

Psychoanalytic Case Studies and the Pragmatic Case Study Method*

STANLEY B. MESSER^{a,b}

^a Rutgers – The State University of New Jersey

^b Correspondence concerning this article should be addressed to Stanley B. Messer, Dean, Graduate School of Applied and Professional Psychology, 152 Frelinghuysen Road, Piscataway, NJ 08854.

Email: smesser@rci.rutgers.edu

*Note: This article is based on a paper presented at the Society for Psychotherapy Research, Edinburgh, Scotland, June 21-24, 2006 on a panel, “A Marriage Made in Heaven: Systematic Case Studies and Psychotherapy Research,” Daniel Fishman, Moderator.

ABSTRACT

This article addresses the effort made in the Pragmatic Case Study (PCS) method to enhance the quality and rigor of knowledge gained from psychoanalytic single case studies. Five limitations of typical psychoanalytic case or vignette presentations are reviewed and the ways in which the PCS method attempts to improve upon them are highlighted. The limitations include: (1) reliance on the therapist’s memory or brief notes; (2) selection of the data by the therapist alone; (3) the tendency to interpret case material in terms of reigning theoretical orthodoxy; (4) lack of available context to allow the reader to accept or refute the therapist’s reading of the case; (5) restriction of the data source to the therapist alone. Despite the advantages of the PCS method over what is currently the norm for presenting psychoanalytic case material, there are ongoing challenges for the method if it is to be regarded as a scientific way of presenting evidence and using that evidence to modify theory.

Key words: psychoanalytic cases, psychoanalytic vignettes, single case studies

In this article I address the nature of the effort made in the Pragmatic Case Study (PCS) method to enhance the quality of knowledge gained from case studies. I argue that within the psychoanalytic tradition the data that are presented are all too often fragmentary, highly selective, subject to memory distortion and possessing little separation between clinical data and the inferences drawn from them. To help illustrate such drawbacks, the following is a case vignette from a recent psychoanalytic volume. In describing the psychoanalytic treatment of Lisa, her eight-year-old patient, the analyst writes:

...there was very little that didn’t come quickly into the realm of her sexualized sadomasochistic fantasies and behaviors. Examples of her sadomasochistic mode of relating recurred in varying forms throughout the analysis in her battles over taking things home from the treatment room that began during the first week of treatment. This was followed by

her attempts to get me physically involved with her in scary, exciting games; her later use of reading in sessions; her consistent use of the toilet during sessions; and in her ongoing pattern of leaving sessions by bouncing down the stairs on her bottom, which appeared in the first weeks of treatment and remained throughout. (Marshke-Tobier, 2000,p. 76)

Note the following:

First, the instances that are cited by the author are recalled from a combination of process notes and memory. There is no verbatim account of the sessions and, therefore, no possibility of checking the accuracy of the analyst's memory. Psychoanalysis, however, has emphasized the extent to which memory is affected by wishes, fears, confirmatory bias and a variety of unconscious factors (Spence, 2000). To what extent have the data been unconsciously distorted, or remembered incorrectly? Can the PCS method improve on this?

Second, both the theme and the evidence on which it draws are selected by the treating analyst and by her alone. The evidence is not randomly chosen or systematically sampled but is, we presume, that sample of Lisa's behavior that struck the observer as cohering around the particular theme of sadomasochist behavior. That is, the material is chosen from a large field of possibilities for its persuasive or rhetorical effect (Spence, 1994), and leaves out other material that may contradict the theme. What we have is an instance of the argument from authority, in which the presenter completely controls access to the information (Spence, 1993). To what extent can we rely on such evidence? Does it speak to anyone outside a cohort of like-minded psychoanalysts? Can the PCS approach improve on this?

Third, the specific inference is made that such behavior is sadomasochistic. Might not an uninvolved observer see these behaviors quite differently, perhaps as evidence of oppositional defiance without the added inference of its being sexualized? Alternatively, Lisa may be viewed as trying to master her interpersonal fears by recreating a degree of intensity in her relationship to the analyst. There is nothing in the material that in any obvious way speaks to sexual excitement or sadomasochism--such as her reading or use of the toilet. Is bouncing down the stairs necessarily sexually gratifying? The interpretation of the behavior-- that is, the naming of the theme-- seems to derive more from the author's adherence to psychoanalytic drive theory than from anything in the girl's behavior as it is described. Do we learn anything new from this vignette about theory that we didn't know already? Can the PCS method do better in its use of case material to modify or add to existing theory?

Fourth, if we had a different hypothesis about the meaning of the material -- and we have suggested just two -- we would have a hard time supporting or refuting it because we have available only a limited amount of data. Do we have enough context to come to any solid conclusions? Does the PCS method give us more?

Fifth, in terms of outcomes, we typically have only the analyst's word for it that the patient improved or did not and in what ways. Can PCS do better? (For further discussion of

research perspectives on case studies, see Messer & McCann, 2005).

I now review these five points in an effort to show how the PCS method can improve on typical case vignettes that are presented in the psychoanalytic literature in terms of their evidentiary value. I should make clear that I don't regard the PCS approach as a panacea or without its own problems and challenges. However, it does have the potential to improve upon the existing state of affairs regarding psychoanalytic case material.

The first problem I mentioned was that of reliance on the therapist's memory or notes. The PCS method requires that sessions either be audio-taped or videotaped or at least that extensive notes be taken during or immediately following each session. In this way there is some protection from memory distortion. There is also the possibility of someone else checking the data. Perhaps somewhere down the line, the method will include the possibility of process ratings on matters such as alliance building.

The second problem was the selection of the data by the therapist alone, which can lead to the unwitting willingness of the therapist to ignore negative evidence. By virtue of there being a more complete record of the case in the PCS method and much more of the case being presented, there is some protection against a very narrow selection of data to correspond with one's favored theory or hypothesis. This is clearly not an absolute but relative matter in terms of its improvement over the *status quo*. Even better would be a sampling of the tapes or notes by a third party to assure its being representative.

The third problem with the usual method of presenting vignettes from psychoanalytic therapy is the tendency to interpret the material in terms of reigning theoretical orthodoxy, as exemplified in the vignette above. In the PCS method, first of all, there is the acknowledgment and presentation of the therapist's guiding conception or theory as well as a formulation of the individual case. In addition, there is a premium placed on examining the case for new possibilities for advancing theory and technique. The idea is not to present a vignette in order to illustrate the veracity of the pre-existing theory but to study the data of the case in such a way as to allow for other possible theoretical understandings. The "thick description" that this method calls for enables both therapist and reader to come to different conclusions than those they expected or predicted at the outset. This happens through the disciplined inquiry and reflective practice that is characteristic of the PCS method. In general terms, it leads to more separation of data and theory than has typically been the case in standard case studies. In addition, the PCS method calls for commentary on the cases by others. This provides a check on the author's conceptualization and offers the possibility of new insights.

The fourth problem with psychoanalytic case vignettes is the lack of available context to allow the reader to accept or refute the therapist's reading of the case. By providing more of the original material, there is a much greater chance of arriving at more reliable and nuanced understandings of the case and extending it in new theoretical directions.

The fifth and final problem to which I referred was the restriction of the data source to the therapist alone. The ideal for the PCS method is to include subjective *and* objective data from both therapist *and* client. Standardized measures of clinical distress, such as anxiety and depression scales, and goal attainment scaling, which allows one to present and rate improvement in the problem areas to be worked on, supplement the narrative account. This is a check on the known tendency of the therapist to overestimate improvement, and to allow for multiple perspectives on different dimensions of outcome. This should enhance complexity of thinking about clinical cases.

To summarize, there are certain advantages of the PCS method over the way in which case material is frequently presented in the psychoanalytic literature. At the same time, there are challenges for this method if it is to be regarded as a scientific way of presenting evidence and using such evidence to modify theory.

REFERENCES

- Marschke-Tobier, K. (2000). The case of Lisa: From the “baddest girl in the class” to feeling sad and lonely: Reflections on the analysis of an 8-year-old girl. In J. Cohen & B.J. Cohler (Eds.), *The psychoanalytic study of lives over time* (pp. 67-94). New York: Academic Press.
- Messer, S. B., & McCann, L. (2005). Research perspectives on the case study: Single-case method. In J. S. Auerbach, K. N. Levy, & C. E. Schaffer (Eds.), *Relatedness, self-definition and mental representation: Essays in honor of S. J. Blatt*. New York: Routledge.
- Spence, D. P. (1993). Traditional case studies and prescriptions for improving them. In N. E. Miller, L. Luborsky, J. P. Barber, & J. P. Docherty (Eds.), *Psychodynamic treatment research: A handbook for clinical practice* (pp. 37-52). New York: Basic Books.
- Spence, D. P. (1994). *The rhetorical voice of psychoanalysis: Displacement of evidence by theory*. Cambridge, MA: Harvard University Press.
- Spence, D. P. (2000). ‘Remembrances of things past’. *Journal of Clinical Psychoanalysis*, *9*, 149-162.