

About Body Psychotherapy Case Studies – or the Lack of Them

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ABSTRACT

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As has been mentioned – several times, by several speakers – case studies are a legitimate and extremely interesting method of “qualitative” or “descriptive” research – especially in the field of psychotherapy.

Case studies give us a unique insight into what goes on behind the closed door of the therapy room. They introduce a form of developmental “story” or “fable” – often over a period of time – about what has happened in a 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 many case studies. It is also unfortunate that, from the 1930s onwards, for about 50-60 years, case studies were considered “unscientific”, “journalistic”, “subjective”, “biased”, “self-promotional”, etc. And, of course, they can be!

The driving force behind this devastating critique was the domination of psychology, and its desire and attempts to be considered a proper” science. This initiated 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 well trained in any form of research or 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 who help people to heal.

Unfortunately however, and for a number of reasons, we – as practitioners – do not study the science (the *logos* or knowledge) of our work with the human psyche. Since the 1920s

and 1930s, psychotherapists 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 the relatively definitive *Case Study Research in Counselling and Psychotherapy*, by John McLeod (Sage, 2010). Fishman goes on to write 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 prominent, universal gap – or gulf – between practice and research, not only in body psychotherapy, but also in the profession of psychotherapy in general. There are increasing attempts within the scientific and research committees of the European Association for Psychotherapy (EAP) and the European Association for Body Psychotherapy (EABP) to close this gap, and case study research is one method with which to do so.

In the field of psychotherapy, and in the area of appropriate and useful research, we are beginning – thankfully – 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 turn research into the lives, bodies, and souls (psyches) of ordinary but unique individuals 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 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 simply another way of finding out what works and what doesn’t – and as such can be seen as a “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* and in newer research, *explanatory case studies*);
- Uses the person’s own memories, the memories of friends and relatives, or records of various types such as diaries, photographs, letters, etc.;

- Often combines interviews and observations;
- Is an in-depth investigation of experiences that allows identifying interactions and influences about psychological processes. It opens up and explores aspects of human experience that can then be 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 he or she was 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 (case notes, clinical notes, appraisals, reports). The data collected can then be analysed using different theories (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, that is, they focus on the individual, without reference to any others or to a comparison group.

Different Types of Case Studies

Intrinsic versus instrumental case studies

- *Intrinsic case studies representing nothing but themselves.* 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 constituting 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 identifying a phenomenon (stress, bereavement, fame, etc.).* 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 single distinctive set of people, such as a family or small group
Organisation	The study of a single distinctive set of people, such as a family or small group
Event	The study of a particular social or cultural event and the interpretations of that event by those participating in it

Types of case studies (according to Stacks, 2013)

- **Illustrative case studies.** 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 these types 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 look at one or more sites for 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 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. Provides high levels of detail.

2. *Narrowly focussed*

- a. Typically, a case study offers a description of one single individual, but sometimes it can be about groups.
- b. Often the case study focuses on a limited aspect of a person, such as their psycho-pathological 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. This is in contrast to the experimental method, which provides a stilled “snapshot” of processes that may be continuing over time such as, 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 for the selection; and iii) having a rich case record.

Elliot (2002) provides a valuable list for collecting theory building information:

- a. Basic facts about the client, including demographic information, diagnoses, presenting problems, treatment approach, organization, etc.;
- b. Recordings of treatment sessions (verbatim transcripts of audio / video recordings) as a good source for grounding inferences since process-notes can be inaccurate;
- c. Sessional assessments, measurements of problems, goals, symptoms, etc.;
- d. Outcome assessments, descriptions of quantitative and qualitative measure of change;
- e. Post-treatment interviews to see if the benefits of therapy have lasted or whether they are temporary and disappear;
- f. Other documentation such as journals, diaries, poetry, artwork, letters, etc.;
- g. Analysing the materials of the case study, which involves a deep familiarity with the material;
- h. Focusing on the object of the study and interpreting it accurately;
- i. Collaboration with colleagues and university-based researchers;
- j. Applying the case to the theory, not the theory to the case;
- k. 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 at 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).

Further Access to Case Studies

Pragmatic Case Studies in Psychotherapy (PCSP), produced by Rutgers University Libraries, is a peer-reviewed, open-access e-journal and database. It provides innovative, quantitative, and qualitative knowledge about psychotherapy process and outcome, both for researchers and practitioners. However the input of “body-oriented”, “somatic”, or “body psychotherapy” on its search function yields little results. We can begin to change that.

Additionally, there are psychotherapy case studies published in *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 almost completely favour the “objective” type of research. Also unfortunate, is the fact that very few of their case studies are about body psychotherapy. We will have to change this as well.

There are other books and collections of psychotherapy case studies *but* very few are from body psychotherapists, or about body psychotherapy. Body psychotherapy case studies (e.g. Ventling, 2002; Guimón, 1997) tend to be obscure or unsuitable, and many are part of student dissertations or presentations within body psychotherapy training courses, and therefore have not been accessible. These are some of the reasons why the EABP Science and Research Committee (SRC) 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 article *The Body in Relationship: Self – Other – Society* (Young, 2014) has been up on the EABP website for the last four years.
- Two years ago – in Athens 2016 – we presented a 3-hour scientific symposium, *Body Psychotherapy Case Studies*.
- We decided to gather the body psychotherapy case studies from the symposium in a new and specially produced book, *Body Psychotherapy Case Studies*. This book, sponsored by EABP, and edited by Courtenay Young, member of the EABP-SRC, is published by Body Psychotherapy Case Studies. It was launched at the 2018 Berlin Congress.

Body Psychotherapy Case Studies presents a collection of 15 body psychotherapy case studies, all of them vetted by the EABP-SRC. This is hopefully the first of many such collections that will add to the richness and complexity of understanding how we work, what works, and the many different ways in which we work in our field of body psychotherapy.



Courtenay Young trained in body psychotherapy in London in the early 1980s with teachers such as Gerda and Ebba Boyesen, Clover Southwell, Bernd Eiden, Jochen Lude, Reiner Pervoltz, and others at the Institute of Biodynamic Psychology and Psychotherapy. He also worked with external trainers David Boadella, Jim Healey, Paul Boyesen, John Pierrakos, David Smith, and Jack Lee Rosenberg. He obtained a Diploma in Psychology and further worked with Helen Davies and David Boadella. He helped David republish Wilhelm Reich's *The Evolution of His Work* (Arkana, 1985) and was the ghost editor for *Lifestreams: An Introduction to Biosynthesis* (Routledge, 1987). After working in residential settings with delinquent adolescent girls, and in psycho-geriatrics, he spent 17 years as the resident psychotherapist at the Findhorn Foundation, a spiritual community in Scotland. There, he worked with Diana Whitmore, Arnold Mindell, and Stanislav Grof. Since 2003, he has been a counsellor and psychotherapist in various NHS Departments of Clinical Psychology in Scotland, and has maintained a private practice in Edinburgh and the Scottish Borders. He was General Secretary (1992-1999) and President of EABP (2000-2004), and a founding member of USABP. He was the lead writer for *Scientific Validity of Body Psychotherapy* (1999); 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 published over 60 articles, written and edited several other books, and is the director of *Body Psychotherapy Publications*.

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