

## Foreword

Many of the major ideas and theories associated with psychotherapy have been created and empirically demonstrated through case study research. Immediate examples that come to mind in psychoanalysis are Sigmund Freud's cases of 'Dora' and 'Little Hans'; in behavior therapy, J.B. Watson's case of 'Little Albert' and B.F. Skinner's insistence that behavioral principles of learning be studied one organism at a time; in cognitive therapy, Aaron Beck and colleagues' book, *Cognitive Therapy in Clinical Practice: An Illustrative Casebook*; in client-centered therapy, Virginia Axline's case of 'Dibbs'; and in existential therapy, Irvin Yalom's book of cases, *Love's Executioner & Other Tales of Psychotherapy*.

However, in spite of the case study's impressive contributions to psychotherapy theory and practice, starting in the 1920s and gaining strength and going forward until recently was the view that case studies were by their nature unscientifically journalistic and subjectively biased, and they became marginalized in psychotherapy research. The major source of this negative view of case studies was the domination in psychology – psychotherapy's main research discipline – of a positivistically inspired research paradigm. This paradigm privileges the deductive search for general, context-independent knowledge by the quantitative, experimental comparison of groups, dealing with statistically simplified individuals.

In contrast, practitioners know that therapy knowledge always starts with the contextually specific, qualitatively rich case that is naturalistically situated, that deals with real persons (not statistical composites), and that generalizes via induction from the specific. Case-based knowledge is thus the polar opposite of knowledge based on group experiments – that is, qualitative vs quantitative, naturalistic vs experimental, context-dependent vs context-independent, inductive vs deductive, and individual-based vs group-based, respectively. These dramatic differences in the epistemology of traditional researchers and practitioners have created tensions between these two groups, with each frequently dismissing the other for being off-base in advancing our understanding and the effectiveness of psychotherapy.

In recent years, with the rise in psychology of a postmodern alternative to positivistic epistemology, there has been a re-emergence of interest in the case study as a credible and useful vehicle for therapy research, complementing experimental group studies. However, this re-emergence has been quite fragmented geographically, conceptually, and methodologically, and it has been hidden from the view of many academic researchers and practicing therapists. John McLeod's book, *Case Study Research in Counselling and Psychotherapy*, does a brilliant job of pulling these fragments together into a persuasive and coherent whole. Using accessible and engaging language, concepts, and examples, McLeod provides clarity and insight as he guides the reader through challenging clinical and epistemological terrains, along the way showing how the researcher–clinician divide can be bridged. McLeod accomplishes these goals in three ways.

First, in Chapters 1–3 and 12, McLeod describes in detail the historical development of case study research towards methods that create systematic, observation-based, rigorous, critically interpreted information – that is, 'scientific' knowledge in the usual sense of the word. This type of information links the experiences of the practitioner to the general scientific knowledge base of the field, at the same time providing credibility for case-based knowledge in the eyes of traditional psychotherapy researchers.

Second, McLeod lays out and discusses specific methods and considerations in conducting systematic and rigorous case studies, including ethical issues around ensuring the privacy of the clients being studied (Chapter 4) and how to collect and analyze case study data about the process and outcome of therapy (Chapters 5 and 11). McLeod pays particular attention to procedures for clinicians – not just academic researchers – to conduct systematic case studies that can contribute to the discipline's knowledge base.

Finally, McLeod catalogues and describes the ways in which the case study field has differentiated into five distinct, complementary models of systematic and rigorous case study research. Each model has a distinct purpose, method of data design and collection, and strategy for data summary and interpretation. And each model has unique value in expanding the field's knowledge base, both practical and theoretical. The models include an emphasis upon the use of case studies as exemplars of best clinical practice (Chapter 6); as settings for single-case experiments (Chapter 7); as vehicles for intensively evaluating efficacy via multiple types of data as analyzed by multiple judges (Chapter 8); as a means for theory-building (Chapter 9); and as a way to explore the narrative meaning of the therapy experience for both client and clinician (Chapter 10).

In short, McLeod's accomplishment is extraordinary. He has cogently and persuasively pulled the separated strands of the multifaceted field of case study research in counselling and therapy into an intricate, integrated tapestry that lays out a detailed and effective stellar roadmap for future goals in the field and pathways for getting there.

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