Integration Of Projective Techniques in the Clinical Case Study

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THE PURPOSE OF THE CLINICAL CASE STUDY

It is regrettable that as clinical psychologists, so many of us acquire consummate skill in detecting the fine points of interpretation of psychological tests, reading between every line in an interview, and splitting every diagnostic hair without having any clear guidelines as to what to do with this information and what the purpose of the evaluation should really be. As scientist-clinicians, we have a nagging curiosity which generates an interest in doing the case study for its own sake, because we hope that it will help us to gain a broader and deeper understanding of any given personality and build up our apperceptive reservoir. However, in looking at the matter somewhat more practically, we see that there are really three parties involved in the clinical case study whose needs must be considered and somewhat met if the whole project is to be worthwhile. These are the examiner, the patient, and the reader of the clinical case study. Each one of these has a stake in the enterprise although each may perceive his interests in a somewhat different manner. In addition to his rational goals, the examiner, for instance, may want to use the clinical case study as a way of communicating a certain impression to the reader: he might like the reader to consider him erudite, sophisticated, agreeable, gregarious, or intellectually stimulating. It may be that the clinical case study will serve as a political instrument, designed to sell a particular point of view to anyone who may come across it. It is possible that interprofessional or intraprofessional relationships which are currently tense will be attacked indirectly through a description of certain kinds of causality and the prediction of certain outcomes on the basis of the case study.

The reader of the report, too, may have his understanding of the matter obscured by irrelevant considerations. For him, the examiner

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and/or the techniques employed may be on trial; the theory implicit in the report may be either consonant with the reader’s point of view or it may not; he may want to use the study as a way of confirming his own views and defending them to some higher authority.

Often lost in the shuffle is the third party, the patient. Both the reader and the examiner may get so interested in their own intellectual byplay and their power struggle that the real question of contributing something tangible and significant to the patient’s welfare may be partially lost. The patient has extremely ambivalent feelings about whether he wants to be understood or not. On the one hand, it would seem that the more that is known about him by the professional people involved in his case, the more efficiently they will be able to bring about some happy resolution of his problems. On the other hand, the patient is far from sure that these people will be able to make the kind of use of the information that will enable them to constructively help him in ways in which he is willing to be helped. There is an unresolved question of whether they can be trusted. Perhaps he is enamored of his defenses and loathe to discard them in favor of some unknown, frightening vulnerability. This applies particularly to that part of the case study which is based upon projective techniques. By their very nature, projective methods elicit material that the individual might not be willing to reveal about himself if he had more complete conscious control over what he was communicating; therefore, we are deliberately attempting to get under his guard, reach inside of his character armor, and tease out aspects of his personality. Sometimes we may be pitting ourselves against his conscious will. In order to justify this procedure, we must be very sure that our purpose is genuinely constructive and that the information given will be truly used for the patient’s benefit. This implies consideration of the impact of the report upon the primary and the secondary readers. Just as there is little reason to cast pearls before swine, there is no point in presenting information concerning a patient’s unconscious life to people who are uninterested or unsympathetic to this view of personality; neither should we supply such information to those who would use it to make unjustified administrative decisions or who would subject the patient to confrontations that might shame and humiliate him.

A clinical study should be a document designed to enable the examiner to use his skill to integrate the results of projective and other methods of personality assessment and to communicate them in a way which is correct not only scientifically, but tactically and politically as well. This requires the use of proper language, the censoring of some material, and the enhancing of those points which are most pertinent to the administrative or clinical problems under consideration. The clinical case study should be made available only to those persons who can make proper use of it in the light of the above considerations. If some part of this material or all of it is to be presented to the patient, this consideration