

Psychoanalytic Single Cases Published in ISI-Ranked Journals:

The Construction of an Online Archive

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Single case studies are quintessential for psychoanalytic theory, research and practice. To facilitate the exploitation of the field of single case research, we constructed an online archive of psychoanalytic single case studies published in ISI-ranked journals (freely accessible at www.singlecasearchive.com after receiving a username and password).

The construction of the archive started from 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 - 2011). This procedure yielded 2760 hits. Four researchers screened all abstracts and/or full article texts, to select case studies according to the following criteria: (1) the case study concerns individual psychoanalytic treatment, (2) the case study can 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, or German, (5) the case study presents an original analysis of therapeutic data. Four hundred and fifty-three cases were selected according to these criteria. The full text of eight cases could not be obtained. The full texts of the remaining 445 articles were screened with the Inventory of Basic Information in Single Cases (IBISC), an ad hoc constructed inventory that assesses the presence of basic information on research method, patient, therapist and therapy. The IBISC, the IBISC manual, and the full results of the screening are available at www.singlecasearchive.com. What follows is a concise overview of salient results of the screening.

Methodological characteristics: Eighty-eight percent of the cases were clinical single cases (i.e. cases using no systematic qualitative or quantitative method), 12 % of the cases were empirical single cases (i.e. cases using systematic quantitative and/or qualitative analysis). Figure 1 shows that the number of both naturalistic and empirical single cases has progressively increased throughout the years. The number of single cases also increased proportionally to the total number of studies published in psychology and psychoanalysis.

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 80% of the cases, the type of data (therapist notes, audiotapes, videotapes, etc.) on which the case study was based was not mentioned. In 91% the paper did not mention whether the therapist received informed consent of the patient or not.

Characteristics of the patient: The *gender* of the patient was mentioned in 100% of the cases (53% female). The *age* of the patient was not mentioned in 12% of the cases.

In 93% of the cases, 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 [1] was used and in 3% of the cases one of the versions of the International Classification of Diseases [2]. We assigned each case for which diagnostic terms were available to one of the main categories of the DSM-IV. The most frequently occurring diagnoses were anxiety disorders (N = 102), mood disorders (N = 80), somatoform disorders (N = 40), and personality disorders (N = 38).

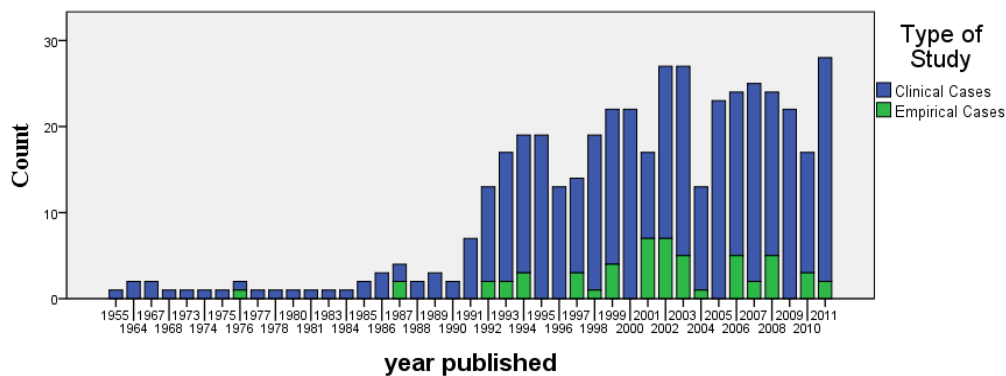


Figure 1: Number of clinical and empirical single cases published per year from 1955 until 2011.

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, it was clear that 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% and a woman in 34% of the cases. In 20% of the cases, the therapist's gender could not be determined in any way. 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 were significantly more often about female patients (102 female and 51 male; $X^2 = 9.01$; $df = 1$; $p < .001$). *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 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 51% of the cases, the therapy was completed at the moment of the writing of the case (17% not completed; 32% not mentioned). Of the completed cases, the average duration of the therapy was 41 months (SD = 34.50 months; min. = .75 months; max. = 168 months); 68% were considered a successful therapy by the author; 22% a mixed success-failure; 4% a failure (6% not mentioned).

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

In conclusion: the screening revealed a rich set of clinical descriptions in terms of *subjective* therapeutic experiences of patients and therapist, but crucial *objective* information is often lacking.

Systematically checking for the presence of basic objective information, such as screened by the IBISC, would raise the quality of future single cases.

References

[1] American Psychiatric Association (2000). Diagnostic and Statistical Manual of Mental Disorders. Washington, DC: American Psychiatric Association.

[2] World Health Organization (1990). International Classification of Diseases (10th edn). Geneva: Author.