

Finding Legitimacy for Case Study Knowledge: Introduction to a Trialogue in 4 Rounds

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ABSTRACT

With renewed interest in and support of the scholarly, theoretical, practical, and clinical value of case study knowledge (as illustrated in a wealth of recent writings reflecting a wide diversity of conceptual perspectives), questions have arisen as to the proper epistemology for philosophically grounding such knowledge. For example, how scientifically objective is case-based knowledge, how generalizable is it, and can it validly uncover causal mechanisms? And what are the implications for these questions when a psychological intervention project like psychotherapy is viewed as an intrinsically moral enterprise focusing on human agency, moral choice, and the alleviation of suffering? The present series of articles by Barbara Held, Ronald B. Miller, and myself offers different perspectives on these issues in the form of a trialogue. This introduction briefly outlines the structure of the arguments of Held, Miller, and myself as these sequentially emerged over the four rounds of our discussion.

Key words: case studies; epistemology of case studies; objectivity; causality; morality; values versus facts

In the early years of psychology's development as a scientific discipline, the case study was viewed as an important type of knowledge. Piaget, Freud, Skinner, Henry Murray, Carl Rogers, and others all based many of their theoretical contributions to the field on classic case studies. After World War II, as psychology focused more and more on group-based, experimental research designs, the case study generally fell into disrepute. Fortunately, in recent years, there has been a revival of interest in the case study's potential to create viable scientific, psychological knowledge that is not inferior to experimental, group-based knowledge, but rather complementary to such knowledge – especially in the area of psychotherapy research. This recognition and advocacy of case-study-based knowledge is reflected in the work of a variety of authors in clinical psychology and in psychology more broadly (e.g., Bromley, 1986; Davison & Lazarus, 1994; Edelson, 1988; Edwards, 1998; Elliott, Fischer, & Rennie, 1999; Fishman, 1999a, 2001, 2005; Hoshmand & Polkinghorne, 1992; Klumpner and Frank, 1991; Levine, 1980; Peterson & Fishman, 1987; Runyon, 1982; Sechrest, Stewart, Stickle, & Sidani, 1996; Spence,

1993). Despite the fact that these psychology authors have developed their views on the importance of case study research from diverse perspectives (including cognitive-behavioral, phenomenological, hermeneutic, psychoanalytic, life-history, community/systems, and experimental-developmental psychology), they have offered related rationales for restoring the case study to its former prominence as a vehicle for systematically reporting and evaluating clinical observations, exploring theory, and documenting advances in professional effectiveness (Fishman & Miller, 2001). In addition, the revival and advocacy of case study method has been prominent in anthropology (e.g. Geertz, 1973, 1995); sociology (e.g., COMPASSS Research Group, 2006; Ragin, 2000; Ragin & Becker, 1992); political science (Flyvbjerg, 2006); and program evaluation (e.g., Campbell, 1973; Yin, 2002).

With renewed interest in the attractiveness of case study knowledge, questions have arisen as to the proper epistemology for philosophically grounding such knowledge. For example, how scientifically objective is case-based knowledge, how generalizable is it, and can it validly uncover causal mechanisms? And what are the implications for these questions when a psychological intervention project like psychotherapy is viewed as an intrinsically moral enterprise focusing on human agency, moral choice, and the alleviation of suffering? The present series of articles by Barbara Held, Ronald B. Miller, and myself present different perspectives on these issues in the form of a dialogue. Specifically, these articles are organized into 4 sequential rounds of comments.

Round 1 (Held [2006a]). In the first round, Held argues that epistemological justification of case study knowledge can be found in conventional psychological science (which focuses on developing objective knowledge that accurately reflects the external world in the natural science tradition); and thus case study knowledge can be seen as epistemologically continuous with traditional psychological knowledge gained by the group-based, experimental methods. From this point of view, Held critiques the new kinds of philosophical grounding of case-study-based knowledge offered in previous writings by Fishman and Miller. These new kinds of grounding draw from epistemologies that oppose the natural-science-oriented assumptions of conventional psychological science and turn instead to the philosophical ideas behind pragmatism, social constructionism, hermeneutics, and a humanistic psychology, which emphasize the role in psychological action of free will and moral responsibility. Held's specific argument is that when Miller and I adopt these pragmatism-based, non-natural-science-oriented ideas, we undermine two crucial characteristics of psychological knowledge -- objectivity (i.e., objective truth) and causality -- that are not only available in the conventional, natural-science-based paradigm, but are also crucial to what we are actually seeking, namely: (a) meaningful, valid, inductive psychological generalizations from individual case studies; and (b) increasingly effective ways to alleviate human suffering.

Round 2A (Fishman [2006a]). In this round, I respond to Held's round 1 comments by turning to a differentiation philosophers make between three types or theories of truth:

- (a) “correspondence” or “ontological” truth, which defines a statement as true to the extent that it mirrors the external world . . . , that is, it captures the actual nature of the ontological “stuff” of which the world is made;
- (b) “coherence” truth, which defines a statement as true within a particular “knowledge system” to the extent that it is consistent with other elements in that system. Examples are . . . a mathematical system like geometry in which a geometric proof can be true or false; . . . [and] a defined body of case law in which a present case can be consistent or inconsistent with that body; . . . and
- (c) “pragmatic” truth, which defines a statement as true to the extent that it helps us to cope and solve particular problems and achieve particular goals in today’s world. (Fishman, 2006a, 5-6)

I then argue that “pragmatism [the particular philosophy in which I ground my work] and objective knowledge are battling .667” (Fishman, 2006a, p. 5) in that pragmatism can generate statements that are true from the perspective of coherence and pragmatic truth, although not from the perspective of correspondence truth. I also reply to Held’s claim in round 1 that my pragmatic psychology doesn’t recognize the types of theory-based causal mechanisms on which conventional psychology has focused much of its attention. I point out that while pragmatic psychology does embrace the substance of such causal mechanisms, pragmatic psychology frames these as “conceptual tools” for problem solving, not as positivist mirrors of external reality (following the correspondence theory of truth), as proposed by conventional, positivist science.

Round 2B (Miller [2006a]). In this round, Miller counters Held’s claim in round 1 that a psychotherapy case can be viewed from the conventional psychology perspective of objectively describing deterministic, causal psychological mechanisms at work. In so doing, Miller summarizes some of the main arguments from his recent book, *Facing Human Suffering: Psychology and Psychotherapy as Moral Engagement* (Miller, 2004). Specifically, Miller argues that psychotherapy is an intrinsically moral enterprise focusing on human agency, moral choice, and the alleviation of suffering. Instead of the positivistic (i.e., correspondence-truth-based), objective knowledge of traditional science, Miller points to the importance of “*phronesis*” (practical wisdom). In his words,

[C]linical knowledge is essentially a form of moral knowledge about how we, and our clients, *ought* to act in the world. . . . Clinical knowledge is not just about believing or justifying certain moral propositions, but also about being able to exercise moral judgment, make moral decisions, and engage in moral actions. . . . [T]he justification for clinical actions (assessment and therapeutic practices) must involve moral principles or arguments about the fundamental meaning of moral terms like good and bad, right and wrong, respect and dignity, freedom and responsibility. Such definitions are not purely descriptive, but prescriptive and value laden (Miller, 2006a, p. 2).

Round 3, part 1 (Held [2006b] on Fishman [2006a]). In responding to me in round 3, Held reiterates and expands upon the philosophical justification for psychology to focus on objectivity, that is, statements about theory and causal mechanisms that in my view adhere to the correspondence theory of truth. For example, she points out that

many contemporary philosophers have put forth some version of [the idea] . . . that “the truth of (or warrant for) a claim does not depend on (or is not relative to) anyone’s beliefs about the truth of (or warrant for) a claim” (Held, 2006a, p. 28)—they include the notion that objective knowledge does not depend on any particular perspective, paradigm, conceptual scheme, culture, language, theory, discursive community, and so forth (see Erwin, 1997, 1999; Haack, 2002, 2003; Rescher, 1997; Siegel, 2004; Smith, 2004; Thomasson, 2003). For example, according to Erwin (1999): “An “objectivist epistemology” is one which holds that propositions are generally true or false independently of any particular paradigm, or school of thought, or language, or indeed of what any human believes; and furthermore, that they can often be warranted independently of what anyone believes.” (Held, 2006b, p. 2)

Round 4A (Fishman [2006b]). In my reply in round 4A, I advocate for a crucial distinction – not properly recognized by Held in my view in quotes like the one just cited -- between (a) truth within a knowledge system that is a function of the internal logic of the system, and (b) the attitudes, values, and beliefs of particular individuals and groups. I argue that “this distinction plays a very important pragmatic role in our society in creating knowledge with important characteristics of objectivity – i.e., characteristics associated with the coherence and pragmatic criteria of truth” (Fishman, 2006b, p. 1). One example with high practical importance is the criminal justice system, with its administrative and procedural rules that transcend the attitudes and beliefs of particular lawyers and judges to typically generate decisions that are viewed as “true” and fair, where “true” is defined as valid within the parameters of the U.S. justice system, independent of the beliefs of the particular individuals who occupy the roles of prosecution. My round 4A article ends (a) with an observation that, while pragmatists epistemologically differ from conventional scientist in some ways, pragmatists are as concerned as conventional scientists with methodological quality control of the knowledge they produce; and (b) with a call for accepting pluralism in psychology’s epistemology, theories, and methods.

Round 3, part 2 (Held [2006b] on Miller [2006a]). In responding to Miller in round 3, Held acknowledges that an important part of therapy involves moral and ethical values (that is, prescriptive oughts or shoulds and aspirational ideals) that cannot be derived from empirical propositions. However, she (Held, 2006b) also asserts that there is another part of therapy for which empirical propositions are relevant and important:

Once we have accepted a therapeutic goal based on whatever form of ethical justification is in play (e.g., obligatory or aspirational), then there may be more and less effective ways of achieving it. . . . I contend that determining more effective and less effective ways to achieve a goal is *itself* an empirical matter, one whose outcome can in principle be *known* with objectivity (i.e., independently of beliefs about its truth or nontruth). (pp. 6-7)

Round 4B (Miller [2006b]). In Miller's reply in Round 4B, he responds to Held's arguments that (a) "there is an objective component to clinical practice that can be separated from moral concerns by distinguishing between moral and ethical values, and [by] separating the means from the ends of psychotherapy," and that (b) "the clinical generalizations [sought by Fishman and me [Miller] from a case study database are causal claims." Miller responds "by distinguishing between the bare bones factual account of a person's behavior which is real but clinically impoverished, and a full scale clinical judgment imbued with moral import." He also examines the game of chess as an example of "a reason-governed interpersonal practice in which reasons for acting can be distinguished from causes of behavior" (all quotes from Miller, 2006b, p. 1).

In the collegial spirit that animates the triologue, the three authors strive to model the type of discussion they believe should be ongoing among psychologists about the foundations of the research methods they employ.

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