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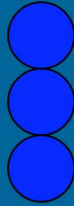
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Editorial

Julie Hay

I am delighted to be welcoming you to the second issue of IJTAR - and to be able to report that we now have over 430 registered readers, which seems pretty good to me at this early stage of IJTAR's existence.

As in the first issue, we have variety in that we have papers from Germany and the UK; papers about transactional analysis theory, the impact of TA training, and the methodology of case studies; and the papers provide contrasts between an extensive quantitative study, a small quantitative study, and a paper providing information and encouragement to conduct and report on more case studies.

We begin with Lena Kornyeveva reporting on a major study, with N=1318 and subsamples of at least 200. Statistical analyses indicated support for the hypotheses that existential positions and acculturation styles are correlated – and that individuals who grew up in authoritarian rather than democratic cultures are more likely to hold negative existential positions.

It is worth noting that this paper reports on one aspect only of the author's research; other elements will be reported elsewhere and the author includes details in her paper of how to obtain her full PhD thesis as an e-book.

The second article is a collaborative study by 5 authors – Biljana van Rijn, Ciara Wild, Heather Fowle, Charlotte Sills and Servaas van Beekum - on the impact of transactional analysis psychotherapy training on self awareness and ability for contact of students. This is a naturalistic study with a relatively

small sample, that engages the subjects as co-researchers within an action research cycle. The study results indicate that self awareness and ability for contact did indeed increase during the training although the problem of denying training to a control group means that causality cannot be claimed.

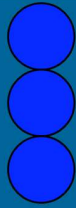
This paper raises interesting questions about how we evaluate self awareness and ability for contact, and how self and supervisor assessment of these might be indicative of clinical practice.

The third paper in this issue, by Mark Widdowson, is a comprehensive overview of case study methodology, culminating in a call to the transactional analysis community to engage in more of this method of research so as to build up a database of results from which more general conclusions can be drawn.

The author has added his thoughts to an extensive collation of relevant information, so that a review of the strengths and criticisms of this methodology are followed by 'how to do it' suggestions and a helpful listing of various resources available for measuring outcomes and process. This paper is one that beginning researchers will definitely want to keep for reference.

So once again, thanks to the authors and our IJTAR reviewers, I am able to provide you with a stimulating issue for the start of our 2011 volume.

I wish you happy reading and welcome your feedback about the journal – and of course your article submissions for future issues.



Studying Acculturation using Transactional Analysis Theory: the Interplay between Existential Positions and Acculturation Styles

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Abstract

This article is a partial report about quantitative research on the role of the Negative Existential Position in Authoritarian Personality formation (reported on elsewhere) and acculturation features among immigrants with authoritarian backgrounds in a democratic milieu (Germany). Data were collected among respondents of different backgrounds: immigrants in Germany from Turkey, the former Soviet Union and Western countries, and native Germans as a quasi-control group (N=1318), with each subsample encompassing at least 200 respondents. Various statistical analyses were performed in order to validate the empirical outcomes (from correlation analysis to structural equation modelling). The hypothesis that a Negative Existential Position is more articulated among individuals who were exposed to an authoritarian socialization was confirmed. The hypothesis that a Negative Existential Position serves as a predictor for the so called Acculturation Dysfunction was confirmed as well. The conceptual analogy between Existential Positions and Styles of Acculturation was examined and the hypothesis that four possible styles of acculturation (Berry et al., 1987, Berry & Kim, 1988; Berry et al., 1989) are correlated with correspondent Existential Position found support.

Key words

Acculturation, Acculturation Styles, Acculturation Dysfunction, Existential Position, Transactional Analysis

Introduction

In recent years acculturation has become one of the most widely researched areas worldwide. European countries nowadays are dependent on migrants and will undoubtedly continue to need immigration (Eurostat, 2006). A significant proportion of newcomers continue to be immigrants from countries with an authoritarian legacy (whether from secular cultures or traditionalistic,

religiously-structured such as some Islamic countries). Managing immigration and integration of immigrants is one of the most challenging tasks the European Union is facing today (Guild & van Selm, 2005). Experience of insufficient integration of past immigrants together with concern about rising support of the far right are the two principal factors which have led to pressure for a more effective EU strategy to promote the social, economic, cultural, and political integration of migrants and their next generations (Spencer, 1994, 2003).

The overall goal of the research was to investigate problems of acculturation among young immigrants (18-35 year old) from ex-Soviet countries and Turkey to Germany as a host society. The acculturation features of ex-Soviet immigrants to Germany were compared to acculturation features among immigrants from Turkey, in order to find common and non-common characteristics of the acculturation strategies among ex-Soviet and Turkish immigrants. To gather more information on it and to be able to compare acculturation features of immigrants with authoritarian backgrounds with the acculturation features of immigrants and sojourners without authoritarian backgrounds, a group of respondents from Western countries was also surveyed.

One of the central assumptions of the entire research was the idea that cultural or religious differences as such do not serve as reasons for the conflicts among different groups or provide difficulties within acculturation in another culture, but that a specific psychological predisposition leads people to be prone to developing conflict with others. In other words, the Negative Existential Position (any of its three types) was hypothesised to have an impact on acculturation strategies of immigrants in a democratic society and specifically on the 'successfulness' of acculturation as it is subjectively perceived by an immigrant. This concept will be explained in greater detail later in this paper.

The acculturation concept has been in use since 1880, when it was introduced by American anthropologists as a concept of cultural change which happens between two different groups who come into contact with each other (Sayegh & Lasry, 1993). The first empirical studies on acculturation in anthropology were conducted in 1930; the first classical definition of acculturation was offered in 1936: "Acculturation comprehends those phenomena which result when groups of individuals having different cultures come into continuous first-hand contact, with subsequent changes in the original culture patterns of either or both groups" (Redfield, Linton & Herskovits, 1936, p. 149). According to Berry (1990) acculturation involves both a process and a state, and results of the process may be relatively stable but may also continue to change in an ongoing process. Berry views acculturation as a bi-directional process with the changes emerging within both (or more as in multicultural societies) groups in contact.

Cross-cultural research (Berry, 1997) investigates the phenomena occurring when individuals socialized within one cultural context face a task of re-socialization in another culture. One of the original thoughts within this research was that the Negative Existential Position may help to explain difficulties within acculturation as a re-socialization-like process. Essentially the Negative Existential Position is understood as a conflict with the Self and therefore a prerequisite for conflicts with Others, whilst the acculturation context is by its nature a confrontation with Others.

The core of acculturation approach (Berry, 1980, 1984) is based on two basic issues, which emerge when two (or more) cultures interact: 1. the measure to which a group tends to maintain its native culture and identity; and 2. the measure to which a group tends to be engaged in daily interactions with other ethno-cultural groups in the larger society, including the dominant one. Berry's approach to acculturation, used in this study, is a fourfold approach to acculturation. It is based on an assumption that an individual may appreciate, practice or identify with two different cultures independently of one another, and thus manifest one of the four styles of acculturation – Integration, Separation, Assimilation or Marginalization.

Conceptual independence of these four styles of acculturation has been empirically demonstrated in a number of studies (e.g., Ben-Shalom & Horenczyk, 2003; Ryder, Alden & Paulhus, 2000). In brief, in the acculturation context the larger society's culture and the native culture can both have a positive or negative valence for an immigrant, representing positive or negative attitudes, attachment, and identification with each of the cultures. Generally this can be considered as acceptance (labelled as '+') or rejection (labelled as '-') of each culture, as shown in Figure 1.

Figure 1: Scheme of the fourfold taxonomy of acculturation styles. Positive and negative attitudes concerning the Native culture and the Host culture create four generic styles of acculturation

INTEGRATION	SEPARATION
My culture + Host culture +	My culture + Host culture –
My culture – Host culture + ASSIMILATION	My culture – Host culture – MARGINALIZATION

Within this approach four main domains of acculturation are usually measured to identify an immigrant's style of acculturation. These main domains encompass native/ host society's language-, holidays-, family- and general culture-related issues. The measurements are mostly done using Likert-scale items (statements) about attitudes and practices on these four acculturation related domains. This study followed this tradition. In addition four original items on Marginalization were created, pre-tested and used in the study.

One of the core TA concepts, the Existential Position is also understood as a double-dimensional concept, which encompasses simultaneously attitude toward Self and Others. Positive and negative attitudes concerning Self and Others create four generic Existential Position types. As shown in Figure 2, this fourfold approach to Self-conception resembles an approach to acculturation, which encompasses simultaneously two attitudes as well (toward a native and a receiving culture).

Figure 2: Scheme of the Conceptual Congruence among the Existential Positions and the Styles of Acculturation

(INTEGRATION)	(SEPARATION)
Positive Existential Position	Negative Existential Position 1
I am + You are +	I am + You are –
I am – You are + (ASSIMILATION)	I am – You are – (MARGINALIZATION)
Negative Existential Position 2	Negative Existential Position 3

Thus, integration as the most 'harmonious' style of acculturation resembles the only positive Existential Position 'I am OK – You are OK'; Separation resembles 'I am OK – You are NOT OK' Position (retention of one's own culture - rejection of a new culture); Assimilation resembles 'I am NOT OK – You are OK' Position (loss of one's own culture - acceptance of a new culture); and marginalization resembles 'I am NOT OK – You are NOT OK' Position (loss of one's own culture - rejection of a new culture).

Aims of the Research

Acculturation strategies, according to Berry, encompass both attitudes and actual behaviors of immigrants (as they include both the preferences and the outcomes) that are manifested in day-to-day intercultural encounters (Berry, 1989, Sam & Berry, 2006). This research set out to examine not just how styles of acculturation are manifested in different immigrant groups but also to investigate subjectively perceived 'successfulness' of the acculturation process as it is seen by an immigrant and in a way the motivational aspects of acculturation.

Moreover, in a quantitative research like this one, an operationally measurable concept was needed which could be examined as a dependent variable in statistical data analysis. Therefore the concept of Acculturation Dysfunction was implemented for this particular research. Among immigrants, Acculturation Dysfunction is a phenomenon of unsuccessful acculturation within another culture; lingering difficulties in acceptance (or non-acceptance per se) of value system, rules, norms, ethics and patterns of relationships which are customary to a host society. It is accompanied by any of three 'inharmonious' acculturation styles, but deals with the emotional and motivational aspects of acculturation rather than the cognitive and behavioural ones.

It was hypothesised that the concepts of acculturation style and Existential Position could be regarded as congenial. Namely, Positive Existential Position is conceptually close to Integration, I am OK – You are NOT OK Position is conceptually close to Separation, I am NOT OK – You are OK Position is conceptually close to Assimilation, I am NOT OK – You are NOT OK Position is conceptually close to Marginalization.

Another assumption was made about the relationships between the Negative Existential Position and acculturation and the Negative Existential Position and two of its supposed predictors – family and society with authoritarian features. Thus it was hypothesized that the Negative Existential Position serves as a predictor of difficulties within the acculturation process and that the Negative Existential Position in its turn is a 'product' of authoritarian socialization (i.e. the product of influence

of the two main institutions of socialization - family and culture). It was also hypothesised that each type of the three Negative Existential Positions would predict the dysfunctional acculturation in another culture to a certain degree. The task was to examine the causal relationships and the degree to which different types of the Negative Existential Positions predict the difficulties within acculturation.

Methods

Sample

The research was designed as a comparative quantitative research; four groups of adult residents of Germany were under investigation: two groups with an authoritarian socialization background (Turkish migrants, N = 206, and migrants from the former Soviet Union, N = 223) and one group without authoritarian socialization background (migrants or sojourners from Western countries, N = 304) (Table 1).

Empirical data collection was conducted among foreign residents of different statuses in Germany during the years 2007-2009. Among respondents were immigrants, visiting students and academics, guest workers (mostly among Turks or Ex-Soviets) or self-employed individuals (mostly among Westerners), sojourners, ethnic German repatriates from Kazakhstan or Russia ('Russian Germans'), young native Turkish women who got married to 'German Turks', etc. For methodological reasons, a minimum of 200 respondents from each group had to be sampled. The group sizes, however, turned out to be unequal due to a limited approachability (and sometime unwillingness to participate) of participants in the survey: young Turks who came to Germany as adults were the most difficult group to include within the survey.

The survey was implemented by means of a standardized questionnaire of sixty-nine items, comprising six scales and a number of demographic questions such as age, education, religious affiliation, etc. The psychometric part of the questionnaire was structured with a bipolar five-point Likert scale (with options from "I totally agree with this statement" to "I totally disagree with the statement"). The surveying was completely anonymous and needed no further contact with a respondent. The questionnaire was available in Turkish, Russian, English and German and participants were encouraged to take the version in their mother tongue in order to reduce possible misleading interpretations. Translation and back translations of the questionnaire were made; before the field part of the survey a pre-test was conducted involving participants with corresponding cultural backgrounds. From the larger amount of items the most reliable were selected for the final edition of the questionnaire which was used in the survey.

Table 1: Sample Characteristics

	Total sample		Subsample 1		Subsample 2		Subsample 3	
			Ex-Soviet Countries		Turkey		Western Countries	
N		1318		223		206		304
Percent female		52.00		67.70		32.00		55.90
Mean age		25.10		25.71		26.47		25.83
Country of origin (%)	Ex-Soviet	16.9	Russia	54.3	Turkey	96.1	USA	54.3
	Turkish	15.6	Belarus	4.9	Turkish Kurdistan	3.9	UK	12.2
	Western	23.1	Ukraine	19.3			Canada	8.6
	German	37.5	Kazakhstan	11.2			France	6.6
	German Turks	5.7	Azerbaijan	0.4			Luxembourg	5.9
	Warsaw Treaty countries	1.3	Uzbekistan	2.7			Spain	1.6
			Armenia	0.9			Finland	1.3
			Kyrgyzstan	1.8			Netherlands	1.3
			Georgia	2.2			Switzerland	1.0
			Moldova	0.9			Others	7.2

Data were collected via online surveying as well as face-to-face contacts with participants. In the statistical data analysis only responses of 18 - 35 year old participants were used; one of the core conditions was that the non-German participants were socialized in their home countries and came to Germany not younger than at 15 years of age. Statistical analyses were performed in SPSS and Amos, a structural equation modelling software.

Ethics

The research design was elaborated conjointly with Prof. Klaus Boehnke, and was approved by four other supervising professors: two internal ones (Prof. Chris Welzel and Prof. Ulrich Kühnen (School of Humanities and Social Sciences, Jacobs University Bremen, Germany) and two external ones (Prof. John W. Berry (Department of Psychology, Queen's University at Kingston, Canada) and Prof. Henning Schulze (Hochschule Deggendorf, Germany)). The ethical aspect of the surveying was in conformity with the German current Privacy Policy in Science and Research Law ("*Datenschutz in Wissenschaft und Forschung*").

All the participants took part in the survey voluntarily; the questionnaire was anonymous; no data collected in this survey has been transferred to a third party. The questionnaire was opened with the following introductory text: Dear respondent, this survey is a part of an investigation of general public opinion concerning a variety of social issues. When answering the questions below, please remember that there are no right or wrong answers; the only thing that matters is your personal opinion. This study is conducted anonymously; demographic data (like age, religious affiliation or education) are asked only for statistical purposes.

Scales used in the study

The instruments of measurement were partially extracted from existing valid instruments and partially developed in cooperation with the first supervisor of the research thesis. The part of the research reported in this article involved the following scales:

1. Perceived Authoritarian Parenting Scale (Authoritarian Family) to evaluate degree of familial authoritarianism as a micro-societal socialization factor.

The items were extracted from the original Lederer et al. (1991) authoritarian attitude measurement scale published in German. Examples: "My parents believe that a child should have strict discipline in order to develop a fine strong character." and "It usually helps the child in later years if he is forced to conform to his parents' ideas."

2. Perceived Authoritarian Cultural Background Scale to evaluate the degree of influence of authoritarian-like cultural aspects on personality within the socialization process as a macro-societal factor. These items were developed in cooperation with the first supervisor of this thesis. Examples: "In my home country's culture it is customary to think "To be afraid of someone means to respect him." and "In my school time teachers were never contradicted and criticized."

3. Acculturation Dysfunction Scale to measure a level of subjectively perceived ability to adjust to a new societal environment. Some items for this scale were developed on the basis of 4-Item-Short-Acculturation-Test (Wallen, Feldman, & Anliker, 2002) and Sociocultural Adaptation scale, (Ward & Kennedy, 1999). Some items of this subscale were developed in cooperation with the first supervisor of this thesis. Examples: "I would wish my children to live in this country." and "Here in Germany I am enjoying my life much more than I was in my home country."

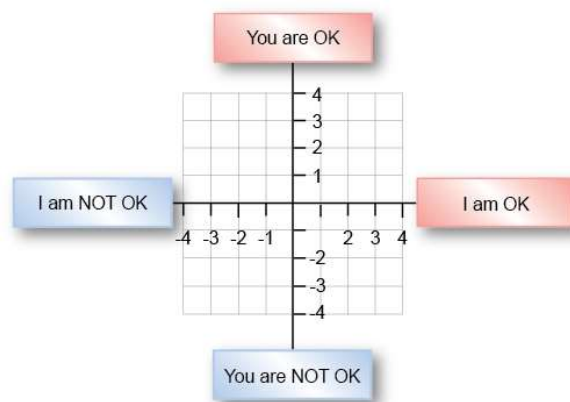
4. Existential Position Scale used primarily of an individual's tendency toward any of the four Existential Positions. The items were extracted from a multidimensional questionnaire of individuality *Das Egogramm* (originally in German) developed by Karl Kälin (Kälin & Müri, 1993). Examples: "I am convinced that human beings are capable to lead and to control themselves and thus to develop their potential." and "In many situations I feel inferior to others." For this particular study a statistical measurement tool had to be developed and certain calculations had to be made so the Existential Position variables were calculated as index variables; this was also because both I-scale and You-scale have both positive and negative values as shown in Figure 3. Thus, a maximum possible score on the positive domain ('I/You - OK') is 4, a maximum possible score on the negative domain ('I/You - NOT OK') is -4; any positive score corresponds to a degree of the Positive Existential Position and any negative score corresponds to a degree of the Negative Existential Position.

5. Acculturation Style Scale for integration, assimilation and separation. 12 items were partially extracted from the questionnaire developed by Berry et al. (Berry et al., 1987, Berry & Kim, 1988; Berry, et al., 1989); four items for marginalization measurement were developed originally in cooperation with the first supervisor of this thesis, as they were lacking in the current empirical research in the field. Examples: "We

should maintain our homeland's distinctive culture, and adopt the German culture at the same time." and "We live in Germany and we should give up our native culture and our old habits; we should adopt the German way of life – to think and act as Germans."

The hypothesised relationships between the Existential Position and the Acculturation Style concepts required special attention. The presumption was checked within pre-test and ended with positive results; further calculations are reported under Empirical Findings.

Figure 3: Four types of Existential Position, measured from 1 to 4 (on the positive parts of axis) and -1 to -4 (on the negative ones). I-scale expressed in the y-axis and You-scale expressed in the x-axis



Research design

There were two models examined in the research, of which the first is reported on within this paper. This is of the interplay between the styles of acculturation and the conceptually correspondent types of the Existential Position and is shown in Figure 4. The main assumption was that they are to a certain degree positively correlated, and that Integration is not related with Acculturation Dysfunction whereas the other three styles of acculturation will be.

The other research model is depicted in Figure 5 and expresses the idea that the Acculturation Dysfunction is predicted by the Negative Existential Position, which has its roots in two main socialization agents - family and culture. This work is reported in another article by the author (Kornyeveva, O. in print). A more detailed report on the research is also given in the author's dissertation thesis which is available as an e-book (Kornyeveva, O. 2010).

The Authoritarian Family variable in this model encompassed the Authoritarian Parenting Style items, i.e. a level of authoritarianism in a family of upbringing, as it is subjectively perceived by a respondent. The subjectively perceived authoritarianism of the culture of upbringing encompassed a wider society and a culture, beyond the family of upbringing. Under the

Negative of Existential Position in this model any of the three types of Negative Existential Positions are understood and all of them were designed to be examined within the data analysis. The Acculturation Dysfunction, as mentioned previously, is understood as

subjectively perceived difficulties in acculturation, which are accompanied by any of three 'inharmonious' acculturation styles; it deals mostly with emotional and motivational aspects of acculturation rather than cognitive and behavioural ones.

Figure 4: The idea of (inter)relatedness among the four Existential Positions and four Styles of Acculturation and with the Acculturation Dysfunction.

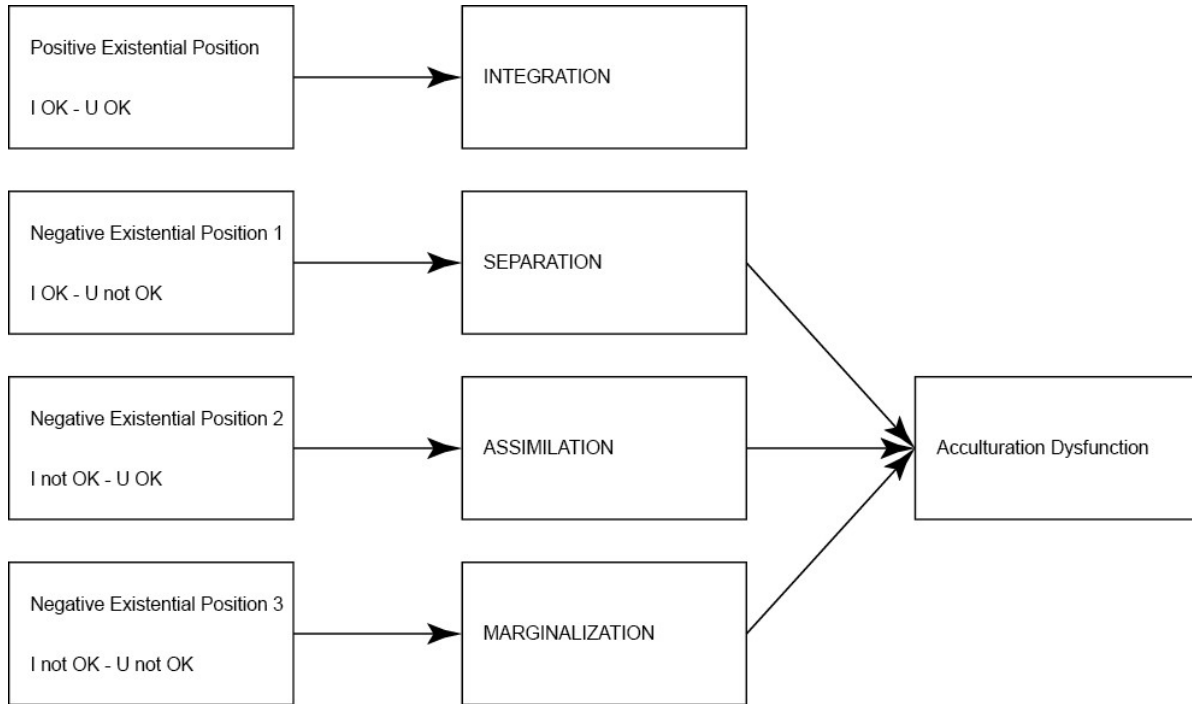
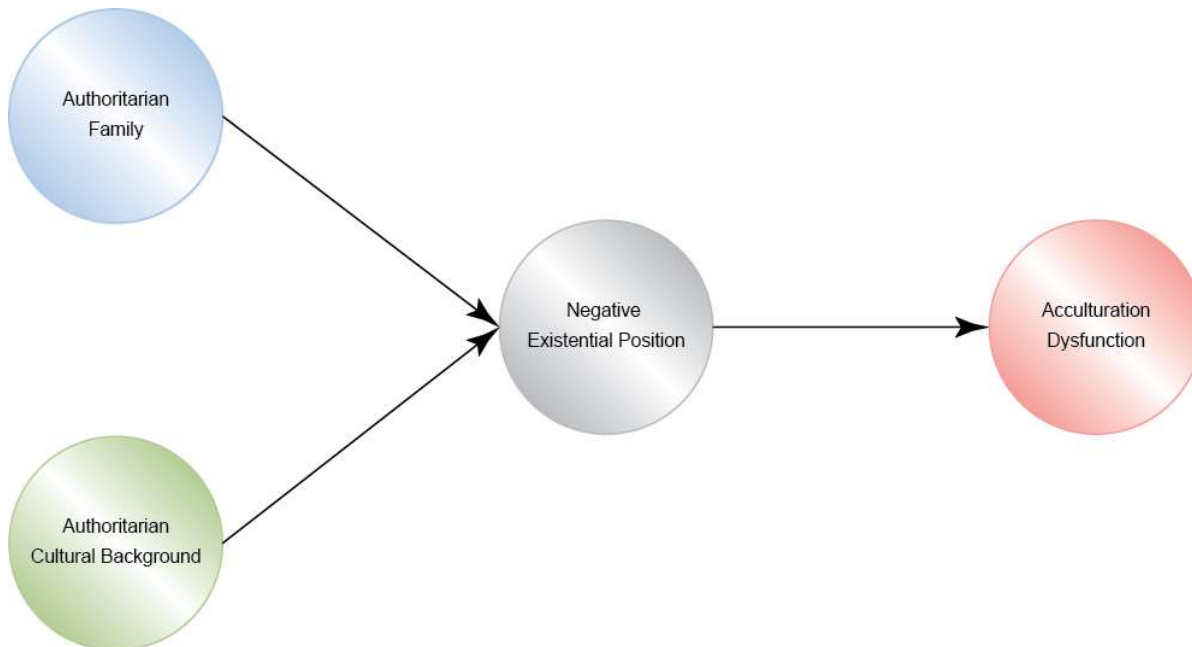


Figure 5: Acculturation Dysfunction predicted by the Negative Existential Position.



Empirical Findings

Statistical data analysis began with an assessment of prevailing acculturation style among the three immigrants' groups. As Table 2 shows, there were higher mean scores on the 'inharmonious' styles of acculturation (Separation, Assimilation and Marginalization) with Separation being particularly high in the Turkish subsample compared to the Ex-Soviet and Westerner subsamples. At the same time, Integration, as the only 'harmonious' style of acculturation, was the most articulated for all three subsamples.

Table 2: Mean Scores on Four Styles of Acculturation among Immigrant Subsamples under Scrutiny

Subsample	Acculturation Style			
	Integration μ	Separation μ	Assimilation μ	Marginalization μ
Ex-Soviet (N = 223)	16.74	9.16	7.10	10.70
Turkish (N = 199)	14.58	12.05	9.65	11.00
Western (N = 303)	15.80	8.54	8.27	10.58

One-way ANOVA with post hoc comparison (Dunnett's T3) was used. There were statistically significant differences among the Ex-Soviet, Turkish and Western subsamples on the Integration variable. On the Separation variable there were no differences between Ex-Soviet and Western subsamples ($p = .091$), but there was a difference between Ex-Soviet and Turkish and Turkish and Western subsamples. This ANOVA test was statistically significant ($p < .001$) on both Between group comparisons and Within group comparisons and also on the Homogeneity of Variances ($p < .001$). These descriptive results were however 'corrected' by additional information found by means of auxiliary items in the questionnaire like "Do you intend to stay in Germany as a permanent resident?", "Do you intend to move to another country?" and "Do you intend to move back to your home country?" with 'yes' or 'no' options and How do you feel deep inside? with four possible options: "mostly as a person from the country in which I grew up", "mostly as a German", "as both" and "as neither". More detailed information on these analyses is given in the dissertation thesis (Kornyejeva, O. in print).

The mean scores on the four Existential Position types were estimated for all subsamples. As Table 3 shows, the highest mean score on the Negative Existential Position type was found in the Turkish subsample, while

the lowest (the more close to the Positive Existential Position) was found in the German subsample. The Ex-Soviet subsample scored as the second highest group after the Turkish subsample.

Table 3: Mean Scores on the Negative Existential Position Variables across the Subsamples

Subsample/ Variable	Type of Negative Existential Position		
	Negative Existential Position 1_s (I am OK – You are NOT OK) μ	Negative Existential Position 2_a (I am NOT OK – You are OK) μ	Negative Existential Position 3_m (I am NOT OK – You are NOT OK) μ
Ex-Soviet (N = 223)	28.90	24.83	23.43
Turkish (N = 198)	29.52	25.65	24.59
Western (N = 304)	27.61	24.08	21.63

The correlations between the pairs were calculated and the hypothesis about congeniality of the Existential Position and the (corresponding) styles of acculturation was confirmed: all the correlations were positive and statistically significant, as shown in Table 4.

Table 4: Correlations between Existential Position Index Variables and Berry's Acculturation Styles (for the total immigrant sample, N=723)

Acculturation Style / Existential Position	Integration / I OK – U OK (PEP)	Separation / I OK – U NOT OK (NEP1)	Assimilation / I NOT OK – U OK (NEP2)	Marginalization / I NOT OK – U NOT OK (NEP3)
Pearson Correlation	0.247	0.181	0.162	0.234
p (2-tailed)	$p < .001$	$p < .001$	$p < .001$	$p < .001$
N	723	723	723	723

In order to examine the assumption on the relationships among the types of Existential Position and different styles of acculturation, a correlation analysis was

performed for each of the subsamples. Generally, among all three types of the Negative Existential Position, the strongest positive correlations were documented between the Negative Existential Position 3 and the three 'inharmonious' styles of acculturation – Separation, Assimilation and Marginalization for most of the subsamples as well as for the total immigrant sample, as shown in Table 5.

Table 5: Correlations among the Styles of Acculturation and the Negative Existential Position 3

Negative Existential Positions		Style of Acculturation			
		Integration	Separation	Assimilation	Marginalization
Immigrants' Total Sample	r	-.106	.371	.203	.244
	p (2-tailed)	.004	<.001	<.001	<.001
	N	724	723	728	727
Ex-Soviet	r	-.125	.380	.090	.165
	p (2-tailed)	.063	<.001	.182	.014
	N	222	222	222	222
Turkish	r	-.128	.420	.421	.388
	p (2-tailed)	.089	<.001	<.001	<.001
	N	179	180	183	183
Western	r	-.040	.204	.067	.163
	p (2-tailed)	.494	<.001	.248	.005
	N	300	298	300	299

Such an empirical finding was expected to be found, because the Negative Existential Position 3 'I am NOT OK – You are NOT OK' is conceptually the only 'pure' Negative Existential Position because it does not include a positive aspect, which in the other two Negative Existential Positions is 'contaminating' the variable in the analysis (it is difficult to distinguish how much positiveness/negativeness is attributed to each of the parts of the Self-conception).

Correlations between the styles of acculturation and the types of Existential Position were examined for each of the subsamples under investigation. They were found to be of different strengths and not statistically significant in all cases (although very close to significance in some cases). As shown in Figure 6, statistically significant positive correlations were found between Integration variable and Positive Existential Position for Ex-Soviet, Turkish and Western subsamples; between Assimilation variable and Negative Existential Position 2 variable for the Turkish subsample and between Marginalization variable and Negative Existential Position 3 variable for the Ex-

Soviet and the Turkish subsamples. These findings are indicative of the conceptual closeness theoretically assumed between the (corresponding) styles of acculturation and the types of the Existential Position. The fact that the results found in the Westerners subsample were the least correlated leaves room for discussion. And the fact that the strongest statistically significant correlations in all three subsamples were found to be with regard to the Integration – Positive Existential Position speaks for the assumed conceptual similarity between the ideas, and suggests that the Negative Existential Position can be 'situationally' expressed in any of the three types, but can be regarded as the holistic idea of the Negative Existential Position where it does not matter which component of it can be identified as 'negative' – 'I am' or 'You are' or both.

To test and validate the obtained correlation results, a structural equation modelling (SEM) approach utilizing AMOS 17.0 was pursued. As the subsamples under investigation were not large enough for structural equation modelling with latent variables, a manifest variable model was tested. Also the data set originally had missing values (although a small number), which regularly creates problems in SEM. Thus, multiple imputation of missing values was implemented and unbiased parameter estimates were created. In this and all further SEM reports standardized coefficients are documented. SEM was implemented in order to examine the causal relationships among the variables on acculturation styles and the Existential Positions and their relationships with the Acculturation Dysfunction variable. The model with standardized coefficients is depicted in figure 6. The Main Model Fit characteristics were as follows: CMIN/DF = 2.619, NFI = .988, CFI = .992, RMSEA = .047.

As depicted in Figure 7, the predictability power of the Existential Positions with regard to the styles of acculturation was confirmed, although the predictability potential was not equally distributed among all types of Existential Positions. As was expected, the Positive Existential Position was found to be a predictor for Integration (.23) and Assimilation (even stronger: .47). An interesting result was found with regard to the 'I am OK – You are NOT OK' Position variable: there was no statistically significant result on its predictability power with regard to the Separation variable, as had been originally expected. At the same time, 'I am NOT OK – You are OK' Position was found to be negatively predictive for both the Separation variable (with the coefficient -.19) and the Assimilation variable (with coefficient -.53). It means that the more the 'I am NOT OK – You are OK' Position is articulated the less it determines Separation and Assimilation. The 'I am NOT OK – You are NOT OK' Position showed sufficient predictability power (.25) with regard to the Marginalization variable, and, what had not been assumed, it seems to be predicting Assimilation (.86) and Separation (.36).

Figure 6: Correlations between Existential Positions and Acculturation Styles among the three subsamples under investigation. * indicates the statistically significant results.

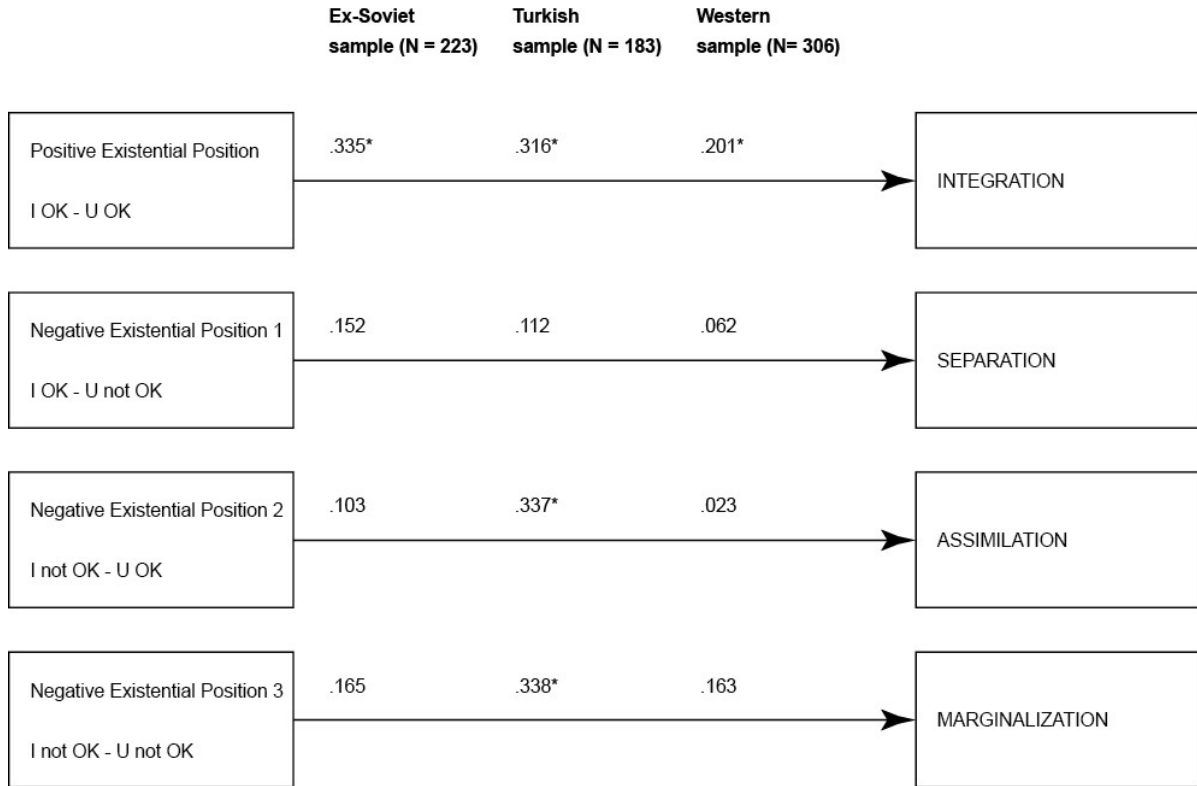


Figure 7: Relationships among the Four Existential Positions and Four Styles of Acculturation and with the Acculturation Dysfunction (with standardized coefficients for the Immigrants' Total Sample, N = 733)

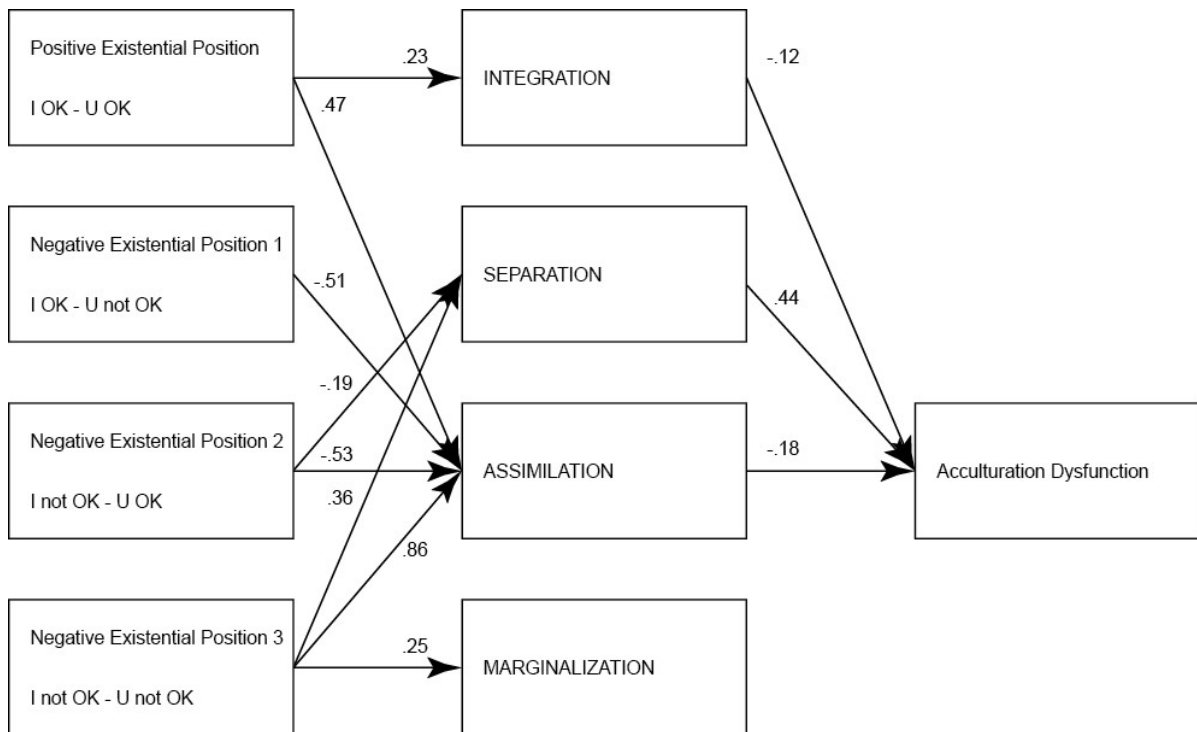
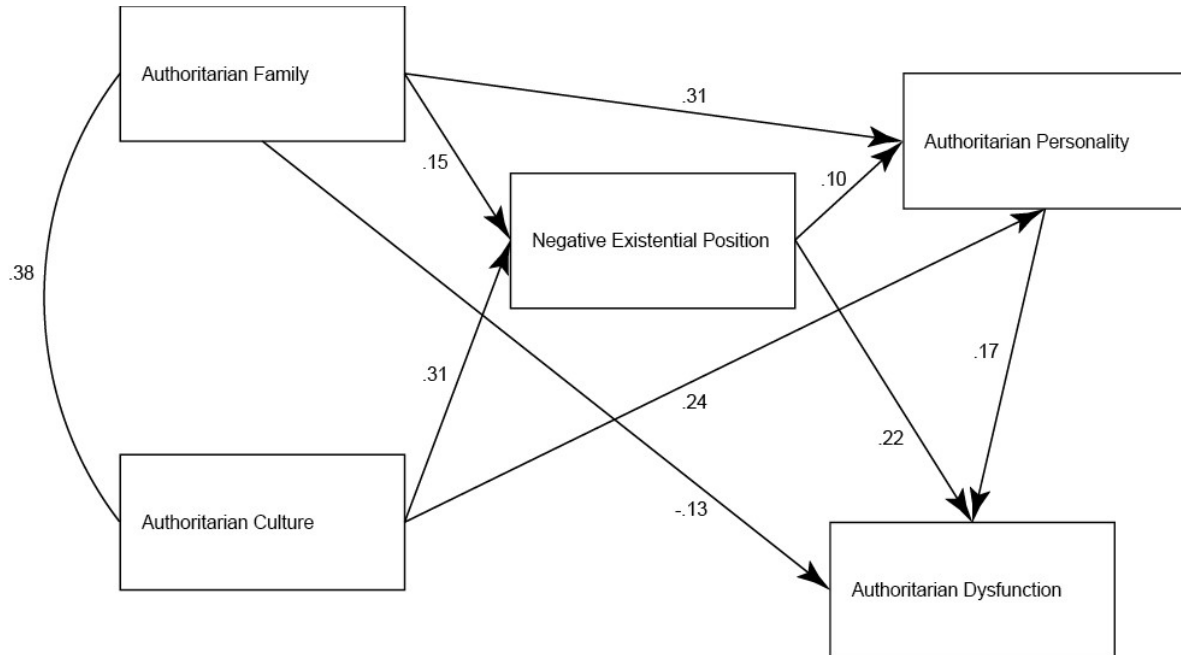


Figure 8: Relationship among the Predictors of the Authoritarian Personality and their Impact on Acculturation Dysfunction (with standardized coefficients for the Immigrants' Total Sample, N = 733).



Another set of findings this model encompassed is the causal relationships between the styles of acculturation and the Acculturation Dysfunction. Thus, Integration was found to be a negative predictor of the Acculturation Dysfunction, as was hypothesized (-.12). Interesting is that Assimilation seems to be less 'dysfunctional' in light of its predictability for the Acculturation Dysfunction: it predicts the Acculturation Dysfunction negatively, with coefficient -.18. Separation, in its turn, appeared to possess a strong predictability potential for the Acculturation Dysfunction (.44).

The last model test in this statistical data analysis documented the relationships between the two background variables (the family of upbringing and the cultural milieu) and the Negative Existential Position and the Acculturation Dysfunction. The model depicted here is the original model from the report of the research made in the dissertation thesis (Kornyeveva, O. 2010); therefore it includes the Authoritarian Personality variable as well. Relevant in this context, however, are the results on the background variables and their relationships with the Negative Existential Position and the Acculturation Dysfunction. As is depicted in Figure 8, the Authoritarian Family is predicting the Negative Existential Position (.15); the Authoritarian Cultural milieu predicts it even more strongly (.31). Both these predictors were found correlated (.38) (which was also expected to be found). The Acculturation Dysfunction variable was found to be predicted by the Negative Existential Position (.22). It was found that the Authoritarian Family

predicts the Acculturation Dysfunction in a negative way (-.13), but there was no evidence found about the Authoritarian Culture as a predictor for the Acculturation Dysfunction.

Discussion

The hypothesis that the Negative Existential Position is more articulated among individuals with authoritarian socialization background was confirmed: the highest mean scores on the Negative Existential Position were obtained among the respondents of Turkish origin, the second highest was the Ex-Soviet respondents and the respondents from Western countries scored the least. The hypothesis that individuals with authoritarian background experience more difficulties within acculturation than those without authoritarian background was confirmed as well.

Calculated as a sum of positive answers with regard to any of the four statements about acculturation attitudes in the four acculturation domains (family, language, culture, holidays), style of acculturation results show the most preferred style of acculturation was Integration, Assimilation was rated lowest and Marginalization and Separation fell in between. This trend is in line with numerous empirical findings made in diverse cultures and diverse immigrant groups all over the world. (Berry, 1997; Piontkowski, Florack, Hölker & Obdrzalek, 2000; Neto, 2002, Phinney, 2003; Hsiao & Wittig, 2008)

An important finding was made on the interplay between – on the one side - four types of the Existential

Positions and the (corresponding) Berry's styles of acculturation: the correlations were all positive, strong or moderate, statistically significant or close to it. It supports the idea about the conceptual closeness of the concepts which in the first case is individual construct or an attitude toward Self, and in the second case an attitudinal construct about a culture (its own versus another within acculturation).

With regard to the predictive role of the variables under investigation, the Positive Existential Position showed predictability power for Integration (.23) for the total immigrant sample.

The hypothesis that the Negative Existential Position in general serves as a predictor for 'inharmonious' styles of acculturation has found support, although not equally strong support for each of the subsamples. Thus, the Negative Existential Position was found to be a good predictor of Separation among the Turkish and Ex-Soviet respondents (groups with authoritarian background), but not among the Westerners.

As structural equation modelling showed, the Negative Existential Position plays a 'fostering' role with regard to Separation, which in its turn is a good predictor of the Acculturation Dysfunction. Notable is that the Negative Existential Position had a significant direct effect on Acculturation Dysfunction among respondents from Western countries.

Conclusion

This research was a first of its kind, where the acculturation features (acculturation styles and notorious difficulties experienced by certain groups of immigrants) were approached and explored using the Transactional Analysis paradigm and the concept of Existential Position. Thus, this research, along with answering certain questions, gives valuable information on acculturation features of immigrants with authoritarian background and on the influence of such a background on the character of their acculturation process.

This information can be useful for policymakers within the state or community immigration policy-making process in order to provide more efficient policies for specific groups of immigrants and the development of healthy intercultural dialogue between a receiving society and newcomers as well as among different groups of newcomers and a receiving society: there are conflicts especially between the groups of immigrants with authoritarian background. One of the notorious distinctive characteristics of individuals with authoritarian backgrounds is their tendency to divide people into 'in-groups' and 'out-groups', to perceive the world as a dangerous, unfriendly place, and to fight with 'out-groups'; this is of exceptional significance in the context of acculturation and the multicultural globalizing world as it is now.

The Authoritarian Personality, as the type of individuality which is fostered by an authoritarian background, was only partially mentioned in this article due to the focus on the relationships between Berry's concept and the concept on Existential Position. Nevertheless, its significance is crucial for understanding the phenomena of unsuccessful acculturation of immigrants with authoritarian background, which is documented in numerous studies (Mayer, Fuhrer & Uslucan, 2005; Pfeiffer, Wetzels & Enzmann, 1999; Pfeifer & Wetzels, 2000; Pfeifer, 2001). The entire report on the Authoritarian Personality studied using a transactional analysis approach, as well as a report on examination of the relationships between authoritarian background variables and acculturation variables is given in the dissertation thesis (Kornyejeva, O. 2010).

Another issue evoked by this research is that of psychometrics traditionally used in acculturation research. Berry's fourfold approach to acculturation has evoked a vivid debate since the middle of 1990s (Rudmin, 2003, 2006). Under criticism is the point that Integration has been found, according to numerous empirical studies (Rudmin, 2003), not to negatively correlate strongly enough with psychological maladaptation of immigrants. This may, of course, be caused by unsatisfactory psychometric instruments used in empirical acculturation research.

Poor validity of acculturation psychometrics is also reported in the literature (Rudmin, 2003). While the psychometrical body of acculturation research, indeed, needs to be improved, from the theoretical point of view transactional analysis offers a sufficient basis for the fourfold approach to acculturation. Thus, the Positive Existential Position of an individual is regarded as a prerequisite for harmonious, cooperative relationships with others and a predicate for an ability to solve possible problems in relationships (Berne, 1964; Steiner, 1974, Stewart & Joines, 1987); Integration as a style of acculturation with both positive attitudinal components seems to be the healthiest, non-conflict style of acculturation as well. Similar tendencies can be traced with regard to the three 'inharmonious' styles of acculturation and their phenomenological closeness with the Negative Existential Positions; the research reported here offers evidence on this.

Further elaboration is needed on the TA-based psychometric instruments in empirical social-psychological research. The most problematic issue seems to be the 2-dimensional nature of the constructs (Existential Positions) and the correspondent psychometrical items used in field research. As was mentioned above, it is difficult (if not mathematically impossible) to estimate in which proportion are the attitudes toward Self and Others in an answer on the variable, which for statistical purpose was calculated as two items (one item on 'I' and one items on 'You'). Such a methodological problem may be successfully solved in cooperation with professional mathematicians/statisticians.

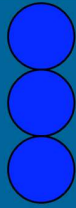
This research under the title "Authoritarian Socialization Experience and Acculturation Dysfunction among Young Immigrants to Western Europe: The Role of a Negative Existential Position" was conducted by Lena Kornyeveva at Jacobs University Bremen, Germany, during the years 2006-2009, Professor Klaus Boehnke being the primary supervisor. It was supported by the Open Society Institute and the Deutsche Akademische Austauschdienst.

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Impact of Transactional Analysis Psychotherapy Training on Self Awareness and Ability for Contact

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Abstract

This research was a small scale quantitative study involving students undergoing Relational Transactional Analysis psychotherapy training at Metanoia Institute in London in the UK between September 2007 and July 2008. The researchers aimed to evaluate the impact of the training on students' psychological health, using the 'Autonomy Questionnaire' (Beekum & Krijgsman, 2000). This allowed measurement of developments in students' self awareness and ability for contact with others during their second year of training (first year of clinical practice) compared to students in their 4th and final year. The scope of the study and the findings are exploratory. The research raises questions for further research in the areas of psychotherapy training and supervision.

Key words

Relational transactional analysis, self awareness, ability for contact, Autonomy Questionnaire, psychotherapy training

Introduction: The importance of self awareness and ability for contact in Relational clinical training

The Relational Transactional Analysis perspective is "characterised by the development of affective, co-created, conscious, non-conscious and unconscious relational interactions as a primary means of growth and change" (IARTA 2010). This interpersonal approach emphasises the importance of the therapist's ability for self awareness and self reflection as well as a capacity for developing a therapeutic relationship.

These aims of psychotherapy training are well supported by both clinical and research literature, particularly the field of common factors research and research on therapist variables. In their comparative

study of Cognitive Behavioural and Psychodynamic/ Interpersonal psychotherapists (Goldfried et al 1997) show that Interpersonal and Psychodynamic psychotherapists focus more on insight and interpretation in their work, which demands a level of self awareness and the awareness of the process within the therapeutic relationship. This suggests the importance of developing personal awareness during training, particularly within the relational therapeutic traditions. However, the relevance of relational factors is not limited to interpersonal psychotherapies and Asay & Lambert (1999) estimate that they account for around 30% of the variance in outcomes in all approaches, twice as much as technique.

Research studies also suggest a wide variation in effectiveness between individual therapists, which takes precedence over theoretical orientations and technique (Luborsky et al, 1985). A strong therapeutic relationship, in which the client feels understood and accepted, emerges as one of the 'common factors' of effective psychotherapy in a number of meta-analytic studies (Luborsky et al, 1975); (Lambert & Bergin, 1994); (Smith & Glass, 1977); (Wampold, 2001). Within that the working alliance, defined by Bordin (1979) as a collaborative relationship with three main components of goals, tasks and bonds, emerges as a consistent predictor of outcome (Horvarth & Bedi, 2002); (Wampold, 2001).

However, these studies do not show how the roles of the therapist and the client account for differences in the therapeutic alliance and the outcomes. Historically clinical literature tended to focus on the role of the client in this process, even though more recent relational approaches analyse the complementary roles of the therapist and the client. Looking at the role of the therapist, Baldwin et al (2007) investigated different aspects of the working alliance in relation to

psychotherapy outcomes and found that therapists who, on average, formed stronger alliances had more positive outcomes, even when they worked with clients who varied in their capacity to form a therapeutic alliance. This study has particular implications for psychotherapy training and suggests that ability to form a working alliance with clients could be seen as a significant training outcome for clinicians.

Further studies (cited in Cooper, 2008) confirm the importance of other relational factors such as empathy, positive regard and working alliance (Krupnick et al. 1996; Bohart and Tallman 1991) and their consistent impact across a variety of client groups.

An area of research of particular interest to Relational Transactional Analysts relates to the role of unconscious communication in the therapeutic process. It focuses on therapists' countertransference and attachment styles. Gelso & Hayes (2002) in their review of research into the impact and management of countertransference suggest that therapists who are considered to have more 'integrated personalities' tend to have fewer countertransference reactions, as do therapists who had high awareness of their feelings.

They concluded that the management of countertransference responses was helpful to the therapeutic process and the therapists' self awareness and understanding as well as their own psychological health and 'self integration' were particularly important in this process. Clinical supervision and personal therapy were seen as important arenas for this development. In Transactional Analysis psychotherapy the analysis of therapists countertransference is relevant in the process of dealing with games (Berne, 1964) particularly from a constructivist, relational perspective (Hine, 1990), (Allen & Allen, 1997), which emphasises the complementary and bilateral nature of psychological games.

Therapists' self awareness and integration are important in the area of attachment, because attachment patterns contain both conscious and unconscious material and are likely to influence the therapeutic relationship (Gelso & Hayes, 2002; Tyrrell et al, 1999).

In Transactional Analysis, awareness has been linked to the concept of autonomy (Berne, 1964, 1966). Abilities for spontaneity, awareness and intimacy have been seen as aspects of psychological health contained within the human aspirations for autonomy. Research by van Beekum and Krijgsman (2000) challenged this notion and identified two distinct components of autonomy: self awareness and ability for contact. This research uses their definitions of autonomy to investigate whether psychotherapy training leads to an increase in self awareness and ability for contact.

Training programme

The TA Psychotherapy programme at Metanoia Institute takes place over four year-long modules, part-time. The course structure is graduated to increase in depth and challenge as the student progresses through its stages. These years of formal study are followed by a period of carefully supervised practice, as well as written and viva examinations. Woven throughout and between the modules are a variety of requirements for group and private study, practice, supervision, therapy and personal development, as well as written assignments.

The four years include theory, which is primarily transactional analysis but also other perspectives, relevant research and the integration of theory into clinical practice. Students are supported to develop as competent reflexive practitioners who can address professional/ethical issues and integrate their training, personal therapy, clinical and supervision experiences to develop their own personal style as TA practitioners. In particular they are supported to develop their abilities to use the therapeutic relationship as the central vehicle to assist clients in understanding and addressing their difficulties.

This emphasis upon the structured use of the therapeutic relationship requires students to reflect upon what factors make a relationship therapeutic, to learn and practise the skills involved in making and maintaining this relationship and to develop their ability to use their own experience and reflexivity in the service of the work. It involves the education of the person in self-awareness and self-reflection as well as training in a specific philosophical and theoretical approach.

This focus on the therapeutic relationship begins from the start of training but takes on a particular emphasis in the second year when students begin to see clients. In this year the training uses principles of action research as a basis for training (van Rijn et al., 2008); formal teaching is closely linked to the questions arising for students as they engage with and reflect on their practice.

To assist with this process, students undertake a reflective inquiry into their practice, with the support of their primary tutors and training supervisors. Training supervisors provided group supervision once a month, in an allocated section of the course. They are familiar with students individually, as well as the training programme. They supervise the same groups throughout the training year. Common reflective inquiries at this stage are "How does my 'Please Others' Driver get in the way of me being an effective practitioner?" or "What effect does my fear of conflict have on my interventions with clients"? Students engage with their inquiry in their practice and then reflect on it, primarily with their training supervisor, as a means of drawing out the learning experiences and

findings from it. The overall aim of this inquiry is to assist the student to become more aware of the ways in which they potentially lose contact (and effectiveness) in relationship with their clients and to hopefully develop their ability to work through this.

Methodology

The overarching methodology for the project was based on action science (Argyris et al, 1987). Philosophically, this methodology is based on constructivist sensibilities and looks at research as a process which creates and shares knowledge within (organisational) systems. That means that all the participants are co-researchers, who share the process and the knowledge within the system.

The aim is to engage in cycles of inquiry using reflection, observation, implementation and evaluation, using quantitative, qualitative or mixed methods. The study is based in a 'real world' setting, which means that the number of participants is small and the sample is not randomised.

The fact that this is a naturalistic study with a small sample limits the generalisability of the evaluation. The study uses student questionnaires based on self report and therefore gives a view of subjective experience. As in all action research, this study aims to give insight, evaluate a lived organisational experience and ask questions. The scope of this paper is to present the quantitative analysis of this project.

Methods

The research team decided to use an evaluation method based on the transactional analysis concept of psychological health to evaluate the training programme. The Autonomy Questionnaire (van Beekum and Krijgsman, 2000) is a research based measure developed to evaluate the impact of transactional analysis supervision and coaching training on the psychological health of the participants. The questionnaire contained statements representing polarities related to two categories: self awareness (category A, 10 statements) and contact with others (category B, 9 statements).

Three groups of participants were involved in the evaluation: students in their second year of training, their training supervisors and students in their 4th year of training.

The 2nd year students had training supervisors on site who were familiar with the training programme and employed by the Institute. Students and their supervisors were both asked to complete the Autonomy Questionnaire at the beginning and the end of their year. There were 19 students and 3 supervisors. They used the questionnaires to aid their professional and

personal development and engage in their reflective inquiry during the year.

The research questionnaire was introduced to the 2nd year group on the first weekend of the course, initially as a means of opening up a discussion on what they believed to be the qualities of an effective therapist. As a result of this discussion students were asked to reflect upon those qualities that they felt they comfortably owned and those that they struggled with. From this they developed their initial reflective inquiry question. They also filled out the research questionnaires at this point, which were then put in a sealed envelope and handed to the research team.

At the end of the second year, each student and their primary supervisor independently filled out the same questionnaire again; as before these were placed in a sealed envelope and handed to the research team.

Sixteen students on the fourth year of training also filled out the research questionnaire on their first and last weekends. Their supervisors were not involved, as they had supervision in private practice settings. By this year the emphasis on the therapeutic relationship has moved on from a more cognitive focus (2nd year) through a concentration on unconscious communication (3rd year) to one in the fourth year where the student is assisted to identify their own personal style of making and maintaining contact within the therapeutic relationship. Inquiry questions at this stage commonly involve noticing the impact of interventions on clients, exploring subtle countertransference responses and experimenting with different ways of engaging with clients and what they bring. Discoveries and hypotheses then form the basis of another cycle of inquiry into practice.

The Head of Clinical Services, who was the project leader, and the independent researcher, who conducted the statistical analysis, were not a part of training and therefore held a higher degree of separation from the project within the organisational system.

Ethical Issues

All participants were given written information about the project and a choice in taking part. They all signed a written consent form.

The action research principles used within the project ensured that issues of transparency were adhered to. Students were engaged in theirs' and their supervisors' evaluations and encouraged to discuss it in supervision session. However, questionnaires passed to the researcher were anonymous. The only identifying data was their year of training, because this was pertinent to the analysis.

Statistical Analysis and Outcomes

Changes in categories of psychological health during training

Descriptive statistics were used to analyse the outcomes, which indicated a reduction in group means from pre training to post training reporting. This suggests that more students were marking lower numbers on the scale which represent increased levels of autonomy on both categories (self awareness (A) and contact with others (B)). The standard deviation also shows a reduction in the dispersion of scores from the pre to post measure, suggesting a greater consensus between the students and increased psychological health on both categories. This indicates that there was less difference between individual students at the end of training than at the beginning and suggests the impact of the training programme on the outcomes.

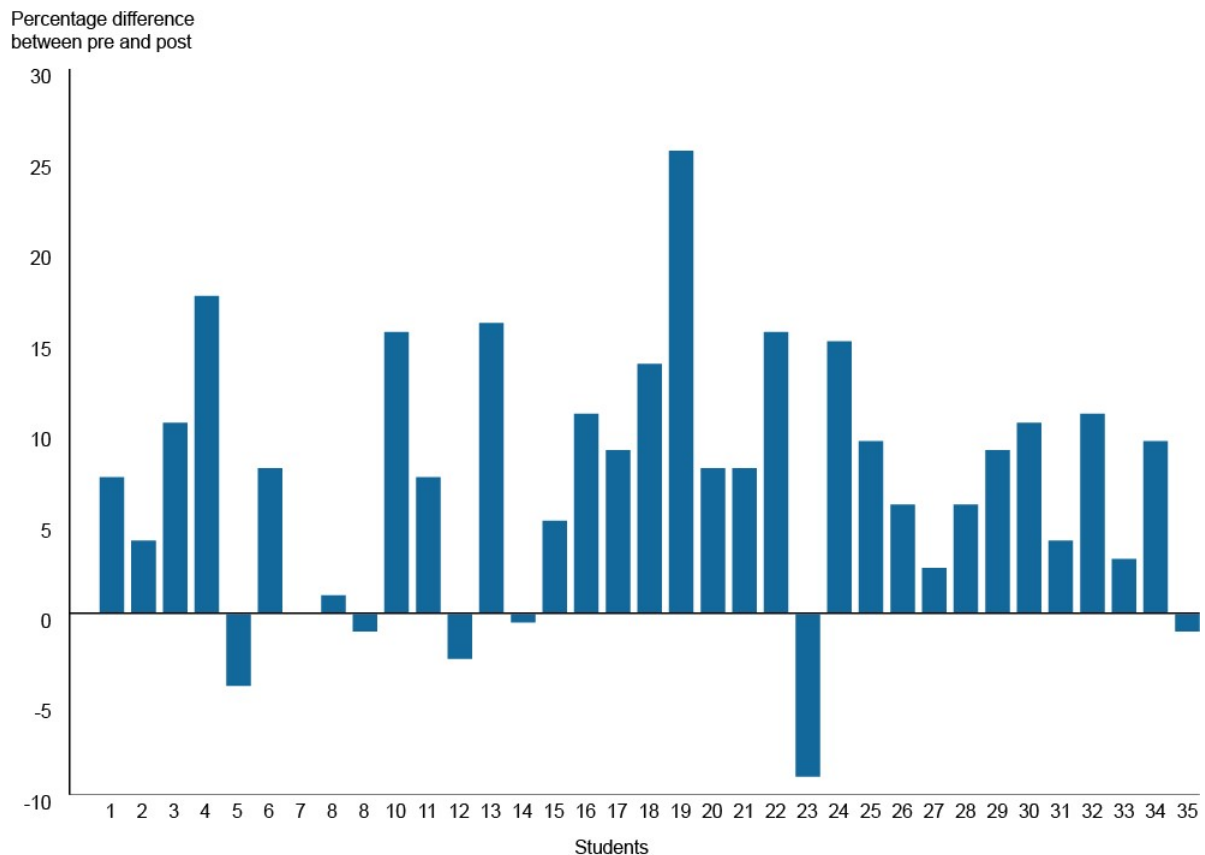
Initially each item on the scale was compared pre and post the training year, using a related t-test to investigate differences. It was found that items 6, 9, 10, 18, 19 and the Total score were significantly different from pre to post ($P < 0.05$). These items related to both scales and could be investigated further in the future uses of the measure (Table 1).

Supervisors' evaluation

Recognising the limitations of the self report questionnaire, the study was widened to supervisors of students in the second year of training. Descriptive statistics showed that the average supervisor's scores of students were higher than the student's scores after training, suggesting that supervisors were recording lower levels of autonomy than students. This is supported by higher maximum and minimum scores recorded by the supervisors than by the students. Again using a related t-test, there are significant differences between the supervisors' and students' scores on items 1, 2, 9, 17 and the Total ($P < 0.05$). This suggests that supervisors did not record as high an increase in autonomy after the training year as did the students.

Interestingly, the significant differences between supervisors' ratings of students and students self-ratings were found in the category of 'self awareness' items, not the 'contact with others' items. Significant differences at $P < 0.05$ were recorded between the students' A subscale on the post measure and the supervisors' A subscale and also the students' B subscale on the post measure and the supervisors' B subscale. These scores suggest that the self-reported increase

Table 1: The Percentage change recorded by students between pre and post measures of self awareness



in self-awareness of the students is not reflected by the supervisor. The supervisors' total score and the students' total score on the post-training measure differ significantly.

Comparison of Categories and Groups

To measure the subscales within the Autonomy Questionnaire (A- self awareness; B- contact with others) a related t-test was employed (Table 2). The results showed that there were significant differences between subscales A and B on the pre measure, the post measure and the supervisor's measure ($P < 0.05$). This suggests that both groups increased their autonomy scores, both in the area of self awareness and contact with others, even though supervisors rated the changes differently to students.

An independent t-test was employed to investigate whether there was a significant difference between student's scores in their second year of training and

those in their fourth year of training (Table 3). No significant difference was found between year two and year four of training for either the pre or post measure even though the Table 5 graph shows that year four have lower scores on average and therefore report a higher level of psychological health than year two. This is also true for the subscales total scores, where students in year two are reported to have higher scores (lower reported self-awareness) than students in year four however this difference is not significant.

Table 3 illustrates that there is a significant difference (change score) between the total scores for Pre Self-awareness and Contact and Post Self-awareness and Contact.

Table 4 shows that there is a significant difference between the groups for Contact change scores (the difference in pre and post only). Table 5 illustrates clearly that there is a greater change in Year 2 than Year 4 for Contact categories.

Table 2: Paired Samples Test

		Paired Differences			95% Confidence Interval of the Difference		t	df	Sig. (2Tailed)
		Mean	Std. Deviation	Std. Error Mean	Lower	Upper			
Pair 1	PostATotal - SupATotal	-6.526	5.471	1.255	-9.163	-3.889	-5.200	18	.000
Pair 2	PostBTotal - SupBTotal	-3.789	4.662	1.069	-6.036	-1.543	-3.543	18	.002
Pair 3	PostTotal - SupTotal	-10.316	9.534	2.187	-14.911	-5.721	-4.716	18	.000

Table 3: Paired Samples Test

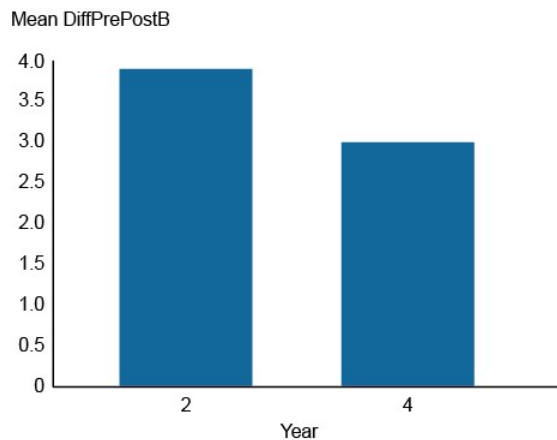
		Paired Differences			95% Confidence Interval of the Difference		t	df	Sig. (2Tailed)
		Mean	Std. Deviation	Std. Error Mean	Lower	Upper			
Pair 1	PreATotal - PostATotal	4.686	4.788	.809	3.041	6.331	5.789	34	.000
Pair 2	PreBTotal - PostBTotal	3.486	4.488	.759	1.944	5.027	4.595	34	.000

Table 4: Independent Samples Test

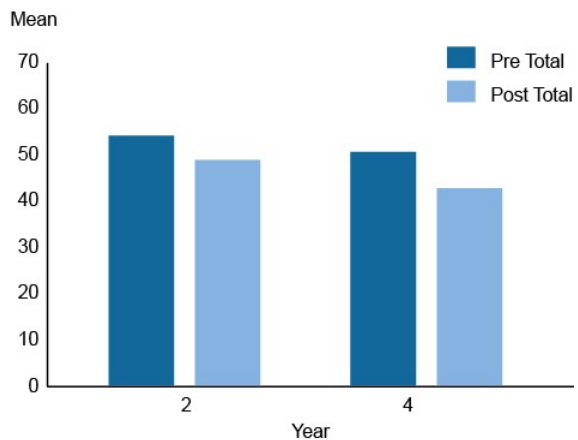
		Levene's Test for Equality of Variances		t-test for Equality of Means				
		F	Sig.	T	df	Sig. (2 Tailed)	Mean Difference	Std. Error Difference
DiffPre Post	Equal variances assumed	1.505	.229	.324	33	.748	.891	2.753
	Equal variances not assumed			.331	32.769	.743	.891	2.691
DiffPre PostA	Equal variances assumed	.024	.877	-.002	33	.998	-.003	1.649
	Equal variances not assumed			-.002	29.397	.998	-.003	1.675
DiffPre PostB	Equal variances assumed	10.292	.003	.582	33	.565	.895	1.538
	Equal variances not assumed			.612	28.200	.546	.895	1.463

Table 5:

Graph illustrating the difference in change scores for the Contact Subscale



Comparison between year 2 and year 4 on Pre and Post training measures



The association between the change in self awareness and clinical effect could not to be investigated as there were not sufficient data to do so. However further investigation on why there were significant differences on some of the items may have interesting connotations for further test development and for comparison to self-awareness theory and literature. Furthermore, investigation of the reasons behind supervisors' lower rating of students' self awareness could generate some interesting themes for training and for reflective practice.

Discussion

The outcomes of this research suggest that students' autonomy in the areas of self awareness and ability for contact, as measured by the 'Autonomy Questionnaire'

(Beekun & Krijgsman, 2000) develops whilst they are being trained in the Transactional Analysis Relational approach in psychotherapy training. This suggests that the training meets its objective in developing students' capacity to engage in relationships with a corresponding impact on therapeutic practice. However, there is no data related to students' clinical practice at this time and this highlights an important area of further research.

These findings are limited by the size of the research group, the measure and the methodology and raise a number of interesting questions and opportunities for further research. One of these questions relates to the use of a self report measure. Differences between students and their supervisors in the evaluation of self

awareness in the second year of training raise interesting questions. We could expect that the difference between the two would be more likely to occur in the category of contact with others than the self awareness. However, this is not the case. So is self awareness best evaluated externally or internally? Do supervisors perform a function in highlighting the 'blind spots' for their supervisees and is their input, therefore, an essential tool in the development of self awareness?

Students in the second year of training are very much novice practitioners. Does the role of a supervisor change with experience? We do not have supervision data from the students in the fourth year of training, so cannot draw comparisons. Further research could look into comparing supervisors of students at different stages of training and experience.

Differences between the two groups show that students in the later stages of training demonstrate a higher degree of psychological health in both categories at least as perceived by themselves, further suggesting the link between training and psychological gains. In this type of project, that link could only be a suggestion, rather than a conclusion as the training itself includes a requirement for personal therapeutic work which should in itself make a difference. Further research, with a bigger sample and a wider range of measures could investigate whether there is a causal link between the two. It is hard, in any case, to know which elements of the training might have made the difference. We can only assume it is those aspects that call directly to the attributes identified in the measure. In order to research this conclusively, a control study could be used, but this would raise obvious questions of the ethics involved in deliberately withholding training that is assumed to be a vital part of developing an effective practitioner.

The 'Autonomy Questionnaire' is a new measure. This research further supports its structure and the separation of the two distinct categories of self awareness and ability for contact. Further research could validate and develop its use. Relationship between the categories of self awareness and contact with others could be investigated further in relation to attachment patterns.

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APPENDIX: Questionnaire IAS International

Taken at **start/end** of the training

Categories in this questionnaire represent polarities of different qualities related to concepts of self awareness and contact with others. Please place yourself on the continuum of each category in relation to how you view yourself in your day to day life.

Name: _____

Date: _____

A	1	Awareness of my internal dialogue	1	2	3	4	5	6	Lack of awareness of my internal dialogue
A	2	Intuitive	1	2	3	4	5	6	Rigid
A	3	Creating structure	1	2	3	4	5	6	Creating disorder
A	4	Dealing with complexity	1	2	3	4	5	6	Need for simplicity
B	5	Expressing feelings	1	2	3	4	5	6	Withholding feelings
B	6	Expressing thinking	1	2	3	4	5	6	Keeping thoughts to myself
B	7	Creating independence	1	2	3	4	5	6	Creating close bonds
B	8	Creative rebellion	1	2	3	4	5	6	Adapting to authority
A	9	Keeping an open mind	1	2	3	4	5	6	Making quick judgements
B	10	Respectful	1	2	3	4	5	6	Critical of others
B	11	Permissive	1	2	3	4	5	6	Firm
B	12	Appreciative	1	2	3	4	5	6	Dismissive
B	13	Making contact	1	2	3	4	5	6	Withdrawing
B	14	Challenging authority	1	2	3	4	5	6	Complying
A	15	Having one's own thoughts	1	2	3	4	5	6	Taking ideas from others
A	16	Letting things happen	1	2	3	4	5	6	Maintaining Stability
A	17	Active	1	2	3	4	5	6	Inactive
A	18	Standing up for one's own needs	1	2	3	4	5	6	Prioritising the needs of others
A	19	Letting go	1	2	3	4	5	6	Holding on

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Case Study Research Methodology

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Abstract

Commenting on the lack of case studies published in modern psychotherapy publications, the author reviews the strengths of case study methodology and responds to common criticisms, before providing a summary of types of case studies including clinical, experimental and naturalistic. Suggestions are included for developing systematic case studies and brief descriptions are given of a range of research resources relating to outcome and process measures. Examples of a pragmatic case study design and a hermeneutic single-case efficacy design are given and the paper concludes with some ethical considerations and an exhortation to the TA community to engage more widely in case study research.

Key words

Case study design, case study research

Introduction

Case study methodology is becoming increasingly influential in psychotherapy research. Although therapists tend to write case studies as part of their training, there is a definite need for the training of psychotherapists in case study research methodology and developing the skills needed to design rigorous and scientific systematic case studies. The aim of this article is to provide the reader new to case study research with a background in the method to assist them in creating and developing case study research and of contributing this to the TA research literature. Although written for a psychotherapy audience, the key principles of the methodology can be extracted by practitioners from other fields and applied to their own situation.

The development of psychotherapy has been influenced from the beginning by the writing and publishing of case studies. Freud's (1901, 1909) now famous cases were highly significant in the development of psychoanalysis. Case Studies were also influential in the development of behavioural therapy (Wolpe, 1958), and indeed most

modalities of psychotherapy are often influenced by several key case studies which triggered innovative thinking or methods in the originator(s) of the therapy, or cases that were used to test out and verify the effectiveness of the new therapy, or to explain key features of the therapy and how it works to a wider audience (see also Berne, 1961).

"In the practice of psychotherapy, the most basic unit of study is the 'case'" (Eels, 2007). Single-case studies that allow for the examination of the detailed unfolding of events across time in the context of the case as a whole represent one of the most pragmatic and practice-oriented forms of psychotherapy research. (Fishman, 1999, 2005)" (Iwakabe and Gazzola, 2009. p.601). Within psychotherapy, a case study may be of a single episode within a session, a single session, a particular phase or 'chunk' of therapy or an overview of the entire therapy.

Despite the historical significance of case studies in the development of psychotherapy, there are few case studies published in modern psychotherapy books and journals. Within the TA literature there is a lack of detailed case studies which provide the reader with a clear sense of the work, and sufficient information to come to their own conclusions regarding the outcome. Of the case studies which are available, like the case studies of Freud, they each tell a story, but do not provide the required evidence needed for scientific inquiry or for reliable conclusions to be drawn from the presented cases.

The psychotherapy research community has recently begun to turn its attention to case study methodology and how this research approach can be rigorously enhanced so that reliable conclusions can be identified from the studies. Case study methodology is growing in significance as a method highly suitable for use in psychotherapy research and the view is gaining momentum that case study methodology will develop into the next important area of psychotherapy research (McLeod, 2010). Kiesler (1983) states "Studies

seriously pursuing these [psychotherapy] change-process goals cannot attain them by use of traditional, rigorous experimental or nomothetic designs. Instead, what seems to be most appropriate and necessary are small *N* or single-case studies.” (Kiesler, 1983. p.13). Certainly well-constructed and thorough case studies can be used as reliable evidence for the impact of the therapy in effecting change.

The strengths of case study methodology

“Single-case research is best viewed as a sub-class of *intrasubject* research in which aggregation across cases is avoided and the generality of one’s findings is addressed through replication on a case-by-case basis.” (Hilliard, 1993: 373-4)

The case study offers a rich method for investigating and researching a single case. The effectiveness of the approach being researched can be verified by replication of outcomes across similar cases. Due to the level of detail kept in the case record, outcomes of different but similar cases can be compared, and the specific variables which might have impacted upon the difference in outcome can then be investigated separately. In psychotherapy research, case study methodology has the advantage of being closely linked to therapy as it is usually delivered. The case study is measuring what actually happens in the therapy situation, rather than creating some tightly controlled situation that may bear little resemblance to ‘therapy as usual’.

Case studies have the advantage of providing the reader with a clear sense of the person of the client, the therapist, the therapy and of the outcome(s). One criticism of methods of psychotherapy research, such as randomised controlled trials (RCTs), is that they focus on large, generalised quantitative data, and that essentially the findings are reduced to a table of numbers without accounting for the complexity of the therapy and without examining the different factors that have impacted on the case. Elliott (2001) describes how such methods of research (such as RCTs) are ‘causally empty’, in that they do not provide sufficient data for clear causal explanations to be drawn as to how or why a particular therapy has generated a particular change. In contrast, detailed case studies which account for and include a range of data (including factors from within and outside the therapy e.g. changes in a client’s circumstances) enable the researcher/reader to draw more convincing causal explanations from the case.

“For researchers, the closeness of the case study to real-life situations and its multiple wealth of details are important in two respects. First, it is important for the development of a nuanced view of reality, including the view found at the lowest levels of the learning process and in much theory, that human behaviour cannot be meaningfully understood as simply rule-governed acts.

Second, cases are important for researchers’ own learning processes in developing the skills needed to do good research. If researchers wish to develop their own skills to a high level, then concrete, context-dependent experience is just as central for them as to professional learning of any other specific skills” (Flyvbjerg, 2006. p.223)

Case study methodology is also highly relevant to a postmodern perspective to psychotherapy with its accounting for a range of factors in the work. “Predictive theories and universals cannot be found in the study of human affairs. Concrete, context-dependent knowledge is, therefore, more valuable than the vain search for predictive theories and universals” (Flyvbjerg, 2006: 224). Case studies generate context-dependent knowledge which is an appropriate form of knowledge base in social sciences and disciplines based on observation and understanding of human behaviour and interaction *in context*. Flyvbjerg emphasises “in the social and human behavioural sciences...context-dependent knowledge and experience... (is at) the very heart of expert activity” (Flyvbjerg, 2006. p222).

This position is based on the ability of experts to move beyond rigid, rule-bound approaches to ones which embrace complexity and require the higher level of theoretical and intellectual abstraction which is relevant in professional training programmes. Flyvbjerg goes on to state that presenting and discussing case studies is an important teaching method for imparting practical skills and promoting the development of professional decision making skills. Certainly, accounting for complexity in an individual’s life and the interaction of various factors which may have influenced the change process, learning and refining the processes of theoretical and intellectual abstraction and assessing the often subtle impact of interventions, are key aspects of psychotherapy training.

Common Criticisms of Case Study Methodology

It is often believed that because the cases are so specific, one cannot make meaningful generalisations from case studies and that other methods are more suited to hypothesis testing and theory building. However this view is not accurate as case studies provide a wonderful opportunity for the researcher to develop explanatory hypotheses or test existing or new theory (McLeod, 2010).

Certainly it is true that it is not possible to generate inferential statistics from a single case or indeed from a small number of cases; however it is possible to use simple descriptive statistics to enable the reader to draw logical conclusions regarding the outcome(s) of the therapy, and replication of the case methodology can result in large databases being constructed which would enable inferential statistics to be generated. If, for

example, data from a series of 30 similar or matched cases were placed on a database, it would be possible for a researcher to generate inferential statistics which would support the process of generalisation from the cases.

Flyvbjerg (op cit) summarises the main criticisms of case study methodology as being based on issues relating to theory (and the perception that case studies are inappropriate for theory-building), reliability and validity.

Case Studies for Theory Building

One criticism of case studies is that as they are so specific, it is impossible to generate theory from one single case; however it could be argued that case studies have been a primary source of theory building within psychotherapy since its origin. A particular theorist may have had a theory hunch, and then on the basis of their experiences with a particular case, tested their theory. The process of repeated theory testing then strengthened the theoretical proposition. Examples where cases did not conform to the theory, or contained unexplained features required the theorist to develop a theory to explain the unaccounted phenomena. The case(s) can then be analysed to discover if theory can be meaningfully applied to the case(s) in question, or if indeed new theory is needed to explain the phenomena which are being described. (Flyvbjerg, 2006). Stiles (2007), has specifically discussed the strength of using case studies for theory-building. For Stiles, observation is a key feature of theory-building – “. . .in any scientific research, observations change theories. They may confirm or disconfirm or strengthen or weaken the theory. More constructively, the changes may involve extending, refining, modifying or qualifying the theory... observations *permeate* the theory... Thus a theory is not a fixed formula, but a growing and changing way of understanding.” (Stiles, 2007: p.123)

Case studies can be used to identify processes which may not have hitherto been recognized within therapy, or within that therapeutic modality or specific ways in which the particular problem was addressed by the therapist and client which confirm, develop, disconfirm or extend the existing theoretical positions of that particular theoretical approach. They can be used to strengthen or weaken certain theoretical propositions or test the validity of theoretical constructs and to develop or challenge existing theory (McLeod, 2010).

“The case study is useful for both generating and testing of hypotheses but is not limited to these research activities alone” (Flyvbjerg, 2006. p.229). “The case study is ideal for generalizing using the type of test that Karl Popper (1959) called 'falsification', which in social science forms part of critical reflexivity. Falsification is one of the most rigorous tests to which a scientific proposition can be subjected. If just one observation does not fit with the proposition, it is

considered not valid generally and must therefore be either revised or rejected” (Flyvbjerg, 2006. p.227-8). We can see from this that case studies can have a valuable role in falsification of theory - a single case which does not 'fit' the proposed theory would require that theory to be revised (perhaps including specific indicators about what sort of factors might mean the theory was accurate or the factors which might mean the theory would not apply) or may result in the theory being rejected as inaccurate or irrelevant.

Internal versus External Validity

High internal validity requires the controlling of as many variables as possible to create as 'pure' a scientific experiment as possible. In large-scale studies into psychotherapy (such as RCTs of manualised therapies) variables are tightly controlled, and the client group being studied is clearly defined using a set of inclusion and exclusion criteria. In such studies, the level of *internal validity* is considered to be high, due to the rigour of the experimental design. However, the results of many such studies cannot be easily generalised to 'regular clinical practice' and so they are considered to have low *external validity*, which relates to the generalisability of the findings. An example of this might be a study which investigates the outcome of 'manualised treatment X' with a tightly-defined client population. The study might suggest that the therapy was effective but it can only be concluded that the therapy was effective when delivered *in that manner and with that specific client group*.

Case study methodology would generally be low in internal validity (due to the absence of experimental controls), but high in external validity and would provide findings useful to a large number of therapists who would be able to extrapolate from the findings of the case study into their own practice. In this sense, case study methodology generates research which is 'user friendly' and closes the research-practice gap. This refers to the perceptions of many therapists that research findings are inaccessible and irrelevant to their practice or their usual client demographics. Cases do not necessarily need to report positive results for the case study to be useful to therapists in practice or for the purposes of theory building.

Strupp (1980a,b,c,d) conducted a cross-case analysis study of both good outcome and poor outcome cases to examine which factors could be identified as having an influence in whether a case would have a good or poor outcome. Strupp concluded that agreement between the client's views about the nature and origin of their problems and what would be helpful to them and the therapist's way of working with the client was associated with better outcomes. Furthermore, in the poorer-outcome cases, the therapist often did not know how to respond effectively to the client's frustration or hostility arising from the mis-match between client and therapist expectations or attributions of the origin of the

problem and the most helpful approach to resolution of these problems.

Issues in Case Selection

Flyvbjerg (2006) identifies two primary strategies in case selection; random selection and information-oriented selection. The intention with random sampling is that the sample is sufficiently representative of the population being studied to enable generalisation of findings to take place. With information-oriented selection, cases are carefully chosen for their significance, in that they may be extreme cases which may reveal or suggest certain findings, or critical cases which can be exemplars, or 'typical' cases from which generalisations can be drawn through logical deduction.

Other issues in case selection can include selecting cases which are theoretically interesting, or ones which either confirm or challenge theory, or innovative cases which might utilise new and original techniques or approaches. A series of cases can be used for comparison, using cases which have either similar or diverse characteristics or good versus poor outcomes so the researcher can seek to identify the crucial variables which influenced the outcome.

Issues of Objectivity in Reporting

Clinical case studies are written by the therapist and as such are inevitably influenced by the therapist's subjectivity and (unconscious) bias. What is usually missing in a clinical case study is the client's perspective and/or data which can be used for the purposes of triangulation (for example data from standardised outcome measures can be used to support a claim in a case study that the client experienced positive change).

Flyvbjerg (2006) discusses the issue of 'bias toward verification', or researcher allegiance in case study methodology. As therapists, we (understandably) want to see or portray a positive outcome in the cases we present. Even the best-intentioned of therapists can unconsciously be selective in the information they present to show their work in a positive light. Also, one can reasonably expect that a therapist of any particular theoretical orientation would want to paint their particular type of therapy in a positive light and therefore introduce issues relating to such researcher allegiance.

The issue of lack of objectivity on the part of the researcher is considered to be a common critique of case study methodology. However Flyvbjerg (2006) argues that case study methodology most commonly results in a challenging of the researcher's "preconceived views, assumptions, concepts, and hypotheses" (p.235). Flyvbjerg considers that such challenging of underlying assumptions comes about due to the rich data revealed in case study methodology

that challenges the researcher's theories by finding exceptions to the rule.

Some methods of case study methodology, such as Elliott's (2001; 2002) Hermeneutic Single-Case Efficacy Design (HSCED – see below for more details) address the issue of objectivity by recruiting an adjudication panel to critique the findings of the case study.

Research questions which can be investigated by case studies

The process of research begins with the researcher deciding what questions they want to investigate in their study, or by the researcher identifying questions that the case under investigation raises. John McLeod offers a list of a number of questions which the therapist can use to help them guide and design their case study research

“Outcome questions: How effective has therapy been in this case? To what extent can changes that have been observed in the client be attributed to therapy?

Theory-building questions: How can the process of therapy in this case be understood in theoretical terms? How can the data in this case be used to test and refine an existing theoretical model?

Pragmatic Questions: What strategies and methods did the therapist use in this case that contributed to the eventual outcome? How were the therapeutic methods adapted and modified to address the needs of this specific client? What are the principles of good practice that can be derived from this case?

Experiential or narrative questions: What was it like to be the client or therapist in this case? What is the story of what happened, from the client's or therapist's point of view?" (McLeod, 2010 p.21 reproduced with permission)

Types of Case Studies

Clinical Case Studies

(Iwakabe and Gazzola, 2009)

A clinical case study is a narrative account of the therapy, written by the therapist. It is through clinical case studies that psychotherapy as a profession was developed, as discussed above. Clinical case studies are engaging to the reader, and particularly useful in the teaching of psychotherapy, where trainee therapists can learn about how to implement therapy with real-life clients, and how to navigate some of the problems which inevitably occur through the therapy process. The writing of clinical case studies is also a key feature of most psychotherapy training courses and some accreditation processes. Whilst clinical case studies are important and valuable for the development of psychotherapy, because they do not rely on

methodological guidelines for research, and are based on the therapist's (subjective) account of the therapy, clinical case studies are not reliable for research purposes (Iwakabe and Gazzola, 2009).

Experimental Case Studies

(Iwakabe and Gazzola, 2009)

Often known as *N=1* studies, experimental case studies are methods for "testing hypotheses about treatment effects and may be considered alternatives to large-scale outcome research (e.g. Barlow & Hersen, 1984). The aim of experimental case studies is to record and address specific changes observed in clients that are attributable to the administration of specific interventions. A standard test or behaviour assessment is conducted regularly, and changes are compared with a baseline of target behaviours and other physiological indexes obtained before introducing the treatment" (Iwakabe and Gazzola, 2009 p.602) Given the emphasis on behavioural change, and the outcome of specific, targeted interventions, the *N=1* model has been almost exclusively used for the research of behavioural therapies.

McLeod (2001) describes some strengths of this approach as being the use of:

1. time-series analysis as a means of assessing change;
2. of baseline measures to establish the stability of a problem before therapy begins (which may include the use of a number of reliable tools to measure outcome variables); and
3. a methodology that can be readily integrated into routine practice (including a detailed description of the intervention).

The *N=1* format has been extensively used by behavioural therapists, who would measure a specific behaviour and then apply a particular intervention and then measure the behaviour after the intervention application. For example, a client may record the frequency and severity of their self-harming prior to therapy to obtain baseline information regarding the extent of the client's problem and to establish the stability of the problem. The therapist would then use a manualised intervention with the client, and frequency and severity of self-harming following the intervention would be measured. This might take place over a series of sessions, which would often be spaced to enable the researcher to see clearly when a significant intervention had been introduced into the therapy process. "The purpose of valid and reliable measurement in *N=1* studies is to make it possible to make statements about what changed in response to a specific intervention at a specific time" (McLeod 2010: 119).

Whilst the *N=1* design is a useful approach for measuring the impact of specific therapeutic interventions or the effectiveness of certain techniques, it does not account for 'soft' factors in the therapy, such

as the impact of the therapeutic relationship on the change process, or the impact of external factors and extra-therapy events in facilitating change.

Naturalistic/ Systematic Case Studies

(Iwakabe and Gazzola, 2009)

Systematic case studies rectify many of the methodological problems associated with clinical case studies. The means by which these methodological problems are resolved is through the use of "data . . . gathered from multiple sources, such as questionnaires, therapist and observer ratings, and participant interviews, to construct a rich and comprehensive account or case summary, which is then triangulated in order to examine whether different sources of data converge." (Iwakabe and Gazzola, 2009 p.602-3). Frequently, a team of researchers is used for the purposes of data analysis, which may include a panel, or 'jury' of researchers exploring different interpretations of the findings (Elliott, 2002; Iwakabe and Gazzola, 2009; McLeod, 2010). Systematic case studies represent perhaps the most appropriate and accessible method for developing the research evidence-base for TA.

Developing a systematic case study

Well-designed systematic case studies enable the researcher to account for additional factors and complexity in the client's life, such as the influence of external or extra-therapy changes (e.g. changes in relationships or work-related changes) and other variables in a way that is not present in large-scale quantitative research. Case studies which include complex data and a 'rich' description of the client account for the context and uniqueness of the individual in a way that is philosophically consistent with TA and other humanistic approaches to psychotherapy.

A case study would generally have a fairly detailed narrative throughout. In order to capture some of the richness and 'flavour' of a case, the narrative is essential to explore the context-dependent factors within the case. Within psychotherapy research the narrative would generally include details of the client's history and presenting problem, together with a detailed account of the therapy work, to enable the reader to determine whether the interventions did indeed result in the described effect, or if alternative explanations can be applied. (McLeod, 2010)

Kazdin (1981) identified a number of characteristics of case studies suitable for research purposes which allow the reader to draw reasonable conclusions from the evidence presented. These characteristics are:

1. Use of reliable and valid methods of measuring the client's change;
2. Regular, repeated measurement of specific relevant outcome variables (for example measurement of symptoms using a standardised outcome measure taken at weekly or monthly intervals);

3. Assessment or measurement of stability of the client's problem prior to commencing therapy;
4. Marked effect on the identified problem/ symptoms following the commencement of therapy;
5. Replication of the results with multiple cases.

One can see that if a client's problems have been stable before therapy and that the measurement of these variables (such as symptoms) using reliable methods at regular intervals throughout the therapy demonstrates that positive change has indeed occurred, then one can speculate that the therapy has probably contributed to the client's improvement. If this is repeated with a number of similar clients, one can reasonably conclude that such therapy is an effective intervention for the treatment of that specific problem.

The use of reliable and validated outcome measures is a key feature of Kazdin's argument, as these tools go beyond anecdotal reports to add a degree of scientific validation and therefore lend credibility to the argument that positive therapeutic change has indeed taken place. Identification of the stability of the problem prior to commencing therapy also addresses concerns that the client's problems were subject to fluctuation and that any change may have taken place as a result of spontaneous remission.

Replication of findings also addresses the issue of the change occurring by chance, and enables findings from the case series to be generalised. For example, if through repeated systematic case study research one can see that a particular therapy shows repeated effectiveness in the treatment of a specific problem with a wide range of clients with an identical problem, one can reasonably assume that the therapy being researched has some validity for the treatment of that specific problem. (McLeod, 2010)

Collecting 'The Rich Case Record'

A thorough, systematic case study will collect a range of data to enable the case to be analysed from a range of perspectives. This data might include

- Outcome measures (such as CORE, PHQ-9, Beck Depression Inventory etc. See below for more information)
- Process data
- Session recordings and transcripts
- Interviews (of either or both client and therapist)
- Therapist notes
- Client notes/ diaries
- other information (for example, referral letters)

Resources for prospective researchers

With research, there is generally no need to 're-invent the wheel', and practitioner-researchers who wish to conduct systematic case studies have a number of tools

freely available which they can use to monitor both the process and the outcome of the therapy. One advantage of using such existing tools is that they have already been validated and have been used in previous research.

Outcome Measures

CORE (Clinical Outcomes for Routine Evaluation)
(Barkham, et al., 2006)

The CORE system is in wide use within the UK as an evaluation system for examining outcomes of therapy. The standard tool is the CORE-OM, a 34-item self-report measure which has four sub-scales; Well-Being, Functioning, Problems and Risk. There are two shorter measures, CORE-10 and CORE-18 which can also be used to measure global distress and change. It is free to use and is available from www.coreims.co.uk

PSYCHLOPS (Psychological Outcome Profiles)
(Ashworth et. al, 2004)

PSYCHLOPS is a short client-generated outcome measure consisting of three domains; the problem domain (clients are asked to describe and rate their main problems), the functioning domain (clients describe and rate what they have problems doing as a result of their presenting problems), and the well-being domain (clients give a subjective rating of their overall well-being). It is available from www.psychlops.org.uk

PQ (Personal Questionnaire) (Elliott et al. 1999)

The simplified personal questionnaire (PQ) is a client-generated measure based on the particular presenting problems the client wishes to address in therapy. The PQ can be used every week to measure progress and change with the client's problems. It is free to use and is available from **Error! Hyperlink reference not valid.**

PHQ-9 (Patient Health Questionnaire) (Kroenke et. al 2001)

PHQ-9 is a nine-item self-report measure which is based on the diagnostic criteria for major depressive disorder from the American Psychiatric Association's *Diagnostic and Statistical Manual* (APA, 1994: DSM-IV). It is free to use, and is available from www.phqscreeners.com or from **Error! Hyperlink reference not valid.**

GAD-7 (Generalised Anxiety Disorder) (Spitzer, et al. 2006)

A seven-item self-report measure based on the DSM-IV (APA, 1994) diagnostic criteria for generalised anxiety disorder. It is free to use and available from www.phqscreeners.com

Change Interview (Elliott, 2001)

The change interview is a structured qualitative research tool, which explores the client's own views on their change process and the changes they have experienced as a result of being in therapy. The change interview can be administered at the end of the therapy or at intervals during the course of the therapy. It is recommended that this interview is used in conjunction with the Personal Questionnaire (PQ). It is free to use and is available from

<http://www.experiential-researchers.org/instruments.html>

Process measures

Session Evaluation Questionnaire (SEQ)(Stiles, 1980; Stiles, et al. 2002)

The SEQ is a 21-item self-report scale in which the client evaluates the session according to dimensions of depth, smoothness, positivity and arousal. It is free to use and is available from

<http://www.users.muohio.edu/stileswb/>

Working Alliance Inventory (WAI short form) (Hatcher and Gillaspay, 2006)

The WAI is a 12-item self-report form and has specific forms for the therapist and client. As a measure, it is based on Bordin's (1979) conceptualisation of the working alliance as being comprised of tasks, bonds and goals. It can be used to measure the strength of the working alliance - a factor which is widely accepted as critical to the outcome of the therapy. You will need to get permission to use this tool in research. The form and contact details for obtaining permission to use the WAI can be obtained from

<http://www.educ.sfu.ca/alliance/allianceA/waidoc/ShortWAI/>

Helping Alliance Questionnaire (HAQ-II) (Luborsky, et al. 1996)

A 19 item questionnaire, similar to the Working Alliance Inventory. It is free to use and is available from

<http://www.med.upenn.edu/cpr/instruments.html>

Helpful Aspects of Therapy (HAT) (Llewelyn, 1988)

The HAT is a short open-ended questionnaire which the client completes after the session to evaluate both helpful and hindering aspects of the therapy session and to identify particular events within the session or interventions which were most helpful. It is free to use and is available from

<http://www.experiential-researchers.org/instruments.html>

Two examples of systematic case study design

Pragmatic case studies

Fishman (2005) has described guidelines for the publication of case studies which involves a rich description of the client and their presenting problems which incorporates the therapist's theoretical approach and preferred intervention methods, the practitioner's professional experience and competence in dealing with similar cases, and which discusses and accounts for previously published research that is relevant to the case being investigated (Fishman, 2005; Iwakabe and Gazzolla, 2009.)

The title 'pragmatic' was chosen by Fishman (1999) as a concept based on the philosophical tradition of pragmatism, which holds "that it is not satisfactory to regard knowledge as consisting of a set of abstract ideas. Instead knowledge is more appropriately understood as a capacity to take effective action within a specific context" (McLeod 2010: 94).

Fishman was interested in developing a case study method which emphasises what the practitioner actually did, but locates this within a context and requires researcher reflexivity. Developing the work of Peterson (1991), Fishman (2005) designed a format for case studies submitted to the online journal *Pragmatic Case Studies in Psychotherapy (PCSR)* which uses this standard reporting format for all published case studies, and provides a means for the published case studies to be peer-reviewed. The format used in PCSR is as follows:

1. Case context and method
2. The client
3. Guiding conception with research and clinical experience support
4. Assessment of the client's problems, goals, strengths, and history
5. Formulation and treatment plan
6. Course of Therapy
7. Therapy monitoring and use of feedback information
8. Concluding evaluation of the process and outcome of therapy
9. References

This design of case study reporting provides the reader with a comprehensive account of the therapy and information regarding the therapist's experience and theoretical perspective, together with their formulation, treatment plan and information regarding the process and outcome of the therapy. The intention is to provide a rich account of the therapy which can be analysed and compared with other similar cases, and which provides sufficient detail so that 'active ingredients' and

technical aspects of the therapy can be readily identified or the findings could be replicated with a similar client/therapist context.

McLeod's (2010) critique of the pragmatic approach to case study reporting is that it focuses on the technical aspects of the therapy, perhaps at the expense of factors such as the therapeutic relationship, the therapist's own subjectivity, and client feedback. McLeod goes on to suggest that this approach would be strengthened by the inclusion of more contextual information, for example regarding the supervision the therapist received on the case, what limitations surrounded the work, what extra-therapy factors might have impacted on the outcome and so on.

Hermeneutic Single-Case Efficacy Design (HSCED)

Elliott's Hermeneutic Single-Case Efficacy Design (HSCED) (Elliott, 2001; 2002) is a case study design method which employs a number of strategies with established criteria guidelines to enable the researcher(s) to make interpretations about the efficacy of the therapy in relation to the case in question.

HSCED employs an adjudication process whereby two contrasting interpretations of the case are built in a manner similar to debating societies and perhaps using a team of researchers - one team would build an argument that the therapy was effective (the affirmative case) and the second team would build an argument that the therapy was not effective or that the client's changes did not come about as a result of the therapy (the sceptic case). The arguments of each stance are put forward and challenged by the opposing side. Rebuttals are then formed to these challenges. The arguments and rebuttals presented by both the affirmative and sceptic teams can then be put to an adjudication panel who, similar to a judge and jury in court, would reach a verdict regarding the outcome of the case. The adjudicating panel would adopt the same criteria as is used in civil law - namely that something has only to be established as likely when considered by the 'balance of probabilities' as opposed to the 'beyond reasonable doubt' (almost definite) criterion of criminal law.

HSCED also accounts for non-therapy explanations for any change that might have taken place. For instance, the beneficial impact that a new job might have on someone's self-esteem and stress levels might be considered as opposed to making statements that such changes in the client came about solely as a result of psychotherapy. These non-therapy explanations are brought into the sceptic argument, as are a number of other factors which may be used to draw the conclusion that the client's changes did not occur as a result of therapy. This process of examining the different factors involved in the case, exploring alternative hypotheses, and including the affirmative and sceptic cases to the

published case study, adds credibility to any claims that the client changed as a result of the therapy. The credibility of the claims is also enhanced where the adjudication panel are independent researchers who have no theoretical allegiance to the method investigated (for example, inviting a number of non-TA therapists to participate in the adjudication process and including their 'verdict' in the published article).

Ethical Issues in Case Studies

In all research, research participants need to be free to make the decision as to whether to participate or not in the research from a position of informed consent. This is a difficult question, as it can be argued that the client cannot truly know precisely what they are entering into at the outset. One way this can be addressed is to consider consent as an on-going process rather than a one-off event.

A common anxiety amongst prospective researchers is the worry about how the writing of the case study or the research process will intrude upon the therapy process. It is inevitable that the research process will influence the case to some extent. Perhaps in this instance, it might be better (to paraphrase Berne) to ask 'how has the research process influenced this case?' rather than 'did the research process influence this case?' Despite the fact the research will impact on the work, it is possible that this effect can be beneficial to both the client and therapist.

Confidentiality is an issue in case studies, as large amounts of detail about the client's life may be published, thus compromising the client's anonymity. Sufficiently disguising the case without obscuring significant or important factors and details can be difficult. Ethical case study research involves inviting the client to read and comment on the finished case study, giving the client the opportunity to request that certain information be removed, and obtaining the client's consent for the case to be published.

Conclusions and recommendations to the TA community

Case study methodology is a small-scale research method which can readily be used by practitioner-researchers from the TA community to test and develop TA theory and to explore the processes and outcomes of TA psychotherapy in practice.

Trainees can be easily and routinely taught the principles of critical inquiry as used in case study methodology to evaluate and refine their work by inviting them to reflect on questions such as 'How is this a good or poor outcome case? What criteria can be used to define this? What are the strengths and limitations of this case? If the outcome was poor, what factors contributed to this? What could have been done

differently?' The development of such critical inquiry and evaluation skills will have a direct effect on increasing the capacity of trainees to accurately evaluate their work in day to day practice.

Furthermore, the requirement to use and include critique and data from process or outcome measures and/or 'the client's voice' (by including feedback from the client relating to the change process, their experiences of therapy and their perspectives on the outcome of the therapy) in all case studies both in psychotherapy training programmes and within the CTA examination process will rapidly and substantially increase the development of research expertise within the TA community. This will inevitably result in an increase in the amount of published case study research which contributes to the evidence base for TA.

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