

About Case Studies & Body Psychotherapy Case Studies (or the lack of them): An EABP 2018 Congress presentation.

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Introduction

As has been mentioned before – several times, by several different speakers – Case Studies are very a legitimate – and also a very interesting form of ‘qualitative’ or ‘descriptive’ method of research – especially in the field of psychotherapy.

Case Studies can also give us a fairly unique insight into what goes on behind the “closed door” of the therapy room; and they also introduce a form of developmental ‘story’ or ‘fable’ – often over a period of time – about what has happened in that person’s therapeutic process – and possibly even why.

It is perhaps significant that – early on – Freud published several case studies, as did other pioneers in both clinical psychology and the various forms of psychotherapy. It is perhaps unfortunate that some of the early pioneers – especially those in Body Psychotherapy – did not publish that many case studies. It is also unfortunate that – from the 1930s onwards – for about 50-60 years, case studies were considered as: ... ‘unscientific’; ‘journalistic’; ‘subjective’; ‘biased’; ‘self-promotional’; etc. *And – of course – they can be!*

The main driving force of this – almost devastating critique – was the ‘domination’ of psychology, and its desire, and its attempts, to be considered as a ‘proper’ science – and this begins the split between research and practice in psychotherapy.

A good profession should position itself well on three legs: 1: Good Practice; 2: An excellent Academic Base; 3: Sound Research.

Unfortunately, most psychotherapists were – and still are – not very well-trained in any form of research or in scientific methodology. In our various (modality-based) training courses, our focus is – quite properly – on the ‘*therapia*’ [*healing*] aspect of our work; and with developing our ‘craft’ and the ‘skills’ of our work – as professional psychotherapy practitioners – in helping people to heal.

However, unfortunately, perhaps for a number of different reasons, we – as practitioners – do not study the ‘science’ (the ‘logos’ = knowledge) of our work with the human psyche. Since the 1920s & 1930s, psychotherapists – unfortunately – seem to have abdicated most of the ‘research’ in their field to the psychologists. Thus, we now have a “*positivistically inspired research paradigm [that] privileges the deductive search for general context-independent knowledge by the quantitative, experimental comparison of groups, dealing with statistically simplified individuals.*”

This is a quote from Daniel B. Fishman, in the Forward to a fairly definitive book on “Case Study Research in Counselling and Psychotherapy” by John McLeod (Sage, 2010). Fishman goes on to say that:

“In contrast, practitioners know that therapy knowledge always starts with ... the contextually specific, qualitatively rich case, that is naturalistically situated, that deals with real persons (not statistical composites), and that generalizes via induction from the specific.”

“Case-based knowledge is thus the polar opposite of knowledge based on group experiments – that is, qualitative vs quantitative; naturalistic vs experimental; context-dependent vs context-independent; inductive vs deductive; and individually-based vs group-based, respectively.”

As a result, there is a very prominent, universal ‘gap’ (or gulf) between practice and research – not just in Body Psychotherapy – but in the profession of psychotherapy in general. There are increasing attempts within the scientific and research committees of the European Association of Psychotherapy (EAP) and the European Association of Body Psychotherapy (EABP) to try and close this gap and case study ‘research’ is just one method.

In the field of psychotherapy, and in the area of appropriate and useful research into psychotherapy, we are beginning – thankfully – to be able to move away from the (almost mandated) plethora of randomised controlled trials; the prescriptive manualisation of techniques; the use of control groups; the need for statistical analysis; and all the other paraphernalia that tries to make research – into the lives, bodies and souls (psyches) of ordinary people, into unique individuals and into their diverse problems – into an ‘objective’, ‘scientific’, ‘soul-less’ and ‘impersonal’ paradigm.

Some of the problems with these so-called objective ‘scientific methods’ and experimental and quasi-experimental research can be summarised in terms of their advantages and disadvantages:

- **whilst** one may gain insight into the methodology, the method and results may be subject to human error;
- **whilst** intuitive practice can be supported and shaped by research, the personal bias of the researcher may intrude;
- **whilst** teachers / trainers may have their own particular biases, they can also be reflective about their experience;
- **whilst** choosing a particular ‘sample’ or group to study, the sample may not be representative;
- **whilst** the researcher may have some control over variables, the results can become artificial;
- **whilst** humans are and always will be experimental, the results may only apply to one situation and may be difficult to replicate;
- **whilst** various methods can be combined with other research methods in order to produce some rigour, groups may not be comparable;
- **whilst** research can be used to determine what is best or what is most effective, human responses can be difficult to measure and can also be very individual;
- **whilst** ‘objective’ research provides for greater transferability than anecdotal research, political and cultural pressures may skew the results;
- **whilst** the health, mood, cultural background and life experience of the ‘subjects’ of research may influence their reactions and thus the results, these variables – and their effects – may not even be known to the researcher;
- **whilst** the methods may be relatively easy to replicate, the ‘environment’ of the research may be artificial and have little bearing on reality;
- **whilst** the controls may have to be tight so that it is easy to assess cause and effect, the participants may be aware of the ‘experiment’ and may change their behaviour;
- **whilst** there is a risk of producing artificial results, or that the risk is that the results may only apply to that one particular situation, they may also be very difficult to replicate.

In a similar vein, the advantages and disadvantages of using Case Studies as a method of research are that:

- **whilst** case studies are a good source of discovering hypotheses; vital information may be missing making the 'case' either hard to interpret – or rendering any interpretation very speculative;
- **whilst** case studies provide in-depth and detailed information about an individual or about individuals; the researcher's own subjective feelings may influence the case study, or the information can sometimes become distorted to fit the researcher's particular theories (researcher bias);
- **whilst** they can help to generate new ideas, they are difficult (impossible) to replicate and very time-consuming;
- **whilst** case studies provide rich and qualitative information; the person's (peoples') memories may be selective or inaccurate;
- **whilst** unusual cases can shed light on situations or problems that might be unethical or impractical to study in other ways; the individual in that case may not be representative or typical;
- **whilst** case studies provide insight for further research; any 'results' cannot be generalised to a wider or different population.

With some of these limitations in mind, nothing in the above listings weighs definitively either 'for' or 'against' case studies as being 'right' or 'wrong'. Case studies are just another way of finding out – what works and what doesn't – and as such can be seen as a very 'legitimate' form of study and research.

The Case Study Method

This form of research originated out of clinical medicine (the case history, i.e. the patient's personal history (also called the 'ideographic method')). A case study – describes the symptoms, the diagnosis (if appropriate), the treatment and the eventual outcome (also called the 'descriptive method') but also in newer research explanatory case studies. A case study – uses the person's own memories, the memories of friends and relatives, or records of various types such as diaries, photographs, letters, etc. A case study – often combines interviews and observations. A case study – is an in-depth investigation of experiences that allow to identify interactions and influences about psychological processes. It opens up and explores aspects of human experience that can be then investigated using other types of research methods (qualitative study – inductive research).

A single Case Study allows a researcher to investigate a topic or a client's particular process in much more detail than might be possible if they were trying to deal with a large number of research participants with the aim of 'averaging'.

The case study is not considered (by some) as a 'scientific' research method in itself, but researchers select methods of data collection and analysis that will generate material suitable for case studies, such as qualitative techniques (semi-structured interviews, participant observation, diaries); personal notes (letters, photographs, notes); or official documents (e.g. case notes, clinical notes, appraisals, reports). The data collected can then be analysed using different theories (e.g. grounded theory, interpretive phenomenological analysis, text interpretation, thematic coding, etc.).

All these approaches, as mentioned here, use preconceived categories in their analysis and they are ideographic in their approach, i.e. they focus on the individual (without reference to any others or to a comparison group).

Intrinsic versus Instrumental case studies

There are several different types of case studies:

Intrinsic case studies represent nothing but themselves, and they are chosen because these are interesting in their own right. The ‘researcher’ wants to know about intrinsic issues in particular, rather than about a more general problem or phenomenon.

Instrumental case studies constitute exemplars of a more general phenomenon. They are selected to provide the researcher with an opportunity to study the particular phenomenon of interest.

The research question thus identifies a phenomenon (e.g. stress, bereavement, fame, etc.) and the cases are selected in order to explore how the ‘phenomenon’ exists within a particular case, or in other cases. In this form of case study design, individuals who are experiencing the phenomenon under investigation are all suitable cases for analysis.

Types of Case Study ‘subjects’

Person	The study of a single individual, generally using several different methods
Group	The study of a single distinctive set of people, such as a family or small group
Location	The study of a particular place and the way it is used, or regarded, by people
Organisation	The study of a single organisation or company and the way people act within it
Event	The study of a particular social or cultural event and the interpretations of that event by those participating in it.

There are also different types of case studies: (according to Stacks, 2013)

Illustrative: These are primarily descriptive studies. They typically utilize one or two instances of an event to show the existing situation. Illustrative case studies serve primarily to make the unfamiliar familiar and to give readers a common language about the topic in question.

Exploratory (or pilot) case studies: These are condensed case studies, performed before implementing a large-scale investigation. Their basic function is to help identify questions and select types of measurement prior to the main investigation. The primary pitfall of this type of study is that initial findings may seem convincing enough to be released prematurely as conclusions.

Cumulative case studies: These serve to aggregate information from several different sites collected at different times. The idea behind this type of studies is that the collection of past studies will allow for greater generalization without additional cost or time being expended on new, possibly repetitive studies.

Critical instance case studies: These examine one or more sites for either the purpose of examining a situation of unique interest with little to no interest in generalization, or to call into question or challenge a highly generalized or universal assertion. This method is useful for answering cause and effect questions.

The main characteristics of case studies

1. Descriptive

- a. The data collected constitute descriptions of psychological processes and events, and of the contexts in which they occurred (qualitative data).
- b. The main emphasis is always on the construction of verbal descriptions of behaviour or experience but quantitative data may be collected.
- c. High levels of detail are provided.

2. Narrowly focussed

- a. Typically, a case study offers a description of only a single individual, and sometimes about groups.
- b. Often the case study focuses on a limited aspect of a person, such as their psychopathological symptoms.

3. Combines objective and subjective data

- a. The researcher combines objective and subjective data: everything is regarded as valid data for analysis, and as a basis for inferences within the case study.
 - i. The objective description of the behaviour and its contents
 - ii. Details of the subjective aspect, such as feelings, beliefs, impressions and interpretation. In fact, a case study is uniquely able to offer a means of achieving an in-depth understanding of the behaviour and experience of a single individual.

4. Process-oriented

- a. The case study method enables the researcher to explore and describe the nature of developmental processes, which occur over time.
- b. In contrast to the experimental method, which basically provides a stilled 'snapshot' of processes, which may be continuing over time like – for example, the development of language in children over time.

Use of the case study

The case study method permits the collection of detailed descriptive data, which are usually qualitative in nature. It may also provide information on the unique features of particular individuals. The approach plays a major role in diagnosis and in the planning of therapy or treatment. Alternatively, case studies may be made of the typical representatives of groups.

Stiles (2007) suggests that 'practitioners have expertise in and daily access to the phenomena that theories of counselling and psychotherapy seek to explain. Practitioners' clinical experience can thus be accumulated and shared through *theory-building case research*.

A prerequisite for such theory-building case studies is a rich collection of information about the client and their process of treatment. Theory-building from case studies involves: **(i)** familiarity with the theory and the courage to change / adapt it; **(ii)** selecting a suitable case – and giving reasons; and **(iii)** having a rich case record.

Elliot (2002) provides a valuable list: **(a)** basic facts about client including demographic information, diagnoses, presenting problems, treatment approach, organization, etc.; **(b)** recordings of treatment sessions (verbatim transcripts of audio / video recordings) are a good source for grounding inferences (process-notes can be inaccurate); **(c)** sessional assessments, measurements of problems, goals, symptoms, etc.; **(d)** outcome assessments, descriptions of qualitative and quantitative measure of change; **(e)** post-treatment interviews - to see if the benefits of therapy have lasted or whether they disappear and are temporary; **(f)** other documentation (journals, diaries, poetry, artwork, letters, etc.); **(iv)** analysing the materials of the case study, which involves a deep familiarity with the material; focussing on the object of the study; and interpreting it accurately; **(v)** collaboration with colleagues and university-based researchers; **(vi)** applying the case to the theory, not the theory to the case; **(vii)** reporting the case study, properly.

Theories are only tools that practitioners can use and that need refining through case study observations. As practitioners, we are regularly privileged to witness people's pain, their struggles, their courage and joy in a depth – and to a level of detail that are rarely possible in laboratory studies or in daily social life.

Theory-building case study research thus offers a way in which these rich and valuable observations, and the understandings that they can engender, through accumulating and sharing these, in order to improve their future practice. Trainees can be easily and routinely taught the principles of critical inquiry as used in case study methodology to evaluate and refine their work by inviting them to reflect on questions such as 'How is this a good or poor outcome case? What criteria can be used to define this? What are the strengths and limitations of this case? If the outcome was poor, what factors contributed to this? What could have been done differently?' The development of such critical inquiry and evaluation skills will have a direct effect on increasing the capacity of trainees to accurately evaluate their work in day to day practice. (Widdowson, 2011)

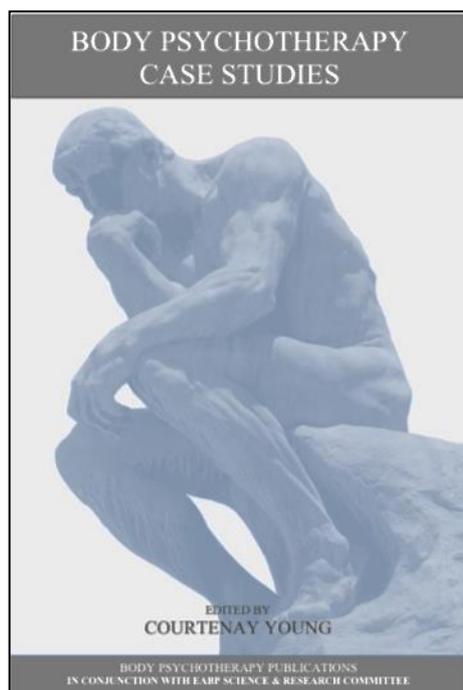
Access to more Case Studies

'**Pragmatic Case Studies in Psychotherapy**' (PCSP) is a peer-reviewed, open-access e-journal and data-base. It provides innovative, quantitative and qualitative knowledge about psychotherapy process and outcome, both for researchers and practitioners. It is produced by Rutgers University Libraries. It has a search function, but not many articles appear when 'body-oriented', 'somatic', or 'body psychotherapy' is input. We can start to change that.

There are also psychotherapy case studies published in the 'Psychotherapy Research' – the journal of the Society for Psychotherapy Research, which has been publishing research papers in psychotherapy for 25 years. Unfortunately, this journal seems to favour (almost completely) the more 'objective' type of research. Unfortunately, very few of these case Studies are about Body Psychotherapy. We will have to change that as well. There are other books and collections of psychotherapy case studies but only a very few of these are from Body Psychotherapists or about Body Psychotherapy.

This is one of the reasons why the EABP-SRC (Science & Research Committee) entered into this 'arena':

- Four years ago – in Lisbon 2014 – we published ‘*Guidelines for Writing a Body Psychotherapy Case Study*’ in the book of the Lisbon Congress: “The Body in Relationship: Self – Other – Society” (Young, 2014). This article has also been up on the EABP website for the last 4 years.
- Two years ago – in Athens 2016 – we presented a whole 3-hour *Scientific Symposium* on “Body Psychotherapy Case Studies”.
- We had also decided to publish the 3 Body Psychotherapy Case Studies from the Symposium – in a new & specially produced book of “Body Psychotherapy Case Studies”.
- This book of “Body Psychotherapy Case Studies”, ‘sponsored’ by EABP, was edited by Courtenay Young (a member of the EABP-SRC) and is published by Body Psychotherapy Case Studies.
- It was first made available for sale at this Berlin 2018 Congress at a ‘specially’ reduced price (for the 1st 75 copies) – then at the usual BPP price of € 18.00.



❖ There are 15 Body Psychotherapy Case Studies in this volume. All the case studies were vetted by the EABP-SRC. This is – perhaps – the first of many such collections. This recently-produced volume of “Body Psychotherapy Case Studies” will – hopefully – add to the richness and complexity of understanding: what works; how we work; and the many different ways in which we work – in this, our field of Body Psychotherapy.

There are – of course – many other Body Psychotherapy case studies ‘out there’ (e.g. Ventling, 2002; Guimón, 1997; etc.). Some of these are listed in the book; some of these are quite obscure, or unsuitable; and there are – of course – many of these other case studies are part of student dissertations or presentations within Body Psychotherapy training courses and therefore have not (yet) been accessible.

Courtenay Young

Courtenay Young trained in Body Psychotherapy in London in the early 1980s with people like: Gerda & Ebba Boyesen, Clover Southwell, Bernd Eiden, Jochen Lude, Reiner Pervoltz and others at the Institute of Biodynamic Psychology & Psychotherapy. External trainers were: David Boadella, Jim Healey, Paul Boyesen, John Pierrakos, David Smith, & Jack Lee Rosenberg. He attained a Diploma in Psychology and also worked further with Helen Davies & David Boadella. He helped David republish *Wilhelm Reich: The evolution of his work* (Arkana, 1985) and was the ‘ghost editor’ for *Lifestreams: An introduction to Biosynthesis* (Routledge, 1987).

After a period of working in residential settings with delinquent adolescent girls and psycho-geriatrics, he became the resident psychotherapist at the Findhorn Foundation, a spiritual community in Scotland, for 17 years. Here, he worked further with Diana Whitmore, Arnold Mindell and Stanislav Grof. Since 2003, he has worked as a counsellor & psychotherapist in various NHS departments of Clinical Psychology in Scotland and has had a private practice in Edinburgh and the Scottish Borders.

He has been both the General Secretary (1992-1999) and the President of EABP (2000-2004) and a founding member of USABP. He was the lead writer for the (1999) Scientific Validity of Body Psychotherapy; the founder of the EABP Bibliography of Body Psychotherapy; and the English editor of *The Handbook of Body Psychotherapy & Somatic Psychology* (North Atlantic Books, 2015). He was also the lead writer of the EAP's (2013) project to establish the 'Core Competencies of a European Psychotherapist' (www.psychotherapy-competency.eu). He has written over 60 published articles; written and edited several other books; and is the director of *Body Psychotherapy Publications*. He is also currently the Editor of the *International Journal of Psychotherapy* (www.ijp.org.uk).

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