: that involving the 'heroic indications' for analysis and that involving the relation between, and the differing indications for, analysis and psychotherapy.

The question of 'heroic indications' tests the practical limits of what Leo Stone, in his classic paper of 1954, referred to as the 'widening scope' of psychoanalysis. Wallerstein cites Glover's 'the indications for psychoanalysis' (1954) as the clearest statement of the case for 'heroic indications', although it was, in fact, Ticho (1970) who introduced the term. Glover, in arguing for the defensibility of a recommendation for analysis in the absence of diagnostic indications, and Ticho, in citing cases in which 'nothing else but psychoanalysis would make any dent', both equate 'heroic indications' with virtually hopeless prognosis; nothing else will help so why not try analysis? The problem with this position is that it offers no criterion for differentiating the types and degrees of hopeless prognosis. Frequently, very good reasons exist for not undertaking analysis in the face of contraindications, not the least of which are monetary considerations and the time and energy to be extended by patient and analyst alike.

Now, with respect to the PRP population, one can only agree with Wallerstein that analysis on the basis of heroic indications was found 'tragically wanting'. But are the 11 PRP patients whose outcomes are the basis of this verdict truly representative of all patients for whom analysis might 'heroically' be undertaken? Some 'very sick' patients do benefit from analysis and the determination of those who can relies on a number of factors, the nature of their symptoms (alloplastic v. autoplasic), the extent to which alcoholism and drug dependency can be controlled early in treatment, and so on. It would seem, then, that Wallerstein's verdict that the PRP experience tends to support a 'narrowing scope' and a retreat from heroic indications is unwarranted. Rather, the data suggest that the terms 'widening scope' and 'heroic indications' exceed their usefulness if they are meant to encompass both patients with severe autoplasic psychopathology and those suffering from alloplastic pathology, sociopathy, drug addiction, and so on. Analytic efforts with patients who are perhaps not so incapacitated as the PRP 'heroic' sample but who still fall within the rubric of the 'widening scope' continue to be successful (Richards, 1980), (1987). By the same token, cocaine addicts who as a group are less disturbed than patients with borderline disturbance and severe ego pathology remain virtually inaccessible to analysis and frequently to therapy: such treatments cannot compete with the chemical release afforded by their habit.

In short, the PRP data point to the need for further refinement of the notion of heroic indications, particularly with respect to those aspects of the analytic situation that can sustain an 'indication' in the face of seeming unanalysability. Here I refer to such phenomena as the ameliorative impact of frequent sessions and the neutral analytic atmosphere (as regards the containment of intense transference demands) and the organizing and salubrious effect of the analyst's mere decision to treat a patient analytically. Tyson & Sandler's proposal (1971), seconded by Firestein (1978), that we sharply differentiate criteria for indications from criteria for suitability might

well help us specify the range of circumstances that make heroic indications legitimate indications. Certain patients may fail to meet the criteria of suitability (by virtue of absence of 'ego strength', inability to confine regressive transference behaviour to the analytic hours, etc.) but still meet the criteria for indications owing to the organizing and ameliorative aspects of the situation. Others may meet the criteria for suitability (as regards diagnostic category) but not the criteria for indications owing to such non-diagnostic factors as motivation, psychological-mindedness, and the primary or secondary gains offered by their illness. Glover's caveat (1954) that indications for psychoanalysis 'should not be determined exclusively by prognosis' must be balanced by our recognition that hopeless prognosis is not itself an indication.

Wallerstein's conclusions regarding the overall absence of a correlation between insight and structural change in the PRP patients and his derivative claim as to the efficacy of supportive psychotherapy invite similar qualifications. Wallerstein takes the study to contradict the belief that only through psychoanalysis can the patient achieve changes that are stable, enduring, and reasonably proof against subsequent environmental vicissitudes. This verdict is true as far as it goes, but it glosses over the problem inherent in conceptualizing treatment outcome in terms of a single variable, i.e. type of treatment: psychoanalysis v. psychotherapy. In making no systematic allowance for patient variables and situational variables, this viewpoint resembles that of an economic monitorist who ignores the balance of trade and the productive capacity of industry, in the belief that the state of the economy reflects the vicissitudes of a single variable, the money supply. Patient variables in particular should be kept in mind when considering the study findings regarding outcome. It is possible that with less sick patients supportive psychotherapy would not have led to the same degree of positive change. Likewise, a healthier study population might have evinced a more significant correlation between insight and change. After all, the notion of 'change' implies movement from one point on a scale to another: it says nothing about where on the scale one begins. A very sick patient might well change quite dramatically and yet still fall short of the point at which insight becomes effective.

Granting these caveats and restricting our purview to the PRP patients, we can only read with admiration Wallerstein's judicious consideration of the yield of the PRP. With respect to the PRP patients, certainly he is correct in finding the distinction between structural and behavioural change 'questionable'. Similarly incisive are various verdicts that echo Horowitz (1974) to the effect that conflict resolution is not a necessary condition for certain types of change and that a variety of changes can be brought about via the more supportive therapeutic modes and techniques. But when Wallerstein calls attention to the finding that supportive psychotherapeutic approaches, mechanisms and techniques so often achieved far more than were expected of them (p. 725), one is led to ask why, exactly, supportive psychotherapy was not expected to lead to a successful outcome. Does the value of psychoanalysis hinge on demonstrating the limitations of psychotherapy? In the absence of control studies involving comparable patient populations and taking into account cost effectiveness, time investment, and so forth, can we even begin to assign relative 'value' to the two enterprises? The Menninger PRP does not study such crucial matters, but it is consistent with the long-held therapeutic assumption that 'healthier' patients derive far less from supportive psychotherapy than do 'sicker' patients.

Evaluation of the verdict that 'psychoanalysis ... was more limited in the outcomes achieved than had been predicted or anticipated— with these patients' (p. 727) requires equal attention to the PRP study population. Only 10 of the 22 analytic patients received relatively unaltered analysis, and by the 'usual stricter criteria of customary outpatient psychoanalytic and psychotherapy

practice', Wallerstein adds, 'just about every single one of our PRP psychoanalytic cases would be considered substantially altered in varying supportive directions' (p. 726). This finding, then, must be qualified by a simple recognition of the fact that many if not most of these 22 patients might not have been accepted for analysis in either private practice or institute treatment centre settings. This fact does not vitiate Wallerstein's claim that supportive treatment requires more specification in all its forms and variety than has usually been recorded in the psychodynamic literature. It does call into question the generalizability of the specific PRP finding. The PRP organizers, working in the halcyon days of the 1950s, are probably overly optimistic in their expectations of the efficacy of analysis with sicker patients, just as they were unduly pessimistic about the efficacy of supportive, albeit analytically-inspired treatment with this same population.

Wallerstein concludes *Forty-Two Lives in Treatment* with a section entitled 'Tasks for the future: psychotherapy research'. Ever attentive to the limitations as well as the strengths of the Menninger study, here he discusses projects that might take up where the PRP leaves off, e.g. a project in which randomized groups of hysterical patients would be treated via traditional and 'augmented' analysis. Looking further down the road, he raises the possibility of a study involving comparative assessments of the major therapeutic approaches. Recognizing that such a study would require what is not currently available, that is mutual agreement among psychotherapy researchers 'on all of the relevant categories, criteria, instruments, and methods' (p. 742). That the PRP is a monument of such systematic application a propos psychoanalysis goes without saying. In the depth and scope of the observational data presented to the reader, it responds to the justified complaint of Arlow (1981), quoted by Wallerstein, that 'In the literature of psychoanalysis, the production of theory far outstrips the supply of pertinent observational data'. Given the 'naturalistic' setting of the study, which is mentioned several times by Wallerstein, the PRP data may be limited in its potential for scientific validation. Any generalizations we draw from the outcome data remain tentative. And yet, as a reservoir of data about life in the therapeutic 'real world', the study has no equal. For the gift of these data, let alone the probing and balanced discussions that accompany them, the profession owes Robert Wallerstein its gratitude.

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