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Commentary on The Art of Communication Through Drawing: The Case of "Mr. R," a Young Man Professing Misanthropy While Longing for Connection With Others

Narrative Case Studies and Practice-Based Learning: Reflections on the Case of "Mr. R"

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ABSTRACT

Narrative case studies tell the story of therapy from the point of view of the client or therapist. Murase's (2015) case of "Mr. R" provides a powerful example of the potential of this form of case inquiry, as a means of enabling reflection and deeper understanding around the practice and process of therapy. The distinctive contribution of the case of Mr. R is discussed in relation to the personal learning of the author in respect of a series of domains: working with the contextual and cultural meaning of the client's issues, creating corrective everyday life interventions, repairing therapist-induced ruptures in the therapeutic alliance, and developing new understandings of the process of client internalisation of the image of the therapist. Theoretical implications of the case are explored, and some suggestions are offered around the further development of narrative case study methods and the concept of therapist wisdom.

Key words: culture; everyday life; exemplar study; internalization; narrative; personal meaning; theoretical fluidity; therapy process; wisdom

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The case of Mr. R offers one of the relatively few English-language examples of the work of Dr Kayoko Murase (2015), for many years one of the most influential figures in psychotherapy in Japan. In addition, this case acts as an example of the rich tradition of case study inquiry that forms a key part of the evidence base for therapy theory and practice in that country. This case therefore possesses cultural and professional significance beyond its account of how therapy unfolded with a troubled young man. Constructing a commentary on this case has been a demanding task, because of the rich, multi-layered nature of the material that has been provided. In the following sections, I offer reflections on three key dimensions of the case: the therapy case study as a form of narrative inquiry, practice-based learning arising from reflection on the case of Mr. R and implications for theory.

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THE THERAPY CASE STUDY AS A FORM OF NARRATIVE INQUIRY

When considering the role of case study research within the field of psychotherapy, it is useful to differentiate between four broad genres of case-based inquiry (McLeod, 2010). Pragmatic or clinical case studies aim to document the professional knowledge that is used to guide the actions and interventions of a therapist in a specific case. Pragmatic case studies serve to build therapist expertise through allowing practitioners to learn more about how their colleagues work with different kinds of cases. Narrative or descriptive case studies seek to tell the story of what happened in therapy, from the point of the client or the therapist (or both). The primary goal of this form of case study is to extend and widen our understanding of therapy, by providing memorable, vividly-described accounts that transcend current professional categories. Outcome-oriented case studies are designed to answer questions about the effectiveness of a particular model of therapy in a specific case. This kind of case study is typically used to establish the prima facie relevance of a therapy approach in relation to a client population within which has not previously been applied. Theory-building case studies set out to test, develop and articulate theoretical models through systematically analyzing the extent to which they are consistent with observations in specific cases. All therapy case studies incorporate pragmatic, narrative, outcome and theoretical elements. Nevertheless, in terms of providing a sufficiently coherent account within the length constraints of a journal article, most case study papers tend to focus on one or two of these objectives.

The case of Mr. R is clearly a pragmatic case study, because it conforms to the guidelines set out by the current journal, and offers insight into the professional knowledge of the therapist/author. However, in important respects it is also a narrative case study, which operates to invite the reader to participate in the unfolding drama of the case. I have found that it has not been possible for me to write this commentary without using my personal, first-person voice. I believe that this response reflects the fact that the case of Mr. R comprises a powerful and effective narrative report. While grounded in professional practice, the case of Mr. R reaches beyond that domain, and touches on issues of general human significance in ways that call forth a personal response.

What does it mean to present a narrative account of a case? In what ways does a narrative approach differ from other ways of organizing and analyzing case data? The case of Mr. R illustrates the central elements of narrative inquiry (Riessman, 2008). Information about the case is largely presented in terms of a narrative structure, beginning with context, followed by event descriptions and evaluations, and concluding with a coda. This is quite different from the presentation of case information in accordance with professional categories such as diagnosis, treatment model, and so on.

The narrative quality of the case report is further emphasized by several points at which the author positions herself as an ordinary person telling a story, rather than as an authoritative professional expert. For example: “I’ve had many reservations about using Mr. R’s example as an object of discussion” (p.82). At other points in the narrative, the author provides information about her family life, even describing how she consulted her mother (who was not a psychologist) around the behavior of the client (p. 102). The “showing” rather than “telling”

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quality of everyday narrative is reflected in many examples within the case of detailed accounts of concrete instances or moments in the therapy. By contrast, other types of therapy case reports mainly rely on generalized or global accounts of patterns of behavior. The case of Mr. R reflects the dialogical nature of narrative in offering a multi-voiced account of events. The story is not merely told in the authorial voice of the therapist-narrator, but also includes her own internal voice, and the direct speech and written words of the client and members of his family. The "showing" or performative aspect of narrativity is further conveyed through descriptions of the bodily presence of participants:

> Wearing black-rimmed glasses, Mr. R was skinny and pale, almost ashen, and he gave the visual impression of being closer to 30 than 18. His expression seemed to be a mixture of anger, frailty, and a lack of suspicion. (p.89)

These aspects of the way in which the case has been written represent strategies, shared with fiction and drama, for inviting the reader to enter the moment-by-moment lived experience of a sequence of unfolding purposeful human action. This kind of writing produces a certain degree of ambiguity and uncertainty—the sense that there is "more to it" than can be captured in analytic, scientific or professional categories. It also invites a personal response by evoking feelings, emotions and memories in the reader.

What makes a good narrative case study? What are the criteria that we can use to evaluate the quality of narrative case reports? These are important questions. Compared to other forms of psychotherapy case-study research, relatively few narrative case studies have been published (McLeod, 2010). There is a paradox here. In principle, it should be relatively straightforward to construct a narrative case report. Other types of therapy case study require the collection and analysis of data from process and outcome measures. By contrast, a narrative account merely requires setting aside time to write (or talk—see Quinn, Schofield and Middleton, 2012). In my view, one of the main reasons for the low rate of published therapy narrative case studies, is the anxiety felt by authors/researchers, reviewers, and editors around how to know when a narrative paper represents a valid contribution to knowledge. For many potential writers of narrative case studies, this anxiety inhibits them from even attempting such a project. Studies such Quinn et al (2012)—a narrative/theory-building case study—and the case of Mr. R—a narrative/pragmatic case study— serve a valuable function for the therapy research community as a whole, as *exemplars* of quality, by showing what can be achieved through this form of inquiry (McLeod, 2014). These studies offer detailed and persuasive narrative accounts, contextualized within an account of the theoretical and research perspective on the case, and the provision of richly-described factual information around characteristics of the client, therapist and therapy setting.

PRACTICE-BASED LEARNING ARISING FROM REFLECTION ON THE CASE OF MR. R

Most psychotherapy research, including most case study research, is organized around the ultimate goal of establishing the validity of propositions. The task of the researcher is to provide evidence that will convince the reader of the truth-value of some kind of "if-then" statement: *if* this model of therapy is used, *then* there is a likelihood of a good outcome; *if* the therapy that is delivered matches the client's preferences, *then* it is less likely that the client will quit treatment.

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Once an "if-then" proposition is backed up by more than one research study, it can begin to receive serious consideration as a guide for practice.

By contrast, a narrative case study does not aim to provide evidence that can be used to support the validity of if-then propositions. For example, it would not be sensible to cite the case of Mr. R as evidence for the proposition use of client drawings is an effective intervention in cases of personality disorder or aggressive conduct. Rather than regarding narrative case studies as sources of *evidence,* I would suggest that is more appropriate to view them as sources of potential *learning.* What is learned will depend on the reader of the case study, and personal knowledge and the horizon of understanding that he or she brings to the case. The concept of "zone of proximal development" (Vygotsky, 1978) refers to the idea that what a person can learn depends on what they already know, what they can already do, and their direction of growth. From this perspective, the case of R offers many possibilities for learning. The kind of learning that is evoked by the case does not primarily consist of information about therapeutic procedures (although there is some of this) but instead comprises new ways of seeing (Berger, 1973) the work of therapy.

In the following sections, I have summarized some of the learning that occurred in relation to my own personal zone of proximal development and horizon of understanding as a therapist and researcher.

THERAPY AS A MICROCOSM OF SOCIETY

At one level, the case of Mr. R can be read as a description of conflict and tension within a family unit. However, the author also invites us to read it as a story that reflects events within the wider society. We are told, right at the start, that the therapy took place at a time when "Japan was on the road to economic recovery after the vast devastation and impoverishment resulting from the Pacific War and the decades of conflict that preceded it" (p. 81). Later, we learn that student uprisings on the university campus were sufficiently severe to disrupt the telephone system. The client, Mr. R was a young man who was preoccupied by key figures from the "decades of conflict," such as Stalin and Hitler. He had abandoned conventional study, and devoted much of his time to collecting information about how to make poison gas. Many readers might make the connection here to a pivotal moment in recent Japanese history: the Tokyo underground poison gas attacks that took place in 1995. In relation to the case of Mr. R, the significance of the Tokyo attacks is that, as with much of Mr. R's conduct within his family, they can be viewed as an exaggerated and misplaced protest against dominant cultural values (Murakami, 2002). There were in fact many young people in Japan, during that era, who were interested in learning about how to make odorless poison gas as a means of destroying the way of life that they observed around them. One of the things that is most impressive about the way that Kayoko Murase worked with this client was her capacity to allow contextual and cultural dimensions of his emotional state to be expressed in therapy, for instance in the drawings that he made, and in her open and honest response to his fascination with famous people who were violent and manipulative. Parallels between his violent fantasies, and wider social movements, were not reified in the form of overt interpretations. Instead, "Mr. R" was offered a space in which these aspects of his life were not regarded as symptoms of underlying pathology, but taken seriously as meaningful attempts to make sense of his current life-situation.

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Within this case report, the author formulated two powerfully memorable general principles that I found particularly helpful in working effectively in relation to the connections between the wider social world of a client and their immediate personal concerns. The first was a simple injunction to "maintain an observing eye with a broad field of vision" (p. 109). The second principle is more complex:

> The given factors prevailing when we are born are neither equitable nor fair. It is of crucial importance that we remain mindful of this injustice within the clinical space regardless of how the client might initially appear to us, and that from the outset we unconditionally accept the client's existential inevitability. The sense of relief felt by the client when their existence is accepted and affirmed is precisely what encourages them to seek reconciliation with that injustice (p.85).

I had not previously come across the concept of "existential inevitability" as a means of characterizing the sense of being faced with unfair life circumstances, or (within a therapy context) the notion that "reconciliation" might represent a valued therapeutic outcome in relation to such experiences. These aspects of the case of "Mr. R" enabled me to take an aspect of my practice, which I would describe as a social justice orientation, and take some further steps in the direction of a more nuanced, creative, flexible and reflexive way of working in respect of such issues.

THERAPY INTERVENTION WITH AN EVERYDAY-LIFE FOCUS

For me, one of the most striking and shocking aspects of the case was the decision of the therapist to invite the client, and his parents, for a meal in her own home. I do not know of any therapist who has ever made such an offer. I feel confident that, within the professional environment within which I operate, any such move would be regarded as a boundary violation that represented over-involvement with the client, and deemed to be potentially unethical. I am familiar with the practice, by many cognitive-behavioral therapists, of accompanying their clients on anxiety-provoking homework assignments, such as making an airplane flight. I am also familiar with the example of Yalom (2002) visiting his clients in their own homes, as part of initial assessment, and the program of research by Dreier (2008) into psychotherapy and everyday life. But inviting the client for supper seems to be a significant step beyond anything described in these sources.

Within the context of the case of Mr. R, the invitation to supper made sense as an intervention, was preceded by careful reflection on the part of the therapist, and was highly effective in bringing about a decisive shift in the way in which the whole R family interacted with each other. One of the key challenges within any type of therapy is to bridge the gap between the insights and ways of relating that can occur within the special setting of the therapy hour, and what Kayoko Murase describes as the "reality of daily life." In the case of Mr. R, the client and his family were enabled to participate in a slice of the everyday of the therapist and her own family. This appeared to create the possibility of a particular kind of "corrective emotional experience" in which a new relational-emotional way of being was embedded within a ritualized concrete event (a meal). And, of course, the sharing of food carries a great deal of meaning.

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Still, I cannot imagine myself inviting one of my clients for supper. I wondered whether the significance of food and mealtimes in Japanese culture, and the existence of well-understood mealtime rules, might make it easier to share a family meal with a client, compared to the more improvised and casual approach to mealtimes that prevails within my own cultural world. Yet this is not quite the point. Sharing a meal with a client is merely one possibility. What is made available through reading the case of Mr. R is an example of a therapeutic strategy that might be described as *inviting the client into one's own everyday life.* Some therapists may invite clients into their everyday lives through self-disclosure: providing examples of instances in their own lives in which they have been able to deal with a problem that is similar to that of the client. For example, one of the items in the widely-used Lent, Hill, and Hoffman (2006) measure of counselor self-efficacy, is "self-disclosure for insight (disclose past experiences in which you yourself gained some personal insight)." The broad category of "therapist self-disclosure" encompasses several different types of therapist action, such as acknowledging identity markers like being married or possessing certain religious beliefs, and disclosing immediate responses to the client (e.g., self-involving statement such as "I felt sad as you were talking"). It may be that self-disclosure of everyday life experience comprises a specific category of therapist self-disclosure that involves being a model for ways of coping that are relevant to the client.

It is of interest that, considered as an example of self-disclosure, the way in which Kayoko Murase approached the mealtime episode in the case of Mr. R demonstrates all of the principles of effective therapist self-disclosure identified by Henretty and Levitt (2010): a deliberate act based on a clear rationale; an infrequent occurrence within the on-going interaction with the client; consideration given to the possible meaning to the client; careful wording; monitoring the impact on the client; returning the focus of therapy to the client following the self-disclosure episode. The case of Mr. R demonstrates the value of narrative case study data in relation to the development of an evidence base for psychotherapy theory and practice, as a means of method triangulation that can be used alongside findings from other types of research, such as interviews with clients, or questionnaire measures. It also demonstrates the heuristic value of narrative case study inquiry, by introducing a possible category of self-disclosure that has not been explicitly highlighted in previous research.

In my own reflection on this aspect of the case of Mr. R, I found myself thinking about modes of psychotherapy in which therapists intentionally allow clients to be involved in selected aspects of their everyday lives. Historically, there is a long tradition of individuals suffering from psychological problems being given the option of living with emotionally "healthy" families within their community (Parry-Jones, 1981). All forms of outdoor therapy, such as nature therapy (Berger & McLeod, 2006), wilderness and adventure therapy (Gass, Gillis, & Russell, 2012) and walk and talk therapy (Revell & McLeod, 2015), provide clients with opportunities to observe how their therapists cope with both everyday events, ranging from minor hassles (such as rain) to extreme challenges such as moments of physical danger or extreme fatigue. There does not appear to be any research into how clients experience these forms of participation in the everyday lives of their therapists. One would imagine that if such therapy interventions were harmful, they would have resulted in ethical complaints. This does not seem to have occurred. (For an extended discussion of the ethical side of the related topic of "dual relationships," see Lazarus and Zur [2002].)

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Finally, in making sense of the mealtime intervention, it was necessary for me to consider not just what happened, but to pay careful attention to the rationale and meaning of this event from the perspective of the therapist. Kayoko Murase appeared to view the intervention from two contrasting perspectives. The family meal was regarded as a "corrective everyday life experience": an "opportunity to sit across from one another at the dinner table and have a genuine conversation" (p.99). At the same time, the intervention was understood from a relational perspective, as an expression by the therapist of an "intention… to be genuine and be fully present as a person"; a contrast to the professional roles adopted by earlier therapists consulted by Mr. R. These strategies seemed to me to be similar to the kind of thing that might be done by a performance artist who uses his or her body or life as a medium.

The case of Mr. R provides a framework for making sense of how this kind of activity can be sustained, and how it can be done well. Murase (2015) offers some simple, but profound principles for therapeutic work. If a therapist is able to "accurately perceive [their] own time, place, and position" (p.108) and "use words that…truly reach the client's heart…words that remind you yourself of a sense of reality and the feeling of being present…words that you find when you dig deeply inside yourself" (p. 109), then the client becomes reconciled with the injustice in their life and more aware of their "underlying potential and resilience" (p.85). As in any good story, these points are not made only once, but are conveyed in different ways in different parts of the text, on several occasions. In this respect, a narrative case study allows the reader multiple points of entry into the core meaning being communicated by the author.

REPAIRING A THERAPIST-INITIATED RUPTURE IN THE WORKING ALLIANCE

Extensive research by Safran, Muran, and Eubanks-Carter (2011) and others has established the clinical importance of the capacity of the therapist to repair ruptures in the therapeutic alliance, defined as episodes in which the client disengages with the process of therapy, or is critical of the therapist. These studies have shown that in many instances the development of an alliance between client and therapist is not a linear or straightforward process, and may be punctuated by backward steps and crises. However, this research has shown that successful resolution of such ruptures has the potential to provide the client with valuable learning about how they relate to others. This body of research has also shown that therapists who interpret such difficulties as reflecting transference reactions, or in other ways that infer client dysfunction, have less success in resolving the crisis than those who acknowledge their own role in the crisis, and approach the issue in a collaborative manner.

The case of Mr. R is unusual in describing a rupture, in session 9, that reflected an act of withdrawal on the part of the therapist. In the period following session 8, the therapist had taken some time off to visit her family in another part of the country. Mr. R had sent a registered package to the family home of the therapist, threatening to burn the house down. In response, the therapist told him that she would not be able to continue with the treatment. He protested, and persuaded her to carry on. This episode can be understood as a therapist-initiated rupture, which was largely resolved through the intervention of the client. Although the episode is not explored in detail in the case report, it represents a further example of the way in which a narrative account of a case can lead to the identification of phenomena or processes that are not

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sufficiently acknowledged within the existing literature.

It is perhaps significant that it was during session 9, following the agreement to continue, that Mr. R treated Kayoko Murase as a separate person in her own right, by asking her a direct question ("Would you want to be a soldier?"), listening carefully to her answer, and appearing to be shocked and angry at her response. He then followed this up with a further question that could be seen to reflect the core of his confusion and frustration about his life: "What sorts of words [do you think] truly reach a person's heart?" In earlier sessions, it seemed as though Mr. R had spent most of the time operating from a largely monological mode of discourse, presenting his world to the therapist, in the form of pictures that he had drawn, and then responding to her questions about these images. Now, in session 9, there appeared to be an interaction that could be considered genuine dialogue, in which both participants spoke authentically and listened openly. Between sessions 9 and 10 (the final meeting), Mr. R produced a drawing that he recognized as representing a means of balancing the main tensions in his life, and moving forward.

For me, this section of the case report opened up new perspectives in relation to my understanding of the role and significance of dialogue within therapy (Seikkula, 2011). For example, it may be that dialogical communication is particularly important, and has a greater impact, during episodes of high emotional intensity, such as alliance ruptures. It is possible that more active dialogical participation of the therapist (as opposed to more passive listening) is enabled when her or she takes a stand in relation to his or her boundaries. It is possible, also, that a satisfactory understanding of dialogue needs to take account of actions as well as words. Sending a letter, or deciding not to continue as a therapist, are powerful expressive or performative moves in a dialogue that "reach a person's heart" in ways that call for a response. Although these possibilities cannot be proven or firmly established on the basis of evidence from the case of Mr. R, they do provide a rich basis for further exploration in both practice and research.

THE CLIENT'S INTERNALIZED IMAGE OF THE THERAPIST

The generic aim of therapy is to help the client to cope more effectively with problems in living, and as a result enjoy a more fulfilling and productive life. One of the ways in which therapy helps to accomplish these goals is by a process through which the client gradually comes to replace harshly critical and self-undermining internalized images and voices, with the more benign internalized voice or presence of their therapist. This process has long been recognized by clinicians, and has been confirmed and further articulated in a series of research studies using both qualitative and quantitative methodologies, in clients with different types of presenting issues who have received different approaches to therapy (Bender et al., 2003; Geller & Farber, 1993; Knox, Goldberg, Woodhouse, & Hill, 1999; Mosher & Stiles, 2009; Rosenzweig, Farber, & Geller, 1996; Wachholz & Stuhr, 1999).

In the context of these studies, the way in which Mr. R was reported to internalize an image of his therapist appears to be unique in two respects. First, his therapist's voice seemed to have an instant effect on him, during their first telephone contact. Second, he seemed to be aware of the importance of this internalized image. In a phone call that took place following session 3, he reported that:

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> On my way home after the last session I could still conjure your face and your voice; both were kind and it was comforting. As time passed after I arrived home that memory faded and gradually your face and your voice both became frightening. I got scared so I called. Now that I'm speaking to you the image of your face in my head has changed back to the real one again. (p. 93)

As far as I know, this is the first documented instance of a client's conscious acknowledgement, early in therapy, of the therapeutic value of their internalized image of their therapist. Although the general psychological significance of first impressions has been studied in detail (see, for example, Gladwell, 2006), this topic is rarely mentioned in the psychotherapy literature. In an interview study of client experiences of relational depth in their interactions with their therapists, conducted by one of my students, we were surprised to find that many participants in the study reported that they were aware from the start that their therapist was "right" for them (McMillan & McLeod, 2006). Mr. R can be seen to represent an extreme example of this kind of response. These observations provide further examples of the capacity of narrative case study research to supply insights that contribute to practice-based learning while also suggesting possible directions for further research.

BEING RESPONSIVE TO THE ACTIVE POWER OF THE CLIENT

Therapist responsiveness has emerged as a major focus for psychotherapy theory and research in recent years (Stiles, Honos-Webb, & Surko, 1998). It is possible to identify two distinct levels of therapist responsiveness. At a "macro" level, it has been established that clients report better outcomes when the therapy they receive is in accordance with their preferences around the kind of therapeutic activity or methods makes most sense to them, or that they believe will be most helpful (Swift, & Callahan, 2009). At the level of "micro-processes," therapist responsiveness consists of a capacity to adjust responses and interventions on a moment-by moment basis to the intentions of the client (Stiles et al., 1998). Underpinning these levels of analysis is the view that client agency, or the "active client" (Bohart and Tallman, 1999) is a general factor in good outcome therapy: people deal with problems through a process of activating and using their strengths and resources.

The case of Mr. R can be regarded as saturated in agency. Murase (2015) does not refer to the concept of agency, but instead uses the idea of "active power" (p. 103). Mr. R decides that Kayoko Murase will be his therapist. He decides on the timing of sessions, and initiates contact between sessions. He persuades her to keep seeing him, following their rupture. He decides when the therapy will end. Following the end of therapy, he decides to enter a psychiatric facility. He makes new choices about the direction of his life. It is also of interest that Murase suggested within their first meeting that it might be useful for Mr. R to make drawings and bring them into sessions. This intervention was intended by Murase as a strategy for accessing the active, agentic emotional power and motivation of Mr. R, rather than getting bogged down in "abstract" and "superficial" discussion (p.90).

I wondered whether the consistent and effective manner in which Murase accessed and followed the active power of Mr. R was a general characteristic of Japanese therapy practice. The specific cultural aspect of this style of working was not mentioned within the case study

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article itself, as far as I could detect. However, it did occur to me that these aspects of the process between Mr. R and his therapist were similar in many ways to the use of the principle of "qi" (energy or life force) within the spiritual and martial arts tradition of Japan. I was reminded of aikido classes in which the sensei would teach us that the effectiveness of our technique depended on being able subtly to divert the energy of our assailant into a different direction.

I believe that the case of Mr. R should be recommended reading for any therapist who is interested in the influence of client agency and preferences on the process and outcome of therapy. On the whole, the English-language literature around this topic largely focuses on verbal and conversational practices that enhance agency, such as metacommunication and collaborative agreement around goals and methods. By contrast, in the case of Mr. R, at least insofar as the published article reflects what happened in therapy, the therapist does not engage in talk about agency/active power, or invite the client to reflect on his strengths, but instead allows herself to follow his energy more or less wherever it takes them.

THEORETICAL IMPLICATIONS

In relation to genres of therapy case inquiry, the case of Mr. R is primarily a narrative study, which tells the story of therapy from the point of view of the therapist. It is also a pragmatic case study, on the grounds that the author offers an account of the professional knowledge that guided her work with the client. The case of Mr. R does not claim to be a theory-*building* case study, where case material is used as a means of generating new ideas (Stiles, 2007). Nevertheless, my own response to the case, as a reader, included a powerful sense of being theoretically challenged, and pulled into ways of thinking that stretched and extended the concepts and assumptions that guide my own practice. Some of these theoretical reflections have been explored in earlier sections of this paper. Further aspects of theoretical learning that were particularly salient for me centered on the importance of *theoretical fluidity* and the concept of *channel of communication.*

The report of the case of Mr. R written by Murase (2015) includes many ideas and concepts that are found within therapy theories: acceptance, communication, connection, context, empathy, feelings, imagination, possibility, potential, reconciliation, respect, self-actualization, strengths, therapeutic relationship, therapeutic/clinical space, and time. However, it only makes reference to one "theory," understood as a formal, structured system of concepts: client-centered (Rogers, 1951, 1961). In my estimation, what happened in this case cannot be understood as representing (or claiming to represent) a straightforward application of client-centered or person-centered theory. I was unsure whether the references to Rogers (1951, 1961) were intended to offer readers a theoretical anchor-point that would make sense to them, or whether client-centered theory was in fact the core theoretical model on which the therapist's work was based. I wondered whether there might be an alternative theoretical account that might have been offered by the author, grounded in therapy theories developed in Japan, that was not included in the case report because it would not been too hard to explain to English-language readers within the word limits available to the author.

Returning to my own personal response to the way in which Murase (2015) made use of theory in the case of Mr. R, I gradually came to realize that this is what theory looks like, when it

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is formulated in terms of principles rather than rules or "if-then" propositions (Levitt, Neimeyer & Williams, 2005). Principles consist of position statements that circulate within a cognitive space, rather than being organized into a fixed hierarchical structure. The concept of "principle" implies the existence of a "principled" person who has the capacity to reflect on these positions and who chooses how to act on them at any given moment, or within any given context. Principles are underpinned by values and moral stances. This perspective accords with radical contemporary ideas about re-conceptualizing the basis on which all social, political and economic decision-making should be carried out (Nussbaum, 2013).

What is provided in Murase (2015) is something that I believe is enormously valuable for the field of counseling and psychotherapy as a whole: an honest account of how theory is used in actual practice. There are glimpses of this type of theoretical fluidity in qualitative studies such as Polkinghorne (1992) and Oddli and Halvorsen (2014), where therapists have been interviewed about the way in which they use theory to inform practice. The fact is that, no matter how they describe their theoretical allegiance, most therapists draw on a diversity of concepts (see, for example, Thoma and Cecero, 2009).

However, it is not easy to come up with examples of published case reports where therapists have been willing to describe such practices under their own name. I believe that the key point made by Murase (2015) in relation to the role of theory in practice is the statement, at the end of her article. That "best practice psychotherapy….demands an integration of theory, method, objectivity, and personal involvement" (p. 109). I would suggest that this statement has important implications for our understanding of the nature of psychotherapy integration. What is being said here is that therapy integration is not merely a matter of combining ideas and making use of a diversity of methods/techniques, but always includes a personal dimension. Crucially, this personal dimension is built around continually needing to take account of the polarity or tension between being personally involved, and being objective. The case of Mr. R illustrates very effectively the type of fluid movement, on the part of the therapist, that is required in order to ensure that all of these principles are brought to bear on the process of therapy.

Moving beyond theorizing about theory, within the specific theoretical framework employed by Murase (2015), the idea of *channel of communication* would appear to be of central importance. I believe that most therapists, including myself, tend to assume that it is necessary to build a secure channel of communication with the client, but that this task is only a precursor to the real work of therapy, in the form of behavior change, insight, re-authoring, self-acceptance, skills learning, or whatever. By contrast, for Murase (2015) the channel of communication *is* the real work of therapy. The author describes several aspects of the process of building a channel of communication. Attention is given to the question of the best way for the client to communicate. For Mr. R, this turned out to be through drawing and then talking about the images he had made. Attention is given to the question: "What are the kinds of words that will reach Mr. R's heart?" (p. 108). These words need to be true to the everyday life context in which therapy is taking place, the broader social and cultural context, and the forms of language and conversation that correspond to the client's communication style and preferences. The words also need to be authentic, in reflecting the genuine feelings and beliefs of the therapist: "It is essential that the words used by the therapist are truly their own: words that the therapist uses with conviction" (p.85).

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The channel of communication works in both directions. The client can talk about experiences that up to that point had remained unsaid. The client encounters another person (the therapist), rather than being locked within their own world. Following these primary outcomes, other processes begin to unfold. The client becomes able to engage in productive internal and external dialogue, which makes it possible for them to develop new creative solutions and life-directions, through use of personal energy, strengths and potential that had previously been suppressed or devoted to sustaining dysfunctional patterns.

These are my understandings of the meaning that Murase (2015) attributes to the concept of *channel of communication.* This way of making sense of a channel of communication leads to a view that effective therapeutic action in a case is condensed into one, or a small number, of powerful and memorable moments of dialogue or meeting, such as the "Do you want to be a soldier" episode, which then become internalized by the client.

CONCLUSIONS

The aims of this commentary have been to discuss the nature of narrative case study research, and to explore some examples of the practice-based learning that were made possible for me through reading the case of Mr. R. I hope that I have been able to make a convincing argument for the value of narrative case study research, as a form of inquiry that opens up areas of understanding that may be less explicitly articulated within other forms of research into the process and outcome of psychotherapy. I would certainly wish to encourage others to build on the work of Murase (2015) and other narrative case study authors, in publishing many more reports of this type.

In these concluding remarks, I would like to focus on two facets of the case that have not been addressed in earlier sections: the storyteller and the audience.

The storyteller, Kayoko Murase, frequently positions herself within the text. The reader gets a sense of who she was, and what was happening in her life, at the time of the case and also to some extent who she is now—someone looking back on a career. I believe that her careful, intermittent and unobtrusive style of first-person writing makes it easier for the reader to engage with the material, through being able to make connections between their own life and the life of the author. A further, intriguing aspect of the writing style of the author is her consistent modesty and tentativeness: describing herself as someone who "stumbles along in the clinical space" (p.109). One of the major areas of contemporary research in psychotherapy, concerns the question of the attributes of effective therapists.

In one influential study, Nissen-Lie et al. (2013) found that the most successful therapists in their sample were also the ones who exhibited the most professional self-doubt. Within the case of Mr. R, professional self-doubt runs like a constant thread through the self-description of the author. I believe that this characteristic makes the case of Mr. R more credible to readers. People who read therapy case studies know how hard it is to do effective therapy, and are likely to mistrust authors who write about their practice in a manner that is authoritative and expresses total confidence in the validity of their model and depth of their skills and expertise. A further factor here is that it is only possible to write convincingly about personal dimensions of therapist

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interventions by acknowledging self-doubt. In these respects, the case of Mr. R stands as an example of a way of writing, which retains the helpful structure and clarity of the style manual of the American Psychological Association (APA, 2009) and the format of this PCSP journal, while adding a relevant degree of critical reflexivity.

Another important aspect of the identity of the storyteller in the case of Mr. R is that we learn that she is now a rather experienced and highly esteemed therapist and author, who has selected this case to communicate her work to an English-language audience. I believe that these biographical details, along with certain aspects of the way in which the case study is written, allow us to appreciate the case as an expression of professional wisdom. The case is not presented as recent work that has been the subject of reflection and has generated ideas for the future. Rather, the case is presented as a means of illustrating lessons that have been learned over the course of a career. The case of Mr. R can therefore be read as a contribution to a growing interest and literature around the topic of therapist wisdom (Levitt, & Piazza-Bonin, 2015). In the future, "professional wisdom" case studies may come to be seen as an important category of evidence within the broad professional knowledge research agenda introduced by Fishman (1999). There have been many studies, including pragmatic case studies, that have analyzed the practical strategies and concepts used by therapists when working with specific groups of clients. Wisdom research takes this a step further. Wisdom is the product of reflecting not just on a specific aspect of professional work, but on the entirety of a lifetime of professional practice. One of the striking characteristics of therapist wisdom studies is that they generate a nuanced, modest and broadly "integrative" understanding of therapy process and outcome that is in many respects at odds with the conclusions of the empirically-validated therapy literature. For example, in interviews conducted with therapists nominated by their peers as possessing wisdom, Levitt, & Piazza-Bonin (2015) found that willingness to embrace ambiguity and uncertainty emerged as a key theme.

My closing remarks relate to the role of the audience in case study research. I believe that all forms of case study research have a great deal to offer, in the context of an open, methodologically pluralist approach to developing practical knowledge about therapy. However, for this to happen, practitioners need to read case studies. I would suggest that one issue that calls for further attention concerns the experience of reading different types of research reports. The majority of therapists receive research training that emphasizes quantitative, "large-n" research, and become skilled in reading research papers that are written in standard APA style. This kind of research report can be condensed down to a set of key "findings" that are summarized in the abstract and then explicated more fully within different sections of the article itself. This makes it possible for the reader to dissect and assimilate the meaning of the study fairly quickly. Usually, it is only necessary to read the whole article carefully if some aspect of the findings is puzzling or unexpected.

By contrast qualitative research, and case study research, only yield knowledge as a result of careful reading of the whole text. In the present paper, I have tried to demonstrate how, for me, the learning that occurred in relation to the case of Mr. R required mindful and imaginative reflection of the potential meaning of some quite small parts of the case report, and a willingness to ask myself what these details meant in the context of the case as a whole, and the context of my existing knowledge and understanding. This type of reading takes time. With my own

students, I have facilitated workshops in which they read the same case study, and then have time to discuss it together in small groups. I have seen that this kind of approach slows down their reflection on the case, as well as generating multiple perspectives. I believe that it, as means of building a better appreciation of how research can inform practice, would be valuable to systematically study. Thus it would be important to research not only whether students and clinicians read research articles, but *how* they read them, and the different forms of learning (and application) that are associated with different styles of reading.

Not only do practitioners need to read case studies, but case study authors need to write in ways that engage readers and provide them with the information that they require (McLeod, 2015). For this to happen, there must be channels of communication between readers and writers. It seems to me that, compared to many journals, *Pragmatic Case Studies in Psychotherapy* has taken some steps in this direction, by publishing commentaries alongside original articles, and allowing authors to reply. However, the technology now exists to allow wider and more extended author-audience dialogue to take place (see, for example, Nosek, & Bar-Anan, 2012). In the spirit of such a dialogue, I would like to take on the role of a representative of the psychotherapy community. I have had an opportunity, in the preceding sections, to outline my own response the case of Mr. R. I would like to finish by listing some further questions that may be in the minds of other readers, in anticipation that the author might be willing to respond to them in her reply. Any case study is a compromise between a massive amount of information available to the author, and the constraints of the publication format. The case of Mr. R certainly offers a richly-described account of this case. Nevertheless, it would be valuable, I believe, to learn a bit more about the following:

1. There is substantial evidence that client-therapist goal consensus is associated with positive outcome. Was there any exploration of Mr. R's aims or goals for therapy? If so, when did this take place and what goals did he identify?
2. Many readers will be interested in the role of clinical supervision, particularly when working with a client such as Mr. R, who has complex, long-standing difficulties that have not been resolved in previous therapy. What kind of supervisory or consultative support was used, and what impact did it have on the process of therapy?
3. The use of drawings was a highly effective aspect of therapy in this case. How did you come to suggest this to the client? Did you suggest it to all your clients at that time? You describe the technique as “mutual portrait drawing.” Would it be possible to provide some further information, or an English-language source, on what this technique involves?
4. How do you make sense of the strength of Mr. R’s attachment to you, from the moment of the first telephone contact?

REFERENCES

APA (2009). *Publication manual of the American Psychological Association, 6th edition.* Washington, DC: American Psychological Association.

Bender, D.S., Farber, B.A., Sanislow, C.A., Dyck, I. R., Geller, J. D., & Skodol, A. E. (2003). Representations of therapists by patients with personality disorders. *American Journal of Psychotherapy, 57,* 219–236.

Berger, J. (1973) *Ways of seeing*. Harmondsworth: Penguin.

Berger, R., & McLeod, J. (2006). Incorporating nature into therapy: a framework for practice. *Journal of Systemic Therapies, 25*, 80-94.

Bohart, A. C., & Tallman, K. (1999). *How clients make therapy work: The process of active self-healing*. Washington, DC: American Psychological Association.

Dreier, O. (2008) *Psychotherapy in everyday life.* New York: Cambridge University Press.

Fishman, D.B. (1999). *The case for a pragmatic psychology*. New York: New York Universities Press.

Gass, M.A., Gillis, H.L. and Russell, K.C. (eds)(2012) *Adventure Therapy: theory, research, and practice.* New York: Routledge.

Geller, J. D., & Farber, B. A. (1993). Factors influencing the process of internalization in psychotherapy. *Psychotherapy Research, 3*, 166–180.

Gladwell, M. (2006). *Blink: the power of thinking without thinking*. London: Penguin.

Henretty, J.R., & Levitt, H.M. (2010). The role of therapist self-disclosure in psychotherapy: A qualitative review. *Clinical Psychology Review, 30*, 63–77.

Knox, S., Goldberg, J. L., Woodhouse, S. S., & Hill, C. E. (1999). Clients' internal representations of their therapists. *Journal of Counseling Psychology, 46*, 244–256.

Lazarus, A.A., & Zur, O. (2002). *Dual relationships and psychotherapy.* New York: Springer.

Levitt, H.M., Neimeyer, R.A., & Williams, D.C. (2005). Rules versus principles in psychotherapy: Implications of the quest for universal guidelines in the movement for empirically supported treatments. *Journal of Contemporary Psychotherapy, 35*, 117-129.

Levitt, H.M., & Piazza-Bonin, E. (2015) Wisdom and psychotherapy: Studying expert therapists' clinical wisdom to explicate common processes. *Psychotherapy Research*

McLeod, J. (2010). *Case study research in counselling and psychotherapy*. London: Sage.

McLeod, J. (2014). *Doing research in counselling and psychotherapy*. 3rd edn. London: Sage.

McLeod, J. (2015). Reading case studies to inform therapeutic practice. *Psychotherapie Forum, 20*, 3-9.

McMillan, M. and McLeod, J. (2006). Letting go: The client's experience of relational depth. *Person-Centered and Experiential Psychotherapies, 5*, 277-292.

Mosher, J.K., & Stiles, W.B. (2009) Clients' assimilation of experiences of their therapists. *Psychotherapy Theory, Research, Practice, Training, 46*, 432–447.

Murakami, H. (2002). *Underground: The Tokyo gas attack and the Japanese psyche*. London: Vintage Press.

Murase, K. (2015). The art of communication through drawing: The case of "Mr. R," a young man professing misanthropy while longing for connection with others. *Pragmatic Case Studies in Psychotherapy*, *11* (2), Article 2, pp. 81-116. Available: http://pcsp.libraries.rutgers.edu

Nissen-Lie, H.A. Monsen, J.T., Ulleberg, P. & Rønnestad, M.H. (2013). Psychotherapists' self-reports of their difficulties and interpersonal functioning in practice as predictors of patient outcome. *Psychotherapy Research, 23*, 86-104.

Nosek, B. A., & Bar-Anan, Y. (2012). Scientific utopia: 1. Opening scientific communication. *Psychological Inquiry, 23*, 217-243.

Nussbaum, M.C. (2013). *Creating capabilities: The human development approach.* Cambridge, MA: Harvard University Press.

Oddli, H.W., & Halvorsen, M.S. (2014). Experienced psychotherapists' reports of their assessments, predictions, and decision making in the early phase of psychotherapy.

Psychotherapy, 51, 295-307.

Parry-Jones, W.L. (1981). The model of the Geel lunatic colony and its influence on the nineteenth-century asylum system in Britain. In A. Scull (Ed.). *Madhouses, mad-doctors, and madmen. The social history of psychiatry in the* Victorian era. (pp. 201-217). London: Athlone Press.

Polkinghorne, D. E. (1992). Postmodern epistemology of practice. In S. Kvale (ed.) *Psychology and Postmodernism*. (pp. 125-137). London: Sage.

Quinn, M.C., Schofield, M.J., & Middleton, W. (2012). Successful psychotherapy for psychogenic seizures in men. *Psychotherapy Research, 22*, 682-698.

Revell, S., & McLeod, J. (2015). Experiences of therapists who integrate walk and talk into their professional practice. *Counselling and Psychotherapy Research*, Article first published online, 24 SEP 2015. DOI: 10.1002/capr.12042

Riessman, C.K. (2008) *Narrative methods for the human sciences.* Thousand Oaks, CA: Sage.

Rogers, C. R. (1951) *Client-centered therapy*. Boston: Houghton Mifflin.

Rogers, C. R. (1961) *On becoming a person*. Boston: Houghton Mifflin.

Rosenzweig, D.L., Farber, B.A., & Geller, J.D. (1996). Clients' representations of their therapists over the course of psychotherapy. *Journal of Clinical Psychology, 52*, 197-207.

Safran, J.D., Muran, J.C., & Eubanks-Carter, C. (2011). Repairing alliance ruptures. In J.C. Norcross (Ed.), *Psychotherapy relationships that work. Evidence-based responsiveness.* (pp. 224-238). New York, NY: Oxford University Press.

Seikkula, J. (2011). Becoming dialogical: psychotherapy or a way of life? *Australian and New Zealand Journal of Family Therapy, 32*, 179-193.

Stiles, W. B. (2007). Theory-building case studies of counselling and psychotherapy. *Counselling and Psychotherapy Research, 7*, 122-127.

Stiles, W. B., Honos-Webb, L., and Surko, M. (1998) Responsiveness in psychotherapy. *Clinical Psychology: Science and Practice*, 5, 439-458.

Swift, J. K., & Callahan, J. L. (2009). The impact of client treatment preferences on outcome: a meta-analysis. *Journal of Clinical Psychology, 65*, 368-381.

Thoma, N. C., & Cecero, J. J. (2009). Is integrative use of techniques in psychotherapy the exception or the rule? Results of a national survey of doctoral-level practitioners. *Psychotherapy, 46*, 405-417.

Vygotsky, L. (1978). *Mind in society: The development of higher psychological process.* Cambridge, MA: Harvard University Press.

Wachholz, S., & Stuhr, U. (1999). The concept of ideal types in psychoanalytic follow-up research. *Psychotherapy Research, 9*, 327-341.

Yalom, I.D. (2002) *The Gift of Therapy: Reflections on Being a Therapist*. London: Piatkus.