

Araştırma Makalesi

The Effectiveness of Psychoanalytic Psychotherapy Scale: A Psychometric StudyKemal ÖZKUL^{1*} , Ece ÖZCAN¹ , Demet CAN¹ , Selin UÇAR-ÖZSOY¹ , Tülin GENÇÖZ¹ ¹ Middle East Technical University, Art and Science Faculty, Department of Psychology, Ankara, Turkey**Makale Bilgisi****Keywords:**

effectiveness of psychotherapy, psychoanalytic psychotherapy, psychoanalysis, scale development

Abstract

The purpose of the present study was to develop a psychometrically robust measure to evaluate the effectiveness of psychoanalytic psychotherapy and psychoanalysis, entitled as the "Effectiveness of Psychoanalytic Psychotherapy Scale [EPPS]". This scale was designed to assess the changes experienced by patients/analysands who undergo psychoanalytic psychotherapy or psychoanalysis. A sample of 216 individuals above the age of 18 who had been continuing their own psychoanalytic psychotherapy or psychoanalysis for at least three months participated in the study. The participants were given EPPS along with the other measures such as the Reassurance-Seeking Scale, The Satisfaction with Life Scale, and The Positive and Negative Affect Schedule. Factor structure of the EPPS and its reliability and validity coefficients were examined. Several analyses including reliability analysis, exploratory factor analysis, hierarchical regression analyses and MANOVA were conducted to confirm EPPS's factor structure and psychometric strength. Obtained results suggested that EPPS is a psychometrically sound measure to evaluate the effectiveness of psychoanalytic work.

Öz**Anahtar kelimeler:**

psikoterapinin etkililiği, psikanalitik psikoterapi, psikanaliz, ölçek geliştirme

Psikanalitik psikoterapi, Sigmund Freud'un keşfettiği ve bilinçdışını çalışmayı merkeze aldığı bir yöntem olan psikanalizden temel alır. Freud bilinçdışı motivasyonların kişilerin gündelik eylemlerinde temel bir yeri olduğunu söylemiş ve psikanalizde bilinçdışının çalışılmasına büyük önem vermiştir. Psikanalitik psikoterapi ruh sağlığı sorunları için daha derinlemesine ve uzun vadeli çözümler sunmaktadır. Bu çalışmada, psikanalitik psikoterapi ve psikanalizin etkililiğini incelemek için geliştirilen Psikanalitik Psikoterapinin Etkililiği Ölçeği'nin [PPEÖ] psikometrik özellikleri sunulmaktadır. Bu ölçek, psikanalitik psikoterapiye veya psikanalize devam eden kişilerdeki değişiklikleri değerlendirmeyi amaçlamaktadır. Çalışmaya en az üç aydır kendi psikanalitik psikoterapi sürecini veya psikanalizini sürdürmekte olan 18 yaş üstü 216 kişi katılmıştır. Katılımcılara, Güvence Arayışı, Yaşam Doyumu, Pozitif ve Negatif Duygu ölçekleri ile birlikte PPEÖ verilmiştir. PPEÖ'nün faktör yapısı incelenmiş, güvenilirlik ve geçerlilik çalışmaları yapılmıştır. PPEÖ'nün faktör yapısını ve psikometrik gücünü doğrulamak için güvenilirlik analizi, açıklayıcı faktör analizi, hiyerarşik regresyon analizleri ve çok değişkenli varyans analizlerini içeren çeşitli analizler yapılmıştır. Sonuçlar, PPEÖ'nün psikanalitik çalışmanın etkililiğini değerlendirmek için psikometrik olarak güçlü bir ölçek olduğunu göstermektedir.

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Introduction

Psychoanalytic psychotherapy has based on Sigmund Freud's concept of "talking cure". Since then, different schools have been applying classical/Freudian psychoanalysis. Although several different approaches had emerged, working with (i.e., discerning and exploring) the unconscious remains the essential feature of psychoanalytic psychotherapy (Kalita & Chrzan-Dętkoś, 2017). Freud (1915) attached great importance to the study of the unconscious in psychoanalysis as he believed that unconscious motives are crucial in daily human actions. Parapraxes have a fundamental place in his theory since it uncovers the unconscious and can take many different forms such as slips of the tongue, bungled acts or mistakes, and misremembering (Freud, 1915-1917). In addition to parapraxes, Freud (1900) suggested that dreams carry glimpses of unconscious motives and conflicts. Since the ego defenses are weakened in dreams, as he put it, repressed feelings or thoughts become more accessible in a distorted way. Therefore, dreamwork helps understanding the operations of the unconscious. And most importantly, working through all these unconscious components is only possible through working on the transference relationship between the psychotherapist/the analyst and the patient (Slavin, 1994).

Psychoanalytic psychotherapy and psychoanalysis differ from each other in several ways, including but not limited to frequency of sessions, overall duration, use of the couch (Rössler-Schüleïn & Löffler-Stastka, 2013), and also in timing of interpretations and handling transference (Weinshel, 1992). Still, they are more alike than different in terms of the quality (Weinshel, 1992). Since both psychoanalysis and psychoanalytic psychotherapy aim to explore the unconscious, the concepts of effectiveness and efficacy can be hard to grasp and study although both are quite necessary to build up the empirical knowledge on that approach. Even though effectiveness and efficacy are mostly treated as equivalent notions, effectiveness is about improvements in individuals' conditions in real-life settings as an indicator of the outcome of psychotherapy. On the other hand, efficacy is a concept concerning the results of the process in which individuals even themselves do not know whether they get actual treatment or not (Nathan et al., 2000; Roth & Fonagy, 2005). The current study focused on the effectiveness of psychotherapeutic processes; hence, real-life improvements in patients' lives were aimed to be assessed.

Empirical support is needed in order to be able to claim whether any type of psychotherapy is effective or not. Conducting randomized controlled trials (RCT) is the most recommended method to study psychotherapy effectiveness empirically (Levy et al., 2014). In RCT, patients randomly receive one of the treatments among two or more options including a placebo control condition to ensure credibility. RCT is usually defined as the golden method to provide empirical evidence for the studies of effectiveness. However, RCT has some

disadvantages such as poor ecological validity due to the use of selected samples and sort of mechanical applications of inclusion or exclusion criteria. Thus, naturalistic studies are the alternative methods increasing the ecological variability, that is sacrificed for the sake of generating homogeneous and comparable groups (Levy et al., 2014).

Psychotherapy effectiveness studies is of utmost importance in determining which treatment modalities are effective in treating mental health problems. Nevertheless, there is still a common misconception about the effectiveness of psychoanalytic psychotherapy and psychoanalysis, due to difficulties related with the assessment of the outcomes. Several studies claimed that psychoanalytic therapies are less effective than other methods of psychotherapy since it is difficult to measure patient-related changes. However, according to the results of a meta-analysis, psychoanalytic psychotherapy was found to be more effective than many other types of psychotherapy; and it is frequently reported to be at least equally effective compared to other approaches (Levy et al., 2014). Although short-term psychotherapies are suitable for decreasing complaints and symptoms of patients, they do not ensure long-term changes in personality organization that can be attained through applications of psychoanalytically oriented psychotherapies (Levy et al., 2014). A systematic review of research examining the effectiveness of psychoanalytic psychotherapy in terms of improvements in self-esteem, patient's satisfaction and decrease in symptomatic behavior and interpersonal problems claimed that psychoanalytic therapies help reduce the psychological distress even with the individuals having intellectual and developmental disabilities (Shepherd & Beail, 2017). Consistently, another meta-analytic study indicated that psychoanalytic psychotherapy was as effective as other psychotherapies in treating mental disorders and better for target problems and general psychiatric issues in order to reduce symptoms (Leichsenring et al., 2004). In another study, psychoanalytic psychotherapy was found to be more effective than placebo and supportive therapy, and outcomes were similar to those of cognitive-behavioral therapy (Leichsenring et al., 2014). Furthermore, one meta-analysis focused on the effectiveness of short-term psychoanalytic psychotherapy in a sample of 1870 participants who had somatic symptoms reporting alleviation in both somatic and general psychiatric complaints. The same study indicated that psychoanalytic psychotherapy had a fundamental role in recovering somatic conditions in health care organizations (Abbass et al., 2009).

Shedler (2010) conducted a study that aimed to offer an extensive examination of the empirical support for the effectiveness of psychoanalytic psychotherapies. This meta-analysis yielded that, while the effect sizes of psychoanalytic psychotherapy were as large as other well-known "empirically supported" therapies, psychoanalytic psychotherapy offers more in-depth and long-term solutions for mental health problems (Shedler, 2010). A widely accepted aspect for assessing outcomes of psychotherapy is taking into account how long the patient undergoes psychotherapy (Tompkins & Swift, 2015), and similar to psychoanalytic psychotherapy,

psychoanalysis is also mostly criticized for its relatively longer process (Freedman et al., 1999). However, considering high relapse rates (Brandon et al., 2007) and the possibility of the emergence of substitute complaints or deterioration (Mohr, 1995), the scope of the effectiveness of psychotherapy must be broadened. Particularly, it is applicable for psychoanalysis and psychoanalytic psychotherapy since their purpose is not solely symptom-reduction. In psychoanalytic psychotherapies, symptoms are treated as cues for working through in which patients explore more crucial and deeply rooted problems. Thus, psychoanalytic psychotherapies may generate a longer-lasting impact on individuals' lives (Shedler, 2010).

In addition to examining the effectiveness of psychoanalytic psychotherapy, the effectiveness of psychoanalysis has also been studied in the related literature. One of the first and the most prominent case studies (Tyson, 2009) that examined the effectiveness of psychoanalysis was the analysis of an eight-year-old boy for 25 years who had severe psychological problems. This study indicated that the patient gained some control over his feelings by exploring his anxieties and defenses during psychoanalysis. It was further claimed that obtained changes and acquisition of mastery over emotions were long-lasting. Although psychoanalysis and psychoanalytic psychotherapies are usually mentioned and studied together, some studies compare outcomes of psychoanalysis with psychoanalytic psychotherapy. One of these studies demonstrated that long-term and short-term psychoanalytic psychotherapy and psychoanalysis are equally effective in alleviating symptoms of anxiety and some psychiatric problems (Knekt et al., 2011).

The current study aimed to develop a psychometrically sound scale to evaluate the effectiveness of psychoanalytic psychotherapy and psychoanalysis. The effectiveness of psychoanalytically oriented therapies might be assessed differently than other types of psychotherapy because the main focus in the former is not symptom reduction. Instead, symptoms tend to fade away as the unconscious materials are uncovered. Moreover, psychoanalytic work strives for working on how the patients position themselves in relation to others, the way unconscious yields, and the progress towards the patients' taking responsibility for about their subjective experience. Thus, effectiveness was conceptualized as the change in patients' stance along with these psychoanalytic work components. For the purpose of measuring those changes, "The Effectiveness of Psychoanalytic Psychotherapy Scale [EPPS]" was aimed to be developed in the current study. In this scale, the items were statements mainly about one's curiosity for the underlying sources for presenting problems, reflective thinking on the use of daily language, repetitive relationship patterns, and paying attention to and elaboration of the subjective way of using language and parapraxes (Fink, 1997). All of these aspects belong to the domain of psychoanalytic work, which are the core components of both psychoanalytic psychotherapy and psychoanalysis. On the other hand, it has been widely

accepted that the nature of the interpersonal dynamics between the patient and the psychotherapist/analyst is the fundamental component in curing psychological problems (Lambert & Barley, 2001). From this point of view, endeavor for investigating relational aspects in any kind of psychotherapeutic process, including psychoanalytic psychotherapy, seems to be crucial.

Furthermore, there seems to be a relationship between the effectiveness of psychoanalytic psychotherapy and its duration (Freedman, Hoffenberg, Vorus, & Frosch, 1999). Particularly, from the patients' perspectives, the longer the duration, the more intense its effects were. Education was found to be another factor impacting on the psychotherapy process. It was indicated that highly educated patients benefited more from the psychotherapy process. In accordance, the effectiveness of psychotherapy for individuals with lower education levels was found to be poor (Joutsenniemi, 2012).

Thus, to measure the effectiveness of the applications of psychoanalytic approach a psychometrically robust measure is needed that is consistent with the purposes of this approach's practical applications and theoretical base. Also, one must consider how and from which perspective to observe and assess the effects of the components of psychoanalysis and psychoanalytic psychotherapy. The changes or improvements in patients' life can be validly operationalized from researchers', psychotherapists'/analysts', or patients' points of view (Saunders et al., 1989). In this study, the patient's point of view was determined as the reference point. Therefore, individuals' own perspective is chosen while generating the items. To the best knowledge of the authors, this is the first study measuring effectiveness of psychoanalytical applications with a Turkish-speaking sample. Thus, the current study aimed to investigate the psychometric properties of "The Effectiveness of Psychoanalytic Psychotherapy Scale" in Turkey.

Method

Participants

The study was conducted with 216 participants aged between 18 and 50 ($M_{age} = 31.38$, $SD_{age} = 5.89$). Among the participants, 182 (84.3%) were women, 25 (11.6%) were men, and 9 (4.2%) participants did not want to indicate their sex. Participants were from various locations of Turkey (mainly from Ankara, İstanbul, İzmir). Education level of the participants were 5 (2.3%) from high school, 74 (34.3%) from university, 102 (47.2%) from master's degree, and 35 (16.2%) from PhD. The duration of participants' ongoing psychoanalysis/psychoanalytic psychotherapy process varied between 3 months and 132 months ($M_{months} = 33.13$, $SD_{months} = 26.52$).

Measures

The Effectiveness of Psychoanalytic Psychotherapy Scale (EPPS). The relevant literature was initially reviewed and analyzed in detail to generate items for the psychoanalysis or psychoanalytic psychotherapy effectiveness scale. Since the researchers of the current study were either psychoanalysts or psychoanalytically oriented psychotherapists, their own psychotherapy or psychoanalysis experiences both as psychotherapists/psychoanalysts and as analysands contributed to the creating scale items with different points of view. During discussions that were held for item generation, the main focus was on the individuals' behaviors, attitudes, and relationships instead of their symptoms. While generating the items, the way the psychoanalytic process enhances the patient's/the analysand's curiosity about themselves was also considered.

In conclusion, 14 items were generated that are rated on a 5-point Likert type format (1: *not like me not at all* to 5: *very much like me*). Higher scores indicate the higher effectiveness of the psychoanalytic experience. Factor analysis, reliability analyses, item-total correlations, and validity analyses were conducted for examining the psychometric properties of the scale. The obtained findings were presented in the result section.

Reassurance-Seeking Scale. In order to investigate the concurrent validity of EPPS, Reassurance-Seeking Scale was used that was adapted to Turkish by Gençöz and Gençöz (2005). The original scale is part of the Depressive Interpersonal Relationships Inventory (Coyne, 1976). Items are rated on a 5-point Likert type scale, ranging from 1 (*never*) to 5 (*almost always*). Higher scores indicate greater levels of reassurance seeking.

The Satisfaction with Life Scale (SWLS). Another measure to examine the concurrent validity of EPPS was the Satisfaction with Life Scale (Diener et al., 1985). The measure was adapted into Turkish by Durak and his colleagues (2010). Items are rated on a 5-point Likert type scale, ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Higher scores indicate higher levels of satisfaction with life.

The Positive and Negative Affect Schedule. To examine the validity of EPPS, the Positive and Negative Affect Schedule were utilized that was adapted to Turkish by Gençöz (2000) from the original work of Watson and his colleagues (1988). Items are rated on a 5-point Likert type scale, ranging from 1 (*never*) to 5 (*almost always*). The measure yields two independent scores, one for positive affect, the other for negative affect, and higher scores indicate stronger positive or negative affect.

Procedure

Having received the ethical approval from the Human Research Ethics Committee at Middle East Technical University, the surveys were sent to the volunteer participants, who

were over 18 years of age and were undergoing at least three months of psychoanalysis or psychoanalytic therapy. The survey batter was delivered through an online survey program (i.e., Qualtrics) via social media platforms and internet pages. The purpose, anonymity, and confidentiality were explained to the participants through informed consent. The surveys were completed approximately in 20 minutes.

Results

Exploratory Factor Analysis

To examine the factor structure of the EPPS, initially, principal component analysis was conducted. Items were checked for the factor loadings as they were expected to have factor loadings of higher than .30 under the relevant factor and considerably lower loading on the other factor. The corrected item-total correlations of the items and internal reliability coefficients of the factors were also examined.

As a result of these initial analyses, one item was eliminated due to low item-total correlation, and the study was pursued with a 13-item scale. According to the results of the principal component factor analysis, Bartlett's test of sphericity ($X^2(78) = 938.302, p < .001$) was significant, and Kaiser–Meyer–Olkin Measure of Sampling Adequacy (KMO) was .84, which was satisfactory. Also, the analysis revealed two factors, and these factors explained a total of 49.25% of the variance. All relevant values were presented in Table 1.

Table 1.

Psychometric Characteristics of The Effectiveness of Psychoanalytic Psychotherapy Scale

EPPS item	Factor loading	
	1	2
Factor 1: The inquiry on the traces of unconscious (Eigenvalue = 4.45; explained variance = 34.23 %; $\alpha = .84$)		
I question the reasons for my attitudes and/or behaviors more (<i>Tutumlarımın ve/ya davranışlarımın nedenlerini daha çok sorguluyorum</i>).	.83	.13
I realize that I question the causes of repetitive events and situations in my relationships more than before (<i>İlişkilerimde tekrarlayan olay ve durumların nedenlerini eskisinden daha çok sorguladığımı fark ediyorum</i>).	.79	-.12
I wonder how my goals in life have developed, how I have achieved them. (<i>Hayatımdaki amaçlarımın nasıl geliştiğini, bunları nasıl edindiğimi merak ediyorum</i>).	.76	.90
In daily life, I realize that I think more about what I say and the words I use (<i>Günlük hayatta, söylediklerim ve kullandığım kelimeler üzerinde daha çok düşündüğümü fark ediyorum</i>).	.75	.70
I am curious about my own influence in repetitive events and situations in my relationships. (<i>İlişkilerimde tekrarlayan olay ve durumlar karşısında kendi etkimini merak ediyorum</i>).	.73	.12

Table 1. Continued

I realize that I am thinking what I forgot and why I forgot. (Unuttuğum şeylerin ne olduğu ve neden unuttuğum üzerinde düşündüğümü fark ediyorum).	.57	.03
I feel that my awareness about my desires has increased. (İsteklerime ilişkin farkındalığının arttığını hissediyorum.)	.53	.52
I'm curious about the source of my problems (Sorunlarımın kaynağını merak ediyorum).	.49	-.03
I can realize repetitive events and situations in my relationships (İlişkilerimde tekrarlayan olay ve durumları fark edebiliyorum).	.48	.13
Factor 2: The taking responsibility of one's own subjectivity (Eigenvalue = 1.95; explained variance = 15.02%; $\alpha = .60$)		
I can't help myself from complaining about the problems I'm experiencing. (R) (Yaşadığım sorunlar için şikayetçi olmaktan kendimi alamıyorum).	-.14	.77
I feel that it will be a relief for me to have someone else solve my complaints. (R) (Şikayetlerime bir başkasının çözüm getirmesinin beni rahatlatacağımı hissediyorum).	-.15	.76
When I think differently about a subject, or situation than those around me, I don't feel uncomfortable. (Bir konu, olay ya da durum hakkında etrafımdakilerden farklı düşündüğümde bundan rahatsız olmuyorum).	.17	.59
I try harder to achieve my wishes. (İsteklerime ulaşmak için daha çok çabalıyorum).	.40	.52

As presented in Table 1, the first factor included 9 items with an eigenvalue of 4.45 and explained 34.23 of the variance. The first factor was named “Inquiry on the Traces of the Unconscious” and included items covering curiosity about one's own unconscious material. The second factor included 4 items with an eigenvalue of 1.95 and explained 15.02 of the variance. This factor is named “Taking Responsibility for One's Own Subjectivity” since it included the elements of taking responsibility and taking action to change.

Reliability Analysis

For the whole scale, the Cronbach's alpha coefficient was .79. In addition, Cronbach's alpha coefficient of the Inquiry on the Traces of Unconscious subscale was .84, and it was .60 for the Taking Responsibility of One's Own Subjectivity subscale.

Validity Analysis

As for the content validity, the items of the scale were reviewed by several psychoanalysts in Turkey, and the literature was examined carefully in order to generate a wide range of relevant items to measure the effectiveness of psychoanalytic psychotherapy. In order to test the concurrent validity and construct validity of EPPS, the scale's relations with the Reassurance-Seeking Scale, the Satisfaction with Life Scale, and the Positive and Negative Affect Schedule (Watson, Clark & Tellegen, 1988) were examined. The obtained correlations,

along with the means and standard deviations of the measures were presented in Table 2. Among all other control variables, only the therapy duration was found to be significantly correlated with the scores on EPPS (.15, $p < .05$).

The findings of this study suggested that total EPPS scores had a significant positive correlation with SWLS (.26, $p < .001$), and a significant negative correlation with the NA (-.21, $p < .05$). Yet, no significant correlation was found between PA and Reassurance-Seeking Scale. Moreover, Taking Responsibility of One's Own Subjectivity Subscale was significantly and negatively correlated with both reassurance seeking (-.18, $p < .05$) and NA scores (-.38, $p < .001$), while it was positively correlated with SWLS (.30, $p < .001$) and PA scores (.33, $p < .001$). Similarly, significant correlations were expected between Inquiry on the Traces of Unconscious subscale and PANAS, SWLS, and Reassurance-Seeking Scale. Inquiry on the Traces of Unconscious subscale had a significant positive correlation with Taking Responsibility for One's Own Subjectivity subscale (.27, $p < .001$), and sort of unexpectedly positively correlated with Reassurance-Seeking Scale (.17, $p < .05$). However, this subscale did not reveal significant correlations neither with PANAS measures nor with SWLS.

Predictive Power of EPPS on Reassurance-Seeking, Life Satisfaction, the Positive and Negative Affect

As for the construct validity, in order to examine the predictive power of EPPS, four separate hierarchical regression analyses were conducted regressing Reassurance-Seeking, Life Satisfaction, Positive Affect, and Negative Affect respectively.

To investigate whether the subscales of EPPS; namely, the inquiry on the traces of unconscious subscale and taking responsibility of one's own subjectivity subscale predicted reassurance-seeking, life satisfaction, the positive affect, and the negative affect, two-step hierarchical regression analyses were conducted. In the first step, control variables; namely, age, sex, education level, and therapy duration were entered into the model. After controlling for the variance accounted for by the control variables, the inquiry on the traces of unconscious subscale and the taking responsibility of one's own subjectivity subscale were added into the model in the second step (see Table 3).

In the first model, the control variables did not reveal a significant association with reassurance-seeking in the first step ($R^2 = .04$, $F(4, 148) = 1.48$, $p = .211$). At the second step, the inquiry on the traces of unconscious and the taking responsibility of one's own subjectivity made a significant contribution in predicting scores of reassurance seeking. That is, with the inclusion of these two variables into the model, the model explained 10% of the variance in reassurance-seeking ($R^2 = .10$, $F(6, 146) = 2.61$, $p < .001$). Second step by itself explained 6% of the variance ($F_{change}(2, 146) = 4.80$, $p < .05$). Particularly, reassurance-seeking was positively predicted by that the inquiry on the traces of unconscious ($\beta = .18$, $t =$

Table 2.

Descriptive Statistics and Pearson's Correlation Results for Study Variables (N = 216).

Variables	M	SD	1	2	3	4	5	6	7	8	9	10
1.Age	31.38	5.89	-	.20**	.27***	.01	-.10	.15*	-.10	.004	.10	-.24***
2.Education	3.77	.74		-	-.01	-.01	.01	-.03	.05	.24**	.12	-.14
3.Duration	33.13	26.52			-	.15*	.11	.12	.16	.001	-.03	.12
4.EPPS	4.15	.49				-	.86***	.72***	.03	.26***	.12	-.21*
5.Inquiry	4.44	.57					-	.27***	.17*	.13	-.08	-.001
6.Responsibility	3.69	.68						-	-.18*	.30***	.33***	-.38***
7.Reassurance	2.46	.82							-	-.30	-.10	.29***
8.Satisfaction	3.08	.92								-	.38***	-.29***
9.PA	2.88	.76									-	-.43***
10.NA	2.41	.81										-

*Note. Education = Education Level; Duration = Therapy Duration in terms of months; EPPS = The Effectiveness of Psychoanalytic Psychotherapy Scale; Inquiry = The inquiry on the traces of unconscious subscale of the Effectiveness of Psychoanalytic Psychotherapy Scale; Responsibility = The taking responsibility of one's own subjectivity subscale of The Effectiveness of Psychoanalytic Psychotherapy Scale; Reassurance = Reassurance-Seeking Scale; Satisfaction = the Satisfaction with Life Scale; PA = The Positive items subscale of the Positive and Negative Affect Schedule; NA = The Negative items subscale of the Positive and Negative Affect Schedule. *p < .05. **p < .01. ***p < .001*

Table 3.

Predictors of Reassurance-Seeking, Life Satisfaction, Positive and Negative Affect

Predictors	Dependent variables															
	Reassurance-Seeking				Life Satisfaction				Positive Affect				Negative Affect			
	B	SE	β	ΔR^2	B	SE	β	ΔR^2	B	SE	β	ΔR^2	B	SE	β	ΔR^2
Step 1				.04				.06*				.03				.14***
Age	-.01	.01	-.08		-.01	.01	-.10		.001	.01	.009		-.03	.01	-.30***	
Sex	.07	.13	.04		.06	.14	.04		.02	.12	.01		.03	.12	.01	
Education	.08	.09	.07		.34	.10	.27***		.13	.80	.13		-.11	.08	-.11	
Duration	.004	.003	.14		.001	.003	.03		.001	.002	-.03		.006	.002	.19*	
Step 2				.06**				.09***				.12***				.10***
Inquiry	.31	.14	.18*		-.016	.15	.008		-.21	.13	-.13		.12	.13	.07	
Responsibility	-.26	.10	-.21*		.44	.11	.31***		.41	.10	.35***		-.41	.10	-.32***	
Total R ²				.10				.15				.15				.24
F			4.73				7.64				9.19				8.99	
N			153				151				151				151	

Note. Education = Education Level; Duration = Therapy Duration in terms of months; EPPS = The Effectiveness of Psychoanalytic Psychotherapy Scale; Inquiry = The inquiry on the traces of unconscious subscale of the Effectiveness of Psychoanalytic Psychotherapy Scale; Responsibility = The taking responsibility of one's own subjectivity subscale of The Effectiveness of Psychoanalytic Psychotherapy Scale; Reassurance = Reassurance-Seeking Scale; Satisfaction = the Satisfaction with Life Scale; Positive Affect = The Positive items subscale of the Positive and Negative Affect Schedule; Negative Affect = The Negative items subscale of the Positive and Negative Affect Schedule. *p<.05. **p<.01. ***p<.000

2.26, $p < .05$, 95% CI [.038, .576]), and negatively predicted by the taking responsibility of one's own subjectivity ($\beta = -.21$, $t = -2.45$, $p < .05$, 95% CI [-.462, -.050]).

In the first step of the second regression analysis where Life satisfaction was regressed, control variables made a significant contribution in predicting the life satisfaction scores ($R^2 = .06$, $F(4, 146) = 2.44$, $p < .05$). Among the control variables, education level was positively associated with the life satisfaction ($\beta = .27$, $t = 3.53$, $p < .001$, 95% CI [-.214, .529]). The first step of this model explained 6% of the variance. In addition, in the second step, taking responsibility of one's own subjectivity made a significant contribution in predicting the life satisfaction. That is, with the inclusion of the two variables into the model, the explained variance increased to 15% ($R^2 = .15$, $F(6, 144) = 4.32$, $p < .001$). Second step by itself explained 9% of the variance, $F_{change}(2, 144) = 7.64$, $p < .01$). Specifically, life satisfaction scores were positively predicted by the scores of taking responsibility of one's own subjectivity ($\beta = .31$, $t = 3.88$, $p < .001$, 95% CI [.217, .669]).

While regressing Positive Affect, the demographic variables did not reveal a significant association in the first step ($R^2 = .03$, $F(4, 146) = 1.03$, $p = .393$). Similar to the second model, taking responsibility for one's own subjectivity made a significant contribution in predicting the positive affect. That is, positive affect was positively predicted by the taking responsibility of one's own subjectivity ($\beta = .35$, $t = 4.33$, $p < .001$, 95% CI [.224, .602]). Second step by itself explained 12% of the variance, $F_{change}(2, 144) = 9.91$, $p < .001$). Thus, this model explained 15% of the variance on the positive affect ($R^2 = .15$, $F(6, 144) = 4.07$, $p < .001$).

In the last model where Negative Affect was regressed, age and therapy duration made significant contributions, and control variables explained %14 of the variance ($R^2 = .14$, $F(4, 146) = 5.88$, $p < .001$). Whereas the negative affect was negatively predicted by age ($\beta = -.30$, $t = -3.09$, $p < .001$, 95% CI [-.056, -.012]), it was positively predicted by therapy duration ($\beta = .19$, $t = 2.52$, $p < .05$, 95% CI [.001, .011]). Moreover, the second step by itself explained 10% of the variance ($F_{change}(2, 144) = 8.99$, $p < .001$), and taking responsibility of one's own subjectivity made a significant contribution. That is, with the inclusion of the two variables into the model, the fourth model explained 24% of the variance in total on the negative affect scores ($R^2 = .24$, $F(6, 144) = 7.35$, $p < .001$). In other words, the negative affect was negatively predicted by the taking responsibility of one's own subjectivity ($\beta = -.32$, $t = -4.22$, $p < .001$, 95% CI [-.596, -.216]).

Influence of Low and High scores of EPPS on the Well-Being Measures

To examine the criterion validity, the influence of low and high scores of EPPS on well-being measures were analyzed through Multivariate Analysis of Variance (MANOVA). For this analysis, low and high scores of EPPS were determined by considering half standard deviation below and above the mean score. Accordingly, each participants mean score obtained from the

13 items of the EPPS were calculated; and eventually “low EPPS group” composed of 48 participants, with mean EPPS scores lower than 3.94 ($M [SD] = 3.64 [.38]$); and “high EPPS group” composed of 53 participants, with mean EPPS scores higher than 4.40 ($M [SD] = 4.61 [.15]$). In the MANOVA the dependent variables were four well-being measures; hence the influence of two groups of EPPS on four well-being measures; namely (1) reassurance seeking, (2) satisfaction with life, (3) PA and (4) NA were examined. According to the results of MANOVA, the main effect of EPPS was significant (Multivariate $F(4, 96) = 2.62, p < .05$; Wilks' $\Lambda = .902; \eta^2 = .098$). Following the Bonferroni correction, the EPPS groups revealed significant influence on Life Satisfaction scores ($F(1, 99) = 6.60, p < .05; \eta^2 = .062$). That is, high EPPS group experienced significantly more life satisfaction ($M [SE] = 3.33 [.13], 95\% CI [3.07, 3.58]$) than low EPPS group ($M [SE] = 2.85 [.14], 95\% CI [2.58, 3.12]$). Similarly, EPPS groups revealed significant influence on Negative Affect ($F(1, 99) = 5.57, p < .05; \eta^2 = .053$). High EPPS group reported significantly lower levels of negative affect ($M [SE] = 2.22 [.11], 95\% CI [1.99, 2.44]$) compared to low EPPS group ($M [SE] = 2.60 [.12], 95\% CI [2.36, 2.83]$). However, the EPPS groups did not reveal a significant effect on reassurance-seeking scale ($F(1, 99) = .722, p = .40; \eta^2 = .007$) and on Positive Affect ($F(1, 99) = 2.414, p = .12; \eta^2 = .024$).

Discussion

The current study aimed to develop the Effectiveness of Psychoanalytic Psychotherapy Scale (EPPS) and investigate its psychometric properties in a Turkish sample. Considering the differential conceptualization of effectiveness in psychoanalytic work, a unique psychometric measure for investigating the effectiveness of psychoanalytic psychotherapy and psychoanalysis was needed. The results supported the psychometric strength of the EPPS.

As for the factor structure and reliability coefficients of EPPS, two factors emerged, which were named as Inquiry on the Traces of Unconscious and Taking Responsibility of One's Own Subjectivity. The relatively lower value of the internal reliability coefficient in the second subscale was thought to be due to the high number of reverse items. Negatively worded items are claimed to influence reliability negatively, especially in a scale consisting of a small number of items (Podsakoff et al., 2003). When each item in the second subscale was closely reviewed, it was observed that the common features of the items were their emphasis on dependency/independency and action/inaction upon one's own subjective motives. These components are theoretically interdependent, as shown in exploratory factor analyses where the relevant items were loaded into the same factor. That is, a person who is dependent on others would position themselves as an object for the other and remain far from acting upon their own subjective motives. Similarly, a person who is relatively independent would be somehow free to follow and act upon their own subjective motives (Lacan, 2017). Hence, it is

theoretically sensible to claim that the items of the second subscale are based solely on one concept, known as separation (Fink, 1997).

As for the validity of EPPS, the whole measure and its factors were expected to have relevant correlations with the other tools widely used for measuring different aspects of well-being that have well-established psychometric properties. Although the relationship between Inquiry on the Traces of Unconscious subscale and the Reassurance-Seeking Scale was significant, it was surprisingly not in the expected direction. One explanation for the direction of this relationship is that the two subscales of EPPS would manifest different directions in correlation with the notion of reassurance-seeking. This might be due to the fact that the items in Inquiry on the Traces of Unconscious are primarily about curiosity, questioning, and elaborations on the unconscious, yet they are not notably about deliberate action of the desiring subject (Lacan, 2002) and consequent change, which are targeted mainly by the other factor, Taking Responsibility of One's Own Subjectivity subscale. In the same vein, Inquiry on the Traces of Unconscious and Responsibility for One's Own Subjectivity subscales of the EPPS revealed a moderate correlation indicating that though these subscales are somewhat similar, they have conceptually different aspects as well. In addition, even though the essential aim of psychoanalytic psychotherapy is not about reducing symptoms, the mentioned change in the scores of Taking Responsibility of One's Own Subjectivity subscale might indicate that the subject's complaints about the effects of symptoms (and accompanying *jouissance*) decrease, which can be interpreted as evidence for the effectiveness of psychoanalytic psychotherapy (Lacan, 2017). Moreover, contrary to initial expectations, there were no significant correlations between Inquiry of the Traces of Unconscious subscale and SWLS and PANAS.

The results of criterion validity analyses revealed that individuals who scored higher on the EPPS, had greater life satisfaction when compared to those with lower scores. Also, the individuals with higher EPPS scores had lower levels of negative affect as compared to higher scorers of EPPS. These results indicated that the more effective psychoanalytic psychotherapy or psychoanalysis is, the more one gets satisfaction from life and experiences less negative affect. Consistent with this finding, Fink (1997) argues that, as people progress in their psychoanalytic work, the unconscious conflicts are more deeply worked resulting in a greater awareness about the nature of their desire. Therefore, it is plausible to say that life satisfaction and negative affect dimensions which are closely related to one's well-being would be positively influenced.

For the purpose of investigating the construct validity of the EPPS, four separate hierarchical regression analyses were conducted. Among the control variables, age significantly predicted lower scores in negative affect. In addition, longer duration of psychoanalytic psychotherapy predicted higher scores in negative affect. This finding is thought to be unrelated to the outcome of psychotherapy or psychoanalysis in terms of

effectiveness, instead it might be interpreted as an indicator of negative transference during the psychoanalytic work, which requires a therapeutic relationship to be developed and is often manifested through negative affect such as anger, aggression, guilt, and shame (Lacan, 2015; Fink, 1997). In psychoanalytic psychotherapy, as the time passes, one begins to talk more about the issues that are closer to the core. Talking about core issues of oneself can be challenging and may cause negative emotions (Stringer et al., 2010). The subject may experience negative feelings when confronted with the fact that the symptoms and complaints that cause her pain may actually have some deeper meanings (Freud, 1937).

When two subscales of EPPS were explored independently, higher scores on Inquiry on the Traces of Unconscious subscale only predicted higher scores in the Reassurance-Seeking Scale after accounting for age, sex, education, and duration of psychoanalytic psychotherapy or psychoanalysis. Parallel to that, Inquiry of the Traces of Unconscious subscale and SWLS and PANAS did not reveal significant correlations. However, the Taking Responsibility of One's Own Subjectivity subscale significantly associated with other measures of well-being. Higher scores in Taking Responsibility of One's Own Subjectivity were predictive of lower scores in the Reassurance-Seeking Scale, higher levels of life satisfaction and positive affect, and lower levels of negative affect. By taking on their own subjective stance rather than being an object in relation to the Other, people might tend to experience an increase in their well-being as their dependency on others decreases and they chase after their own desire.

In the preliminary stages of the psychoanalytical process, curiosity about the unconscious emerges, which usually takes place as a result of the questions or interpretations of the analyst. Particularly, the patient or the analysand seeks reassurance from the psychotherapist or the psychoanalyst because it is typically the analyst's desire that the patient is trying to explore and satisfy particularly during the earlier phases of the psychoanalytic work (Lacan, 1998). Parallel to this, it was expected that the tendency to seek reassurance from others (as either from the psychotherapist/psychoanalyst or significant others) increases in the initial phases of psychoanalytic psychotherapy or psychoanalysis. Psychoanalytical work essentially starts with a discourse of the hysteric on the patient's part. If it is not the case, it is up to the psychoanalyst to hystericize the discourse of the patient so that there is a confident yet also unknown knowledge (or awareness) of the unconscious and a room for the Other. In the hysteric discourse, the Other is situated in the position of "the subject supposed to know" and attempts to fulfill the demands of the hysteric. A patient who is in hysteric discourse may come to each session with a brand-new symptom, or may bring dream material to the sessions not because of their subjective judgment but because the psychotherapist/psychoanalyst say so. In the hysteric discourse, there operates a mechanism sustaining the dissatisfaction with the fulfillment of the demand (Evans, 1996; Gençöz, 2019). All these may point to the patients' tendency to seek reassurance from the psychotherapist/psychoanalyst. Consistently, it was

plausible to expect that higher scores in Inquiry of the Traces of Unconscious subscale would predict higher scores in the Reassurance-Seeking Scale. However, this can be seen as an essential and important part of the progress of the psychoanalytical work as shifting from the hysterical discourse to the analyst's discourse is one of the main aims of the psychoanalytic work. Indeed, the analyst's discourse points to the position of the analyst not as the "object of desire" but as the "cause of desire" for the analysand. Moreover, it was also expected that reassurance-seeking would be lower in people who do not position themselves as an object but a subject in relation to the Other as they have subjective motives and are capable of taking responsibility for these motives. Parallel to this, the results of the current study revealed that the Taking Responsibility of One's Own Subjectivity subscale negatively predicted Reassurance-Seeking. As one progresses in the psychoanalytic work about the unconscious, they work on their own unconscious truth. Thus, Lacan's saying that "action is ethical" becomes more substantial since it is about taking responsibility for both unconscious and conscious actions of the subject. Therefore, it is theoretically meaningful that taking responsibility for one's own subjectivity and reassurance-seeking are negatively related phenomena.

The findings of the current study may be interpreted as that the inquiry phases (or preliminary phases) of psychoanalytic work includes seeking reassurance from the psychoanalyst/psychotherapist, whereas shifting from the position of an object to a subject, which occurs later in the psychoanalytic process, is more predictive of effectiveness (Fink, 1997). In other words, the effectiveness of psychoanalytic psychotherapy and/or psychoanalysis comes with positioning as a subject and taking responsibility for it, and conscious questioning and awareness of the unconscious are not remarkable on their own. According to Freud, curiosity about the unconscious is important for a person to gain awareness of the motivations behind their actions to better understand the unconscious. However, the psychotherapy process, which omits unconscious and remains at the level of awareness and consciousness, can move away from psychoanalysis (Laplanche & Pontalis, 1983). According to de Maat et al. (2013), psychoanalytic therapy aims to change personality features. What is meant by personality change is the differentiation in thoughts about the other or oneself and integration of self. This personality change allows the person to take a more active and independent role in their relationships, hence increasing their quality of life. In other words, Inquiry on the Traces of Unconscious subscale is still considered as necessary for EPPS because it can be inferred that the awareness of oneself gained through psychoanalytic therapy leads the person to prepare to take actions to make changes in their own life. In the literature, it has been claimed that gaining self-awareness, self-understanding, and self-knowledge are focal points of psychoanalytic therapy. Moreover, gaining these qualities may have healing effects of its own (Jones & Ablon, 2005).

Thus, satisfaction with life comes with the progress in the work on the unconscious and positioning as a desiring subject. Higher scores on the satisfaction with the life scale might point out that the patient or the analysand not only experience a decrease in a certain psychological complaint but also report contentedness that is generalized to their whole life. One explanation for this kind of expansion to other areas of life can be explained by the Lacanian discourse of the analyst. In the discourse of the analyst, the object cause of desire is situated in the place of the agent, and exploration of the master signifiers of the patient is aimed. During the process, the analysand begins to enjoy working on their own free associations and often tries to find meanings and answers by questioning their own desire (Lacan, 2008). Likewise, Dulsster et al. (2019) asserted that contrary to the claims of mainstream psychoanalytic schools, the focus of Lacanian psychoanalysis is not on the meaning but on the presence of recurring patterns.

There was no relationship between the Inquiry of the Traces of Unconscious subscale of EPPS and positive and negative affect. As stated above, this subscale was thought to be coinciding with the beginning of the psychoanalytic process. According to Freud (1925), repressed desires or wishes can be easily articulated or brought to the conscious level intellectually, often through the use of negation. Still, they might not be experienced emotionally and thus cannot be processed, especially at the onset of psychoanalysis. However, as one progresses to later phases, issues targeted by the Taking Responsibility of One's Own Subjectivity subscale are started to be processed more deliberately, enhancing positive affect while decreasing negative affect. The decrease in negative affect may be explained by the conceptualization of unpleasant affect as a defense for being consciously aware of the repressed material in the unconscious (Fridhandler, 1986). Moreover, Freud describes the impulsive nature of affects, pointing out that the affects may belong to repressed components in the unconscious, and they have a function of repetition in the transference relationship (Green, 1999). The reason one repeats what has been repressed is the operation of affective impulses. Also, affects are materials that have an imaginary quality, which may be transformed into symbolic only through the psychoanalytic work (Soler, 2015). In Freudian terms, affects lose their impulsive quality throughout the process of working on the unconscious (Green, 1999).

Unconscious conflicts are repeated and manifested in the form of the symptom. People complain about their symptoms, asserting that the symptom causes them to suffer. It is thought that the subject who complains derives *jouissance* from their complaints; these experiences may lead to negative affect since *jouissance* is defined as “painful pleasure” that the subject experiences the satisfaction from symptoms and vice versa the pain deriving from that particular satisfaction (Evans, 1996). The psychoanalytic setting provides the opportunity for symbolization by the act of speaking, reinterpretation, and reevaluation so that the complaints of the subject become decreased. *Jouissance* diminishes as the subject is in an

inquiry on how they relate to the symptom and what meanings the symptom bears. Even if the existing symptoms persist, it is no longer a complaint for the subject since unconscious conflicts are resolved and reconstructed through psychoanalytic psychotherapy or psychoanalysis. The diminishing of *jouissance* may bring negative affect, but these are articulated in the speech by means of transference that is at the core of psychoanalytic practice. The findings are parallel with this theoretical background regarding the decrease in negative affect and increase in positive affect as taking responsibility of one's own subjectivity gets stronger.

In the literature, psychoanalytic psychotherapy and psychoanalysis were accepted as adequately effective (Shedler, 2010), which is compatible with the results of the current study. Still, the current study is not without limitations. One of the limitations of this study was the gender distribution, the majority of the participants were women. In line with the literature, this can be explained by the fact that women are more likely than men to express and accept their problems and have a more positive attitude towards going through the psychotherapy process (Liddon, 2017). The high level of education of the participants can be seen as another limitation of the study. Having a high level of education may cause the participants to have more knowledge about psychoanalysis and/or psychoanalytic psychotherapy. Thus, participants may have filled out the questionnaire based on their knowledge regarding psychoanalytic work (Ferrari, 2005) due to their rich intellectual background (Tummala-Narra, 2015). For the purpose of eliminating the effects of these factors, in the present study education level and gender were taken as the control variables to perform construct validity analyses.

Considering the emerged subscales in the current study and their relationship with the effectiveness, further research should consider the following questions: "What is the function of the individual's inquiry about the unconscious?", "Is it possible for psychoanalysis or psychoanalytic psychotherapy to be effective enough only by awareness?" "Is it possible for the subject to change their position without being curious about the unconscious?". These research questions are strongly suggested to be elaborated in theoretical reviews and be investigated by qualitative and quantitative studies in the future.

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Psikanalitik Psikoterapinin Etkililiği Ölçeği: Psikometrik Bir Çalışma

Özet

Psikanalitik psikoterapi, Sigmund Freud'un keşfettiği ve bilinçdışı çalışmayı merkeze aldığı bir yöntem olan psikanalizden temel alır. Freud (1915), bilinçdışı motivasyonların kişilerin gündelik eylemlerinde temel bir yeri olduğunu söylemiş ve psikanalizde bilinçdışının çalışılmasına büyük önem vermiştir.

Psikanalitik psikoterapilerin etkililiğine dair ampirik çalışmaların yer aldığı bir meta-analiz çalışmasının sonuçları, psikanalitik psikoterapinin etki boyutlarının, ampirik olarak desteklenen diğer terapiler kadar büyük olmasının yanı sıra ruh sağlığı sorunları için daha derinlemesine ve uzun vadeli çözümler sunduğunu göstermiştir (Shedler, 2010). Bununla birlikte, psikolojik sorunların yüksek nüksetme oranları (Brandon ve diğerleri, 2007) ve başlangıçtaki belirtilerden farklı şikayetlerin ortaya çıkma olasılığı (Mohr, 1995) göz önüne alındığında, psikoterapinin etkililik kavramının kapsamı genişletilmelidir. Bu ihtiyaç, özellikle psikanaliz ve psikanalitik psikoterapi için geçerlidir çünkü bu uygulamalarda amaç yalnızca semptomları azaltmak değildir. Psikanalitik çalışmada semptomlar, hastaların daha önemli ve köklü sorunları keşfettikleri çalışma için ipuçları olarak ele alınır. Böylece psikanalitik psikoterapiler, kişilerin yaşamları üzerinde daha uzun süreli bir etki yaratabilir (Shedler, 2010).

Psikanalitik çalışmada, hastaların ilişkilerinde kendilerini diğerlerine göre nasıl konumlandıkları, bilinçdışının nasıl ortaya çıktığına ve öznel deneyimlerine dair keşfettiklerinin sorumluluğunu alma yolundaki ilerleme esastır. Böylece etkililik, bu psikanalitik çalışma bileşenleriyle birlikte hastaların duruşundaki değişim olarak kavramsallaştırılmıştır. Bu çalışmada, bahsedilen değişikliği incelemek üzere "Psikanalitik Psikoterapinin Etkililiği Ölçeği [PPEÖ]"nin geliştirilmesi amaçlanmıştır. Ölçekteki maddeler, kişinin mevcut problemlerin altında yatan kaynaklara yönelik merakı, günlük dil kullanımını ve başkalarıyla ilişkilerde tekrar eden kalıplar hakkında reflektif düşünmesi, dili kullanmanın öznel biçimine dikkat etmesi ve ayrıntılandırması ile ilgili ifadelerdir.

Yöntem

Bu çalışma 18-50 yaşları arasındaki 216 kişi ile yapılmıştır. Katılımcıların 182'si kadın ve 25'i erkek iken 9'u cinsiyetlerini beyan etmemiştir. Kendi psikanalitik psikoterapilerine/psikanalizlerine devam eden katılımcıların süresi 3 ay ile 132 ay arasında değişmektedir.

Psikanalitik psikoterapinin etkililiğini ölçmek için 14 maddeli Psikanalitik Psikoterapinin Etkililiği Ölçeği (PPEÖ) hazırlanmıştır. Maddelerin değerlendirilmesinde 1 (bana hiç benzemiyor) ile 5 (bana çok benziyor) arasında değişen 5'li Likert tipi bir ölçek kullanılmıştır. Bu ölçekten alınan yüksek puanlar, psikanalitik psikoterapinin yüksek etkililiğini göstermektedir. “Güvence Arayışı Ölçeği”, “Yaşam Doyumu Ölçeği”, “Pozitif ve Negatif Duygu Ölçeği” faktör analizi, güvenilirlik analizi, madde-toplam korelasyonu ve birçok geçerlilik analizleri kapsamında PPEÖ'nün psikometrik özelliklerini test etmek için kullanılmıştır.

Bulgular

PPEÖ'nün faktör yapısını test etmek için uygulanan temel bileşenler analizi anlamlı çıkmıştır ($X^2(78) = 938.302, p < .001$). Güvenilirlik analizi tüm ölçek için iç tutarlılığın .79, “Bilinçdışının İzlerine Dair Sorgulama” alt ölçeği için .84, “Kişinin Öznelliğinin Sorumluluğunu Alması” alt ölçeği için .60 olduğunu göstermiştir. PPEÖ'nin yordama gücünü test etmek için dört hiyerarşik regresyon analizi yapılmıştır. Bunun sonucunda hem Bilinçdışının İzlerine Dair Sorgulama alt ölçeğinin hem de Kişinin Öznelliğinin Sorumluluğunu Alması alt ölçeğinin Güvence Arama ölçeğini yordadığı görülmüştür. Diğer yandan, Yaşam Doyumu ölçeğini, Pozitif ve Negatif Duygu Ölçeğini sadece Kişinin Öznelliğinin Sorumluluğunu Alması alt ölçeğinin yordadığı görülmüştür. Bununla birlikte, eğitim, yaşam doyumu ölçeğini yordarken; yaş ve terapiye devam etme süresi olumsuz duygu çizelgesini yordamıştır. Kriter geçerliliğini test etmek için ise çok değişkenli varyans analizi uygulanmıştır. Bu analiz sonucunda PPEÖ'nün ana etkisi anlamlı bulunmuştur (Multivariate $F(4, 96) = 2.62, p < .05$; Wilks' $\Lambda = .902$; $\eta^2 = .098$).

Tartışma

PPEÖ ölçeğinin faktör yapısı, güvenilirlik analizi, yapı geçerliliği ve kriter geçerliliği araştırılmıştır. Sonuçlar, psikanalitik psikoterapi veya psikanaliz ne kadar etkili olursa, kişinin yaşamdan o kadar fazla doyum aldığını ve daha az olumsuz duygulanım yaşadığını ortaya koymuştur. Ek olarak, mevcut çalışmanın bulguları, psikanalitik çalışmanın prelininer dönemindeki bilinçdışını sorgulama aşamaları boyutunun, psikoterapistten/psikanalistten güvence aramayı içerdiği ve olumlu/olumsuz duygulanım veya yaşam doyumu ile anlamlı olarak ilişkili olmadığı, sürecin ilerleyen safhalarında kişinin nesne konumundan özne konumuna geçişle kendini gösteren (Fink, 1997), Kişinin Öznelliğinin Sorumluluğunu Alması boyutunun, psikanalitik uygulamanın etkililiğini daha iyi yordadığı şeklinde yorumlanabilir. Başka bir deyişle, bilinçli sorgulama ve bilinçdışına yönelik farkındalık tek

başına sonuçsuz kalırken, özne olarak konumlanan ve bunun sorumluluğunu alan kişilerin yaşamdan daha fazla doyum aldıkları ve olumsuz duyguları daha az seviyede deneyimledikleri bulunmuştur. PPEÖ için “Bilinçdışının İzlerine Dair Sorgulama” alt ölçeğinin gerekli olduğu düşünülmektedir çünkü psikanalitik çalışmanın preliminere aşamasında sorgulama yoluyla kazanılan öznelliğe ilişkin farkındalığın, kişinin öznelliğinin sorumluluğunu alarak hayatında değişiklik yapmak için adımlar atmasına öncülük ettiği söylenebilir.