

## Subjected to Proof: The Advocate's Perspective

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### ABSTRACT

Assuming the role of the "advocate" in the Panel of Psychological Inquiry provided me a unique opportunity to read and examine a master's thesis case study (Podetz, 2008, 2011) in great depth. The task required a familiarity with current discourse on the presentation of written clinical case material, and an interest in the task of establishing some criteria by which the validity of claims being made could be assessed. This author had first to establish to her own satisfaction, that the case being presented was indeed defensible. Having done so, in conjunction with the case study author, the advocate decided which of the salient points made were ideally suited to oral defense supported by both witness testimony and documentation. Four claims were argued: (1) It is absolutely clear that the patient, "Anna", presented with a serious psychopathology. (2) It is clear that the therapist/intern provided humanistic, psychodynamically informed therapy to "Anna". (3) It is highly probable that the treatment resulted in increased health and growth. (4) Ms. Podetz's premise, that "Anna's" cutting served a self-regulatory function as it offered relief from the tension of both numbness and excessive anxiety, was valid and critical to the client's eventual growth. The successful conclusion of the Panel of Inquiry was a rewarding experience for the advocate, but it raised questions about the possible need for elaboration of the meaning of the judge's rulings, as well as the need for an agreed upon vocabulary to describe qualities of character therapists possess which do often influence therapeutic outcomes.

*Key words:* panels of psychological inquiry, quasi-judicial method, jury hearing, case study, clinical case study

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### PREPARING FOR THE HEARING

When well constructed, psychological case studies can have tremendous appeal and value. They provide intimate and illustrative glimpses into the circumstances of therapy, which are, historically, most private. Although case studies almost exclusively relate successful treatment interludes, and it can be argued it would be useful were they also to describe failed attempts, they offer great potential as examples of clinical wisdom. Perhaps because they can be seductive, as well as because each comprises a clinical trial of only one, they are frequent targets for skeptics both within and without the field of psychology. Even their most avid proponents agree there is a question that that needs must be answered; how can we know that the claims they make are true? Recently, this question has been elaborated into; could the body of knowledge

they offer be evaluated, systematized and archived, thus making it transmissible? Bromley's (1986) quasi-judicial model, currently being expanded by Miller (2004), offers one possible affirmative response to this question.

As part of a recent effort to put Miller's ideas into practice, I was invited to be the advocate for a case study whose merits and flaws were to be debated in front of a formal panel of judges. The advocate both represents and presents, to this panel, the author and the claims of her written material. Thus she undertakes to defend ideas not her own but in which she has faith, and to demonstrate veracities with which she has intimate intellectual familiarity but in whose construction there are but two witnesses, only one of whom will be present in the proceedings. While my motivations for participating in this case study hearing might be described as overdetermined, they included a desire to be part of a "grand experiment" and curiosity about the feasibility of applying a quasi-judicial model to a scholarly/psychological enterprise, both of which were based upon a long appreciation of the didactic potential of the case study. However, my agreement to participate was ultimately necessarily predicated upon a belief that Ms. Podetz's case study, "Seeing Beyond the Scars" was in fact defensible.

### *Reading the Original Case Study*

I read Ms. Podetz's thesis critically, asking a series of basic, general questions related to the quality of case studies. Was the writing commonsensical rather than abstruse or jargonized? Did it scrupulously protect the client's confidentiality? Did it avoid what Spence (1997) calls a tendency towards positioning "...the therapist as the hero or heroine of a classic narrative, overcoming obstacles on the way to a pre-ordained resolution of the story"? (quoted by Ward, 1997:7). Did the case study contain a successful balance between space allotted to process issues and that devoted to content? Did the author convey a forthrightness which made her likely a reliable reporter of both her client's thoughts and feelings and her own? I did not ask myself if her conclusions were falsifiable, as it is generally acknowledged that psychodynamic concepts are difficult to falsify, but I did ask if it allowed for or permitted alternate explanations. I also asked, did the case study reveal domination by what Britton and Steiner (1994) call an "over-valued idea"? Additionally, I wondered if Ms. Podetz had conceptualized her client's problem in the larger context of the client's family and educational history. Did she produce evidence beyond her own observations and the client's own self reports? More generally and bluntly, I needed to be satisfied that the author appeared to know whereof she spoke and to express it coherently. Lastly (and more selfishly), was the subject matter of this particular therapeutic journey intrinsically interesting to me?

I found "Seeing Beyond the Scars" a passionately written case study, which exhibited an unusual, in my experience, degree of honesty of self reflection, a timely subject matter (self-injury), and a well articulated understanding of both therapeutic process, the author's theoretical underpinnings, and current literature on the subject of cutting behaviors. It contained, I felt, an admirable juxtaposition of questioning and conviction. The prose was unpretentious with psychodynamic terminology explicated (largely to meet thesis requirements). Conversations with Ms. Podetz persuaded me that her client's identity was skillfully disguised. The author cast neither herself nor her client in a heroic light, and all pleasure and confidence in the client's gains was tempered with realistic understanding that she required more therapy to solidify these

gains as well as to continue to acquire insight into her use of cutting as a default response to tension.

While Ms. Podetz's premise about the function of Anna's cutting was compellingly advocated, her writing permitted the reader to imagine the possibility of other explanations. I, for example, wondered if cutting could be an expression of sexual anxiety, the light in which anorexia is sometimes viewed.

In examining the overall case conceptualization, I found that Ms. Podetz had taken, both at the onset of therapy and then throughout the treatment as new information emerged, a careful family and environmental history of her client. Her evidence of growth did not consist solely of the clinician's sense that there was improvement, nor only upon statements given by the client, who it must be acknowledged, could have a variety of reasons for misrepresenting her progress. No, Ms. Podetz provided writing samples, and later, the testimony of Ms. Kelly, which gave corroborative evidence of Anna's increased ability to manage stress without resorting to self harm. I was impressed by the manner in which the author balanced the weight given to external events against the importance she assigned her client's internal mechanisms. Ms. Podetz's ability to acknowledge yet tolerate the discomfort caused by the inevitable uncertainties and inexactitudes of the therapeutic process, served to further persuade me of her fundamental strength and honesty of character, and of her maturity. Lastly, habitual, intentional bloodletting and the possibility of its amelioration through insight gained through a therapeutic relationship was, I found, a compelling topic for me. I decided to advocate for the case study.

### *Articulating the Case Claims*

The first task was to look at the case study and decide which of the claims it made could best be substantiated in the agreed upon format. After consulting with Ms. Podetz, I decided upon the four claims we would make and they are here stated as they were formally presented to the "critic";

1. Without reservation, it is absolutely clear that the patient "Anna" presented with a serious psychopathology.
2. It is clear that "Stacey," the therapist, provided humanistic, psychodynamically informed therapy to Anna.
3. This case demonstrates the capacity of a first year intern to be demonstrably useful in providing therapy to clients in a counseling center, as we maintain that it is highly probable that the treatment resulted in increased health and growth.
4. Stacey's premise, that Anna's cutting served a self-regulatory function as it offered relief from the tension of both numbness and excessive anxiety, was valid and critical to the client's eventual growth.

These claims were all inter-related and interdependent, and could be reduced to a single sentence: a first year intern was able, using humanistic, psychodynamically informed therapy and an interpretation about the self-regulatory function of the behavior exhibited, to "help" a client

presenting with a serious psychopathology. This was a claim of some significance, with implications concerning the efficacy of intern-conducted therapies, as well as a validation of the hypothesis that cutting serves a multi-dimensional self regulatory function.

My strategy was to support the first claim with physical evidence from the counseling center where the therapy took place, which would substantiate the client's symptomology and its longevity. The college nurse's progress note would be used to establish the client's own anxiety about the increasing severity of the cuts. I then would interview both Ms. Podetz and her supervisor Andrea Kelly.

To substantiate my second claim, it was my intention again to interview witnesses Andrea Kelly and Stacy Podetz. Ms. Podetz's testimony would be used to establish the origins of her theoretical background, her training/coursework in this area, examples in the case study of how she provided genuineness, empathy, respect etc. as well as psychodynamic interpretations connecting anxiety to hidden feelings, the past to the present. I decided also take this opportunity to question her about her familiarity with DBT and ask her why she conceptualized the treatment in the way she did. Andrea Kelly's professional background would be examined, and I would introduce her resume as evidence. I would be seeking confirmation from her that in her professional opinion Ms. Podetz's work with Anna reflected the two orientations postulated. I had confidence that she would be able to do this as she articulately described her own work as eclectic.

The third claim appeared to require the lengthiest presentation; Witnesses were to include Stacy Podetz and Andrea Kelly. The testimony of Ms. Podetz would be used to establish that she had good reason to believe her client when she made claims that she was or was not cutting. I would refer back to the first sessions and Ms. Podetz's sense of Anna's truth telling when she gave facts about the number of her family members and the divorce history of her parents and that it corresponded to her later affects when discussing cutting episodes. I would establish that Ms. Podetz observed physical clothing changes that supported knowing when the client cut or had refrained, and that there was evidence that when her client prevaricated, Ms. Podetz was aware of it. Evidence for improvement would include

- (a) the reduction, then cessation of cutting as reported by the client;
- (b) a change in the client's affective presentation as observed by the therapist;
- (c) instances of insight in the client not previously expressed, relating to identification of specific emotions towards specific individuals and its relation to the cutting behavior (as observed by the therapist);
- (d) the emergence of creative writing as an activity, which demonstrated, in a free associative manner, that Anna began to use words to express feelings about relational material. (I would introduce the March 26<sup>th</sup> session transcript which includes Anna's writing and ask Ms. Podetz to read a portion.); and

- (e) I would ask Ms. Kelly to relate an incident conveyed to her by a professor of Anna's which detailed a challenging interpersonal incident and Anna's adaptive response to it, including Ms. Kelly's own perception having met one of the participants. I intended to use Ms. Kelly's testimony to establish Ms. Podetz as a reliable reporter as well as to substantiate the claim of improvement.

Claim four would be proven based upon testimony of the author and her supervisor. Ms. Podetz would testify as to how and when she arrived at this interpretation. I would ask her to give examples of when the client confirmed this understanding. I would ask her to speak to the articles by Favazza (1998) and Conners (1996), cited in her case study, which informed and confirmed this interpretation for her and introduce them into evidence. I would question Andrea, based on her professional experience, about the correctness and adequacy of this formulation.

Strategically, I was placing a great deal of confidence in what I anticipated would be the effect upon the panel, of hearing my two witnesses speak in answer to my questions. Ms. Podetz I knew personally from shared classes and then from our "rehearsals." I knew her to be highly engaged with her material, warm while still professional, sure of herself but without hubris, a very appealing therapist in the making. Andrea Kelly I knew secondhand through Ms. Podetz, but also by reputation and through her impressive resume, which she had submitted that I might introduce it as evidence. I intended to let Ms. Podetz establish her own credibility then have it corroborated by her undeniably accomplished and supportive supervisor.

### *Exchange of Arguments and Evidence with the Case Critic*

In accordance with the rules of discovery, I submitted my claims and my plans to prove them to the critic. In turn he replied with "Critical Concerns about the Advocate Claims," which he will likely elucidate in his portion of this paper. Primary among them, and a cause for some concern, were (1) questions about using symptom relief as the primary metric for therapeutic efficacy, (2) questions about the relationship between humanistic and psychodynamic approaches, and (3) alternate interpretations of the function of Anna's cutting. Later Mr. DiGiorgianni outlined his intention to use the afternoon session to explore his sense that perhaps Ms. Podetz's countertransference reactions negatively impacted the course of the therapy.

I decided that critic concern #1, while raising a valid point, could be effectively countered by the argument that while there are undoubtedly cases where one symptom is simply replaced by another, such as if Anna had substituted drinking alcohol for cutting, making symptom relief an invalid measurement of therapeutic efficacy, there was no evidence in this case that such a thing had occurred. On the contrary, there was strong evidence here that the longstanding cutting had stopped *and* that forms of creative communication (writing), as well as increased coping skills were being accessed.

In contemplating the critic's concern #2, I found I did have a few misgivings about Ms. Podetz's capacity to extensively expound on the relationship between psychodynamic and humanistic therapy. Obviously it can be argued that the two are not perfectly congruent. Ms. Podetz's understanding was necessarily limited by her level of training and professional experience. I hoped however, that I could demonstrate, with examples from her case study, that

given her level of training, she in fact rather deftly blended Carl Roger's ideas about providing "unconditional positive regard" with efforts to understand the client's behaviors in terms of Freudian defense mechanisms, to the benefit of the client (in terms of her eventual capacity for insight and increased range of emotions). In Ms. Podetz's (2008) own words, "My goal was to provide her empathy [and] acceptance...in the hopes we would be able to form a genuine therapeutic relationship" (p. 34), and, "Ultimately we sought to understand the unconscious origins of the cutting behavior and encourage the verbalization of emotion." (p. 38) I also planned to rely heavily on Ms. Kelly's deeper understanding about the combining of the two therapeutic approaches to confirm Ms. Podetz's interpretations and application thereof.

I was uncertain how to approach the critic's third concern. The literature quoted by Ms. Podetz, and read by me, appeared to confirm her hypothesis about the function of Anna's cutting. Mr. DiGiorgianni seemed to be proposing, with his idea that the cutting represented self-disgust, not an opposing idea of function but rather one of meaning. Ms. Podetz in her work, had undertaken to discover the "why" of the behavior. What the critic countered with was a proposal about the "what," a counterclaim about symbolism. If the critic indeed brought this before the panel, I would plan to interview the author in such a way as to establish that the idea of self disgust had not occurred to her although self hate had, but that in her professional opinion, making her client aware of the dual enervating and energizing functions of her self-injurious behavior had been the most useful service she could perform, as the client journeyed towards grasping what might be the causes of the perpetual combined sense of deadness and heightened anxiety which she so unsuccessfully defended against. In this she followed Connors' (1995) hypothesis that cutting behaviors are "essentially functional—even if outdated and hurtful," the knowledge of which "can be potent; this information alone may shift behavior by interrupting old patterns" (p. 211).

The issue of Ms. Podetz's transference was, I felt, an area in which we were vulnerable to criticism. A reading of the case study revealed the author as an empathic, passionate woman, eager to take on her first client, in whom were elicited throughout the therapy, a variety of tremendously strong emotions in response to the client's sense of hopelessness and potential anger, as well as to her willingness to share difficult material. Did these emotions consciously and unconsciously influence her decision making process within the therapy? Undoubtedly. We have her remarks and self criticism to corroborate this. Ms. Podetz readily admitted in the case study, when discussing her powerful wish for her client to get well that "...I was unsure at the time if it was my own need for her to be well or if it was her need for her to be well." (p. 43). Did this confusion result in missed opportunities? Ms. Podetz and I agreed this was likely. And yet I felt Ms. Podetz conducted the therapy *to the best of her ability, in all honesty, and under supervision*. I felt we might have to concede Mr. DiGiorgianni his points on this matter while maintaining that despite any negative impact caused by insufficient understanding of her countertransference, we continued to assert that the therapy resulted in positive changes. I expected any discussion of countertransference to be potentially rich and rewarding, although participation in such a discussion by a neophyte therapist was almost certain to be emotionally and intellectually challenging for her, countertransference being by definition an unconscious process, awareness of which comes only through practical experience sometimes supplemented by psychoanalytic training.

### *Preparing for the Panel of Inquiry Hearing*

Despite Ms. Podetz's expressed anticipatory enthusiasm for the soon to be held proceedings, I had a certain maternal anxiety about the potential burdens that such a high transparency requirement would place upon her. I had written a case study myself, and had experienced the pressure which occurs when, as David Tuckett (1993) has observed, the therapist "...however skilled...he may be and with many hours of dedication and thought behind him in his work with the patient, finds that colleagues with none of the investment and experience...detect new and important meanings in the material that he has not seen." (p.1185). Our proposed hearing was virtually an all day affair which seemed a long time for anyone to be on the "witness stand." I did not however communicate my misgivings to Ms. Podetz, not wishing to undermine her confidence nor project apprehensions which were perhaps mine alone.

The concerns of the critic served as an important reminder to me that in the writing of case studies as in all human endeavors, there are always missed opportunities, mistaken perceptions, emotional and conceptual avenues unconsciously avoided. Ms. Podetz's case study, "Seeing Through the Scars" was no exception. My task during the period allotted me for responding to the critic would be to question Ms. Podetz and Ms. Kelly in such a way as to refute those of his criticisms which I felt were refutable while acknowledging the legitimacy of others, hoping all the while he was not succeeding in fatally undermining any of my four contentions.

Preparation for the advocacy took the form of reading, reference checking, and long, intense mock trials of the interviewing I was planning with Ms. Podetz, to gain fluency and get a sense of potential rough spots. There were many time constraints on all the participants, not the least of which was my full-time job. At the end of the preparatory time, although I felt that all of our planning was considerable and had aimed at carefully anticipating all possible contingencies, when it was done, considerable dis-ease remained. Just as it is said "there's many a slip 'twixt the cup and the lip," I felt keenly the weight of the "unforseeable," that murky space that lurks between what one plans for and what actually transpires. The Panel of Judges, for example, was unknown to me except by their considerable reputations. I could not anticipate their contribution to the upcoming proceedings.

Apprehension was further fueled by what I experienced as the under defined role of the critic. Dr. Miller had stated the relationship of the critic to the advocate was not to be antipathetical or adversarial, and that there would be mutual respect was axiomatic. Yet were we really just partners on a journey whose grand goal was to increase the knowledge base? There were judges, and the burden of proof was on the advocate. It was not as in criminal law where a defendant—the case study—was innocent (valid) until proven otherwise. On the contrary, the case and its claims were only valid should I successfully prove it so, while the critic's task was to raise serious questions about my presentation and Ms. Podetz's conclusions.

It was a little like a play, with advocate, critic and author in a curious triadic relationship in which the author sat at a midpoint between us, alternately to be used in attempts first to prove one set of claims then to refute or undermine them. Advocate and critic would in one significant sense address one another, but the Panel of Judges comprised the audience of record, and it was to them we would literally address our opening and closing remarks, as well as pontifications

along the way. Anna, the client, seemed curiously present as well; both real and a phantasm, palpable and pseudonymous. In a civil suit she would have been in the injured party. In this instance she was the allegedly benefitted party. While I grasped the logic behind using a quasi-judicial model to adjudicate knowledge claims in clinical literature, this formalized debating was not, for me, an intuitive process.

## THE HEARING

The hearing unfolded, as I had imagined, both along lines I had hoped for and rehearsed, and along new, unanticipated paths. Ms. Podetz and Ms. Kelly proved articulate and forthright witnesses, able to respond extemporaneously to both the critic and the judges, who on occasion posed their own questions, creating a strong sense of each of their unique competencies. My concerns for Ms. Podetz's stamina proved groundless, as she was energetic and un-intimidated throughout. I steered Ms. Podetz through our rehearsed questions, a methodology I liked to think of as the Socratic Method, but which one judge referred to as excessive "leading the witness."

The primary challenge for me came from the critic, Mr. DiGiorgianni, whose formulations were in the form of queries or suggestions, and thus difficult to rebut. He had for instance mentioned some weeks earlier a curiosity about why Ms. Podetz had apparently not considered DBT as a treatment option for Anna. We carefully constructed a response to this valid question, but nothing quite that concrete ever came up.

Mr. DiGiorgianni did not dispute that Ms. Podetz's treatment had been efficacious. Rather than explicitly critique what Ms. Podetz had done/written, he chose to introduce possibilities she had perhaps not considered. He wondered if perhaps Anna had sought merely to please her therapist as she had so often her parents. He wondered if the changes reported were really actually deeply internalized, and he was curious about missed opportunities, due to reliance on a humanistic approach, for examining the idea of trauma. Consideration of that which was missing or had not been included in the case study seemed a valid way of asking the judges and the author to regard her work in a new light, but as the advocate, I found myself less able to respond to this approach than I might have wished, because the language of his counterpoint was so delicate, so subtle.

## REFLECTIONS

The dust having settled as it were, upon our proceedings, it is now possible to look back at what occurred with more dispassion than was available in the moment. We demonstrated, I believe, that a case study can be subjected to minute scrutiny, its contents reduced to basic propositions, those propositions presented with supporting evidence, to a panel of judges and a critic who examine and question the strength of their claim to be veridical. We all saw civility and decorum maintained during a long inquisition of the author, which had it not been so thoughtful could have proved to be a very anxiety provoking and possibly negative experience. We also saw that holding a Panel of Psychological Inquiry is a very labor intensive process. I do have concerns about how this methodology can be implemented to adjudicate hundreds of cases. I also wonder, given that I witnessed firsthand the power of the testimony of the author herself in explicating and defending her decisions and insights, how this proposed system might



accommodate case studies where the author, for a variety of possible, legitimate reasons, might not be able to participate in the proceedings.

In examining my own performance, I have wondered if I chose to advocate for overly general claims. While all case studies are, to a certain extent, claiming that x treatment for y problem resulted in improved functioning z, I could have perhaps chosen to defend a more intellectually adventurous and specific claim, for example, that it was the therapist's interpretation that Anna's idealization of her father eventually produced painful, hostile feelings in her which ultimately resulted in psychological growth.

Our Panel of Inquiry was in essence an experiment, and as any good experiment should do, it raised questions (for me) which it did not answer. If the judges vote to accept the claims of the advocate, what exactly does that mean—that the claims made were "good enough" and sufficiently advocated for? But does it help distinguish a good enough case study from a superior one? Does the decision of the Panel of Judges (as imagined in future incarnations) constitute some kind of final say about a piece of work? What does their thumbs up or thumbs down mean about the generalizability of the conclusions put forth in a case study?

Participation in this Panel of Inquiry was personally both a gratifying and educational experience for me. I wondered though, if there was a reductionistic aspect to the methodology. The Panel found the claims to have been successfully affirmed, but the case and the treatment components were, in important ways, comprised of more than I was able to reduce to "propositions." I believe Ms. Podetz's salutary impact upon her client was in part due to specific characterological aspects and qualities of spirit which she uniquely possesses and brought to bear upon the problems presented by the client and upon the client herself. The qualities I refer to—a few of which are passion, imagination, warmth, resolve, and deep curiosity—are frequently considered if not ineffable, then unscientific, for there does not seem to currently exist any standardized vocabulary or conceptual framework with which to refer to, examine, and define and measure them. I suggest that until the field of psychology has the courage to admit that these qualities in a therapist influence outcomes, analyses of case studies that claim validity will remain incomplete.

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- Note: After the Panel of Inquiry described in Miller (2011) was completed, Podetz's masters thesis was reformatted and copyedited to meet the guidelines of a PCSP case study, and some of the broader literature review was shortened. Aside from these two differences, the substance of Podetz's 2008 and 2011a versions of the case study of Anna are identical.
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