BUT WAIT!

THE ANONYMOUS REVIEWERS HAVE COME BACK AGAIN!

Here is my paper, *PEER REVIEWED and accepted for presentation at a ..... conference in ..... the UK, ..., 2015! [*THE PEOPLE IN THE AUDIENCE WERE QUITE INTERESTED AND INVOLVED, AND IT WAS LATER PRINTED IN A LIST SENT TO THE CONFERENCE ATTENDEES AT LARGE.]

I was then invited by the ..... Journal to send it for possible publication

THE PAPER (Note: Journal sets limited length)

PSYCHOANALYTIC/PSYCHOTHERAPEUTIC THEORIES DEVELOPED BY MEANS OF THE SCIENTIFIC METHOD

And an Unknown Clinical Phenomenon that Destroys Treatments at the Start

[A modified, condensed version of the unpublished paper, *Towards a New Breed of Psychoanalytic Psychoanalysts - 1995*]

PART 1

INTRODUCTION

Psychoanalysis has long been at a standstill in terms of developing a capability for scientifically testing its central hypotheses and advancing beyond them. The discipline's communal will is lacking when it comes to making a large-scale assessment of its theories and entering a revolutionary period that would usher it into the world of the true sciences. As a result of this situation, the profession is

having considerable difficulty convincing a still-interested but cynical public and a potentially-embracing scientific community, of the validity of its premises.

Waiting in the wings, and primed to begin a drama to behold, is a considerable cast of validatable, psychoanalytic hypotheses ready to remonstrate against being lumped with an equally large array of pretenders. They want their logic acknowledged and their predictive powers displayed. They would like to end the fruitless insubstantial debates that the profession carries on with its occasionally-credible scientific critics. They also want respect for what they already are, and can be much more of, i.e. sound components of a powerful instrument for understanding and enabling root changes in the world ills that are the consequences of unfortunate psychological developments.

This paper describes and discusses the prominent factors that are keeping the analytic discipline from entering a new scientific era. It then proposes a restructuring of the traditional Societal approaches to research, education and clinical training, a reorganization designed to make the psychoanalytic enterprise more permeable to multidisciplinary intellectual influence, the principles of logic, and the Scientific Method. Finally, the paper describes a new clinical theory of formulation in which concepts are concretely defined, principles are logically conceived, existing hypotheses are tested for predictive capability, and the analyst's efforts are made impervious to unwitting subjective intrusions.

THE OPPOSITION TO SCIENCE AND ITS CONSEQUENCES

Close observations of psychoanalytic habit note an antagonism to the Scientific Method and an attraction to the so-called psychoanalytic "art". In a manner peculiar for a profession with scientific ambitions, it has opposed available possibilities for developing its endeavours along common scientific lines and by scientific approaches. While it has a body of "Basic Theory", Metapsychology, it shows little interest in defining its concepts and validating its principles. And unlike the other sciences, it does not make its Basic Theory the foundation of its "Applied" Theory. When it turns to developing clinical applications of its hypotheses, it proposes to discard its metapsychology and create a separate, so-called "Clinical Theory".

This situation has posed serious problems for practitioners and clinical researchers, and stalled the profession's growth. Without a scientific approach to the development of its hypotheses, it has been impossible to create a nucleus of tested, standardized theory that can be taught, learned, practised, recorded, and examined for process and outcome based upon skill levels alone. It has also been impossible for researchers to delineate the limits of existing theory and define the unknowns of symptomatic phenomena in and out of the clinical situation. And there are many phenomena in the psychoanalytic "domain" that cannot be explained by current theories.

WHY THE LACK OF A TRUE PSYCHOANALYTIC SCIENCE?

A: OBSTACLES OF THE "PUSH-AWAY" VARIETY

1. Clinical Mind-Sets and Educations

Many, or most, who train in the helping humanities and then in psychoanalysis, are preparing for primary lives of service and treatment, and they bring mental sets and educational experiences that are different from those whose callings are to the traditional sciences. When they address clinical phenomena, it is not part of their interested "second nature" to think scientifically, and when faced with unexplained phenomena, they are driven away from scientific researches because they have not developed the conceptual tools required to conduct them.

Holzman and Aronson (1992) spoke to this point. They said that (p.74) because training was largely limited to people who would only practise, few analysts possessed the interest, knowledge, ability and time to contribute to the development of science.

2. Action and Scientific Research

Analyst clinicians also take care of suffering people who press them for action, and, responding to interpersonal and social forces, they are led towards instrumental behaviours and away from the long, painstaking work with unknowable outcomes involved in clinical scientific investigations.

3. Inadequate Theory and Limited Personal Analyses

The profession's gross lack of proven technical theories does not allow candidates in training analyses to reach and eradicate the deepest roots of personal conflicts, and the problems remaining drive unwitting would-be clinical researchers away from scientific methods. I will elaborate.

4. Opportunity Knocks but No Doors Open

Graduated analysts and psychotherapists *could* (practically and theoretically) identify previously undetected or still-active symptoms <u>in themselves</u> and make new forays into deeper layers of their own developments. Individual analysts *could* exploit the situation to confirm and disconfirm existing theories, then use the surviving conceptions to travel to theoretical frontiers and explore beyond them. And moving about in those virgin territories, they *could* spawn new general hypotheses directed to understanding a host of clinical-symptom mysteries (e.g. the terror that prevents interest in the dreaded "fragmentation" state). However, few, if any, are led by curiosity to pioneer the development and application of depth self-analytic methods and practices. Instead, most clinician/researchers champion the idea that "no analysis is ever complete". They leave

countertransferences (which, by definition, are the products of unsolved conflict between original caretakers and self) at the "recognize and control" level of understanding and technique. More than a few analysts even carry on romances of sorts with their own transference responses to patient material.

5. Institutional Sanctions and Sleeping Selves that Wake

At the institutional level, the profession supports retreats from the "investigative self-analysis" concept by accepting the irrational idea that a multiplicity of different, unscientific theories can all explain a same phenomenon. It thereby encourages clinicians to operate for years with what could later prove to be mistaken principles. It also encourages them to establish and live within theoretically-narrow subgroups that continually reinforce their circumscribed ranges of thought.

Pearl King, in the King and Steiner review of the British "Controversial Discussions" (1991), indirectly referred to the "favourite theory" and "opposition to change" phenomena when she wondered (p.2) why professionals became abundantly unhappy and "nasty" when new findings required them to change their theoretical beliefs.

6. Science Accepted and Depths Disturbed

Science undoes logical fallacy and leads the scientist into the fallacy's origins. But in the psychoanalyst's case, the problem is not comparable to those solved by general-science theories like that of the faulty electrical circuit. The cause is not a mistaken idea about which pole should receive the red wire, and the solution is not a simple change in the hookup. The problem is the analyst's incomplete analysis, the cause is his(her) unwitting, defensive fear and avoidance of earliest psychological conflicts, and the solution is a complex, protracted study that moves towards unforeseen changes that send volts of violently-charged anxiety through the technician's psyche and do not quickly stop.

8. Deficiencies of Logic and Uncheckable Retreats

A further obstacle to science is the general lack of experience that analytic

theoreticians have had with the principles of formal logic. Fallacies abound in their writings where they largely remain unrecognized and unchallenged by the authors, journal editors, conference program-committee members, and readers of their papers. And unsupportable categorical statements that offend reason and the facts of experience are often the result.

Didier Anzieu, in his book, "Freud's Self Analysis" (1986), arrived at a number of generalizations regarding self analysis that this author's experience (Anderson

1987) completely contradicted. For example, he said that (p.569) for a self analysis to take place, it had to be communicated to someone else.

B: THE PULL-TO OBSTACLES

1. An Attraction - the "Analyst as Artist"

Prominent in this category of barriers to scientific development, is the attraction that the "artistic" conception of clinical practice holds for most analysts. Arnold Cooper (Shapiro and Emde, 1995) acknowledged this fact in the book, "Research in Psychoanalysis: Process, Development, Outcome". He said (p.389) that the majority of analysts probably liked to regard themselves more as artists than practitioners of a standardized type of treatment, and that most would be averse to replacing their favoured "freely-hovering attention" formulation method with one rooted in cognitive processes.

2. The Reasons for the "Pull" of Art

This oft-proclaimed "art of psychoanalysis" has much in common with the "art" of the "artistic creative process", and both processes have major properties in common with the "neurotic symptom". Like the symptom, the artist's creations are derivatives of unconscious mental structure-processes. They are therefore, by definition, "compromise formations" of defence and drive. But in the case of the *artistic* creation, the formation that emerges is a desirable release of expression and communication through defences from the creator's depths, as this author discovered (Anderson 2011, Chapter 20).

Reaching up to the self at the artist's surface, deeper self parts solicit the pursuit of an artistic career. An expressive unconscious self that wants out (but not by way of the long and frightening route that undoes defences) issues derivatives that seduce the surface self to its thinking. Then the professional artist accepts his/her existing symptoms and rejects psychoanalysis, and it is reasonable to presume that the "artist analyst" is similarly inclined.

3 Freud's Invitation to Join, an Exclusive Club

Freud's "psychoanalytic movement" mentality, with his "them and us" "shibboleth" talk (1905 (p.226), offered prospective analysts "exclusive membership" in psychoanalytic Societies. Then those to whom such status appealed had their activities sealed from the world at large, and an aura of mystical superiority developed in and around them. Then the external world became excluded as a source of critical influence. It was unable to force the discipline's excessive self-estimations down to earth and help it separate many of its wonderfully-provable theories from a host of failures,

A PROPOSED SOLUTION

As an answer to these problems, it is recommended that the isolation of the psychoanalytic profession, and its relative impermeability to reasoned scientific critique and assistance from the external world, be undone. It is proposed that psychoanalytic clinical research, education and training be shifted from analytic Societies and Institutes to the universities, where vital aspects of the discipline can benefit from exposure to the criticisms of an interdisciplinary body of thinkers skilled in logic, versed in the scientific method, and familiar with the methodologies of experimental design. It is also recommended that analytic hypotheses, past and future, be regularly subjected to rigorous intellectual assessment and scholarly research. In this advocated schema, psychoanalysis would become an academic, teaching and training department on its own, or a sub-department of an existing discipline, and, thus formed, would offer a variety of trainings in addition to that of clinical treatment. Among them would be:

- clinical research conducted by the clinician him/herself in parallel with his treatments
- extraclinical experimental psychoanalytic research;
- adaptation**s** of tested basic and technical theories to the treatment of problems of infant-child development, the dysfunctional family, psychologically-derived societal ills, and international afflictions of the same nature.

PART II

A NEW SCIENTIFIC METHOD OF RESEARCH AND PRACTICE: THE METAPSYCHOLOGICAL FORMULATION METHOD

INTRODUCTION

In support of the above-proposed movement to create a true science of psychoanalysis, an overview description and illustration of a progressive, forty-year study is offered. It describes how:

- the viable Metapsychological theories of Freud and other analysts of the early years were identified and isolated from the rest
- concepts were defined in concrete terms
- principles were tested for predictive capability in the clinical situation hundreds of times
- a new, scientific, teachable, rapidly-operative, predictably-accurate, conscious, cognitive method of formulation applied exclusively to the analysand's concrete, objectively-observed material was developed for use with all varieties of presenting symptoms.

The development of the method is outlined and an illustration of a critical clinical situation at the very beginning of consultations is provided. It will describe a phenomenon that the author's research first encountered during a study of early transferences (Anderson, 1982), then move to the technical importance of identifying and addressing transferences from the start of consultation. It will also establish the "start" as the time of the first phone call to arrange the first meeting.

Note: In all that follows, the author's purpose is illustrative only. The details of the material to be presented are more complicated than a first reading would allow one to absorb, and concentration on the specifics of the following example for treatment purposes is not recommended.

EVOLUTION OF THE METHOD

The Conventional Formulative Techniques and Some Doubts

At the start of this research, the investigator was using the formulative techniques that he had been taught, many of which still exist. He:

- allowed his formulations to emerge from his unconscious (Freud, 1912, p.112, 115);
- gave "evenly-suspended attention" (Freud, 1912, p.111) (commonly referred to as *"free-floating attention"*);
- *provided "*evenly-hovering attention*"* (Hollender, 1965, p.71);
- remained equidistant from id, ego and superego, (uncertain origin)
- used his counter-transference to assess the transference (Racker, 1968, p.127-173);
- studied his empathic responses as indicators of the subjective experiences of his analysands (Kohut, 1971, p.300-307);
- used symptoms appearing in himself during sessions as signs of communicative processes in patients (Jacobs, 1973).

These approaches posed problems in logic. For example, Freud's advice to formulate using the "unconscious" became a contradiction in terms. It claimed that what could not (by definition) be known could be used to know. Interest in these problems then led the researcher into a series of investigations that produced unexpected results.

METAPSYCHOLOGY CONCEPTS DEFINED, A NEW INVESTIGATIVE METHOD CREATED, NEW RESEARCHES CARRIED OUT

A: Testing Metapsychological Concepts for Definability and Standardizability

The researches began with the examination of clinical material in process for the metapsychological concepts that could be identified and defined in concrete terms (for example, "ego", "resistance", "defence" – unlike, for example, “introjection”) and those that survived were retained.

B: The Minimalist Intervention (M.I.) Research Method and Testing by Prediction

This method was developed for predictively testing meta principles (e.g. the "compromise formation" of symptoms, slips of the tongue as involuntary emergences of repressed material). By its terms, the clinician made the least possible use of the most basic technical principles (e.g. giving rationally and realistically developed instructions like the method’s “Free Association Principle”), and did not use poorly defined theoretical concepts or scientifically untested principles.

He particularly avoided use of "data-distant" theories, untested theories that make large, inferential leaps from the hard data of phenomenological observations. Freud's Oedipus Theory is an example. Applying it, upon observing signs of rivalry in a triadic relationship system, the practitioner infers the nature of his subject's drives without their being required to appear in the patient's releasing associations. His subsequent interpretation, combined with a lack of monitoring of the operative transference of the moment, leaves the situation open to patient confirmation via suggestion. By contrast, the M.I. method did not assume the nature of drives until they were released by work with defence systems (that suppressed/repressed them) and appeared directly in the patient's associative material.

Using this method, hypotheses were tested by prediction. A formulation employing the hypothesis was created, explicitly recorded, and not provided. Criteria for its validation or otherwise were determined and the test result was decided on the basis of the subsequent, spontaneously-emerging, patient material.

C: Testing the Jacobs Formulation Hypothesis (Above)

In this test (Anderson, 1979), the formulative method suggested by Jacobs was examined. The analyst observed his own *symptomatic acts* in sessions and analysed them. The self-analytic material led away from patients and onto personal conflict issues.

Example

The self analysis of a near mispronunciation of a patient's name led the analyst to a recent social situation in which he had presented an important and well-documented brief to a volunteer organization. At the end of his presentation the work had been unreasonably and aggressively attacked, and his self analysis revealed that, in his efforts at self defence, he had been handicapped by

unconscious restrictions in the range of his healthy aggressive-drive capabilities. It further revealed that he had unwittingly continued to be rankled by his experience, and that aggression inhibited from expression at the time had been seeking outlet since. It had then found it in the sheer phonetic similarity that his patient's name shared with his particular aggressive drive form (namely, "hate").

A retrospective meta-structure comparison of the analyst's self-analytic material and the (recorded) material of his analysand at the moment of his internally-observed parapraxis was then carried out. It showed no evidence of specific connection to suggest that observation of the derivatives of the analyst's own unconscious activity could be put to use in the formulation of his analysand's free-associative efforts

D: A Research into Symptomatic Behaviours in Assessment

Thirty-seven (37) assessments for psychotherapy/psychoanalysis were examined as they took place over a period of three years (Anderson, 1982). In all instances, operative ego-syntonic transferences deriving from character symptoms had attached to, and negatively transformed, perceptions of the actual consultant and the consultative process at the start. The mistaken perceptions were then taken back in

to form mental representations of the consultant in which he became a replica of the once real, then internalized (in-memory), still-active, original problem objects. This situation then nullified the expressed assessment intentions and efforts of consultant and consultee until it was concretely identified and effectively addressed.

Out of this research, a new name for this "projection-reinternalization" phenomenon was created. It was called the "Glover Effect" (after Edward Glover - see Anderson 1982), and it became something much to be prevented.

E: A Study of the Theories of Intersubjective Influence

An on-going, less formal attempt was then made to take the mystery out of Intersubjectivity Theory.

The analyst-investigator posited that:

> one mind's unconscious influenced another by way of the concrete, behavioral-expressive effects of its "derivatives" upon a perceptual apparatus of the other that was particularly primed to apprehend them.

Patient material that had stirred the analyst was then held up against the elements that had been stirred in him, and it was discovered that, out of the analyst's awareness, his mind was acutely observant because it was unconsciously directed to:

- defend from traumata that it had never learned to master;

- seek indicators that offered possibility for satisfying inappropriate needs.

It was also noted that his mind:

- frequently projected its feared traumata and wishful need-satisfying opportunities into patient material that did not objectively contain such things.

F: Recording Techniques Introduced

Recording techniques were gradually introduced and included:

written process notes (in small, effortless, automatic pen-hand, and covering near-verbatim patient material and analyst formulative processes, symptoms, subjective experiences and self-analytic material)

notations of important research material

a codification system.

An Example of Codification

[An operative "transference-of-defence" (as indicated by such a statement as,

" ... I KNOW YOU THINK I'M STUPID, SO I WON'T BURDEN YOU WITH .. ",

[was codified, in its context, in the following terms without accompanying definitions]

<In the left-hand margin of the process note,
and) paralleling the pertinent material to the right>

OT/ (operative transference
R/ (resistance
TD/ (transference of defence)
SEEI/ (details of object's standard-setting activity)
TI/ (aggressive drive category and form)
TF/ (details of object behaviour - content and form)
MSD/ (motive of self defence/defences)
SD/ (self defence/defences)
G (object origin of the transference-of-defence)

G: A Self Analysis is Started and Becomes Unusually Systematic, Thorough and Complete

The M.I. and M.F. methods, when applied to the analyst's self, identified recurring symptoms that had not been touched by his prior training analysis. Then using them in self analysis (Anderson 1987), he was led into a surprising and

astounding ten-year analysis that systematically went to bedrocks, produced extremely impressive and lasting results, and eventually undid predilections to countertransference responses. (The recorded, unmodified, on-the-spot process notes have been preserved in sixteen three-ring binders and could be made available for third-party examination.)

THE METAPSYCHOGICAL FORMULATION THEORY EMERGES FROM THE RESEARCHES

A Reliable Body of Theory is Secured and its Application is Practised

Over time, the above investigations came together in a mix of complementary, interactive influences, and the M.F. Method took increasing shape. Then, after building a body of definable concepts and validated principles, the analyst practised its application in patient sessions. There, he formulated thousands of symptoms and tested thousands of predictions, and in the process acquired the ability to formulate complex material correctly and at once.

The Self Analysis Contributes to its Development

It became a secondary arena for the testing of hypotheses, and the depth to which it went brought new benefits to the clinician-researcher's efforts at theory-making. It released him from early-infant conflicts, removed previously-undetected anxieties that had limited his ability to accompany his patients into new and untraveled areas, expanded the range of his serviceable empathy, and widened his observational range for the detection of new symptomatic phenomena.

The Theory of Formulation Becomes the Basis of a Metapsychological Theory of Intervention

Next came an extension of the formulative method to the creation of a theory of intervention. It evolved naturally and without planning. Interventive hypotheses, logically derived from reliable formulations, were devised, offered, and assessed for correctness in the light of the patient's subsequent, non-intruded material. Then a clinical theory of technique became reliably operational.

The Aims and Limitations of this Initial Presentation of the M.F. Method

The chief aim of this paper is to provide a description and illustration of the Metapsychological Formulation Method. It is not part of the author's intention to demonstrate the processes of prediction used in the theory's development, or the M.F. Theory of Intervention. In an "Outcome" part of the section to follow, brief mention of the formulation's results will be provided, but only for the purpose of offering the reader a vision of the M.F. concept in its overall clinical context. By approaching the description of his researches in this manner, he hopes to inspire others to investigate the idea of introducing scientific methods into

psychoanalytic research. He also hopes that some will replicate his research designs and test his conclusions.

ILLUSTRATION OF THE METHOD IN OPERATION

INTRODUCTION

A Telephone Call

In January, 1985, Dr. B-------, a psychologist colleague in a nearby town, referred a thirty-year-old teacher (Mr. A) for consultation with a view to his entering a form of analytic therapy. He phoned, identified himself, and said:

> "Yes, Dr. Anderson, Dr. B------- spoke to you about my calling you. I'll give you an idea of the situation.
>
> I have been living with C-------, my lover, for four years. We have made some plans to marry, but I recently had a relationship with R------- who was visiting the family of a friend of mine. She went back to the U.S. last month. She calls me often and there's been some talk of my going there, but I have never felt so bad in my life, and my work is suffering.
>
> I guess you would recommend meeting separately with me and then with C-------, (pause) not that I want to keep secrets. ... (pause) ... I sound awful, don't I."

THE IDENTIFICATION OF SYMPTOMATIC BEHAVIOURS

> "I GUESS YOU WOULD RECOMMEND MEETING SEPARATELY WITH ME AND THEN WITH C",

DEVELOPING A METAPSYCHOLOGICAL FORMULATION

This is a statement made within seconds to a new object (the consultant). No opinion as to what the consultant would recommend has been formed in the analyst's mind, let alone expressed or suggested. The behaviour is thus Symptomatic[1].

It becomes a Reference Point of reality against which the consultee's engaging Self (comprised of Ego and Drive) can be assessed.

---

[1] That is, a surface indicator of an underlying process that is initially inaccessible.

The Ego of that self has developed a Fantasy of the new Object by way of a Transference.

There is no Observing Self monitoring the Self-in-Contact with the consultant.

TheTransference-Determined ("Analyst") Fantasy is Ego-syntonic to the Ego of the Observing Self and the Self Acts Out its response to what is actually an Internal Object.

The properties of an internal object, in a Mental Representation determined from the Internalization of perceptions of an earlier, "real" object, have been Projected to become parts of the newly-forming Mental Representation of the consultant.

The Symptoms that have resulted are of the Character type.

THE METAPSYCHOLOGY OF CHARACTER

Character Symptoms are expressed in Character Transferences. Transferences from original objects unwittingly attach to a succession of new objects, including previous consultants/therapists, throughout the lifespan. Their elements mingle with real perceptions, and the resulting fantasy is taken back in by the mechanism earlier termed the "Glover Effect". Analysis of the first transference elements in consultation leads to the most recent object in a Transference Chain of objects that progresses backwards to the original figure.

In this case, the object will have been Dr. B -------. If he did not identify and address Mr A.'s first transferences, he (Dr. B) will be found to be the most immediate source of the first transference. He will be endowed with the negative properties of the patient's original caretaker objects. And because the transference has formed from the transference-transformed Dr. B, it will be of a type that the M.F. method calls an Intermediate Transference.

THE TELEPHONE CALL, CONTINUED

" ... NOT THAT I WANT TO KEEP SECRETS."

This statement is an example of a Negation with the following meta structure:

The self has a Transference-of-Defence Fantasy of the consultant in which the latter is critical of it should it wish to keep secrets.

It Defends by Anticipation and Denial.

When the above two parts of the patient's first symptomatic statement are examined together, the simplest of two hypotheses says that the self is defendedly expressing a desire by Suggestion.

The behaviour is a "Manipulation" and an expression of a Manipulation Transference, by the terms of which, the consultant is believed to have a

character structure that disposes him to be nudgeable to action by suggestion, but not by direct expression.

In this segment, the presence of an internal object in one of the Suprastructures,

the Superego or the Ego Ideal, has also been established.

THE TELEPHONE CALL, CONTINUED

"I SOUND AWFUL, DON'T I?"

This expression begins to confirm the presence of an Operative Transference-of-Defense from an Object in one of the Suprastructures. It is incorporating the consultative process and is a Transference Resistance.

In this segment, Multiple Selves (not a reference to Multiple personality Disorder) are in operation.

A Social Self (or Protective or Defence Self) that is engaging the consultant, is monitoring the expressions from another self part. It is protecting itself from a Judgement and an Affective response akin to revulsion by an Anticipate-and-Prevent-by-Self-Constriction defense.

This type of response points to the object's being in the Ego Ideal.

A SUMMARY FORMULATION

Problematic Character elements, as is expectable in those who consult therapists, have been immediately stimulated by the consultation process that has been set in motion.

A Character Transference is in operation.

It is from an Object in one of the Suprastructures. The Ego Ideal is the indicated structure.

It is Ego-Syntonic to the Ego of the Social Self that is in contact with the consultant.

It is an Operative Transference and functioning as a Resistance.

The Transference Fantasy of the analyst may or may not be unconscious.

It is causing the Self-in-Contact to monitor the analyst's responses and theexpressions from its own inner parts in order to prevent a fantasied trauma.

The trauma involves an Object with a Standard that is issuing a Negative Judgement.

It is one that results in a Loss of Esteem.

The self's susceptibility to the trauma was formed in an original situation with an original object, and out of it a Defence Self has developed.

Nothing is known yet about the specific object and specific situation that were involved in the Genesis of these Symptomatic mental activities and behaviours.

Drive material is not directly present. Character developmental theory points to the Aggressive Drive.

The Manipulative means by which the Self approaches having its wishes met, points to the Assertive form of the aggressive drive behind Defenses.

An Intermediate Transference from the referring consultant is predictable as the first source of the first operative transference.

The Surface of that Transference is an Ego Syntonic (and possibly unconscious) Ego Ideal type Fantasy of the analyst in which he opposes assertive forms of aggression. That is, he forces inhibition of direct expressions of "wants" and nullifies the esteem.

The engaging Self has no Effective Defences that would stop the fantasied analyst's unreasonable demands and *reverse* his inhibiting behaviours. It cannot act to obtain its rights to "direct expression of wants" and "confidentiality".

It can only Comply outwardly with the Object's Standards, while using Manipulation to get its needs met.

THE OUTCOME

This formulation was developed in seconds on the phone. Two interventions[2] that were adapted to the particular (not-yet-clinical) conditions were created immediately and provided at once.

They were very well received and the patient's responses - "*I feel relieved. I think that Dr. B. was critical of me.*" - revealed that:

- An undetected and unaddressed Transference to Dr. B----- had been carried into the present consult;
- It had operated Ego-syntonically in the present consultation to produce the Character Symptoms identified;
- It was derived from a Transference-transformed Mental Representation of Dr. B. in the Ego Ideal part of the Superego-Ego ideal structure;
- There may or may not have been elements of real Dr. B. behaviour that contributed to the Intermediate Transference to him;
- That Transference was dissolved by the present consultant's input.

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[2] The author does not like the term "intervention". The "provision of information" would be better, but convention must stand for now.

A consultation and therapy then followed, and the formulation that had been developed continued to hold up to its predictive capability in increasing detail.

The interventions will be described in a later account of Applied Theory (i.e. Theory of Intervention). The stratification (Surface and Layers) elements in the above material will also be discussed then.

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THE ANONYMOUS REVIEWS

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Dear colleague:
Thank you for agreeing to review the manuscript for possible publication in the ….. Journal of …… and the ……. , ……. Please use the *Manuscript Review Form* below to clarify strengths and weaknesses of the attached manuscript(s) that have been assigned to you and make required recommendations for its improvement.
In addition to your comments and suggestions in the *Manuscript Review Form*, please make annotations on the original manuscript by using ***Track Changes and Comments*** **in Word** to help the author(s) to relate to your feedbacks/concerns and enhance authors' effectiveness in revision of their manuscripts. Please note that although your feedbacks will be shared with the author(s), all reviewers will remain anonymous. To use the **"*Track Changes and Comments*" option in Word:** 1- Click on the "Review" icon on the top bar of your Word document; 2- A new menu bar gets highlighted; click on the *" New Comment"* icon to activate the *"Trach Changes & comment"* option; 3- Make sure you save your changes when you are done.
After you complete the review process, please send your *annotated manuscript file* along with this the completed *Review Form Template* to the following email address. If you have any questions about the review form and the review process, please feel free to contact us. Thank you in advance for your contribution to this process.
Sincerely,
Journal Editors for The…… Journal of ……. and … ……. ……. . …….
Dr. ……
Email: …….

Deadline for Review: September 5, 2017
Reviewers code names: O and C

Article Title: PSYCHOANALYTIC/PSYCHOTHERAPEUTIC THEORIES DEVELOPED BY MEANS OF THE SCIENTIFIC METHOD

Manuscript Review Form

Please rate the manuscript on each of the criteria from 1-10 with 10 being the highest score.

1- Significance, Originality and Appropriateness of Topic: Rate the manuscripts significance and originality. As you evaluate this dimension consider the following:
The article is sufficiently novel and interesting to warrant publication. It adds to the canon of knowledge. The article adheres to the journal's standards. The research question(s) an important one.

Strongly Disagree						**Agree**				**Strongly**
0	1	2	3	4	5	6	7	8	9	10
◉	○	○	○	○	○	○	○	○	○	○

Comments:

This is an opinion paper that presents no scientific support for its claims in Part I. Some strong assertions are made as factual with no literature support. The author's opinions are strong and biased. The method presented in part II is existing and no strong connection was made with the author's claims. My comments stopped after a few pages.

2- Rate the manuscript's structure: As you evaluate this dimension consider the following:
The title clearly describes the article. The abstract reflects the content of the article.

Strongly Disagree										**Strongly Agree**
0	1	2	3	4	5	6	7	8	9	10
○	○	◉	○	○	○	○	○	○	○	○

Comments:

Most of the paper is the author's opinion, and even the description of the scientific method present very little support.

3- Compelling Reasoning/Purposes: Does the article's introduction describe what the author(s) hoped to achieve accurately (e.g., project's objectives; hypotheses; etc.)?

Strongly Disagree						**Agree**				**Strongly**
0	1	2	3	4	5	6	7	8	9	10
○	○	○	○	○	○	○	◉	○	○	○

Comments:

The expectation is that claims will be supported, when they are not.

4- Adequacy of Literature Review Information/Theoretical Grounding: Does this article provide clear and compelling foundations and literature review? Are there any topics or information related to the objectives of study/topic of the article which appear to be missing or seem poorly developed?

Strongly Disagree						**Agree**				**Strongly**
0	1	2	3	4	5	6	7	8	9	10
○	◉	○	○	○	○	○	○	○	○	○

Comments:

There is much support that is missing. Very little was supported by literature.

5- Clarity of Presentation: Are the statement of the problem and project's objectives clearly stated?

Strongly Disagree						**Agree**				**Strongly**
0	1	2	3	4	5	6	7	8	9	10
○	○	◉	○	○	○	○	○	○	○	○

Comments:

The statement of the problem is the author's biased opinion with no support from the literature to define it as a problem that must be studied.

6- Figures and Tables: Do the figures and tables inform the reader? Is the content correct? Do the figures describe the data accurately? Are they consistent with the APA style?

Strongly Disagree										**Strongly Agree**
0	1	2	3	4	5	6	7	8	9	10
○	○	○	○	○	○	○	○	○	○	○

Comments:

N/A

7-Methodology's Organization and Structure: As you evaluate this dimension consider the following: The report revealed how the data was collected. The article identified the procedures followed. The procedures were ordered in a meaningful way. The sampling is appropriate. The information provided was clear and concise? The article makes it clear what type of data was recorded and the author was precise in describing measurements.

Strongly Disagree						**Agree**				**Strongly**
0	1	2	3	4	5	6	7	8	9	10
○	○	○	○	○	○	○	○	○	○	○

Comments:

Most of the paper is an opinion. The scientific method described is in existence and does not present enough citations to credit the original authors.

8- Rate the results section in the study. As you evaluate this dimension consider the following: The author(s) explained what was discovered in the research. The results were clearly laid out and are in a logical sequence. The statistics are correct.

Strongly Disagree										**Strongly Agree**
0	1	2	3	4	5	6	7	8	9	10
○	○	○	○	○	○	○	○	○	○	○

Comments:

The lack of connection between opinion and the described method is apparent. There are no results discussed to support the author's claims.

9-Proper Interpretations/Conclusions: Rate the conclusion/discussion sections in the study. As you evaluate this dimension consider the following: The claims in this section are supported by the results. The article supports or contradicts previous theories. The article builds upon previous research and the references that work appropriately. No important works have been omitted.

Strongly Disagree										**Strongly Agree**
0	1	2	3	4	5	6	7	8	9	10
◉	○	○	○	○	○	○	○	○	○	○

Comments:

No conclusions were discussed.

10. Writing Style and Clarity of Presentation: Is the article well written, grammatically correct, and clearly laid out?

Strongly Disagree										**Strongly**
					Agree					
0	1	2	3	4	5	6	7	8	9	10
○	○	○	○	○	◉	○	○	○	○	○

Comments:

I am not sure that the purpose is made clear. It is grammatically correct but not enough support.

11- Rate the reference section in the study. As you evaluate this dimension consider the following: References are cited correctly. Please note that the references must strictly follow APA style. Are references related to the materials actually cited within the manuscript? Are references sufficient, appropriate and up-to date?

Strongly Disagree										**Strongly**
					Agree					
0	1	2	3	4	5	6	7	8	9	10

○	◉	○	○	○	○	○	○	○	○	○

Comments:

References are quite old, which do not support the contemporary claims of the author. Not enough references were used in the paper. References not in APA.

12-Comments to Author(s): Please provide your constructive comments (Strengths & Weaknesses) to the author(s) for improving and revising the manuscript (optional).

This paper provides very strong claims that must be supported by literature. It is in essence an opinion paper with strong one sided views without examining other sources. Current literature should be used to support your claims and a connection between the method presented and your claims should take place in a conclusion. Examine APA citations and references.

13- Comments to the Editors: Please provide your comments to the editors regarding your decision concerning this manuscript. Please be specific to whether or not you think this manuscript is publishable. (Note that these comments will not be shared with the author(s) (optional).

In my opinion, the manuscript is not publishable. Publishing a bias opinion paper may imply that the Journal supports the claims made by the author. There is no current literature presented to support the author's claims or a connection made between the claims and the method presented.

14- Reviewer Expertise: How do you rate you expertise about this topic?

Low Level of Expertise								**High Level of Expertise**		
0	1	2	3	4	5	6	7	8	9	10
○	○	○	○	○	○	○	○	◉	○	○

16- What is your final evaluation of the manuscript?

- ○ Publish as is
- ○ Publish with minor revisions
- ○ Publish with major revisions
- ◉ Not publishable

Please save this document and send it along with the Manuscript File to the following email address. Thank you in advance for your contribution to this process.
Dr…….. …… Ph.D.

Email: …….
Dr. …… ……. Ph.D.
Email:

THE REJECTION LETTER

Dear Dr. Anderson:
The four attached documents represent the reviewers' feedbacks about your manuscript. PSYCHOANALYTIC/ PSYCHOTHERAPEUTIC THEORIES DEVELOPED BY MEANS OF THE SCIENTIFIC METHOD. **As you note, the reviewers have identified numerous technical problems with your manuscript** which makes it unpublishable in its current condition. Since your manuscript has been evaluated by two reviewers with the same conclusion, therefore, we are unable to accept it for publication in our journal. However, **we hope you find their feedbacks useful and would like to encourage you to consider reviewers' comments, recommendations, and suggestions for improving your manuscript in case you plan to submit it to other journals**. Again, thank you for considering our journal and **we wish you the best in your future professional endeavors**.

Sincerely,
Dr. ……. ……

Dr. …….. ……..
Journal Editors for ……. Journal of …….

MY COMMENTS TO SELF

I have encountered this type of thing increasingly - SEE THE WEBSITE

toarealpsychoanalyticscience.com **– THE PEER REVIEW SECTION**

ASTOUNDINGLY IRRESPONSIBLE! (given the job of objectively assessing the paper),

> **talking my: "OPINIONS", "BIASES", "LACK OF REFERENCES", "LACK OF SUPPORT FOR MY SO-CALLED 'CLAIMS' IN THE LITERATURE"**

REFERRING TO THE WORK DESCRIBED IN THE PAPER AS:

biased,

opinionative,

talking "science out there" (This author: Yeh? Where? No show?)

talk of references to the literature but no examples (There is no literature on my subject)

[BUT THE WHOLE PROCESS WAS FULL OF THE VERY THINGS THAT ARE NOT IN MY PAPER BUT ARE IN EVERY BIT OF THE SO-CALLED REVIEWS LISTED ABOVE!

It's like the guys who did the 1999 peer reviews described in detail in the 'toareal ……..website. It's acted out transference, with no indication that either person was able to self analyse him/herself, identify the problem, and get back to the real job.]

•

MY IMMEDIATE REPLY TO THE EDITOR WHO SENT THE ABOVE

Hello Dr. …… ……..

I just received the reviews by the anonymous assessors of my paper, "Psychoanalytic ……", and I must say that I am astounded by the contents. I will not go into detail, but have you read them? compared them to the paper content?

I am long familiar with situations in which papers are deemed acceptable for presentation then rejected for publication by anonymous journal editors. It is unfortunate that our professions continue to use anonymous reviewers and no discussions take place between authors and reviewers. Were there to be so, fundamental problems that hamper and sometimes destroy our ultimate goals could be highlighted and solved.

As it stands, the enclosed reviews are worse than useless with regards to improving my paper for publishing elsewhere.

I think it is important to provide feedback in situations like this. I hope the journal thinks so too.

With respect,

Harry M. Anderson MD D.Psych FRCP

AND AFTER THE EXPECTABLE "NO RESPONSE" IN A WEEK, I WROTE THE FOLLOWING:

Please cancel all notices to me at handermf@sympatico.ca.
Over the last few years I was quite impressed by how unusually well the organization arranged and handled conferences (at one of which I presented in 2016) but my recent experience with the journal has left me with a different and unacceptable perspective.

Harry M. Anderson MD D.Psych FRCP

THEN THE MOST UNEXPECTED AND HAPPIEST THING THAT THIS RESEARCH PROJECT AND I (WHO IS LESS THAN TWO MONTHS FROM 85) EXPERIENCE!

NP, the journal's ..... Manager, [....], writes that he finds it important to inform the journal and asks for some material re: the problem. I send:

"A BRIEF SUMMARY OF MY RESPONSE TO THE …….. JOURNAL'S REJECTION LETTER AS REQUESTED"

The Basic Problem

During my career (from 1964 to to-day) all of the journals in my profession (Psychoanalysis) have had a Peer Review process that dooms the possibility of the development of a real science rooted in the best of Freud's theories that have been tested for validity, and complemented with gradually-developed new theories of as-yet unknown symptoms that are developed by means of The Scientific Method.
The cornerstones of the problem are the journal editor(s) beliefs that: (1) reviewers can and will provide objective assessments of the submitted papers; (2) no scans of their work is necessary to assure objectivity; (3) no authors who identify the problem in writing need to be heard.

It could be predicted that the presentation of what is literally a "blank slate" to reviewers could unwittingly activate misperceptions of authors - especially in my field, that is continuously ripe with conflicts in and beyond its boundaries.

The Specific Details in the Case of My Paper
The reviewer, of course, knew absolutely nothing real about me personally or professionally.

He/she then developed the following unchecked assumption at once, and the material indicators of such were fortunately provided to me.

> "This **IS** an **OPINION** paper that presents **NO SCIENTIFIC SUPPORT** for its **CLAIMS** in Part I. Some strong **ASSERTIONS** are made as factual with **NO LITERATURE SUPPORT.** The author's **OPINIONS ARE STRONG AND BIASED**. The method presented in part II is existing and no strong connection was made with the author's claims. **MY COMMENTS STOPPED AFTER A FEW PAGES**."

Nothing concretely factual in the paper was put forward as the source of that conclusion. It also has an emotional dimension and is not respectful of what could be assumed to be a colleague engaged in pursuing ["……'s" the organizations's] stated goals.
Then, after several more assessments of the same kind and coming to an end, he/she needs to make sure that the journal will totally reject the paper out of some concern? fear? that it might go to publication (and presumably be shared and discussed?). And the recount of the effort includes an unwitting irony that indicates **HIS(HER) ULTIMATE ASSESSMENT OF THE PAPER'S ENTIRE USELESSNESS OR WORSE** was, of all things, **an OPINION!** [i.e.]

> **"IN MY OPINION**, the manuscript is not publishable. Publishing a **BIAS OPINION** paper may imply that the Journal supports the **CLAIMS** made by the author. There is no current literature presented to support the author's **CLAIMS** or a connection made between the **CLAIMS** and the method presented.**"**

Anyone who knew and applied the principles of the Scientific Method (that I use in the clinic and with any other pertinent, unexplained phenomena such as the resistance to a real science) would know that **Opinions, Claims, Assertions and Biases** have no place in those who use it. Objective observations and facts reign throughout, and the method immediately identifies any perceptions that are otherwise. The researcher is also pleased to know that his/her objectivity is assured, and that if any piece of factual clinical material is misperceived without awareness, the method will help him/her identify, understand and undo the problem. (And for that he is grateful.)

I was faced with, and collecting, "hard data" details of the resistance phenomena for years until '98, when a particular event made it absolutely clear that the Peer Review method would never be examined and changed as reason desperately required. I continued to observe the signs of it, but had no need to keep collecting the data that illustrated it, until this reviewer unwittingly revealed its still-firmly-established presence in what for me was the new and inspiring organization (……..) with goals similar to:

> a Think Tank ……. … to facilitate dialogue, exchange idea and share between academics and researchers throughout the world.

One Last Point

I do not know if the journal will make use of this input or not. If it doubts what I have recounted, I recommend that it go to my website (developed for world-wide discussion and the creation of a real psychoanalytic science),

http://toarealpsychoanalyticscience.com and its **Peer Review** section

where the hard data that reveals the hard facts of the problem is provided in detail. If there is a will to do so and any problem is encountered, I can be reached at handermf@sympatico.ca and would be happy to help or comment.
Before closing this note, however, I would very much like to know anything at all about why journal editors do not respond to authors of rejected papers who point to problems with the reviews? For example, do they assume that it is all a matter of "sour grapes"? I was much surprised that there was a concerned response when I wrote to the organization to explain that a recent experience with the journal was unacceptable and that I wanted all further notices cancelled. An interest followed by a wish for some details that could inform the journal was expressed, and I was inspired to provide such in this note. At this point in the experience, I am neither concerned about my paper, nor wanting it published, nor critical of anyone involved. The "curiosity" that drives real scientists to explore unidentified problems pertinent to their field, pushes them gently towards small pieces of large puzzles that help them in their often years-long searches for ultimate causes. And the above little part of this reviewer puzzle is one for which no editors have ever offered me as much as a hint.

And with regards to whatever results arise from this potential dialogue, including the possibility of nothing, everything that has taken place contributes to the "Resistance" research that will be continued and include the above collected data as a part. A solution to that problem will have to be found before its socially-leaden weight upon real scientific research in my field can be overturned, and exciting new studies are freed for circulation and sharing.

Harry M. Anderson MD D.Psych FRCP

AND "……" WROTE!!

To handermf@sympatico.ca

Dear Dr. Anderson,

I would like to start by thanking you for your detailed and thought-provoking feedback. After reading your letter I also visited your website, Error! Hyperlink reference not valid. which I found to be very interesting.

As the ……. Manager I'm very much at the backend of the publishing process, basically the nuts-and-bolts stuff of building a journal issue. This means I'm completely divorced of editorial decisions and the workings of a journal's review board.

Yet it is clear from reading your account that there were issues in the way your journal submission was managed, and perhaps too, we should consider putting into place a proper formalised appeals process.

Please be assured that your feedback has been passed to the journal editors. This has been done in my hope that any similar situation that may arise in the future may be better resolved.

Finally, please let me know if you would like to be removed from all of .....'s mailing lists. If you've requested this already, I will personally check that it has been done.

Best regards,
"..",
..... Manager

TO WHICH I REPLIED:

Dear . .,

Thanks very much for your interest in the problem and making it known to the journal editors. In my experience, it has been a widespread phenomenon in academe as well as in my field, and any journal that might take interest in it would be a very admirable and constructive first.

As to my wanting notifications cancelled, that was when I thought (as was always the case for years) there was nothing I could do. However, your note to explain the Journal ..... relationship and express interest in the problem was encouraging. I still think the organization's goals are great and its conferences a pleasure, and perhaps what I have described in my brief summary will be of interest to the journal. So I would very much like to remain connected for now.

With appreciation,

Harry Anderson

TO WHICH B.N. REPLIED:

Dear Dr. Anderson,

Thanks for your kind email.

Incidentally, I have notified ...., the ..... Director .... , of our correspondence. He remembers previously meeting you

at a conference and was especially troubled by your earlier email.

Have a good week.
Regards,

R.
…… Manager

[I don't recall the meeting with ……, but …]

Then, not to my modestly predicted surprise, there is nothing back from anyone.

I thus collect all the material, record it in this part of the large book, and establish more proof that the universal "two-anonymous-reviewers", peer review process in my field is an incomprehensible FARCE. It unwittingly pretends to advance knowledge that can improve the treatments of severely ill people, and offers no clues to compassionate researchers who could help its clearly-symptomatic supporters out of their never-confronted mud.