

Theory Development via Single Cases: A Case Study of the Therapeutic Relationship in Psychodynamic Therapy

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ABSTRACT

The goals of this paper are (a) to demonstrate how study of the therapeutic alliance in single cases of psychodynamic therapy can exemplify and instantiate theoretical concepts and lead to the development or refinement of psychotherapy theory, research and practice, as illustrated in the case of Ron and in Hans Strupp's classic analyses of pairs of comparable successful and unsuccessful cases; (b) to point out methodological challenges of case studies as a source of reliable and valid data; and (c) to illustrate the greater influence of clinical case studies compared to research reviews of the psychotherapy literature on the practitioner.

Key words: clinical case studies; case studies; therapeutic relationship; psychodynamic therapy; methodological challenges of case studies; case study vs. statistical findings

Theories are necessary devices for making meaning of observations and predicting the presence of yet-undiscovered facts. We want our theories to be comprehensive, logically sound and coherent. An important way of gauging the utility and accuracy of a theory is its correspondence to events in the real world. As applied to psychotherapy, a theory can be gauged by how well it aids practitioners in their day-to-day clinical work and moment-to-moment transactions with patients. In fact, the very meaning of theoretical concepts derives, in part, from how well they intersect with the experience of practitioners conducting individual cases. Stated differently, there is an interplay between the propositions of the theory and the facts on the ground; each informs and alters the other. This can be described by what is known as the hermeneutic circle wherein the parts of a theory take meaning from the individual statements and these derive their meaning from the whole. Similarly, there is a reciprocal relationship between clinical observations and the theory within which the practitioner operates, each informing and giving meaning to the other. For the psychotherapist, a theory is not merely an abstract device or an object of elegance and beauty, but is a way to think concretely about clinical cases.

The interrelated goals of this paper are (a) in line with the introduction above, to demonstrate how study of the therapeutic alliance in single cases can exemplify and instantiate theoretical concepts and lead to the development or refinement of psychotherapy theory, practice and research; (b) to address methodological challenges of case studies as a source of reliable and

valid data; and (c) to illustrate the influence of case studies, as compared to research reviews of the literature, on the practitioner.

Regarding (a), the case of "Ron" below helps to bring relational/intersubjective theory to life, especially as it is applied to therapist-patient interaction. Based on this case and two others, it also led the authors to articulate a relational theory of envy. In a second example of (a), we will show how Strupp's (1980a,b,c,d) four pairs of single case studies, with each pair comparing one very successful and one very unsuccessful case treated by the same therapist, resulted in a refinement of his theory about the role of the therapeutic relationship and how this, in turn, influenced other researcher/theoreticians as well.

A. DEVELOPING AND SUBSTANTIATING THEORY VIA CASE STUDIES

Envy in the Therapeutic Relationship: The Case Vignette of Ron.

Shoshani, Shoshani, Kella and Becker (in press) used the single case approach to further our understanding of the therapeutic relationship, and specifically the construct of envy. It is an illustration of the relational, two-person model of psychoanalysis, versus the one-person, intrapsychic view of traditional psychoanalysis. It demonstrates the way in which envy is manifested and elaborated in the relationship between patient and therapist alongside the kind of interventions derived from a relational perspective. The authors present a brief vignette of a patient seen by Michael Shoshani concerning the paying of fees in therapy. Michael is the narrator:

Ron tells me he just received a bonus which is equivalent to my entire annual income as a result of a successful business deal. Three months later, I tell him I intend to raise my fee. He asks me why, and I tell him I have not raised it in the last two-and-a-half years, and that I think it is time.

Ron: I'm not sure that's the reason you want to raise your fee. I think it's because I told you about the size of the bonus I got, and that must have affected you and you took advantage of the information. You know I don't have any financial difficulty.

Michael: You feel I can't really be trusted, that I've exploited the information you have given me in good faith, and used it for my own benefit.

Ron: Well, yes. So what? Are you saying it's impossible?

Michael: It's not likely, but in principle, yes, it can happen. But in this case, as far as I am aware, it isn't so.

I can see the patient is not relaxed. He moves and fidgets, and then he says,

Ron: Okay, so maybe it didn't happen here exactly, but it could've happened, because my salary and bonuses, compared to the salary of a psychologist, even a senior one like yourself, are enormous.

Michael: That is true.

After a tense silence, Ron blurts out: "Well, you are forcing me to talk about it."

Michael: About what?

Ron: (Impatiently and anxiously firing) You want to tell me you do not envy me for making so much money, compared to what you make?

Michael: I respect you very much for making so much money, and yes, in certain respects, I do envy you.

Ron: Ah! You admit it!

Michael: Yes, I admit it.

Ron: And don't you feel humiliated, defeated?

Michael: No. I don't feel humiliated, but envy isn't exactly a great feeling, so I'm not particularly proud of it either.

Ron becomes silent. And then he says:

Ron: You're telling me that you feel envious and that it doesn't make you feel so great. But I, even if they tried to force me, I would never ever reveal to you or to anybody else that I envied them, that they were better than me, no matter in what field or subject.

After a short silence, he adds, in a somewhat sadder tone,

Ron: The fact that you can tell me that you're envious and that you don't feel so great about it – *that's* exactly the attitude I'm talking about, and *that's* exactly what I envy so much. It makes me furious that you can say that out loud, and as you often say – the ceiling doesn't come crashing down on your head.

Another short silence occurs, and he adds,

Ron: But then again, maybe you're doing it as some kind of manipulation as part of the therapy, so maybe it isn't so genuine and you're just pretending to feel envy."

In this case, Michael found himself sharing feelings of envy with the patient, which was not his usual practice. Ron is a "difficult-to-reach" patient with severe narcissistic vulnerabilities. He finds it almost impossible to accept what Michael gives him, because it involves suffering the "envy of neediness." (Note that in the authors' model, this is envy based on the experience of lacking something one needs and that someone else possesses). Working only within an intrapsychic model one would probably have interpreted this as, "It seems to me as though you are trying to provoke my envy." Working within an integrated model of the mind—that is, adding a two-person, relational psychodynamic outlook—the authors hypothesized that this intervention would not have helped Ron. It would not have enhanced Ron's ability to contain his envy. Such an interpretation positions the therapist outside of and beyond the natural human condition—although in fact these are two human beings who are coping with similar feelings. The authors point out that this would have caused the patient to feel devalued and belittled. It is very possible that the patient is indeed trying to evoke the therapist's envy, but this interpretation will not induce the transformation from malignant envy to a more benign and containable one, according to Shoshani et al. (in press). The therapist was able to enhance this transformation through the intervention that re-created and restored the link between Ron and Michael that was attacked and disrupted by intolerable neediness envy.

The authors use this and a more extensive vignette to put forward a tripartite theory of envy which, in addition to neediness envy, includes "separateness envy" and "narcissistic envy." Separateness envy results from being dependent on someone who is separate and not under one's control. Narcissistic envy is the realization that one is not omnipotent or immortal but has limitations and deficiencies (Shoshani et al., in press).

Note as well Michael's use of self disclosure in sharing his own reactions to the patient, which is characteristic of a more relational approach, as opposed to only processing them internally. Instantiating this mode through a clinical vignette helps us connect relational theory to practice, contributing to what Stiles (2006) has called an experiential correspondence theory of truth. He writes,

The theory is a good one if people's experiences of the theoretical descriptions (i.e., the meanings of the descriptions to them) correspond with their experiences of observing the objects and events in the world (or, conversely, if the descriptions of the events match the theories). (p. 10)

Strupp's Single Case Studies

The second example I offer of how theory enhancement can emanate from systematic case studies is the series of four papers by Hans Strupp all published in 1980 (a, b, c, d). In accord with the much later suggestion by Stewart and Chambliss (2010) and Datillio, Edwards and Fishman (2010), Strupp selected cases from his randomized control trial (Strupp & Hadley, 1979), known as Vanderbilt I, which compared the process and outcomes of therapies conducted by experienced psychotherapists to those of college professors who were student-friendly. In each of the four papers he compared a pair of the most successful and unsuccessful clients, both of whom had similar scores on the MMPI to start with and both of whom were treated by the same therapist. The question Strupp posed was, why was the outcome so different for one of each pair?

Because the patients were similar to begin with, at least on the objective measures, and the therapists were the same, the differences were likely to come from the interaction of therapist and patient. What Strupp found was the following: In the cases where things went well, there was a good match between what the client was looking for and what the therapist offered. In cases that failed, the client was not able to use what the therapist was offering, which made the client become hostile, only making matters worse. Apparently the poor outcome cases were not readily able to form a relationship with the therapist, and vice-versa. Here was Strupp's (1980a) conclusion:

Individuals approaching a psychotherapist are seeking a "good" human relationship and a satisfying relatedness. If their history, which is embodied in their current functioning, allows them to enter such a relationship, and if the psychotherapist can provide the kind of relationship that allows them to form a satisfying relatedness, the basic conditions for a successful therapeutic result are met. If serious deficiencies are encountered from one or both sides, the relationship reaches an impasse, becomes stalemated and aborts. (p. 603)

That is, in a situation of this kind, serious obstacles to therapeutic success are not likely to be overcome, at least not in a brief, psychodynamically oriented therapy.

However, Strupp also stated his belief that had the therapists been more flexible and been able to tune in to what the clients needed, things may have gone better. He then set about testing the hypothesis that therapists needed to monitor the temperature of the relationship, especially with more hostile and frustrated clients, and respond in a more attuned, sensitive way. Supporting the potential impact of single case studies on theory and research, McLeod (2010), referring to Strupp's work, states:

Much of his later research was devoted to exploring this important issue (Strupp, 1993), thereby illustrating the effectiveness of his series of case analysis in allowing him to build a theoretical understanding that would have significant implications in terms of both research and practice. (p. 187).

(For another good example of how the method of comparing successful and unsuccessful cases in emotionally focused therapy can lead to theory and practice development, see Watson, Goldman, and Greenberg, 2007, 2011; and Goldman, Watson, and Greenberg, 2011).

Strupp's effort to apply what he learned from the single case comparisons led to a study—Vanderbilt II—in which therapists were trained to detect and deal with maladaptive interpersonal patterns, especially those that occurred within the therapeutic relationship. The therapists used a manual created for that purpose, which turned out to be constraining and whose use correlated negatively with outcome (Henry et al., 1993). In other words, the Vanderbilt II effort was not successful in training therapists to deal with the hostile, difficult patient.

Safran and Muran (2000) picked up where Vanderbilt II left off, inspired by lessons learned from Strupp's single case studies and the results of Vanderbilt II. Their object was to help therapists recognize ruptures in the therapeutic alliance and to work with these within a strongly relational framework. Safran and Muran encourage therapists to be even more engaged than in the interpersonal psychodynamic approach described by Strupp and Binder (1984). Safran and Muran see therapists as always and inevitably involved in therapeutic enactments from which they can only partially extricate themselves. Their training is more experiential in nature and emphasizes the self-development and exploration by therapists of their inner life. In addition, there is a heavy use of counter-transference disclosure wherein therapists share with patients what they are experiencing, much as Shoshani did in the example of Ron. Thus, a set of well-executed, single case studies can have considerable reverberations in psychotherapy theory, research and practice.

B. SOME METHODOLOGICAL CONSIDERATIONS REGARDING CASE STUDIES

If we are to draw theory from case studies, it is worth considering to what extent extensive case studies fulfill normative scientific criteria. Shoshani-Rosenbaum (2009) describes one case, that of Daniel, throughout his book in a relational and self psychological style, as illustrated above in the case of Ron. It has many vignettes of this kind and full context. It also

has Shoshani-Rosenbaum's commentary, struggles, and self-revelations along the way, including his thoughts as exemplified in the vignette of Ron. It is an open and honest account of his self-reflections, mistakes, and experience of the analysis. There is a full chapter at the end written by the patient on his point of view of the analysis as well as yearly follow ups and another commentary by the analyst several years later. Notes are taken during the session so that they can be fairly accurately reported.

The treatment was all about the therapeutic relationship and how both therapist and patient were affected and changed by the analysis. This therapy was not a "one-way street." Because of the detail offered, the complexity, the interweaving of theory and practice, and the exposure of mistakes lending considerable credibility to the account, it gives one a much better understanding of the relational point of view as it is practiced, as compared to merely reading the theory. That is, it helps to elaborate and concretize the theory.

How does this case stack up from a traditional scientific viewpoint? In an earlier paper in this journal (Messer, 2007), I raised questions about the methodological challenges presented by psychoanalytic case studies. Does this case respond well to all the points in my critique? No, but it is still a considerable improvement over many clinical case studies.

Here are five typical methodological challenges in this kind of case study. Where does Shoshani-Rosenbaum's case of Daniel stand on these typical shortcomings?

- (1) A reliance on the therapist's memory or brief notes, with no objective account in the form of an audio/video record or transcript. Shoshani-Rosenbaum took copious notes and did them on the spot, which is easier in an analysis because the analyst is sitting out of the patient's view;
- (2) The restriction of the data source to the therapist alone, with no independent perspectives from other sources (such as outside observers or standardized, quantitative questionnaires). Shoshani-Rosenbaum enlisted the perspective of the patient in some detail, although there were no objective measures;
- (3) The selection of the data by the therapist alone. This was, and usually is, the case with clinical case studies, including those in this journal;
- (4) An interpretation in terms of reigning theoretical orthodoxy, without considering alternative explanations. Shoshani-Rosenbaum was very adept at comparing intrapsychic and relational perspectives and other psychoanalytic viewpoints as well, and he spelled these out very clearly such that he was not merely trying to prove something through rhetorical flourishes without good clinical data to back it up;
- (5) A failure to provide contextual information to allow readers to evaluate the author's interpretations. Shoshani-Rosenbaum provided a copious amount of contextualized information so that the reader could come to his or her own conclusions.

In other words, clinical cases can and do fulfill at least some scientific methodological criteria, the ideal situation being one where they cover as many of the criteria as possible.

C. SINGLE CASE STUDIES COMPARED TO RESEARCH REVIEWS: TO WHICH DOES THE PRACTITIONER ATTEND?

Finally, a broader question may be posed about whether practitioners are attuned to and influenced by single case studies compared, say, to research findings? In other words, has it been shown that single cases, with their mixture of clinical detail and case formulation based on theory, are an important source of information guiding practice?

An important study by Stewart and Chambliss (2010) attempted to answer this question. Psychologists in private practice were randomly assigned to receive either (1) a research review of data from randomized controlled trials of cognitive-behavioral treatment and medication for bulimia, (2) a case study, including treatment by cognitive behavioral therapy (CBT), for a fictional patient with bulimia, or (3) both. Bulimia was selected because there is an empirically supported therapy (EST) for it, which various review bodies specify as being CBT and which, apparently, is rarely applied. The primary theoretical orientations among the practitioners were cognitive behavioral (40%), psychodynamic (28%) and eclectic (20%), with others under 5%. The first dependent variable was attitudes toward CBT, e.g., how likely they would be to use CBT for a patient with bulimia. The second dependent variable was how willing they were to be trained in CBT for bulimia or in another treatment of their choice.

The primary hypotheses were that clinicians provided with the case (1) would find statistical review information about ESTs more compelling than those clinicians without the case, (2) would be more likely than those who did not receive the case to hold positive attitudes toward CBT for bulimia, and (3) would be willing to receive CBT training. These hypothesis were confirmed. In other words, having the case was very important in determining their positive attitudes and willingness to be trained.

The next question was, did the statistical review information have any impact? Contrary to Stewart and Chambliss' hypothesis that participants would pay attention to the research review by nature of their doctoral training (80% had PhDs; others had PsyDs and EdDs), the statistical information did not add to the effects of having the case. In other words, those who received the review plus the case did not differ from those who received only the case in terms of their positive attitudes towards using CBT in treating bulimia or their willingness to be trained in CBT for bulimia. That is, having the review of empirical studies had no influence above and beyond the case information.

Stewart and Chambliss then looked at possible moderators of the findings. Does the availability of statistical review data have a differential effect on practitioners of different theoretical orientations? One might expect that CBT therapists would be more affected. That was not the case. There was no difference among the different orientations. Nor was there a difference between those whose graduate training emphasized research outcome findings and those whose didn't. Nor were more recently trained practitioners compared to the older

practitioners more likely to be influenced by the statistical information above and beyond the case. In summary, the general finding was very robust across orientation, nature of graduate study, and years since graduation.

Stewart and Chambless concluded that journal editors, when publishing a randomized controlled trial (RCT) of whatever kind of patient and therapy, should provide space for a successful case study from the RCT. This is similar to a recommendation made by Dattilio, Edwards, and Fishman (2010) in their article, "Case studies within a mixed methods paradigm: Towards a resolution of the alienation between researcher and practitioner in psychotherapy research." The recommendation is that a small set of single case studies should become a mandatory part of the scientific reporting of studies that evaluated psychological treatment outcomes via RCTs. Dattilio et al. recommend this be done through coordinated publication in case study journals or in online appendices to the journal. Such single cases may be viewed as a way to close the science-practice gap.

Although perhaps disappointing from the point of view of a scientist who puts greater store on aggregate results than on single case studies, Stewart and Chambless' results are not so surprising. If it weren't for Freud's case studies, his work surely would not have achieved the fame and influence it did. The Stewart and Chambless article is a strong statement of the importance of case studies to practitioners. In line with my earlier discussion on the nature of theory-building from case studies, I have proposed that the particular value of case studies is that they offer the instantiation and concretization of more abstract theory, as opposed to RCT results, which generally state that a certain therapy is superior to a control group or another therapy. In sum, as explored above, systematic single case studies can contribute to theory, guide clinical practice, and, in an area such as the therapeutic relationship, also serve as a spur to further theory and research.

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