A Key Role for Case Studies: Theory Building

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[d] Note: This article is an introduction to a *PCSP* issue presenting four theory-building case studies. Fishman and Westerman were the co-editors of the issue.
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ABSTRACT

This article provides an integrative introduction to a *PCSP* journal issue on using case studies to develop theory. The case studies explore a variety of conceptual models, including two-person relational theory in psychoanalysis (Messer, 2011); interpersonal defense theory (Westerman, 2011); and assimilation theory (Schlieke, Stiles, et al. [2011]; and Gray & Stiles [2011]). In addition, the case studies include a variety of types of clinical psychopathology and therapy orientations. We note that the articles represent two different ways in which therapy transcript material can be employed in theory building: by focusing in on a small amount of clinical material to study detailed process in a single session (Messer; Westerman); or by analyzing an extensive amount of transcript material across many sessions to study positive change over the course of therapy (Schielke, Stiles, et al.; Gray & Stiles). Overall, we believe that this journal issue illustrates the impressive potential of case studies in advancing theory building.

Key words: clinical case studies; case studies; theory building; two-person relational theory; interpersonal defense theory; assimilation theory

In his recent integrative book exploring case study research in psychotherapy from multiple points of view, John McLeod (2010) identifies five complementary models of this type of work. Each model has a distinct purpose, method of data design and collection, and strategy for data summary and interpretation. Also, each model can make a unique contribution to expanding the field's knowledge base, both practical and theoretical. The models include an emphasis upon the use of case studies as a means for theory-building; as exemplars of best clinical practice; as settings for single-case experiments; as vehicles for intensively evaluating efficacy via multiple types of data as analyzed by multiple judges; and as a way to explore the narrative meaning of the therapy experience for both client and clinician.

Past issues of *PCSP* have included examples of each type of study. The present issue focuses on the first type, the theory-building case study. An earlier issue of PCSP (Fishman, 2009) examined some of the broader epistemological and methodological principles for using case studies for theory-building. This issue includes specific examples of case studies used for

this purpose. Specifically, the present issue explores the use of cases in developing several psychotherapy theories in a variety of types of psychopathology and therapeutic orientations, including:

- *two-person relational theory* investigated in a psychoanalytic therapy case with a client with narcissistic personality disorder (Messer, 2011);

- *interpersonal defense theory* studied in a short-term dynamic therapy case with a client diagnosed with social phobia, dysthymia, self-defeating personality disorder, and PD NOS (Westerman, 2011);

- *assimilation theory* studied in an emotion-focused couple therapy case with a couple enduring long-standing emotional injury and conflict within their relationship (Schielke, Stiles, et al., 2011); and

- *assimilation theory* investigated in a cognitive-behavioral therapy case with a client with general anxiety disorder (Gray & Stiles, 2011).

Each article will be briefly summarized in turn.

MESSER ON CASE STUDIES AS A WAY TO EXPAND THEORY THROUGH THE DETAILED INSTANTIATION OF CONCEPTS

In his article, Messer addresses a broad function of cases vis à vis theory: to expand the actual meaning of general theoretical concepts by concretizing them with specific, contextually embedded, narratively structured, examples of case material. In Messer's words,

> 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 (p. 440).

To illustrate this aspect of how cases can aid theory-building, Messer presents a vignette from the transcribed case of Ron, a patient with a narcissistic disorder seen by the therapist Michael Shoshani (Shoshani, Shoshani, Kella and Becker, in press). The vignette illustrates how Shoshani used strategies drawn from two-person, relational psychodynamic theory. This theory views therapy as focusing on the relationship between client and therapist—including a consideration of the therapist's own struggles and self-revelations in the therapy—as opposed to focusing on intrapsychic processes within the client. After presenting the case vignette, Messer concludes:

> 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 (p. 445).

Messer presents a second example of how rich case details can expand theory as it did in the work of Hans Strupp's (e.g., 1980) classic comparisons of four pairs of cases. In each of the four pairs, both patients had similar scores on the MMPI to start with and both were treated by the same therapist. However, for each pair, one had a successful outcome and the other, a poor outcome. Based on the results of the comparisons, Strupp developed 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" (Messer, 2011, p. 444). Strupp then devoted much of his later research to confirming and expanding this hypothesis.

Messer emphasizes that if we are to draw theory from case studies, the studies must meet normative scientific criteria, and he applies this perspective to the research from which the vignette of Ron was drawn. Finally, Messer discusses findings from a quantitative, group survey study by Stewart and Chambliss (2010) that demonstrate the importance of case studies for providing practitioners with knowledge that connects to the case-based nature of the world of their clinical work.

WESTERMAN ON THE USE OF CASE MATERIAL TO DEVELOP A THEORY OF INTERPERSONAL DEFENSE

Westerman has developed the theory of interpersonal defense, which is an interpersonal reconceptualization of defense processes. In his words,

> [Freud] recognized that although individuals employ processes of defense in the attempt to prevent dreaded outcomes, those defense processes themselves actually lead to psychological problems. For the most part, psychoanalytic theory incorporates this core insight in a manner that focuses on what is typically called the "inner" realm. According to that viewpoint, defenses are intrapsychic processes (i.e., the ego mechanisms of defense) that aim at regulating internal states (anxiety, guilt, and, in more recent theorizing, self-esteem). Interpersonal defense theory is based on the core insight [i.e., that defense processes themselves lead to problems even though they are employed in order to avoid negative outcomes], but it offers an interpersonal reconceptualization of defense processes. According to this reconceptualization, primarily, defenses are interpersonal behavior patterns of a certain kind. Individuals employ these behavior patterns to influence what happens in their interpersonal relationships, specifically, how the other person in a relationship acts toward them (p. 450).

Westerman lays out nine distinct tenets of interpersonal defense theory in a formal manner and then introduces a transcript segment from therapy with a woman diagnosed with dysthymia and social phobia on Axis I and self-defeating personality disorder and PD NOS on Axis II. Westerman performs a detailed analysis on the transcript to examine whether it supports each of the tenets. In the course of doing this, he also provides a general introduction to the logic of theory-building case studies. Of particular note, he vividly demonstrates an important point made by Stiles (e.g., 2009): in a case study analysis, the researcher can determine whether multiple tenets of a theory are supported by observations on a single case, whereas in a group

study, the investigator focuses only on one tenet at a time. Westerman also persuasively demonstrates the role of three elements in the theory-building case study approach: comparing *theoretical tenets* to *clinical observations* in the context of a *case formulation* of the client. In terms of its substantive goals, the case study Westerman presents supports the interpersonal conceptualization of defense processes, illustrates key ideas about how defenses function in interpersonal interaction by offering concrete *in vivo* examples of the phenomena described in the tenets, and throws new light on such issues as why dysfunctional processes persist.

SCHIELKE, STILES, ET AL. ON THE USE OF CASE MATERIAL TO EXPAND THE ASSIMILATION THEORY OF THERAPEUTIC CHANGE TO COUPLE THERAPY

The assimilation model of therapy change was originally developed as a model of the type of intrapsychic change that occurs in successful individual therapy (e.g., Stiles, 2009). In this model, the self is viewed

> as a *community of voices*, where each voice is a mental state of the person and represents interconnected traces of a person's experience. ... This model notes that a person's different voices can take differing *positions* in relation to events. Such voices may be observed in the form of seeming discrepancies in the way a person speaks or acts at different times . . ., and may be experienced in the form of divergent wants and/or needs (e.g., "part of me wants one thing, another part, something else"). Finally, voices representing experiences or positions that are threatening or painful to a person's accepted views of themselves and the world are likely to be regarded as problematic. . . .

> In successful therapies, the patterns of relationship between problematic voices and the self evolve from unacknowledged presence through gradual emerging recognition to the eventual resolution of problematic experiences. This evolution is described in the assimilation of problematic experiences sequence (APES). . . . The APES describes eight stages of progressively increasing self-understanding by the client. . . . Using the lens of the multi-voiced self, the APES also describes the unfolding of mutual understanding and acceptance between intrapersonal voices. . . . . It chronicles a process of assimilating, integrating . . . a voice into the community of voices representing the accepted sense of self. . . . Increasing APES levels have also been associated with more conventional measures of psychotherapy outcome (pp. 478-479).

Because the assimilation model offers descriptions of the process of successful problem resolution through the lens of attending to dialogues between intrapersonal voices, Schielke, Stiles, et al. have applied this theory to couples therapy, translating separate intrapsychic voices into separate interpersonal voices. Thus they have explored the question of isomorphism between intra- and interpersonal therapeutic change, creating a parallel system to APES that they call *Resolution of Problematic Experiences Sequence (RoPES)*. (In this system, **Bold** describes the state of a voice in relation to another voice's positions and *italic* describes the relationship from the perspective of the other voice.)

In their article, Schielke, Stiles et al. analyze a couple, Sarah and Mark, who were in deep and long term conflict and who achieved a successful outcome in a trial of emotion-focused

couple therapy. The authors predicted that the couple's dialogue in the therapy would proceed along the RoPES continuum and found persuasive evidence of this. Specifically, their analysis showed movement by Sarah and Mark across the therapy from RoPES position 1 (**Active avoidance, suppression, redefinition /** *ignored)* to position 3 (**Clarification /** *increasing recognition)* to position 6 (**Resolution /** *routinely consulted).*

GRAY AND STILES ON THE USE OF CASE MATERIAL TO EXPAND THE ASSIMILATION THEORY OF THERAPEUTIC CHANGE TO GENERALIZED ANXIETY DISORDER

The first three articles mentioned above all deal with interpersonal relationships—between client and therapist (Messer; Westerman) or between two members of a marital couple in conflict (Schlieke, Stiles, et al.). The last article by Gray and Stiles deals with intrapsychic conflict in a client, Robert, with generalized anxiety disorder (GAD). Like the case study reported in the previous article, this case study addressed issues based on assimilation theory. Its goal was to contribute to the development of an assimilation theory-based account of GAD. Even though this study did not focus on interpersonal processes *per se,* the case of Robert has resonance with the interpersonal focus of the first three articles because assimilation theory, as mentioned above, views the self as a *community of voices*.

Gray and Stiles were interested in analyzing the specific voices and their dynamic interactions within the individual client with GAD, including (a) how these voices can cause anxiety, and (b) how these voices can be changed to reduce that anxiety. The case studied for this purpose was Robert, one of the good-outcome cases in a large clinical trial examining the efficacy of cognitive-behavior therapy. Based on their detailed analysis, Gray and Stiles' conclude that

> Robert's major *voices . . .* [importantly included] a *critic voice*, described by co-investigators as harsh and derisive toward other aspects of the self. Our work led us to infer that, although the critic voice seemed closely associated with the anxiety that characterized Robert's GAD, it did not produce that anxiety directly through its attacks on his other voices. Rather, the *critic* voice induced vulnerability to specific, anxiety-arousing external circumstances by derogating Robert's coping skills or exaggerating the threat of specific external circumstances. Robert's anxiety then arose when he encountered those circumstances (p. 529).

In sum, the present articles provide rich and vivid examples of theory-building case studies across therapy cases that vary in terms of patient psychopathology, the therapeutic orientation employed by the clinician, and the type of theory being explored and developed. Note that the articles also represent two different ways in which transcript material is employed. The first two articles—by Messer and by Westerman—demonstrate how a small amount of transcript material in a single session can be richly interpreted in terms of theory about complex clinical process; while the other two articles—by Schlieke, Stiles, et al. and by Gray and Stiles—demonstrate how extensive transcript material across many sessions can be richly interpreted in terms of theory about substantial positive change over the course of therapy. In addition to these case examples, the articles provide valuable exposition and commentary on the methodology of

theory-building case studies. As the co-editors of this issue of PCSP, we are greatly encouraged by the potential of this type of methodology for advancing the theories that help guide our work in psychotherapy and for complementing the theory-building research that is accomplished by group-based, quantitative research.

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