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Bernadetta Janusz[1,2], Katarzyna Czapkiewicz[3], Małgorzata Wolska[4],
Kazimierz Bierzyński[2], Łukasz Müldner-Nieckowski[5], Mariusz Furgał[1,2]

GUIDELINES FOR CONSTRUCTING CLINICAL CASE STUDIES IN PSYCHOTHERAPY

[1] Department of Family Therapy and Psychosomatics, Chair of Psychiatry,
Jagiellonian University Medical College
[2] Foundation for Development of Family Therapy "Na szlaku"
[3] Private practice
[4] Professor Maria Orwid Foundation for the Development of Psychotherapy in Krakow
[5] Therapy Centre Synteza

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Summary

The article is the result of reflections on the purpose and way of presenting psychotherapy processes in the form of clinical case studies. The presented work presents the basic principles of constructing a clinical case study. The analysis focuses particularly on the consistency of topic selection, presentation of the purpose of the case study and the manner of its implementation. Later in the article, psychotherapy case studies published in the Polish literature are reviewed. Particular consideration is paid to whether and how the authors present the purpose of a given case study, and how this goal has been achieved by them.

Introduction

Clinical case studies in psychiatry and psychotherapy may concern many aspects of clinical practice. For example, they may examine a rare or atypical disorder, thereby advancing the knowledge of psychopathology. They often illustrate the author's view of a disorder and its treatment [1]. Case studies can also concern specific applications of pharmacotherapy [2]. The present work will focus only on clinical case studies related to psychotherapeutic processes.

It can be argued that clinical case studies are at the origin of psychotherapy as a field of knowledge and clinical practice. The case studies of Sigmund Freud's patients can be regarded as canonical examples, providing a remarkable insight into the process of psychotherapy. The case of Dora ultimately made the author, and then his readers, aware of what countertransference is, and, in particular, of how ignoring it can interfere with the process of therapy [3]. The case of Little Hans

served to illustrate the development of the Oedipus complex, with a particular focus on how the circumstances underlying a neurosis associated with the boy's psychosexual development were slowly discovered and worked through in the psychotherapy conducted by Freud and the patient's father [4].

Iwakabe and Gazzola list three types of case studies, which enhance and describe psychotherapy practice. The first of these, the clinical case study, is the main subject of this paper and will be described in detail below [5]. The second type is referred to as the systematic case study [6]. Its subject is also actual psychotherapeutic practice (naturalistic setting). It is, however, a project that answers specific research questions, *e.g.* causal explanation of the effectiveness of psychotherapy [7]. In this case, a systematic method is used and quantitative or qualitative data analysis is performed to answer the question. This kind of analysis is usually conducted by a research team that discusses the findings rather than by the therapist himself, as it is the case with the clinical case study [5]. An experimental case study of psychotherapy is regarded as a kind of scientific experiment. It is a research method for testing hypotheses about treatment effects. Its aim is to assess changes that can be observed in patients after the administration of specific interventions [5].

Cases studies contribute significantly to "insight into the psychotherapeutic process" or the development of research into the psychotherapeutic process. We use the psychoanalytic term "insight into the psychotherapeutic process" to mean the possibility of being introduced by the therapist-author of the clinical case study to a selected aspect of the complex and, in many respects, intimate phenomenon of psychotherapy. Therefore, by constructing a case study, the author is often provided with an "insight" into the phenomenon that he or she subjects to further analysis, and potential readers can gain an understanding of the therapy conducted and issues discussed as part of it.

Salvatore et al. emphasize that case studies in psychotherapy contribute greatly to the way meanings are **co-constructed** by patient and therapist. This usually involves an explicit or implicit indication of the assumption underlying the author's views of how change is brought about in a particular psychotherapeutic process [8].

The co-construction of meaning in psychotherapy is a complex and non-linear process, so capturing its dynamics remains a challenge for case study writers. It can be described over the entire course of a therapy process, in several sessions, one session, or in a single intervention to which the patient responds in a specific way. This kind of clinical micro-perspective also justifies the construction of a clinical case study, provided that it is consistent with the goal the author has set for himself.

An interesting example of constructing a systematic case study in psychotherapy by selecting the last couple of sessions is a work by the Norwegian therapists and researchers Råbu and Haavind entitled "Coming to an end: A case study of an ambiguous process of ending psychotherapy" [9]. What follows is a detailed analysis of that article's abstract because we believe that it is an example

of coherence between the stated goal, clear indication of the motivation for constructing the selected clinical case study, the manner of its execution, and the description of the conclusions and clinical discussion of them. The work is notable for the way in which its authors define the aim of constructing their case study. *"This case study draws attention to how ambiguities may be settled in a process where ending is initiated by the therapist and resisted by the client"* [9, p. 109]. Another interesting aspect of the analysis is how the authors present their motivation for choosing that particular case: "*The actual case was strategically selected as exceptional owing to a combination of circumstances. The client and the therapist had developed a 'good enough' alliance (WAI) and reached a 'good enough' outcome (OQ-45), and still the client felt she was far from finished"* [9, p. 109]. The authors defined their method for achieving their aim as follows: *"A close inspection of interactional data in sessions together with both clients' and therapists' reflections in post-therapy interviews elicited information about both substantial content and structural aspects of this complicated process of ending"* [9, p. 109]. The abstract is then closed with the following account of findings and discussion: *"The discrepancy between therapist and client was not addressed, but rather postponed and revisited again later. Structural elements like preparations for a break for vacations and reducing the frequency of sessions were used to test experiential qualities, such as how the client managed life without therapy. Carefully preserving a 'good enough' emotional bond through the negotiations seemed important to both parties. Significantly, the client's autonomy was interpreted as the final proof of improvement and the client came to a point where she could affirm that she had got better only by accepting that treatment was coming to an end*."

The above quotations illustrate to what extent the findings and discussion of them can give substantial insight into psychotherapy – in this case, into the difficult and clinically important process of ending it. The authors laid emphasis on understanding the complex dynamics of the interaction between the patient and the therapist and the patient's development in the course of the therapy.

A clinical case study is characterized primarily by the fact that it is created by the therapist who has conducted specific therapeutic activities or the particular psychotherapy process as a clinician. The author-therapist describes what has happened during a therapy conducted by him. His aim is to provide knowledge that will be useful to other psychotherapists, clinicians and researchers of the given phenomena [5, 10].

The literature also points out the potential shortcomings of the clinical case study, such as: reliance on the therapist's memory, restriction of the data source to the therapist, lack of independent perspective from outside observers, and the questionnaires used [11]. Another drawback may be the interpretation of data in terms of theoretical orthodoxy, without considering alternative explanations. This impedes the provision of information to allow readers to draw their own conclusions.

Our view is that the above weaknesses of clinical case studies can be largely overcome if therapists follow the guidelines enabling them to create case studies so as to make them useful for understanding the processes of psychotherapy and other clinical phenomena. When therapists prepare case studies, they rely not only on their memory, but also on their notes written after sessions, recordings of sessions, and conclusions from supervision. This makes it possible for them to quote fragments of therapy, which reduces the influence of the author's subjective perspective to allow readers to make their own reflections and assessments. It should be remembered, however, that the selection of data by the therapist is associated with the aim of presenting the clinical case study. The author must indicate clearly what he has included and what he has omitted and explain his reasons for selecting the clinical material (data from sessions).

Clinical case study: the structure of the work, general guidelines

Some principles of constructing a clinical case study in psychotherapy are presented below. They integrate knowledge from leading periodicals in the field, such as *Case Studies in Psychotherapy*, *A Psychotherapy Case Study*, *Pragmatic Case Studies in Psychotherapy* and the conclusions of a working group made up of the authors of this article.

The selection of the topic – the phenomenon reported

As mentioned above, the main objective of the present work is to reflect on the choice of the topic and the strategy for data presentation in the clinical case study reported by the therapist. "Insight" into the conduct of psychotherapy is regarded as the principal aim of the study [5]. More specifically, it can mean reflection on a selected phenomenon of the psychotherapeutic process. Therefore, a clinical case study aims primarily at understanding the phenomenon illustrated by the particular psychotherapy process. In practice, this means a clear indication of the reason why the author has chosen to report the case. When formulating the aim, it seems important to specify what was/is characteristic of the case in question and which phenomena the author wanted to highlight. There should also be a clear identification of the general issue that can be illustrated by the clinical case study. An example of such formulation can be the evolution of alliance in short-term psychodynamic psychotherapy [12].

Another reason for selecting a given case may be a particular problem that the therapist had to face during the conduct of psychotherapy. This kind of dilemma is illustrated by the clarification of the reason for selecting a specific case reported by Cohen: *"I chose to report the case of Daniel because I had decided to do something rather unusual for a psychoanalyst: after seeing the client for years in a traditional psychoanalytic manner I decided to add some techniques from ACT* (Acceptance and Commitment Therapy). *I had considered incorporating techniques from an alternative therapy approach with some trepidation. A voice coming from my psychoanalytic*

superego rose in protest. This case study demonstrates how my decision to integrate techniques from ACT, a contemporary form of cognitive behavioral therapy, broke an impasse in the treatment, allowed the patient to resolve outstanding difficulties, and helped him move towards termination" [13, p. 3].

1. Title and keywords

It is important that the title clearly indicates the problem that the author wants to describe by means of the case study. The keywords, in addition to characterizing the problem or phenomenon, should also identify the clinical, diagnostic issue and the theoretical paradigm. An example of a title that accurately conveys the contents of the clinical case study presented is the title of an article by Dorota Stolarska: '*Diagnostic characteristics of the language of the first utterance of neurotic patients: a case analysis'* [14, p. 23]. It clearly states that the author used a clinical case study to illustrate the chosen phenomenon of the diagnostic process. Katarzyna Schier in her article '*Genesis and treatments of bronchial asthma: a psychoanalytic perspective'* refers to a clinical case study to illustrate the complexity of psychoanalytic therapy in a patient with bronchial asthma [1]. The title fully defines the therapeutic paradigm and indicates the type of disorder addressed by the article. However, there is no information that the paper includes a case study, a fact which could be important to readers looking for works of this kind. The keywords in Schier's article are: bronchial asthma, psychosomatics, psychoanalytic psychotherapy. They are exhaustive in terms of the therapeutic paradigm and clinical field of analysis but contain no information about the case study. The author probably wanted to emphasize the illustrative character of her article, which, in its pure form, could not be qualified as a case study.

2. Abstract

The abstract of a clinical case study should include patient presentation, the diagnosis, a description of the theoretical approach, basic definitions of the researched phenomena and the aim of the clinical presentation. In Schier's article [1], there is only a shortened abstract, which was in line with the publication conventions at that time. It contains patient presentation, the diagnosis, a description of the theoretical approach and the aim of the case study: "*The author presents theoretical concepts of the genesis of bronchial asthma in the wider context of understanding the mechanisms of psychosomatic diseases. The frame of reference is psychoanalytic theory of development and mental disorders. The difficulties resulting from the absence of motivation for treatment in patients with bronchial asthma are exemplified by the initial stage of the psychoanalytic therapy of a 45-year-old patient"* [1, p. 61].

3. Introduction

3.1. The theoretical part should refer to the paradigm used by the author to understand the phenomena or the therapeutic process described. It may be the approach in which the psychotherapy is conducted, *e.g.* cognitive-behavioural approach, schema therapy or another modality. The introduction should contain a reference to authors who represent different aspects of a given approach. The introduction to Schier's article quoted above briefly illustrates the problems of psychosomatic disorders with particular reference to bronchial asthma. The main body of the text describes the genesis of asthma in terms of psychoanalytic theories: "*In psychoanalytic theory and practice, interest in bronchial asthma was pioneered by the classic work of Franz Alexander*" [1, p. 62].

As with Schier's article, the introduction should also define the phenomenon described by the author; a study of the psychotherapy process may examine the alliance, for example. It is important to note that the alliance is a key phenomenon in the psychotherapeutic process and has established definitions in the literature. Definitions of the clinical phenomena reported should be included in the introduction, in particular the definition to which the author refers. It should also be stressed that there are research reports on the basic phenomena of the psychotherapeutic process, including the alliance [15–17], in various trends of psychotherapy. Consequently, it is important to identify the studies and approaches referred to by the author. The purpose of this stage of the work is to place the clinical aspect or problem described in the relevant theoretical context.

3.2. Section on the aim and method

The section on the method should clearly indicate why the author has selected the particular case. It should take into account the problem or issues that the author seeks to analyze (see the above chapter). In the work quoted above, Stolarska gives a comprehensive account of the aim and motivation for reporting the selected phenomenon of the therapeutic process: *"The experiences acquired over the years by the staff of the Provincial Centre for the Treatment of Neuroses in Krakow with respect to the methods of monologue analysis have encouraged me to try to elaborate them and to verify the diagnostic utility of the procedure used by us* [14, p. 26]. In Schier's work quoted above, the aim and method were not presented separately, but the main body of the text specifies: "*In the present work, I will focus exclusively on the latter element, i.e. on how different scholars view and understand both intrapsychic and interpersonal relations in families of patients with bronchial asthma*" [1, p. 63].

Next, it is important to describe how the author selected the clinical phenomena presented. It is important that the author's criteria or motives are clearly stated (what guided his choice of the particular patient or clinical phenomenon to be reported). To give an understanding of the complexity

of the psychotherapy process, it is necessary to include the author's doubts in the account. Doubts of this kind can offer an important insight into the selected problem of the therapeutic process.

4. Main body of the text

4.1 Patient's diagnosis/ clinical manifestation of the problem

Before proceeding with an analysis of the therapy process or a particular aspect of it, it is important to specify what clinical criteria were adopted to define the phenomena reported. The diagnostic methods used should also be described. The main components of the reported process should include patient presentation, his or her diagnosis, an account of the problem from the patient's point of view (the patient's perception of their problems), the patient's history and the history of the therapeutic process.

4.2. Analysis of the therapy process/phenomenon in the therapy process

The analysis of the therapy process or the selected phenomenon in it is often a difficult task. The author should decide on the choice of clinical content, whether to include records of sessions, the data from patient observation and how to present the material. This part must specify **how** the author intends to achieve the stated aim of the case study. Stolarska [14] achieves the goal described above by the presentation of the content and formal analytical categories developed by her. These categories describe the characteristics of the language of the first utterances of neurotic patients. The author quotes the patient's first utterance and proceeds to analyze and interpret that utterance.

"*Summarizing the analysis of the content and formal categories, the first diagnostic hypotheses that need to be verified are hypotheses about the patient's unconscious conflict between his needs for dependence and passivity, expressed by appealing to the physician's authority, relying on his guidance, quoting his opinions, and his needs for independence, possibly revolt, indicated by implicit questioning of the physician's opinions. This may determine the presence of passive-aggressive traits in the patient's personality. The patient also expresses doubt about the psychogenic character of his disorder and consequently ambivalent expectations for treatment*" [14, p. 31].

In Schier's work, the clinical case study is presented by describing motivational problems in starting the patient's psychotherapy. This takes place in relation to the typically slow and difficult process of establishing the therapeutic alliance: *"I think that an important problem in the psychotherapy of patients with bronchial asthma is their motivation for treatment. My own clinical experience shows…*" [1, p. 67].

In terms of the reliability of the presented material, the author should also state clearly which elements he has omitted and which have been selected for presentation and analysis. It is important to explain the rationale for selecting the clinical material. Stolarska's work contains the following

sentence which partly fulfils the requirement of justifying the selection of material: "*This article does not give a full picture of my research; I will present and illustrate the procedure using an analysis of a patient's first utterance"* [14, p. 26].

Another crucial requirement is the specification of the concepts on which the analysis of the clinical material is based. Finally, it is also important to identify the objectivizing methods used by the author to prevent his account from being strictly subjective (supervision, discussions with colleagues, conference discussions). The subjectivity is reduced primarily when clinical material is presented in such a way as to allow readers to form their own views. This is facilitated by quotations from the therapeutic process/consultation/diagnostic history.

5. Results: presentation of the results of the study/clinical reasoning

The main goal of a clinical case study is the presentation of the results of clinical reasoning, *i.e.* contribution of new clinical and therapeutic knowledge. Schier [1] emphasizes the need to guide psychosomatic patients through the stage of "preparation" for therapy. *"I believe that these patients have to realize in the initial stage of treatment that there is a link between their somatic reactions and mental life"* [1, p. 69].

6. Basic clinical and therapeutic guidelines from the case study

Finally, the last aspect, or benefit of the case study reported are clinical and therapeutic guidelines. They are a direct, practical contribution to the work of clinicians, students, and other psychotherapy trainees as well as other therapists. Schier's work is an example of including guidelines in a clinical case study. The author concludes: "The clinical example presented by me illustrates the need to modify the psychoanalytic technique in the work with patients with psychosomatic disorders" [1, p. 69]

7. Summary

The summary is an important part of a clinical case study. It is essential to specify to what extent the stated goal of presenting the case study has been achieved. Among the cited clinical case studies, a summary can be found in Schier's work. The author concludes that studies of the bonds of patients with bronchial asthma are necessary and declares that she would undertake such research.

Review of clinical case studies in psychotherapy as exemplified by the periodicals *Psychoterapia* and *Psychiatria Polska*

For the purposes of this paper, clinical case studies in such periodicals as *Psychiatria Polska* and *Psychoterapia* have been reviewed. It has been calculated that approximately 60 clinical case

studies related to the process of psychotherapy were published in *Psychiatria Polska* in the years 1998–2018.

Examples of clinical studies in the periodical *Psychiatria Polska*

Two examples of clinical case studies from *Psychiatria Polska* are presented below. Following an analysis according to the above formal criteria, it was concluded that these works best meet the requirements of the consistency of topic selection, presentation of the aim of the case study and the manner of its execution.

The first of these is an article by Anna Cwojdzińska, Katarzyna Markowska-Regulska and Filip Rybakowski: "Cognitive remediation therapy in adolescent anorexia nervosa: a case report" [18]. The title reflects the problem of cognitive disorders in the course of anorexia nervosa and their correction. The aim is clearly formulated: "The experimental procedure and its evaluation were intended to assess the set of exercises, which cognitive remediation therapy consists of, and its potential usefulness in the therapy of adolescent patients with AN" [18, p. 117].

In carrying out the stated aim, the authors referred to research on changes in the way of thinking in patients with anorexia nervosa, described a cognitive remediation therapy (10 sessions of 30-40 minutes each, over 5 weeks) and presented a report of the case of a 15-year-old patient with the restrictive subtype of anorexia nervosa who completed CRT cognitive training (data from developmental and clinical history, test results). As for the additional conclusions, they are not fully justified by the presentation of clinical material and its analysis. The authors point out that this method teaches patients to remain in the therapeutic relationship, but there is no description of that relationship.

The second article is "Psychodynamic psychopharmacology in practice – interpretations of the adverse impact of pharmacotherapy: a case report" by Sławomir Murawiec [19]. The title is consistent with the contents of the paper. The aim is clearly formulated: "*The case study presented here illustrates an attempt to apply psychodynamic psychopharmacology in clinical practice*" [19, p. 214]. It was achieved by the introduction of a definition of psychodynamic psychopharmacology with reference to the literature, the presentation of the case of a patient diagnosed with acute polymorphic psychotic disorder, and the analysis of two situations interpreted by her as the effect of taking/discontinuing medication. The physician's interpretations were included: linking changes in medication taken with changes in the relationship, intrapsychic changes and emotions experienced. The discussion addressed the importance of pharmacotherapy and possible different interpretations of the effect of medication.

Examples of clinical case studies in the periodical *Psychoterapia*

In the years 1998–2018, more than 60 clinical case studies were published in *Psychoterapia*. The analysis made by the authors, after taking into account the scope of presenting the clinical material, identified two different methods of writing a clinical case study: full clinical case study and presentation of selected aspects of clinical work to illustrate the problems discussed.

What follows is an analysis of selected clinical case studies that, in the authors' opinion, largely meet the above-mentioned criteria for drawing up and presenting clinical case studies. The first study is entitled "**A therapy report — an object relations perspective**" and was written by Adam Kuśnierzowski [20]. The **title** of the work clearly identifies the therapeutic paradigm in which the therapy was conducted and indicates that it presents clinical material related to the process of psychotherapy. But there are no details of the patient's diagnosis or indication of the clinical problem addressed by the work. This lack is made up for by the **keywords**: borderline personality, relations with the object, individual psychotherapy. It should be noted, however, that readers looking for case studies of therapeutic work with patients with borderline personality organization may overlook the diagnosis included as one of the keywords.

The work's **abstract**, which can be regarded as exhaustive and meeting the requirements of a clinical case study, presents the patient, diagnosis and theoretical approach. It also lists the basic phenomena in the therapy and the aim, which is a description of the therapeutic relationship with reference to transference and countertransference: "The author presents the first year of therapeutic work with a 20-year-old with borderline personality organization and strong propensity for self-harming acting outs. The description of the therapeutic relationship with reference to transference and countertransference serves as the basis for an analysis of the patient's original relations with part objects and their effect on his interpersonal functioning" [20, p. 63].

But the article does not have a clear structure; it is written in a continuous manner, without subtitles. This means that there is no definite identification of the theoretical and clinical sections. In order to organize the principles of case study design, they will, nevertheless, be distinguished in this work.

The **theoretical** part lacks a description of the paradigm in which the therapist worked and an account of the phenomenon under study in its context. Moreover, the author did not assert the aim of the clinical presentation.

The **main body** of the text that constitutes the case presentation proper includes a clinical diagnosis of the patient's problems: "The issue with which he presented for therapy was difficulties in contact with his peers and, in particular, his feeling inferior to them" [20, p. 64]. The patient's history and an overview of the therapy course are also given.

The **handling of the topic/problem** is interesting**.** The author initially does not introduce a nosological diagnosis, but offers his understanding of the dynamics of the psychological phenomena

occurring in the patient and intersperses it with his phenomenological profile. In conformity with the adopted paradigm, the report introduces the author's understanding of his own emotional reactions, which allows him to draw conclusions about the patient's psychopathological mechanisms: "*Mariusz was clearly dissatisfied with the first session. He expressed his disappointment and denied that therapy could help him at all. The devaluation of the meeting was not very clear to me. However, by juxtaposing my experiences of my first contact with Mariusz in the office with the course of the session, I had the impression that he was ruled alternately by two conflicting orders. In one (the office), I was an ideally good object to which his unsatisfied desires and hope for their fulfillment were directed. In the other one (first session), I became a frustrating object. This was most likely an indication of splitting in the patient.*

It was a step towards understanding. But the nature of the patient's desires and the character of the danger remained unclear. My nagging fear of losing Mariusz – on the one hand, a 'difficult' patient; on the other, for some reasons, an important one – seemed helpful in this regard. This suggested the hypothesis that, perhaps, the very proximity was experienced by him once as satisfactory, once as dangerous" [20, p. 64].

The selected topic is then explored through a gradual introduction of details concerning the various aspects of the self-experience of the patient (dreams). This is how the author introduced a detailed diagnosis of his defence mechanisms: "*It became evident that Mariusz was confronting a destructive, bad, internal object. Let me illustrate that with the dream introduced spontaneously by him in the fourth session. […] This dream confirmed my earlier assumptions about the patient's splitting, so it was becoming clear that, like the teacher or passengers of the bus, I am a screen onto which his part objects were projected"* [20, p. 65].

In the later material, after a detailed analysis of the patient's psychodynamics in the first stage of therapy, the author justifies his subsequent diagnosis of a specific personality disorder: "*In this perspective, it seems important that the patient showed low resistance to frustration to which he responded with devaluation, fear, and anger and used primary defence mechanisms, from splitting through projective identification and primitive idealization to denial. He also displayed splitting in the attacks on his body, where it was sometimes experienced as the source of narcissistic gratification, and at other times appeared to be the cause of his powerlessness. In conclusion, I made a hypothetical diagnosis of borderline personality organization*" [20, p. 66].

The author goes on to analyze the next stages of the therapeutic process, noting the transformation of the content revealed in the transference as the therapeutic relationship developed and the therapist met the patient's needs, including his living needs. A more detailed diagnosis follows: "*In the 11th–12th month of the therapy, the patient's depressive tendencies, evident earlier, intensified*" [20, p. 68] and an account of many aggressive reactions that elucidated the dynamics of

his inner world, "*In the sessions, he talked about the unusual situations that kept happening to him"* [20, p. 68]. These are further aspects of how he **handles the selected topic.**

The author employs object relations theory in his analysis of the psychotherapy process but makes explicit reference to the fact only in the title and summary. He also uses the following terms: transference, countertransference, primary and secondary defence mechanisms, therapeutic relationship, paranoid anxieties, castration anxieties, internal objects (including persecutory, good, supportive, and part objects), splitting, acting out; oral, anal, and phallic but does not define these concepts, which reduces the educational value of the clinical case study. Defining the concepts and identifying the earlier writers whose understanding is shared by the author would make his account of the reported psychotherapeutic phenomenon much more precise.

A valuable aspect of the case study in question is the introduction of two dreams: "*In the eighth month of the therapy, during the Christmas holidays, the patient introduced another dream*" [20, p. 67]. This facilitates direct contact with the patient's inner world as well as increases the objectivity of the presented material to allow readers to draw their own conclusions.

In the summary section, which presents the outcome of **clinical reasoning**, the author emphasizes the value of reasoning based on object relations theory in the context of containing strong and extreme emotions that appear in the transference/countertransference relationship: "*The presented material shows the importance of conceptualization of their persistent, original relations with part objects in the work with patients with borderline personality organization. It seems that without the support of object relations theory, it would be difficult to understand the early childhood extreme desires and anxieties that appear in those patients' experiences*" [20, p. 69]. He relates his conclusions to the work with patients with borderline personality organization.

The clinical case study in question also contains basic **clinical guidelines.** The author emphasizes that an understanding and empathizing attitude is necessary to maintain a therapeutic relationship that is both containing and adequately frustrating. "*An understanding attitude gives the therapist the opportunity to become a good container for his patients' intrapsychic reality. Along with the therapist's empathizing attitude, it provides the potential to create a therapeutic relationship in which the therapist, like a good mother, is able to transform the patients' primitive impulses, explain the world, and stimulate their further development and, consequently, also to frustrate. In the last respect, the therapist also serves as the father – the element that neutralizes the psychotic effect of the symbiotic mother-child dyad*" [20, p. 69].

In terms of the reliability of the presented case study, it is very important that the author indicates which aspects of the therapeutic process have not been included: „*The patient's conflictual driving impulses have not been addressed in the comments*" [20, p. 69].

The final paragraph enumerates further therapeutic goals: "*At this stage of therapy, priority is given to the patient's triangulation issues, where most of the introduced content is related to strong*

castration anxieties and the prohibition of his phallic aggression" [20, p. 69]. They can also have implications for the work of other therapists.

The second work that was analyzed for consistency between the aim and the method of achieving it is "**The recovery of lost parts of the self in the process of psychoanalytic therapy**" by Maciej Musiał [21]. **The title** clearly identifies the therapeutic paradigm in which the psychotherapy was conducted. It also refers to the phenomenon presented in the therapy process reported by the author. Although the title is metaphorical, it attracts the reader's attention. The title not only refers to the theoretical paradigm of psychoanalysis or psychoanalytic theory but also indicates an important aspect of the therapeutic process, *i.e.* the implicit statement of how the author understands the mechanism of change. As for **the keywords,** the author lists only one term: psychoanalytic technique, which introduces the paradigm and makes implicit reference to the therapeutic technique but does not outline the problem, diagnosis, or the patient's disorder, which could be an important indication of the paper's contents to readers.

The abstract includes a diagnosis and reference to the psychotherapeutic paradigm and lists a number of phenomena of the therapy: "*The author presents the therapy of a deeply disturbed female patient. He believes that there is one psychoanalytic theory, although there are different views about therapeutic factors. The therapeutic work illustrates the effect of insight, setting, corrective emotional experience, and identification with the containing object. These factors enable the recovery of lost parts of the self in the process of psychoanalytic therapy*" [21, p. 43].

In **the theoretical part of the introduction**, the author identifies the approach in which the psychotherapy was conducted and presents the basic tenets of this paradigm. He then continues to discuss the approach but does not define the key phenomenon of the psychotherapeutic process included in the title. The metaphorical formulation is defined neither in terms of psychoanalytic theory nor according to the author.

The manner of introducing the **aim** of the clinical case study presented here is very important and offers insight into the therapeutic process. The aim is formulated synthetically and refers to the therapist's experiences in the context of the therapeutic work reported: "*I want to present the clinical material of my work with a deeply disturbed patient. I often experienced difficult times due to attacks on me and the therapy, expressed in the form of acting out, strong resistance and the use of projective identification and denial by the patient. The discussion and disputes about what has a therapeutic effect and treatment methods, about whether to use modifications or not, which have continued for decades, also resulted in my hesitation about the various conflicting options and constant effort to ensure the correct course of therapy, and sometimes even to maintain it*" [21, p. 45].

The main body of the text is a presentation of the case that describes the patient's chief clinical problems: "*Patient A, aged 33, married, two daughters, reported depressive states that made*

it difficult and sometimes impossible for her to work and care for her children. She said she didn't feel anything and had no needs. She complained of the inability to reach agreement with her husband about sexual contacts due to the fact that she didn't feel sexual needs. She also said that she saw herself as different, weird. She claimed, 'What makes sense to others doesn't make sense to me'. The patient has experienced problems with depression and 'with feelings' since she was about fifteen years old. She had been hospitalized in the psychiatric ward twice in the last two years before starting the therapy. She was treated there for depression and suicidal thoughts. I suggested therapy at a frequency of two sessions per week" [21, p. 45]. This section of the article also includes the patient's history and an account of the therapy. There was no nosological assessment according to any diagnostic systems but the type of symptoms and complaints reported by the patient was identified.

As for the **method of achieving the aim** of the clinical case study, the author adopted the strategy of dividing the psychotherapy process into stages, in which he distinguishes the dominant phenomena in his relation with the patient. He refers to psychoanalytic theory to clarify them. In particular, he focuses on understanding the source of the patient's depression and her lack of needs and emotions. An interesting solution is the provision of titles to the successive stages of the therapy process to represent her "*hesitation about the various conflicting options and constant effort to ensure the correct course of therapy, and sometimes even to maintain it*" [21, p. 45]. The titles name the main aspects of the patient's problems: "*Initial stage of therapy: splitting of the object and denial of needs" [21, p. 46]: "Loss, anger, guilt*" [21, p. 47]; "*Oscillation between the exciting and the rejecting object and the struggle to retain the good object" [21, p. 49]; and, finally, "Oedipal issues*" [21, p. 50]. The author uses object relations theory, including concepts proposed by Guntrip such as anti-libidinal object, anti-libidinal self, libidinal self, libidinal needs. However, they are introduced without definition.

What makes this work particularly valuable is the objectivization of the conclusions by citing the patient's specific questions and answers and describing her appearance and bodily posture.

In the process of **clinical reasoning**, the author links the problems of the patient's inner world with important events in her life to allow an understanding of her withdrawal and depression: "*On the basis of the material presented, the patient's depressive symptoms can be understood as follows. Her relations with the internal object are marked by the sense of emptiness after the object, the feeling of rejection, hostility towards herself, and guilt. The object attends to someone else, abandons, is not interested in her difficulties, and does not want contact. There are events in the patient's history that reactivate the feelings of loss and rejection*" [21, p .52]. The author describes the transformation of the patient's internal objects and the therapeutic relationship as a result of the therapeutic methods used by him, such as transference analysis and containment. He also emphasizes the role of the stable setting which makes it possible to work through acting-out behaviours. In the summary of the clinical

work, he points out the patient's greater inner integration, the emergence of an observing ego, a "more libidinal self" and the ability to enter not only into dyadic relations but also into triadic ones.

The basic clinical/therapeutic guidelines are not stated explicitly but they can be inferred from the way the therapy process is presented: "*The value of this therapy that I would like to emphasize is the patient's acceptance of the conventions of the work and the contract and – despite disruptions of the setting and the therapeutic bond at different stages – the maintenance of the therapeutic alliance. The therapeutic bond and the therapy itself were put to the test by acting out, which could be worked through. Maintenance of the alliance was supported by the healthy (healthier) part of the patient, which she could use and rely on*"[21, p. 52]).

Summary

The selective review of the clinical case studies in the periodicals *Psychiatria Polska* and *Psychoterapia* shows that, in addition to the clinical knowledge provided through them to readers, they contain valuable inspirations for future authors of such publications.

The above guidelines for constructing clinical case studies are intended to increase the coherence of presented texts and primarily to point out the importance of a clear formulation of the aim of writing a clinical case report as well as the choice of the right mode of execution, including the appropriate selection of clinical material.

It should be emphasized that clinical case studies are an important contribution to research on the complex and often ambiguous psychotherapy process and precise accounts of these investigations enhance clinical knowledge about it.

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E-mail address: bernadetta.janusz@wp.pl