

Case Knowledge: A Thing of the Past?

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Where have all the cases gone? When I first started out as a clinician, the journal articles and books that I preferred to read were ones rich in case narratives. I wasn't interested in experimental evidence that Therapy A was better than Therapy B. What I wanted to know was how 'real' therapists did their jobs and what sorts of techniques they were using. Broad comparisons between abstract notions of therapy just did not have the meat that was necessary to nourish my beginner's mind.

Nor do I think I was different from most others. How do any clinicians, any professionals really, learn the tools of the trade? Let's face it, what we do is a trade. It's not absolutely a science. Nor absolutely an art. As therapists we are engaged in both the application of theoretical knowledge and the creation of new technologies. We use our learning directly as a tool and indirectly to create tools for ourselves. When one of my cousins began his trade as a fitter and turner, one of the first tasks he had was to machine up his own set of tools. So he used patterns for tools that he had learned at TAFE to make up a standard set. Yet he also made himself some 'extras', things that he felt a need for, which he had thought up for himself. Once he told me that, I knew that this was too good a metaphor to go to waste. I also thought 'I wish someone could have given me a straightforward pattern for making my own tools'.

In a way, that was what I was looking for in reading case descriptions. They contained *templates* for action rather than *theories* about action. The cases that I was reading matched the clients I was seeing, so I was able to try out the techniques and learn which worked for me and which did not. I have all the issues of *Case Studies* (now defunct), an Australian journal published in the 1980s, I have most of the issues of the *Journal of Strategic and Systemic Therapy*, a classic Canadian journal (also now defunct). Along with various books, and several very clever and generous colleagues, these were my main source of ideas, my main basis for reflective engagement with my chosen field. But, as I look at the journals available to clinicians today, and see the proliferation of 'scientific' literature, I really worry that the tradition of writing about real cases is becoming more and more marginalised and devalued.

The case as an instrument of learning has a long history in the sciences. Indeed, you could argue that science begins with the observation and exploration of single cases. But what I am thinking of are the case histories of the 19th and early 20th century that were used in neurology, psychiatry

and clinical psychology to demonstrate phenomena and illustrate clinical issues (e.g. Freud's 'Anna O' or 'The Wolf Man', Winnicott's 'The Piggie'). I always think that Oliver Sacks (e.g. *The Man Who Mistook His Wife For a Hat*) provides a modern example of the case description as a both a clinical and literary exercise.

The art form of the case study is potentially so successful because it enables the author to address a multitude of phenomena from a multitude of perspectives. Of course, as a clinician I am predisposed to case descriptions because the narrative usually locates me well within my own comfort zone. Nevertheless, a well-written case can make the commonplace relevant.

This is serendipitously illustrated by Dattilio's article in this issue of the *ANZJFT* and the response by Webster. By using a case to illustrate the points that he is making, Dattilio is able to highlight aspects of his clients' behaviour and his own response in a way which is immediately familiar to practising therapists. Webster's response is based largely on her reflections about the client and therapist dynamic that are present in Dattilio's text but not part of his own narrative. The different viewpoints of Webster and Dattilio emphasises the importance of the case in providing multiple layers of information/knowledge apparent within the single overt narrative. My reflection on Dattilio's description was different again from Webster's and I suspect yours was (will be) also, but stimulated and informed by the same content. It is a simple case description yet full of opportunity for thought and reflection. I suspect that all case material carries the same 'thickness'.

Often, simply reading about cases similar to my own and hearing the dilemmas posed by the author has provided me with other frameworks for understanding my own experience. Reading about an uncommon case has also provided me with a touchstone to gain courage to keep on working with difficult and unusual presentations. Sometimes the



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touchstone was simply to point out the commonplace within the unusual. Nonetheless, in the early years, there were some case descriptions that I read over and over until I was nearly word perfect in the recall of the text; these became faithful companions in my journey to discover my own self.

Some of the best case descriptions I saw, though this was later in the 1980s, appeared when authors began to struggle against the tendency to present only the successful cases. People began to write about what happened when therapy interventions did not work. Such pieces were usually interesting because the authors tried to describe the ongoing struggle of making sense of clinical information and complex systems without trying to be heroes. Thus, these cases enabled me to recognise that my own practice was not one of failure (since many clients did not get better like I knew 'they should') but simply an example of the ongoing struggle that any good therapist engages in.

Yet, cases have also been used in the past, and probably still are, to add to theoretical knowledge. So, cases are used to illustrate specific points or highlight failures in conceptualisation which lead to a new way of thinking. In a way, the case forms the basis around which all of us will develop our theoretical system. Some cases will provide confirmation of our existing schemas. Others will challenge these.

Other cases will not only challenge our personal theory but will demand that we alter, adjust, or fundamentally overthrow the existing scheme in order to continue to work. It is the interface between my personal theory of function/dysfunction and the reality of a clinical presentation where I think my development as a clinician happens. If I can fit all cases into my existing scheme there is no requirement for change or growth. If the 'fit' is inexact there may be sufficient irritation (à la the oyster and the pearl) to force me to 'grow' additional levels of understanding. Terribly unscientific I know, as all 'good' science proceeds by disconfirmation (ho hum), but it works for me.

So, not only is it important to be able to read about other people's cases, it is also important to be able to read and reflect about your own cases. I wonder, though, how many of us have actually been taught how to *write* a good case study? I know I wasn't. I was taught how to write case notes. I was taught the headings that I should use for a 'good' case conceptualisation. But, no-one ever taught me the literary skill required to write a good case description that I could use as a tool for my own self-reflection, that would help me to learn from the case, that would promote my own growth.

Does that mean that we should leave the writing of cases to the 'master' therapists? Those who have a flair for the

descriptive? Or, should we be challenging ourselves to revive an old skill and learn how to write about our cases and ourselves — even if only for our own edification? If the latter, how do we learn to do this? Find the descriptions, the structure, the analysis, the synthesis, and (most importantly) the styles that attract you and then copy them. Just as cases can be templates for our clinical practice so can other people's literary styles be templates for our writing.

A few of my favourite case based articles can be found in the following (non-exhaustive) list. Certainly, if I were to take my own advice I would want to write like Brian Cade, David Epston, or Bill O'Hanlon. Who would you like to write like?

- Walter, John & Peller, Jane, 1988. Going Beyond the Attempted Solution: A Couple's Meta-solution, *Family Therapy Case Studies*, 3, 1: 41–45.
- Cade, Brian, 1988. The Art of Neglecting Children: Passing the Responsibility Back, *Family Therapy Case Studies*, 3, 2: 27–35.
- Cade, Brian, 1982. Some Uses of Metaphor, *Australian Journal of Family Therapy*, 3, 3: 135–141.
- Epston, David, 1986. Writing your History, *Family Therapy Case Studies*, 1, 1: 13–19.
- White, Michael, 1986. Family Escapes from Trouble, *Family Therapy Case Studies*, 1, 1: 29–35.
- Kowalski, Kate & Kral, Ron, 1989. The Geometry of Solution: Using the Scaling Technique, *Family Therapy Case Studies*, 4, 1: 59–67.
- Durrant, Michael, 1987. Therapy with Young People who have been the Victims of Sexual Assault, *Family Therapy Case Studies*, 2, 1: 57–65.
- Lang, Moshe, 1980. Bad Therapy: A Training Technique, *Australian Journal of Family Therapy*, 1, 3: 102–109.
- Goding, Geoffrey, 1979. Change and Paradox in Family Therapy, *Australian Journal of Family Therapy*, 1, 1: 9–15.
- Gibney, Paul, 1985. The Theory and Practice of Therapeutic Error, *ANZJFT*, 6, 4: 189–197.
- Penn, Peggy, 1985. Feed-Forward: Future Questions, Future Maps, *Family Process*, 24, 3: 299–311.
- Brown-Standridge, Marcia, 1989. A Paradigm for Construction of Family Therapy Tasks, *Family Process*, 28, 4: 471–489.

So, in the end reading about cases, both recent and past, would be a good place to start. Perhaps then it won't be necessary to ask 'Where are all the cases?' but rather 'Did you read the one about — ?' ©