

NOMOTHETIC PSYCHOANALYSIS

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Psychoanalytic theory's roots (in the clinic rather than the laboratory), and aims (depth understanding of the individual) have led to the development of a theoretical perspective that relies primarily on idiographic data and case material to derive and test psychoanalytic hypotheses. In this article, I describe *nomothetic psychoanalysis*—a framework for conceptualizing and evaluating psychoanalytic ideas that complements and enriches the traditional idiographic approach. Guidelines for conducting nomothetic studies of psychodynamic constructs are provided, and five principles are offered for implementing nomothetic psychoanalysis to maximize its heuristic value and clinical impact.

Keywords: psychoanalysis, Freudian theory, empirical, nomothetic, idiographic

From its inception, psychoanalysis has emphasized in-depth understanding of the individual, with information regarding the person obtained primarily in the context of an ongoing relationship between patient and therapist. Thus, for more than a century the raw data of psychoanalysis—the material from which psychoanalytic principles and therapeutic techniques are derived and tested—have come almost entirely from interactions that occur in the consulting room. This near-exclusive reliance on clinical evidence to formulate and evaluate psychodynamic propositions can be traced to Freud, who ascribed greater value to the observations of experienced clinicians than to quantitative data obtained via conventional scientific methods (see Gay, 1988; Lees, 2005). Not surprisingly, upon being informed of Saul Rosenzweig's efforts to study repression in the laboratory Freud responded, "I have examined your experimental studies for the verification of psychoanalytic assertions with interest. I cannot put much value on these confirmations because the wealth of reliable observations on which these assertions rest make them independent of experimental verification" (as quoted in MacKinnon & Dukes, 1964, p. 703).

This remark and others make clear that Freud considered psychoanalysis to be in many respects a science unto itself—a method for investigating human mental life wherein the analyst was a dispassionate and unbiased observer of patient behavior. Freud conceptualized the practicing psychoanalyst as a kind of scientist-in-the-consulting-room, noting

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that “In psychoanalysis there has existed from the very first an inseparable bond between cure and research. . . . It is only by carrying out our analytic pastoral work that we can deepen our dawning comprehension of the human mind” (Freud, 1927, p. 256). Even as Freud’s career neared its end, his faith in the objectivity of the analyst remained strong. He wrote, “the danger of our leading a patient astray by suggestions, by persuading him to accept things which we ourselves believe but which he ought not to, has certainly been enormously exaggerated. An analyst would have to behave very incorrectly before such a misfortune could overtake him. . . . I can assert without boasting that such an abuse of ‘suggestion’ has never taken place in my practice” (Freud, 1937/1964, p. 262).

Freud’s conceptualization of the analyst as a dispassionate observer of patient behavior formed the philosophical basis of an idiographic psychoanalysis that—despite the periodic protestations of vocal critics (e.g., Crews, 1996; Eysenck & Wilson, 1973; Torrey, 1992)—grew and flourished throughout much of the 20th century. Although Freud’s view of the analyst as objective, unbiased observer was gradually overshadowed by a conception of the analyst as sensitive, empathic listener (Kohut, 1971, 1977; Sandler, Sandler, & Davies, 2000), clinical data and case material continued to form the fundamental building-blocks upon which the discipline was constructed.

Contemporary idiographic psychoanalysis continued this trend, though the emphasis has shifted somewhat in recent years as analysts—like other social scientists and mental health professionals—became increasingly influenced by postmodern views of knowledge and evidence (see Reppen, Schulman, & Tucker, 2004). In this context, Spence (1994) distinguished “narrative truth” from “historical truth,” the former being central to the psychoanalytic process and the latter being in certain respects unknowable (and less important than narrative truth in understanding the patient’s experience of past and present relationships; cf., Masson, 1985). Analytic theorists and therapists have more recently argued that psychoanalytic data can only be understood fully and interpreted accurately in the context of a “two-person” framework: Not only do psychodynamically meaningful events almost invariably occur within an interpersonal context, but the same is true for the reconstruction and recounting of these events during a psychoanalytic session (Mitchell, 2000; Wolstein, 1990).

Positive and Negative Consequences of Idiographic Psychoanalysis

Without question, clinical evidence has been crucial in the development of psychoanalytic theory and therapy. As numerous writers have pointed out, case material is a uniquely rich source of information regarding human behavior and mental life (Casement, 1985; Gabbard, 2000; Josephs, Anderson, Bernard, Fatzer, & Streich, 2004). Moreover, because many—perhaps most—psychological constructs of interest to psychoanalysts (e.g., unconscious motives, ego defenses, mental representations of self and other people) are not easily amenable to assessment via the usual self-report methods, obtaining this information using nomothetic research strategies has been both challenging and fraught with controversy (Boag, 2006; Erdelyi, 2004).

As Bornstein (2001, 2002) and others (Fisher & Greenberg, 1996; Luyten, Blatt, & Corveylen, 2006; Masling, 1990) noted, the idiographic emphasis of psychoanalysis has had both positive and negative consequences. On the positive side, it played a key role in the ascendance of psychoanalytic theory during the first half of the 20th century, in part because idiographic psychoanalysis provided a rich and compelling language to describe human behavior and mental life and in part because the idiographic approach laid the

foundation for case studies of historical and contemporary figures (e.g., Leonardo da Vinci, Woodrow Wilson) that helped popularize psychoanalysis within and outside academia. In recent decades, the situation has reversed: Psychoanalytic theory's strong emphasis on idiographic methods has become one of its greatest intellectual burdens, hindering the growth and maturation of the discipline. As other theoretical perspectives became increasingly grounded in data from controlled empirical studies, the number of psychoanalytic psychologists conducting empirical research remained comparatively small, and the influence of this research on practitioners' day-to-day work was modest at best.

In contemporary psychology and medicine, the continuing idiographic emphasis of psychoanalysis has had a particularly strong negative impact in three areas. In the theoretical realm, our tendency to rely on idiographic data has led to isolation and inaccuracy; many contemporary psychoanalytic principles (e.g., those regarding early childhood development and the dynamics of implicit memory) are contradicted by research findings in cognitive, social, and developmental psychology (Weinberger & Weiss, 1997). Clinically, our idiographic emphasis set the stage for marginalization and diminished influence in the marketplace of ideas; pharmacological interventions and empirically supported psychological therapies now dominate treatment, with insight-oriented therapy relegated to the sidelines (Sperling, Sack, & Field, 2000). With respect to the empirical testing of psychoanalytic concepts, our continued reliance on idiographic methods has enabled psychologists with other theoretical perspectives to denigrate psychoanalysis publicly even as they co-opt and reinvent longstanding psychoanalytic concepts in their own empirical work (Bornstein, 2005a).

These troubling events need not continue. There exist two complementary approaches to psychoanalytic data gathering and theory-building: the traditional idiographic framework and a nomothetic model derived from the research methods used in experimental psychology and other scientific fields (e.g., biology, physics; see Bornstein, 2001; Luyten et al., 2006). Neither strategy is inherently superior because these two approaches have different aims, different strengths (and limitations), and each provides unique information regarding human behavior and mental life.¹ Moreover, contrary to popular belief and the misperceptions of some members of the analytic community (e.g., Kernberg, 2006), there is no paucity of nomothetic research testing psychoanalytic hypotheses; by some counts well over 2,000 such studies have been published since the late 1940s (Bornstein & Masling, 1998; Fisher & Greenberg, 1996). The problem has not to do with a lack of nomothetic data, but with the acceptance and use of these data by psychoanalytic theorists and practitioners.

By describing the assumptions and methods that underlie nomothetic psychoanalysis, the stage will be set for more widespread use of these methods by members of the broader psychoanalytic community. If we combine idiographic and nomothetic research strategies in a systematic, mindful manner, psychoanalytic theory and practice will be strengthened, and the clinical efficacy and heuristic value of our work will be enhanced.

In the following sections, I describe the core assumptions of idiographic and nomothetic psychoanalysis, offer guidelines for conducting nomothetic studies of psycho-

¹ As Fonagy (1996) noted, however, "clinicians choose selected highlights of their successful cases to illustrate their technique. . . .an excellent pedagogic device for *illustrating* a theoretical or technical point, but as a basis for *deriving* the theory or technique it is deeply flawed" (p. 109).

dynamic constructs, and outline five overarching principles for implementing nomothetic psychoanalysis to maximize its heuristic value and clinical impact.

Contrasting Assumptions of Idiographic and Nomothetic Psychoanalysis

Table 1 contrasts idiographic and nomothetic psychoanalysis with respect to five core assumptions. As Table 1 shows, the traditional idiographic emphasis on in-depth knowledge of the individual has led analysts to focus primarily on data from psychoanalytic sessions, using flexible strategies for obtaining and interpreting these data. Moreover, because the idiographic model assumes that individual behavior is best understood in an interpersonal context, the role of the clinician is that of a uniquely insightful interpreter of verbal and nonverbal behavior.

Because nomothetic psychoanalysis emphasizes derivation of general principles of human mental life rather than in-depth understanding of the individual, quantitative data—and quantitative analysis of these data—is paramount, with data collection systematized as fully as possible to enhance replicability and generalizability. In nomothetic psychoanalysis, the role of the clinician shifts from that of active listener/interpreter to disinterested data-gatherer. However, in contrast to Freud’s (1927) depiction of the analyst as a “scientist in the consulting room,” in nomothetic psychoanalysis, interpretation can only occur (and insight regarding the laws of human behavior can only arise) when salient information has been collected systematically and analyzed statistically.

Although Table 1 focuses primarily on the divergent assumptions that underlie idiographic and nomothetic psychoanalysis, it is important to recognize that these two approaches to theory building and hypothesis-testing share considerable common ground. For example, while idiographic psychoanalysis emphasizes in-depth understanding of the individual, it also seeks to discover universal themes in human development and mental life; although the nomothetic perspective emphasizes derivation of general principles of psychological functioning, these principles are then used to enhance understanding of individual development and behavior.

Similarly, the idiographic view of analyst as empathic listener has been tempered with recognition that some degree of detachment and disinterest is necessary for effective

Table 1
Core Assumptions of Idiographic and Nomothetic Psychoanalysis

Domain	Idiographic view	Nomothetic view
Theoretical emphasis	In-depth knowledge of the individual	General principles of human mental life
Core data	Free association/interpretation integrated with life history data	Interview and/or psychological test data subjected to quantitative analysis
Data collection	Flexible, context-driven, with “on line” shifts in focus	Systematic and rigid; determined a priori with emphasis on replicability
Interpretive framework	Can only understand the individual in an interpersonal (clinical and/or social) context	Experimental/environmental control used to enhance precision and increase validity
Role of clinician	Empathic listener; clinical expertise affects quality of information obtained	Objective data-gatherer; Findings should generalize across researchers

therapeutic work (Weiner, 1998); at the same time, the nomothetic view of scientist as objective data-gatherer has been qualified with an awareness that even the most carefully controlled empirical studies are influenced by the motives and expectations (both explicit and implicit) of the researcher (Mahoney, 1987). Thus, though the core assumptions of idiographic and nomothetic psychoanalysis differ in many ways, they converge sufficiently that data obtained using these two strategies can be usefully integrated.

Operationalizing and Implementing Nomothetic Psychoanalysis

Much has been written on effective use of the case study method in deriving and testing psychoanalytic hypotheses; far less has been written on the ways in which nomothetic data can be used to refine psychoanalytic ideas (cf., Bornstein & Masling, 1998; Chiesa, 2005; Erdelyi, 1985; Fonagy, 1996). In its most basic form, operationalizing and implementing nomothetic psychoanalysis requires two things. First, we must delineate the basic steps involved in conducting nomothetic research studies of psychodynamic concepts, using principles common to many of the physical and natural sciences. By utilizing these principles to construct the foundation of nomothetic psychoanalysis, the methodological rigor of our studies will be maximized.

As Holt (2003), Lothane (2002), and others have pointed out, however, psychoanalysis differs in important ways from other sciences (e.g., with respect to the kinds of constructs assessed, the precision with which these constructs may be measured, and the degree to which findings would be expected to generalize across individuals). Thus, after outlining the natural science underpinnings of nomothetic psychoanalysis, it is important that the unique challenges and opportunities of psychoanalytic research also be addressed.

A Conceptual Framework: The Natural Science Underpinnings of Nomothetic Psychoanalysis

Table 2 outlines a basic framework for conducting nomothetic studies of psychoanalytic constructs so these investigations yield data that are theoretically and clinically useful and that are sufficiently rigorous that they may be taken seriously by research-minded practitioners and scientific psychologists. Five steps are involved, the first of which entails deciding whether the issue under consideration is best studied using a true experimental design or a quasi-experimental design. In true experiments, participants are randomly assigned to an experimental or control group; a manipulation is then introduced, with the control group serving as a baseline against which the impact of the manipulation on

Table 2

A Framework for Conducting Nomothetic Studies of Psychoanalytic Constructs

Step 1: Classification/categorization of research participants (in quasi-experiments) or random assignment of participants to experimental and control groups (in true experiments)
Step 2: Specification of relevant psychodynamics
a) Delineation of process-outcome pathways
b) Operationalization of process-outcome-pathways
Step 3: Setting, stimulus, and measurement decisions
Step 4: Data collection and coding (including reliability assessment)
Step 5: Quantitative analysis of experimental effects

members of the experimental group may be compared. For example, in a psychodynamic treatment efficacy study, the experimental group may receive a novel intervention while the control group receives traditional psychoanalysis or psychoanalytic psychotherapy. In a study testing a basic tenet of psychoanalytic theory, members of the experimental group might be exposed to a stimulus with psychodynamically relevant (e.g., Oedipal) content, whereas the control group would be exposed to a neutral stimulus, after which the behavior of experimental and control participants are compared.²

Quasi-experimental designs are used whenever a preexisting individual difference variable (e.g., a personality trait or psychopathological syndrome) is of interest. In these situations, research participants are typically classified into discrete categories (e.g., narcissistic vs. obsessive, personality-disordered vs. control). In lieu of categorical classification, dimensional ratings are sometimes used (e.g., ratings of symptom intensity, personality style, or defense mechanism use). Regardless of whether categorical or dimensional strategies are employed, two issues are key: one, making classification/rating rules sufficiently explicit that other researchers (both psychoanalytic and nonanalytic) can utilize these rules effectively in replication and follow-up studies; and two, performing formal reliability assessment to ensure that different raters, unaware of other raters' classification decisions, reach the same conclusions in most instances. Guidelines for developing explicit classification/rating rules are provided by Bernard (2000); methods for quantifying interrater and interdiagnostician reliability are discussed by Feldt and Brennan (1989) and Jianping and Houcan (2005).

Once participants have been randomly assigned to experimental versus control conditions or classified into groups based on preexisting characteristics (Step 1), category-relevant psychodynamics and outcomes must be specified (Step 2). This occurs first on a conceptual level, with the theoretical links between a particular psychodynamic process and some outcome (e.g., a pattern of thought, behavior, or affective response) delineated. Conceptual specification is followed by operational definition, with each process element and each outcome variable described in language precise enough that the researcher can measure or manipulate some aspect of process and quantify the relationship between process and outcome.

For example, to test the psychoanalytic hypothesis that oral dependent individuals desire close physical contact with other people, Juni, Masling, and Brannon (1979) asked oral dependent and nonoral college students to lead a blindfolded confederate through a laboratory maze, operationalizing orality in terms of score on the Rorschach Oral Dependency scale (Masling, Rabie, & Blondheim, 1967), and "desire for contact" as the amount of time the participant actually touched the confederate while navigating the maze (see also Hollender, Luborsky, & Harvey, 1970, for parallel findings regarding psychiatric inpatients). Along somewhat different lines, Morf and Rhodewalt (1993) tested the hypothesis that narcissistic people are motivated to elevate their status relative to others by employing a laboratory paradigm wherein they provided narcissistic and control (non-narcissistic) participants with negative or neutral test feedback and assessed the degree to which these participants subsequently rated themselves more positively than a confederate on a series of achievement-related dimensions (see also Morf & Rhodewalt, 2001). In a true experiment using subliminal psychodynamic activation (SPA) procedures,

² Although all true experiments and quasi-experiments involve experimental and control groups, some utilize multiple experimental groups and/or multiple control conditions, complicating somewhat the design of these investigations and the interpretation of their results.

Weinberger, Kelner, and McClelland (1997) compared the effects of positively toned subliminal symbiotic stimuli (MOMMY AND I ARE ONE) and neutral control stimuli (PEOPLE ARE WALKING) on direct and indirect measures of mood in a representative sample of college students (see Weinberger & Hardaway, 1990, for examples of other SPA experiments).

Although many—perhaps most—nomothetic studies in psychology take place in the laboratory, some are conducted in clinical (inpatient or outpatient) contexts or in field settings (e.g., classrooms). The manner in which process and outcome variables are operationalized will help determine the optimal setting wherein data collection should take place, and the kinds of stimuli and measures best suited to the study (Step 3). A diverse array of stimuli and experimental manipulations are potentially useful in nomothetic studies of psychoanalytic concepts, including priming techniques (both subtle and overt), memory and imagery tasks, instructional manipulations, mood manipulations, false feedback from experimenters or confederates, and exposure to contextual cues that increase or decrease theoretically relevant motives and need states (see Bornstein, Rossner, Hill, & Stepanian, 1994, and Bornstein, Bowers, & Bonner, 1996, for examples). The same is true with respect to the range of potential outcome measures, which include (but are not limited to) behavioral assessments, physiological reactions, self-reports, interview ratings, and performance on free-response tests, such as the Rorschach (see Fisher & Greenberg, 1996).

Once setting, stimulus and measurement decisions are finalized, data-collection and coding can take place (Step 4), using appropriate controls to ensure that experimenter bias does not inadvertently influence the obtained results (e.g., experimenters who collect and code data should be unaware of each participant's group classification and experimental condition; experimenters who recruit participants for quasi-experiments should not run those participants in the experiment itself). Just as the reliability of initial classification decisions must be assessed, the reliability of outcome assessments must be determined (the sole exception being outcome measures that rely entirely on questionnaire responses wherein the possibility of rater bias is negligible). With these controls in place, experimental effects are then analyzed statistically (Step 5) and the data are interpreted.

Beyond Natural Science: The Unique Opportunities and Challenges of Psychoanalytic Data

The conceptual framework just outlined represents a set of proximal rules for constructing nomothetic research studies to test psychoanalytic hypotheses. It is also important to specify the broader, overarching principles that may enhance nomothetic psychoanalysis by recognizing the unique opportunities and challenges inherent in psychoanalytic data. Five such principles are described below.

Principle 1: Embed every psychodynamic hypothesis in the concepts and findings of neighboring fields. Traditionally idiographic psychoanalysis has paid great attention to documenting the internal validity of its propositions and constructs—the consistency of these ideas with other aspects of psychoanalytic theory. Nomothetic psychoanalysis provides an opportunity for psychoanalytic researchers to pay greater attention to external validity—the degree to which psychoanalytic propositions and constructs are consistent with the principles and findings of other scientific fields. In recent years, psychoanalytic researchers have strengthened connections between psychodynamic concepts and developmental psychology (Shaver & Mikulincer, 2002), cognitive psychology (Bucci, 1997),

and neuroscience (Slipp, 2000). Fewer links have been made between psychoanalytic constructs and ideas and findings from social psychology, but some noteworthy connections have emerged here as well (see, e.g., Newman, Duff, & Baumeister, 1997, for preliminary work in this area).

Documenting the external validity of psychoanalytic constructs is not merely an academic exercise, but one that can help refine psychoanalytic theory and increase the effectiveness of psychoanalytic therapy. For example, much has been written about the ways that distortions, omissions, and reconstructions in patients' memories may alter the nature of material that emerges during psychoanalytic treatment (e.g., Brenneis, 1999; Mollon, 2002); comparatively little has been written about the ways in which these unavoidable memory biases undermine analysts' recollections of the events that occur during psychotherapy sessions in the ensuing hours and days. Along somewhat different lines, the tenets of attribution theory have rarely been used to understand patients' constructions of personal events, but several principles are relevant to this issue, including the *fundamental attribution error* (the tendency to disregard contextual influences and attribute others' behavior to dispositional causes), the *actor-observer effect* (the converse tendency to disregard dispositional factors and attribute one's own behavior entirely to situational influences), and *self-serving attributional bias* (the tendency to attribute successes to one's own effort and skill, and failures to uncontrollable external factors).³

Principle 2: Recognize that certain types of data cannot be obtained in the laboratory, and that certain types of data cannot be obtained in the consulting room. As Fonagy and Moran (1993) and Miller (1998) noted, some clinical information can only be obtained within the context of an intimate, trusting relationship. For example, it is unrealistic to expect that research participants will provide uncensored descriptions of traumatic events to a stranger in the laboratory, but quite reasonable to expect that such descriptions may be provided to a trusted therapist in the consulting room. Moreover, laboratories are designed to collect data during a relatively brief period of time—a few minutes, perhaps, or at most an hour or two. Because many psychodynamically relevant data emerge slowly, in narrative form, they cannot easily be gathered in traditional laboratory settings (however, see Erdelyi, 1994, for suggestions regarding how traditional laboratory procedures may be modified to accommodate psychoanalytic constructs).

These methodological challenges need not mean that narrative data and other kinds of psychodynamically relevant information cannot be quantified and studied using nomothetic research techniques. In fact, Howard (1989), McAdams (1995), and others (e.g., Josselson & Lieblich, 1993) have described strategies for conducting replicable, rigorous analyses of open-ended narrative and life history data. Typically these strategies involve extracting and categorizing themes and/or key words from videotape, audiotape, or transcribed records of narrative text. In such investigations, explicit coding/classification rules and rigorous reliability assessments (as described in Table 2) become especially important.

Principle 3: Systematize guidelines for gathering and reporting idiographic psychoanalytic data. The American Psychological Association (APA) provides guidelines for reporting idiographic data in journal articles (APA, 2001; see also Gabbard, 2000). With specific reference to psychoanalytic research, Josephs et al. (2004) outlined the "case

³ In this context, it is worth noting that depressed persons tend to show a reversal of the usual self-serving attributional bias, attributing failures to internal causes and successes to factors beyond their control.

study plus” method for validating idiographic data using external indices of patient adjustment and change. The core tenet of the case study plus method is that clinical material be accompanied by independently gathered psychological test data to corroborate the inferences and conclusions of the analyst (see also Siegel, Josephs, & Weinberger, 2002). As Josephs et al. (2004) noted, “the ‘case study plus’ method attempts to combine the clinical richness of the traditional case study with the sort of quantitative analysis that allows for independent verification of the analyst’s clinical impressions” (p. 211).

Josephs et al. (2004) recommended using two types of measures in case study plus analyses: one, indices of personality functioning that are presumed to be trait-like and relatively resistant to change (e.g., measures of character pathology and object relations); and two, scales designed to assess more fluid, state-like variables that would be expected to differ from session to session, or even vary within an individual session (e.g., measures of reflective functioning and superego anxiety). It may be that certain self-report tests (e.g., Spielberger’s [1989] State–Trait Anxiety Inventory) and free-response measures (e.g., the Rorschach Inkblot Method) can be used to capture simultaneously the more stable, dispositional aspects of patient functioning as well as those aspects of personality that vary over the short term.

Principle 4: Use similar outcome measures in idiographic and nomothetic research studies. While Josephs et al. (2004) advocated using different types of outcome measures within an individual case study to provide an external check on the impressions of the analyst, the opposite strategy is appropriate when a primary goal is to contrast findings across independently conducted nomothetic and idiographic investigations. In this situation, use of common outcome measures in separate idiographic and nomothetic studies will increase the potential for cross-validation and independent verification.

Huprich and Greenberg (2003) provided guidelines for idiographic and nomothetic use of self-report and free-response measures of object relations and object representations. Bornstein (2005b, 2006) provided similar guidelines for integration of data derived from self-report and free-response measures of interpersonal dependency. Use of common outcome measures in idiographic and nomothetic studies enables psychoanalytic researchers to assess the generalizability of their results across context—the degree to which patterns obtained under controlled (but artificial) conditions are also obtained in naturalistic (clinical) settings.

Use of common measures also facilitates the implementation of meta-analytic techniques to combine and contrast idiographic and nomothetic research findings. Although meta-analytic techniques have traditionally been used to synthesize the results of multiple nomothetic investigations, standardized meta-analytic effect size estimates (i.e., r and d) derived from large-scale nomothetic investigations can also be compared to parallel effect size estimates derived from the test data of individual patients (see Hunter & Schmidt, 2004; Rosenthal, 1991, for detailed guidelines regarding derivation of standardized effect sizes from various types of data). This application of meta-analytic procedures will enable clinicians and researchers to use norms from nomothetic studies systematically, as a basis for interpreting idiographic data.

Principle 5: Pay particular attention to indices of variance in nomothetic investigations. These tell us how well a given finding is likely to apply to an individual within the population. In particular, the likelihood that a given nomothetic outcome will characterize the behavior of a specific person is greater when the variance in a set of scores is small than when it is large. After all, when nomothetic data distributions have small standard deviations many participants are clustered close to the mean (increasing the likelihood of generalizability from sample to individual), but when these distributions have large

standard deviations there are many outliers, decreasing the likelihood that the mean score is characteristic of a “typical” participant.⁴

Large standard deviations may be problematic insofar as they limit the generalizability of data from sample to individual, but data distributions with large indices of variance also provide unique opportunities to explore individual psychodynamics. By performing follow-up idiographic analyses on people whose results conformed to and diverged from the group norm/average and comparing the results obtained for “conformers” (i.e., those whose scores were close to the mean) and “divergers” (i.e., statistical outliers), we may learn more about the ways that individual psychodynamics (e.g., object representations, ego strength, defense style) lead to deviations from the norm.

Conclusion: Toward an Integrative Perspective on the Person

Although the term *nomothetic psychoanalysis* is new, the principles that guide it are not. For many years, psychologists have used nomothetic research techniques to test and refine psychoanalytic hypotheses (e.g., Bornstein, 1999; Masling & Schwartz, 1979; Shedler, Mayman, & Manis, 1993; Weinberger & Hardaway, 1990) and to assess the effectiveness of psychoanalytic therapy and the processes that underlie therapeutic change (Blatt & Ford, 1994; Clarkin & Levy, 2006; Luborsky & Crits-Christoph, 1990; Hilsenroth, Defife, Blagys, & Ackerman, 2006). What is both new and needed is a clear statement of the assumptions and methods underlying nomothetic psychoanalysis and a systematic comparison of these assumptions and methods with those of the traditional idiographic approach. This paper represents an initial effort in that regard.

As Masling (1990) pointed out, “The raw material of psychoanalytic thought, the good stuff, has come primarily through the therapist-patient interaction and the case method of presenting these ideas” (p. xi). In recent years, psychoanalytic researchers have become increasingly adept at generating testable hypotheses based on clinical material, and as nomothetic psychoanalysis develops the reverse challenge will become important as well: How can we utilize nomothetic research findings to enhance the effectiveness of psychoanalytic treatment?

This is, in part, an empirical question, but it is also a political and cultural one, because successful implementation of nomothetic psychoanalysis requires that we not only develop rigorous methods for testing psychodynamic hypotheses empirically, but also present nomothetic research findings in such a way that they gain acceptance within the psychoanalytic community as a whole. If this occurs, nomothetic psychoanalysis will not only strengthen the scientific foundation of psychoanalytic theory and therapy, but may help broaden the philosophical underpinnings of contemporary psychoanalysis as well.

⁴ In other words, kurtosis indices can be used to estimate the likelihood of generalizability from sample to individual, with small kurtosis values (and leptokurtic score distributions) associated with greater generalizability than large kurtosis values (and platykurtic score distributions).

References

- American Psychological Association. (2001). *Publication manual of the American Psychological Association* (5th ed.). Washington, DC: Author.

- Bernard, H. R. (2000). *Social research methods: Qualitative and quantitative approaches*. Thousand Oaks, CA: Sage.
- Blatt, S. J., & Ford, R. Q. (1994). *Therapeutic change: An object relations perspective*. New York: Plenum Press.
- Boag, S. (2006). Freud, repression, the common view, and pathological science. *Review of General Psychology, 10*, 74–86.
- Bornstein, R. F. (1999). Source amnesia, misattribution, and the power of unconscious perceptions and memories. *Psychoanalytic Psychology, 16*, 155–178.
- Bornstein, R. F. (2001). The impending death of psychoanalysis. *Psychoanalytic Psychology, 18*, 3–20.
- Bornstein, R. F. (2002). The impending death of psychoanalysis: From destructive obfuscation to constructive dialogue. *Psychoanalytic Psychology, 19*, 580–590.
- Bornstein, R. F. (2005a). Reconnecting psychoanalysis to mainstream psychology: Challenges and opportunities. *Psychoanalytic Psychology, 22*, 323–340.
- Bornstein, R. F. (2005b). *The dependent patient: A practitioner's guide*. Washington, DC: American Psychological Association.
- Bornstein, R. F. (2006). A Freudian construct lost and reclaimed: The psychodynamics of personality pathology. *Psychoanalytic Psychology, 23*, 339–353.
- Bornstein, R. F., Bowers, K. S., & Bonner, S. (1996). Effects of induced mood states on objective and projective dependency scores. *Journal of Personality Assessment, 67*, 324–340.
- Bornstein, R. F., & Masling, J. M. (Eds.). (1998). *Empirical perspectives on the psychoanalytic unconscious*. Washington, DC: American Psychological Association.
- Bornstein, R. F., Rossner, S. C., Hill, E. L., & Stepanian, M. L. (1994). Face validity and fakeability of objective and projective measures of dependency. *Journal of Personality Assessment, 63*, 363–386.
- Brenneis, C. B. (1999). The analytic present in psychoanalytic reconstructions of the historical past. *Journal of the American Psychoanalytic Association, 47*, 187–201.
- Bucci, W. (1997). *Psychoanalysis and cognitive science: A multiple-code theory*. New York: Guilford Press.
- Casement, P. (1985). *On learning from the patient*. London: Tavistock.
- Chiesa, M. (2005). Can psychoanalytic research integrate and improve knowledge for psychoanalytic practice? *Scandinavian Psychoanalytic Review, 28*, 31–39.
- Clarkin, J. F., & Levy, K. N. (2006). Psychotherapy for patients with borderline personality disorder: Focusing on the mechanisms of change. *Journal of Clinical Psychology, 62*, 405–410.
- Crews, F. (1996). The verdict on Freud. *Psychological Science, 7*, 63–68.
- Erdelyi, M. H. (1985). *Psychoanalysis: Freud's cognitive psychology*. New York: Freeman.
- Erdelyi, M. H. (1994). Integrating a dissociation-prone psychology. *Journal of Personality, 62*, 669–680.
- Erdelyi, M. H. (2004). Subliminal perception and its cognates: Theory, indeterminacy, and time. *Consciousness and Cognition, 13*, 73–91.
- Eysenck, H. J., & Wilson, G. D. (1973). *The experimental study of Freudian theories*. London: Methuen.
- Feldt, L. S., & Brennan, R. L. (1989). Reliability. In R. L. Linn (Ed.), *Educational measurement* (3rd ed., pp. 105–146). New York: MacMillan.
- Fisher, S., & Greenberg, R. P. (1996). *Freud scientifically reappraised*. New York: Wiley.
- Fonagy, P. (1996). The future of an empirical psychoanalysis. *British Journal of Psychology, 13*, 106–118.
- Fonagy, P., & Moran, G. S. (1993). The roles of mental representation and mental processes in therapeutic action. *Psychoanalytic Study of the Child, 48*, 9–48.
- Freud, S. (1927). The question of lay analysis. In J. Stracey (Ed.), *Standard edition of the complete psychological works of Sigmund Freud* (Vol. 20, pp. 179–258). London: Hogarth.
- Freud, S. (1937). Construction in analysis. In J. Stracey (Ed.), *Standard edition of the complete psychological works of Sigmund Freud* (Vol. 23, pp. 255–269). London: Hogarth.

- Gabbard, G. O. (2000). Disguise or consent: Problems and recommendations concerning the publication and presentation of clinical material. *International Journal of Psychoanalysis, 81*, 1071–1086.
- Gay, P. (1988). *Freud: A life for our time*. New York: Norton.
- Hilsenroth, M. J., Defife, J. A., Blagys, M. D., & Ackerman, S. J. (2006). Effects of training in short-term psychodynamic psychotherapy: Changes in graduate clinician technique. *Psychotherapy Research, 16*, 293–305.
- Hollender, M. C., Luborsky, L., & Harvey, R. (1970). Correlates of the desire to be held in women. *Journal of Psychosomatic Research, 14*, 387–390.
- Holt, R. R. (2003). New directions for basic psychoanalytic research: Implications from the work of Benjamin Rubinstein. *Psychoanalytic Psychology, 20*, 195–213.
- Howard, G. S. (1989). *A tale of two stories: Excursions into a narrative approach to psychology*. Notre Dame, IN: Academic Publications.
- Hunter, J. E., & Schmidt, F. L. (2004). *Methods of meta-analysis* (2nd ed.). Thousand Oaks, CA: Sage.
- Huprich, S. K., & Greenberg, R. P. (2003). Advances in the assessment of object relations in the 1990s. *Clinical Psychology Review, 23*, 665–698.
- Jianping, X., & Houcan, Z. (2005). Testing inter-coder reliability by multi-approaches in qualitative research. *Psychological Science, 28*, 1430–1432.
- Josephs, L., Anderson, E., Bernard, A., Fatzer, K., & Streich, J. (2004). Assessing progress in analysis interminable. *Journal of the American Psychoanalytic Association, 52*, 1185–1214.
- Josselson, R., & Lieblich, A. (Eds.). (1993). *The narrative study of lives*. Newbury Park, CA: Sage.
- Juni, S., Masling, J. M., & Brannon, R. (1979). Interpersonal touching and orality. *Journal of Personality Assessment, 43*, 235–237.
- Kernberg, O. F. (2006). The pressing need to increase research in and on psychoanalysis. *International Journal of Psychoanalysis, 87*, 919–926.
- Kohut, H. (1971). *The analysis of the self*. New York: International Universities Press.
- Kohut, H. (1977). *The restoration of the self*. New York: International Universities Press.
- Lees, J. (2005). A history of psychoanalytic research. *Psychodynamic Practice, 11*, 117–131.
- Lothane, Z. (2002). Requiem or reveille: A reply to Robert F. Bornstein. *Psychoanalytic Psychology, 19*, 564–571.
- Luborsky, L., & Crits-Christoph, P. (Eds.). (1990). *Understanding transference: The Core Conflictual Relationship Theme method*. New York: Basic Books.
- Luyten, P., Blatt, S. J., & Corveleyn, J. (2006). Minding the gap between positivism and hermeneutics in psychoanalytic research. *Journal of the American Psychoanalytic Association, 54*, 571–610.
- MacKinnon, D. W., & Dukes, W. F. (1964). Repression. In L. Postman (Ed.), *Psychology in the making* (pp. 662–744). New York: Knopf.
- Mahoney, M. J. (1987). Scientific publication and knowledge politics. *Journal of Social Behavior and Personality, 2*, 165–176.
- Masling, J. M. (1990). Preface. In J. M. Masling (Ed.), *Empirical studies of psychoanalytic theories* (Vol. 3, pp. v–xv). Hillsdale, NJ: Analytic Press.
- Masling, J. M., Rabie, L., & Blondheim, S. H. (1967). Obesity, level of aspiration, and Rorschach and TAT measures of oral dependence. *Journal of Consulting Psychology, 31*, 233–239.
- Masling, J. M., & Schwartz, M. A. (1979). A critique of research in psychoanalytic theory. *Genetic Psychology Monographs, 100*, 257–307.
- Masson, J. M. (1985). *The assault on truth: Freud's suppression of the seduction theory*. London: Faber & Faber.
- McAdams, D. P. (1995). What do we know when we know a person? *Journal of Personality, 63*, 365–396.
- Miller, R. B. (1998). Epistemology and psychotherapy data: The unspeakable, unbearable, horrible truth. *Clinical Psychology: Science and Practice, 5*, 242–250.

- Mitchell, S. A. (2000). *Relationality: From attachment to intersubjectivity*. Hillsdale, NJ: Analytic Press.
- Mollon, P. (2002). *Remembering trauma: A psychotherapist's guide to memory and illusion* (2nd ed.). Philadelphia: Whurr Publishers.
- Morf, C. C., & Rhodewalt, F. (1993). Narcissism and self-evaluation maintenance: Explorations in object relations. *Personality and Social Psychology Bulletin, 19*, 668–676.
- Morf, C. C., & Rhodewalt, F. (2001). Unraveling the paradoxes of narcissism: A dynamic self-regulatory processing model. *Psychological Inquiry, 12*, 177–196.
- Newman, L. S., Duff, K. J., & Baumeister, R. F. (1997). A new look at defensive projection: Thought suppression, accessibility, and biased person perception. *Journal of Personality and Social Psychology, 72*, 980–1001.
- Reppen, J., Schulman, M. A., & Tucker, J. (Eds.). (2004). *Way beyond Freud: Postmodern psychoanalysis observed*. London: Open Gate Press.
- Rosenthal, R. (1991). *Meta-analytic procedures for social research* (2nd ed.). Thousand Oaks, CA: Sage.
- Sandler, J., Sandler, A. M., & Davies, R. (Eds.). (2000). *Clinical and observational research: Roots of a controversy*. London: Karaac Books.
- Shaver, P. R., & Mikulincer, M. (2002). Attachment-related psychodynamics. *Attachment and Human Development, 4*, 133–161.
- Shedler, J., Mayman, M., & Manis, M. (1993). The illusion of mental health. *American Psychologist, 48*, 1117–1131.
- Siegel, P., Josephs, L., & Weinberger, J. (2002). Where's the text? The problem of validation in psychoanalysis. *Journal of the American Psychoanalytic Association, 50*, 407–428.
- Slipp, S. (Ed.). (2000). Neuroscience and psychoanalysis [Special Issue]. *Journal of the American Academy of Psychoanalysis, 28*, 191–395.
- Spence, D. P. (1994). *Narrative truth and historical truth*. New York: Norton.
- Sperling, M. B., Sack, A., & Field, C. L. (2000). *Psychodynamic practice in a managed care environment: A strategic guide for clinicians*. New York: Guilford Press.
- Spielberger, C. D. (1989). *State-trait anxiety inventory: A comprehensive bibliography*. Palo Alto, CA: Consulting Psychologists Press.
- Torrey, E. F. (1992). *Freudian fraud: The malignant effect of Freud's theory on American thought and culture*. New York: HarperCollins.
- Weinberger, J., & Hardaway, R. (1990). Separating science from myth in subliminal psychodynamic activation. *Clinical Psychology Review, 10*, 727–756.
- Weinberger, J., Kelner, S., & McClelland, D. M. (1997). The effects of subliminal symbiotic stimulation on free-response and self-report mood. *Journal of Nervous and Mental Disease, 185*, 599–605.
- Weinberger, J., & Weiss, J. (1997). Psychoanalytic and cognitive conceptions of the unconscious. In D. J. Stein (Ed.), *Cognitive science and the unconscious* (pp. 23–54). Washington, DC: American Psychiatric Association.
- Weiner, I. B. (1998). *Principles of psychotherapy* (2nd ed.). New York: Wiley.
- Wolstein, B. (1990). Five empirical psychoanalytic methods. *Contemporary psychoanalysis, 26*, 237–256.