

Psychoanalytic Single Cases Published in ISI-Ranked Journals:

The Construction of an Online Archive

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Abstract

Background: Single case studies are quintessential for psychoanalytic theory, research and practice. At this moment, however, the field of single case research deals with a lack of surveyability, which hampers the full exploitation of its potentials. *Methods:* This letter describes the construction of a data-base of psychoanalytic single case studies published in ISI-ranked journals. Case studies were selected if they were either the focus of the publication or illustrative accounts of sufficient size. Basic characteristics of patient, therapist, therapy, and research method were systematically screened by means of the Inventory of Basic Information in Single Cases (IBISC). *Results:* Four hundred and forty-five single case reports met inclusion criteria. The screening revealed a rich set of clinical descriptions, in particular with respect to *subjective* therapeutic experiences of both patient and therapist. Crucial *objective* information, however, was often lacking. A summary of the results of the IBISC screening is presented in the paper; a table with full results for all single cases separately is presented online at www.singlecasearchive.com. *Implications:* This review facilitates accumulation of research findings across psychoanalytic single cases. Clinicians and researchers can use the online table with IBISC information as a tool to select, study and compare distinctive sets of single cases. Guidelines proposing a more systematic reporting of basic information for future single case studies are formulated.

Introduction

Single case studies are quintessential for psychoanalytic theory, research and practice. Briefer psychoanalytic single cases published in journals contrast with longer, book-format cases both at the level of number and vicissitudes. The number of longer cases is limited to a few dozen [1, p. 127], the number of smaller cases runs up to a few thousand (cfr. *infra*); longer cases often surprise us with an almost timeless impact on theory and training [1, pp. 106-130], smaller cases tend to disappear in the mass of psychoanalytic literature without noticeable impact. The clinical richness typical for single case data in combination with their large number nevertheless constitutes a unique resource. As in no other data-base, the totality of smaller cases offers an opportunity to study the therapeutic experiences of large numbers of patients and therapists in their full clinical complexity. As such, systematic accumulation of quantitative and qualitative data across homogeneous sets of cases could be an invaluable supplement to classical process-outcome research.

The present state of the field of single case research, however, is characterized by a lack of surveyability and accessibility which hampers every effort to accumulate data across cases. Smaller cases are usually published in journal articles, sometimes as the focus of the article, other times as illustrations in the course of conceptual or technical accounts. Abstracts of these articles frequently lack detailed information about the case. They often only mention *that* a clinical case is presented, without giving further specification. Even if the case is the focus of the article, authors are often unable to compile all relevant information in the limited format of an article abstract. Consequently, researchers and clinicians that apply standard search procedures in electronic databases are at risk of missing a substantial portion of the single cases relevant to their research questions or clinical issues. Under these conditions, screening of full article texts becomes necessary for selection of a comprehensive set of single cases. This state of affairs makes the search for smaller cases a time-consuming and discouraging enterprise, which is usually neglected or left incomplete. Thus, a fertile field of empirical data is left fallow.

This article therefore presents a tool that facilitates access to the field of smaller single cases. We first selected all single cases published in ISI ranked journals that met a set of inclusion/exclusion criteria; subsequently, basic characteristics of patient, therapist, therapy and research method were screened in every case study. A summary of this screening is presented in this paper. Full results of the screening for all cases separately is presented in an online and permanently updated archive at www.singlecasearchive.com¹. This data-base allows the quick identification of relatively homogenous sets of cases in function of specific research question.

Method and Procedure

We started with a search on ISI Web of Knowledge using the term '(psychoanal* OR psychodynam*) AND (case OR vignette)' across the complete range of publication years (1955 until end of 2011). Four researchers screened all article abstracts and, if no decision could be made on the basis of the abstracts, the full article texts (if not available online, the full texts were looked up in libraries or ordered electronically) to select case studies according to the following inclusion/exclusion criteria: (1) the case study concerns individual psychoanalytic treatment, (2) the case study describes a therapy that is not only 'psychoanalytically inspired' but that can also be qualified as psychoanalytic in terms of therapeutic technique (e.g. music therapy, bodypacking, wildernesstherapy, etc. were not included), (3) the case study is either the focus of the article or an illustrative vignette of sufficient size (more than 50% of the publication or longer than five pages), (4) the case study is written in English, French, German, or Spanish, (5) the case study is not merely a reflection on a previously published case study, but presents an original analysis of therapeutic data. The selected case studies were screened by means of an ad hoc constructed inventory, called the Inventory of Basic Information in Single Cases (IBISC), that assesses the presence of basic information on patient (e.g. age, gender, diagnosis, etc.), therapist (e.g. age, gender, training, etc.), therapy (e.g. duration, outcome, frequency, etc.) and research method (e.g. type of data, type of analysis, etc.). A detailed description of all characteristics is presented in the IBISC manual. A concise overview of salient result of the IBISC screening is presented below. The full data-matrix with all results, the IBISC, and the IBISC manual are available at www.singlecasearchive.com.

Results

The initial search procedure on Web of Science yielded 2760 hits. Four hundred and fifty-three cases were selected according to the inclusion criteria. The full text of eight of these cases could not be obtained in any way. The final set of 445 articles was screened with the IBISC. Three hundred and ninety or 88% of the cases were clinical single cases (i.e. cases in which no systematic qualitative or quantitative method was followed), 55 or 12 % of the cases were empirical single cases (i.e. cases in which systematic quantitative and/or qualitative analysis was applied). Figure 1 shows that the number of both naturalistic and empirical single cases has progressively increased throughout the years. Figure 2 shows that throughout the years, the number of single cases also increased proportionally to the total number of studies published in psychology and psychoanalysis.

¹ The website is only accessible after receiving a username and password from the first author.

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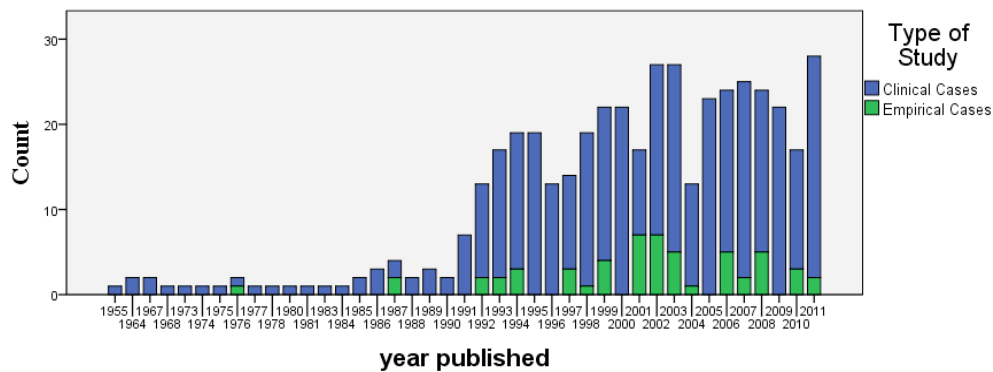


Figure 1: Number of clinical and empirical single cases published per year from 1955 until 2011.

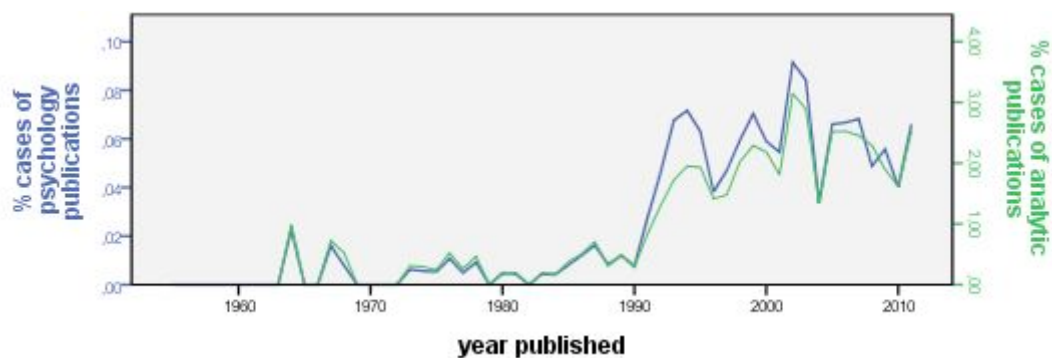


Figure 2: Evolution throughout years in percentage of single case studies on the total number of publications in psychology (blue line) and on the total number of psychoanalytic publications (green line).

In 80% of the cases, the type of data (therapist notes, audiotapes, videotapes, etc.) on which the case study was based was not mentioned. Surprisingly, even 14 (out of 55) empirical case studies didn't mention the type of data. Empirical cases used quantitative (13 cases), qualitative (11 cases), or mixed quantitative-qualitative (31 cases) data-analytic methods.

In 52% of the cases, the case description was the focus of the article; in 48% of the cases, the case description was presented as an illustration in the course of a theoretical paper. In 64% of the cases, the case study focused exclusively on the patient; in 48% of the cases, there was an additional focus on the therapist and/or the therapeutic relationship. In the large majority of the cases (91%), the paper did not mention whether the therapist received informed consent of the patient or not.

Characteristics of the therapist

The *gender* of the therapist was not explicitly mentioned in 99% of the cases. On the basis of the first name of the first author (in 72% of the cases, the therapist was the first author, in 10% of the cases the therapist was not; in 18% of the cases it was unclear whether the therapist was the first author) or on the basis of implicit information (e.g. use of pronouns), we deduced that the therapist was a man in 46% of the cases and a woman in 34% of the cases. In 20% of the cases, gender of the therapist could not be determined in any way. *Age* of the therapist was not mentioned in 97% of the cases, *education and training* of the therapist was not mentioned in 84% of the cases, *number of years of experience* was not mentioned in 94% of the cases.

Characteristics of the patient

The *gender* of the patient was mentioned in 100% of the cases. Forty-three percent of the patients were male and 57% female. Case studies written by male therapists were equally often about male and female patients (101 male and 104 female patients); case studies written by female therapists, on the other hand, were significantly more often of female patients (102 female and 51 male; $\chi^2 = 9.01$; $df = 1$; $p < .001$). The *age* of the patient was not mentioned in 12% of the cases.

In 93% of the cases a diagnostic information was available. However, in 86% of the cases, there was no explicit reference to a comprehensive diagnostic system. In 10% of the cases, one of the versions of the Diagnostic and Statistical Manual of Mental Disorders [2] was used and in 3% of the cases one of the versions of the International Classification of Diseases [3] was used. We assigned each case for which diagnostic terms were available to one of the main categories of the DSM-IV. Figure 3 shows the distribution of the cases across these categories.

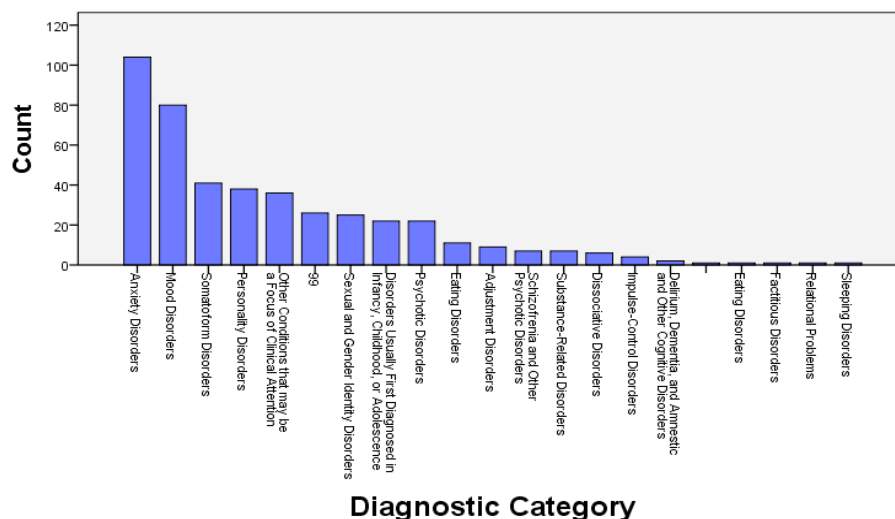


Figure 3: Distribution of single cases across DSM-IV categories.

Characteristics of Psychotherapeutic Treatment

The *setting* in which the therapy happened was not mentioned in 61% of the cases. Hospital (15%) and Privat Practice (13%) were the most frequently mentioned settings. In 226 or 51% of the cases, the therapy was completed (17% not completed; 32% not mentioned). In the completed cases, the average duration of the therapy was 41 months (SD = 34.50 months; min. = .75 months; max. = 168 months). Of the completed cases, 68% was considered a successful therapy by the author; 22% were considered to be mixed success-failure; 4% was considered to be a failure (6% not mentioned).

In 34% of the cases, session frequency was stable across the treatment; in 18% of the cases, session frequency was changed at least one time during treatment; in 48% of the cases, session frequency was not mentioned. In the cases with a stable session frequency, 25,8% had 1 session weekly, 20,5% 2 session weekly, 11,9% 3 sessions weekly, 21,9% 4 sessions weekly, 12,6% 5 sessions weekly, and 1,3% 6 sessions weekly.

Conclusion

We were surprised to find that the number of psychoanalytic single cases published in ISI-ranked journals is substantial and progressively increases throughout the years. This is the case both in absolute terms and proportional to the total number of publications in journals in the field of psychology in general and psychoanalysis in particular. In contrast to widespread beliefs, these findings suggest an increasingly positive evaluation of single case methodology in the scientific community.

The review revealed a rich set of clinical descriptions in terms of *subjective* therapeutic experiences of both patient and therapist. Crucial *objective* information, in particular with respect to therapist characteristics and formal aspects of the treatment, however, was often lacking. We advise authors of future single case studies to systematically check for the presence of basic objective information such as screened by the IBISC.

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