Rozentsvit, I. (2025). The cornerstone of psychoanalysis: Case studies as critical knowledge production in transdisciplinary context. *MindConsiliums, 25*(2), 1-21.

The Cornerstone of Psychoanalysis: Case Studies as Critical Knowledge Production in Transdisciplinary Context

By Inna Rozentsvit

Abstract

This article examines the epistemological significance of case studies within psychoanalytic tradition and argues for their continued relevance in contemporary transdisciplinary contexts. By analyzing seminal cases from Freud and Winnicott alongside more recent clinical material, we demonstrate how the case study method facilitates unique forms of knowledge production that quantitative methodologies cannot access. The paper positions psychoanalytic case studies as a vital counterpoint to reductionist approaches in psychology and psychiatry, while exploring how they can productively engage with insights from neuroscience, cultural studies, and critical theory.

Through an experiential engagement with classical case material, including Freud's groundbreaking work with Dora and Winnicott's innovative approach with children, the article demonstrates how case studies serve not merely as illustrations of theory but as generative sources of theoretical innovation and clinical wisdom. We examine the historical evolution of ethical approaches to case writing and how these considerations fundamentally shape knowledge production. The paper also explores contemporary methodological innovations in systematic case research and the crucial role case studies play in clinical education, developing the reflective capacities essential for effective practice.

The author's transdisciplinary approach effectively bridges multiple domains - from classical psychoanalysis to neuroscience to educational applications - and includes personal examples. This transdisciplinary approach reveals how case studies create forms of knowledge that preserve the complexity of human experience while challenging artificial boundaries between disciplines. The article advocates for preserving the richness and complexity of human experience in an era increasingly dominated by standardization and quantification.

Keywords: *clinical education, clinical epistemology, idiographic methodology, narrative knowledge, neuropsychoanalysis, psychoanalytic case studies, systematic case research, transdisciplinary methodology*

The Case for Case Studies

In the hierarchies of evidence that dominate contemporary psychological research, case studies often occupy the lowest rung, dismissed as anecdotal, subjective, and lacking in generalizability. Yet within psychoanalysis, the detailed examination of individual patients has provided the foundation upon which theoretical understanding has been built, tested, and refined. From Freud's groundbreaking explorations to contemporary relational approaches, case studies have remained the "bread and butter" of psychoanalytic knowledge production.

This article reconsiders the epistemological status of case studies within psychoanalysis and argues that their marginalization represents not a scientific advance but a constriction of what counts as legitimate knowledge. Drawing on philosophy of science perspectives that challenge positivist hegemony (Toulmin, 2001; Orange, 1995), we can position psychoanalytic case studies as exemplifying what Geertz (1973) termed "thick description" — a methodology that preserves the complexity, context, and meaning-making processes central to human experience.

We specifically frame this as a transdisciplinary approach, moving beyond mere multidisciplinary borrowing of concepts or interdisciplinary collaboration. Unlike interdisciplinarity, which maintains distinct methodological identities while fostering dialogue between disciplines, transdisciplinarity seeks what Nicolescu (2002) describes as that which is "between, across, and beyond disciplines," creating a unified conceptual framework that transcends disciplinary boundaries. This transdisciplinary stance allows case studies to generate forms of knowledge that cannot be reduced to the sum of their disciplinary components.

What distinguishes psychoanalytic case studies from mere anecdotes is their systematic attention to the interplay between theoretical understanding and clinical observation. Unlike many contemporary research methodologies that abstract phenomena from their context, case studies preserve the complexity of human experience while offering interpretive frameworks that render this complexity intelligible. This capacity for what Bruner (1986) called "narrative knowledge" represents not a deficiency but a distinctive strength — one particularly suited to the exploration of consciousness, meaning, and intersubjectivity that lies at the heart of psychoanalytic inquiry.

The Historical Significance of Psychoanalytic Case Studies

Living with Freud's Foundational Cases

When we read Freud's major case studies — "The Wolf Man," "The Rat Man," "Dora," "Little Hans," and "Schreber" — we do not merely encounter historical documents but enter living relationships that continue to shape our clinical imagination. As clinicians and scholars, we experience these cases as formative texts that inhabit our thinking and inform our clinical intuitions long after we have closed the books. These narratives operate in our professional lives much like literary classics — reference points that create a shared vocabulary and sensibility. E.g., consider the experience of reading "Fragment of an Analysis of a Case of Hysteria" (the case of Dora) for the first time. The text draws us into Freud's consulting room, where we witness not just his theoretical mind at work but also his struggles, blind spots, and moments of genuine insight. Reading Dora's case invites us to experience the interpretive process in action and the ethical complexities of clinical work. When we engage with Freud's analysis of Dora's dream of the burning house, we are not merely presented with conclusions but invited to follow his associative process, experiencing both the excitement of insight and the speculative nature of interpretation.

Transference: The Living Legacy of Dora

Freud's case of Dora (Ida Bauer) provides perhaps the most illuminating window into the development of his thinking about transference — a concept that would become central to all subsequent psychoanalytic theory and practice. Reading this case today, we can experience Freud's gradual recognition of this phenomenon unfolding in real time.

What makes this case particularly valuable for contemporary clinicians is that we witness both Freud's insights and his blind spots. In his analysis of Dora's premature termination, Freud identified several manifestations of transference that continue to guide clinical thinking:

> **The displacement of significant figures**: Freud observed how Dora transferred her feelings about her father and Herr K (a family friend) onto him during therapy. As contemporary readers, we experience Freud's dawning recognition that the therapeutic relationship was not simply a vessel for uncovering past dynamics but was itself shaped by these earlier relationships.

> **Enactment as communication**: When Dora abruptly ended her treatment after only three months, Freud eventually recognized this as a form of communication through action rather than words. Her abandonment of the treatment replicated a pattern of feeling betrayed and withdrawing from relationships, just as she had experienced with her father and Herr K. This insight opened up a new dimension of analytic understanding about patients' unconscious *enactment* of what they cannot yet verbalize.
>
> **The therapeutic relationship as microcosm**: Dora's hostility toward Freud paralleled her feelings toward the men in her life, demonstrating how the therapeutic relationship becomes a microcosm of the patient's broader relational patterns. Reading this case, we experience with Freud the realization that resistance to therapy often represents transferred resentments from other relationships.
>
> **Repetition as opportunity**: Perhaps most significantly, Freud began to understand that Dora's positioning him in the role of disappointing males in her life was not merely an obstacle but an opportunity for new understanding. Although he came to this insight too late to help Dora herself, his recognition that transference offered a chance to rework old patterns laid the groundwork for all subsequent psychoanalytic treatment.

What makes this aspect of the case so valuable is not just Freud's successes but also his failures. Contemporary readers can feel Freud's frustration and bewilderment when confronted with Dora's unexpected termination, a reaction that mirrors what many therapists experience. Only in retrospect did Freud recognize how his own countertransference (though he did not yet use this term) had blinded him to crucial aspects of Dora's experience, particularly regarding her possible attraction to Frau K.

Modern relational and feminist readings of the case, such as those by Mitchell and Black (1995) or Chodorow (1989), help us experience how theory evolves through ongoing dialogue with classic material. When contemporary analysts note how Freud overlooked the significance of female relationships in Dora's life or failed to consider the impact of sexual trauma on her development, they are not simply criticizing Freud but demonstrating how case material continues to generate new insights as our theoretical frameworks evolve.

Dora's Dreams: The Dream as Psychic Cinema

The analysis of dreams constitutes another cornerstone concept that emerges vividly through the case study method. Freud's innovative approach to dreams as "the royal road to the unconscious" becomes experientially accessible when we encounter it within the context of actual clinical material rather than abstract theoretical exposition.

In the Dora case, Freud's analysis of two dreams demonstrates the multilayered richness of dream interpretation in a way that theoretical exposition alone could never achieve. Reading his analysis of Dora's "house on fire" dream, we experience:

> **The associative method in action**: Freud invites us to follow the meandering path of associations that lead from manifest content to latent meaning. Rather than imposing a predetermined interpretation, we witness how meaning emerges through the dialogue between analyst and patient.
>
> **The overdetermined nature of dream symbols**: When Freud explores the multiple meanings of the "jewel case" in Dora's dream, we discover how a single dream element can simultaneously express multiple unconscious meanings — a concept difficult to grasp in abstract terms but vividly illustrated through this concrete example.

> **Dreams as wish fulfillment**: Though controversial in its specifics, Freud's interpretation of sexual elements in Dora's dreams demonstrates his theory that dreams express disguised wishes. Through this case, we can evaluate for ourselves the plausibility of this claim rather than merely accepting or rejecting it on theoretical grounds.
>
> **Dreams as a response to daily life**: Freud shows how elements from Dora's recent experience (the letter from her mother, her father's insistence that she remains with the K family) are incorporated and transformed by the dream-work, illustrating the dynamic interplay between waking life and unconscious process.

The contemporary clinician reading this material experiences not just Freud's conclusions but his methodological approach to unconscious material. We learn how to listen for connections, how to hold multiple interpretive possibilities simultaneously, and how to locate dreams within the broader context of the patient's life and therapy. This experiential knowledge is qualitatively different from the schematic understanding gained from reading *The Interpretation of Dreams* in isolation.

The Wolf Man's Dream: Primal Scenes and Developmental Trauma

The Wolf Man case provides an equally powerful demonstration of how dream analysis operates as a crucial investigative tool. Through Freud's investigation of Sergei Pankejeff's famous dream of wolves sitting in a tree, we experience:

> **The reconstructive power of dream analysis**: Freud uses the dream as an archaeological tool to uncover the patient's early trauma — his alleged witnessing of parental intercourse. Whether or not we accept Freud's specific interpretation, we witness how dreams can provide access to experiences that may be inaccessible to conscious memory.
>
> **The timelessness of the unconscious**: The Wolf Man's dream illustrates how childhood experiences continue to exert their influence years later, manifesting in disguised form through dream images, symptoms, and transference patterns. This living demonstration of the persistence of unconscious material is far more convincing than abstract assertions about the timelessness of unconscious processes.
>
> **Anxiety dreams as exceptions to wish fulfillment**: The frightening nature of the Wolf Man's dream leads Freud to explore how anxiety dreams might fit within his theoretical framework—not as contradictions to the wish-fulfillment thesis but as manifestations of conflict between wish and defense. This theoretical refinement emerges organically from the clinical material rather than being imposed upon it.

Through these detailed dream analyses in Freud's case studies, readers don't merely learn about psychoanalytic technique; they experience its application in a way that fosters their own capacity for analytic listening. This immersive quality of case studies explains why they remain essential to psychoanalytic education despite the proliferation of technical manuals and theoretical expositions.

Winnicott's Transitional Phenomena: Theory Emerging from Clinical Observation

If Freud's cases demonstrate how theoretical concepts emerge from the treatment of adults, Winnicott's case studies reveal how sustained observation of children and parent-child interactions can generate equally powerful theoretical innovations. Winnicott's concept of transitional phenomena, perhaps his most influential contribution to psychoanalytic theory, illustrates the distinctive way of how his clinical material generated theory.

The Piggle and Transitional Space

In "The Piggle" (1977), Winnicott documents his work with Gabrielle, referred to as "the Piggle," from age two to five in a series of sixteen on-demand sessions. What makes this case remarkable is how it illustrates the development of transitional space not just as a theoretical construct but as a lived reality within the therapeutic relationship. Through this case, we experience:

> **Therapeutic space as transitional space**: The very structure of Winnicott's on-demand therapy creates what he called a "potential space" between himself and the child, which is neither fully internal nor external but a third area of experience. As readers, we witness how Gabrielle uses this space to work through anxieties about a new sibling, parental unavailability, and fears of annihilation.
>
> **The squiggle game as transitional phenomenon**: Winnicott's famous drawing technique becomes comprehensible not as a mere assessment tool but as a concrete manifestation of the transitional space, a co-created play activity that exists between the subjective world of the child and objective reality. When Gabrielle transforms Winnicott's squiggles into meaningful images or tells stories about them, we see transitional phenomena in action. I witnessed this powerful process in my own childhood: my father, who knew nothing of psychoanalysis or Winnicott, and who had lost both his parents at age 12 during the Nazi invasion, intuitively understood the value of this co-creative space. Through our spontaneous squiggle games, he helped me develop what I now recognize as a robust transitional space, a creative capacity that provided me with an internal sense of safety and possibility (of anything) I have carried throughout my life. This personal experience affirms Winnicott's insight that transitional phenomena emerge naturally in attuned caregiving relationships, serving vital developmental functions even when not theoretically understood.
>
> **The analyst as transitional object**: Perhaps most powerfully, we experience how Winnicott himself becomes a kind of transitional object for Gabrielle, someone who exists both in external reality and in her internal world, available when needed but separate enough to allow for the development of autonomy. This concrete illustration makes the abstract notion of the therapist as transitional object immediately graspable. We suggest that this phenomenon extends beyond child analysis to all psychoanalytic relationships; the analyst invariably functions as a transitional object that occupies that crucial intermediate space — neither fully internal nor external — allowing patients to "take home" the analytic experience and continue their therapeutic work between sessions. This internalized presence facilitates the gradual development of psychological capacities that eventually become integrated into the patient's autonomous self.

What distinguishes Winnicott's approach in this case is that theory emerges from the clinical material rather than being imposed upon it. Reading "The Piggle," we don't feel that Winnicott is using the case to demonstrate pre-existing theoretical constructs; rather, we sense that his theoretical understanding of transitional phenomena arose naturally from his attentive observation of children like Gabrielle. This inductive approach to theory-building stands in productive tension with Freud's more deductive method.

This methodology is reminiscent of the differential diagnostic approach I was taught in medical school in the 1970s-80s: a careful bottom-up process of gathering clinical evidence through observation and examination, analyzing the constellation of symptoms and their potential neuroanatomical correlates, and only then constructing and prioritizing possible diagnoses. Both approaches resist premature theoretical closure and honor the complexity of the individual

case. Winnicott's clinical sensibility thus shares important epistemological features with careful medical practice, illustrating how case-based knowledge operates across disciplinary boundaries.

"The Boy Who Couldn't Play": Transitional Phenomena in a Single Session

While "The Piggle" demonstrates transitional phenomena across an extended treatment, Winnicott's case of "The Boy Who Couldn't Play" from *Therapeutic Consultations in Child Psychiatry* (1971) shows how these dynamics can emerge even in a single consultation. In this case, a seven-year-old boy referred to Winnicott for stealing is engaged by Winnicott in the squiggle game. Through this brief encounter, we witness:

> **The transformation of therapeutic space**: Initially anxious and defended, the boy gradually enters a transitional space with Winnicott where play becomes possible. We experience how the relaxation of psychic boundaries allows previously inaccessible material to emerge.
>
> **Symbolic communication through play**: The boy's drawings evolve from concrete representations to more symbolic content, including a "wounded animal" that Winnicott understands as the boy's communication about his own psychic injuries. This demonstrates how transitional phenomena facilitate symbolic processing of experience that cannot yet be verbalized.
>
> **The diagnostic and therapeutic value of play**: Through this single consultation, Winnicott gains crucial insights into the boy's inner world while simultaneously providing a reparative experience. This illustrates how transitional space serves both assessment and intervention simultaneously.

Contemporary neuroscience has validated and expanded upon Winnicott's intuitive understanding of play's significance. Our work developing the Functional Psychoneurobiology framework (Rozentsvit, 2022a, 2022b, 2023b, 2024c) offers an approach to integrating these perspectives, conceptualizing psychological phenomena and neuroscientific findings as complementary rather than competing explanatory systems. This approach examines brain-mind processes as functional systems rather than isolated anatomical structures, allowing clinicians to understand the "whys" of human behavior without being constrained by reductionistic models.

Through this transdisciplinary lens, we can understand that play is not merely a recreational activity but a fundamental biological need that shapes brain development and emotional well-being. Research by Jaak Panksepp has demonstrated that play activates specific neural circuits associated with positive affect and social bonding, while play deprivation is linked to decreased stress resilience and increased vulnerability to depression, what he characterized as "opposite sides of a coin." The squiggle game, viewed through this neurobiological lens, can be understood as simultaneously activating the brain's social engagement system while temporarily deactivating defensive responses, creating optimal conditions for neural integration and the processing of previously dissociated material.

Similarly, Siegel's interpersonal neurobiology framework reinforces why Winnicott's approach was so effective: the co-created transitional space of the squiggle game facilitates neural integration across brain regions, allowing for the coherent processing of emotional experience. What Winnicott intuited through careful clinical observation can now be mapped onto specific neurobiological processes, a convergence that strengthens both psychoanalytic theory and neuroscientific understanding, demonstrating the continued value of case studies as sites for transdisciplinary knowledge production.

Winnicott's cases make the abstract concept of transitional phenomena tangible and immediate. Contemporary clinicians reading these cases don't simply learn about Winnicott's theory; they experience its clinical application in a way that transforms their own capacity for therapeutic presence. This experiential quality, now enriched by converging evidence from neuroscience, explains why Winnicott's case studies continue to shape contemporary practice across theoretical orientations and disciplinary boundaries (Rozentsvit, 2023a, 2024a, 2024b).

Epistemological Considerations: What Kind of Knowledge Do Case Studies Produce?

Beyond the Nomothetic-Idiographic Divide

The longstanding tension between nomothetic approaches (seeking general laws) and idiographic approaches (focusing on the individual case) has often positioned psychoanalytic case studies as exclusively idiographic. However, this binary opposition mischaracterizes the actual epistemological function of psychoanalytic case material.

As Edelson (1984) argues, psychoanalytic case studies operate through what he terms "exemplary induction" — a form of reasoning that moves from the particular to theoretical principles without claiming universal application. The individual case becomes, in Lakoff and Johnson's (1980) terms, a "cognitive model" through which we understand similar phenomena. This approach recognizes that psychological knowledge is inherently contextual while still allowing for theoretical generalization.

Narrative Knowledge and Human Science

Jerome Bruner's (1986) distinction between paradigmatic (logical-scientific) and narrative modes of knowing provides another framework for understanding the unique epistemological contribution of case studies. Psychoanalytic case studies exemplify narrative knowledge, as they organize experience temporally, attend to human intention and meaning, and recognize the constitutive power of language and story in psychological life.

This distinction materializes vividly in how different research traditions approach the same phenomenon. Consider the treatment of trauma: Randomized controlled trials might demonstrate the statistical efficacy of exposure therapy by measuring symptom reduction across large samples, operating in what Bruner calls the paradigmatic mode. In contrast, case studies like Shatan's (1973) influential work with Vietnam veterans document the lived experience of trauma and recovery, capturing the temporal unfolding of traumatic memory, the meaning-making processes through which veterans integrated their experiences, and the relational context in which healing occurred. These narrative accounts proved essential for the eventual recognition of PTSD as a diagnostic category, demonstrating how narrative knowledge can precede and inform paradigmatic understanding.

Similarly, Janet Malcolm's (1981) *Psychoanalysis: The Impossible Profession* illustrates how case narrative reveals dimensions of clinical work that remain invisible to quantitative methodologies. Through her in-depth study of a single analyst's practice, Malcolm captures the subtle interplay between theoretical knowledge and intuitive response, the evolution of clinical thinking over time, and the ethical complexities of the therapeutic relationship. These aspects of clinical reality, central to effective practice, resist quantification but emerge clearly through narrative representation.

The narrative approach does not represent a retreat from scientific rigor but rather recognizes what Dilthey termed the fundamental distinction between explanation (Erklären) and understanding (Verstehen). Human sciences require methodologies appropriate to their subject matter: conscious, meaning-making beings whose subjectivity cannot be bracketed or reduced

without fundamental distortion. As Taylor (1985) argues, the interpretive understanding of human behavior requires attention to the "background of meaning" against which actions become intelligible—a background that case studies are uniquely positioned to illuminate.

Contemporary Extensions: Case Studies in Transdisciplinary Context

Neuroscience and Embodiment

Contemporary case studies increasingly integrate insights from affective neuroscience, attachment research, and embodied cognition. Schore's (2012) detailed case presentations demonstrate how right-brain processes and regulatory functions can be observed and addressed in clinical interaction. Similarly, Sloate's (2010) case material illustrates how somatic countertransference can provide crucial clinical data about dissociated trauma.

This integration builds upon a rich tradition of neurological case studies that, like their psychoanalytic counterparts, have generated fundamental insights through detailed examination of individual patients. The case of Phineas Gage (1848), who survived an iron rod passing through his prefrontal cortex with dramatic personality changes, first illuminated the prefrontal cortex's role in personality and social behavior. Similarly, Henry Molaison ("H.M."), studied for five decades following experimental brain surgery that produced severe memory impairment, established fundamental principles about memory organization in the brain (Corkin, 2013).

Perhaps most relevant to psychoanalytic concerns is Alexander Luria's landmark study of Solomon Shereshevsky ("S"), a man with extraordinary synesthetic memory but significant deficits in abstract thinking. Luria's (1968) *The Mind of a Mnemonist* demonstrates how case study methodology can reveal the complex interrelationships between perception, memory, and symbolic function that underlie psychic life. Like Freud's case studies, Luria's work with Shereshevsky uses the individual case as a window into universal mental processes while preserving the subject's humanity and uniqueness.

Eric Kandel's work represents perhaps the most ambitious attempt to bridge psychoanalytic case observation and neuroscientific experimentation. Having begun his career as a psychoanalytically-oriented psychiatrist before turning to neurobiology, Kandel has consistently argued for the integration of these seemingly disparate approaches. In *The Disordered Mind* (2018), he demonstrates how detailed case studies of neurological and psychiatric conditions illuminate fundamental aspects of normal brain function — a methodological approach that mirrors Freud's use of pathology to understand normal psychic processes.

Similarly, Kandel's (2005) earlier work, *Psychiatry, Psychoanalysis, and the New Biology of Mind*, explicitly articulates how biological research on memory mechanisms can inform psychoanalytic understanding of unconscious processes. What distinguishes Kandel's contribution is his insistence that reductionist biological approaches need not diminish the complexity of human experience but can instead enrich our understanding of it. This position echoes the epistemological stance of psychoanalytic case studies, which seek to illuminate general principles through careful attention to particular experiences.

The embodied dimension of psychological experience has been further explored in contemporary traumatology through the work of van der Kolk (2014) and Levine (2010), while McDougall's (1989) psychoanalytic case studies of psychosomatic conditions provide rich accounts of how emotional conflicts may manifest in bodily symptoms. These approaches extend Winnicott's insights into the embodied nature of transitional experience into new theoretical territories.

These integrative approaches do not subordinate psychoanalytic understanding to neuroscientific explanation but create a productive dialogue between disciplines while maintaining the primacy of subjectivity and relationship in clinical practice.

Sociocultural Dimensions

Recent psychoanalytic case studies have also expanded to incorporate greater attention to sociocultural context. Altman's (2010) urban clinical practice with marginalized populations demonstrates how psychoanalytic case formulation must account for social determinants of mental health and the impact of structural inequality. Similarly, Suchet's (2004) case material explores how racial and cultural identities shape the intersubjective field of analysis.

This sociocultural approach extends beyond clinical case studies to psychobiographical investigations. Viktor Frankl's case exemplifies how individual meaning-making processes operate within devastating historical circumstances, with his concentration camp experiences serving as both the testing ground and validation for his logotherapeutic approach. The scholarly journal *Clio's Psyche* further advances this integration through psychobiographical studies that analyze extraordinary individuals within their social, cultural, and historical contexts. Recent psychobiographies of social change agents particularly demonstrate how individual psychology intersects with broader social movements and cultural transformations.

These developments collectively reflect a growing recognition that the psychoanalytic subject is always socially situated, and that comprehensive clinical and biographical understanding requires attention to multiple intersecting contexts: intrapsychic, interpersonal, and sociocultural. Rather than merely theorizing about sociocultural influences, these case studies document how specific historical circumstances shape psychological development and how individuals both respond to and reshape their sociocultural environments while preserving the complexity of lived human experience.

Ethics of Representation

Contemporary case studies also grapple with complex ethical questions about representation, consent, and the power dynamics inherent in writing about patients. Goldberg's (1997) concept of "clinical morality" emphasizes that case presentation involves not merely technical but ethical judgment. Questions of disguise, patient consent, and the potential therapeutic or anti-therapeutic effects of writing about treatment have led to innovative approaches in clinical writing.

These contemporary ethical frameworks represent a significant evolution from earlier approaches. Freud himself established rudimentary practices of disguising patient identities—changing names, occupations, and identifying details — though his case studies of patients like 'Dora' and 'The Wolf Man' contained enough specific information that several were eventually identified by historians. This tension between clinical illumination and patient protection has been present throughout psychoanalytic history, with each generation developing increasingly sophisticated protocols for addressing these ethical dilemmas. What began as informal professional norms has evolved into the comprehensive ethical frameworks we see today, reflecting broader cultural shifts regarding privacy, consent, and power dynamics in therapeutic relationships.

The Ethics Committee of the International Psychoanalytical Association has developed specific guidelines for case publication that balance patient confidentiality with scholarly needs. Their recommendations include obtaining explicit consent when possible, implementing thorough disguise of identifying details, and consulting with colleagues about the degree of disguise necessary (Kantrowitz, 2006). Some journals, like the *International Journal of Psychoanalysis*,

now require authors to complete a standardized form documenting their ethical decision-making process regarding patient material.

In practice, these ethical considerations have spawned methodological innovations. Collaborative case writing, as exemplified by Rasmussen's (2002) work with trauma survivors, involves patients as co-authors in determining which aspects of their treatment should be shared and how their experiences should be represented. This approach not only addresses concerns about consent but often enhances the therapeutic process by allowing patients to integrate their experiences through narrative co-construction.

Even more radical approaches have emerged through autoethnographic techniques. Carel's (2013) work on illness experience blurs the boundary between clinician and subject by documenting her own experience as both philosopher and patient with a chronic illness. Similarly, psychoanalyst Bromberg's (2006) writings on dissociation draw explicitly on his own traumatic experiences, demonstrating how self-disclosure can enhance rather than compromise clinical authority when approached with appropriate reflexivity.

The Children's Hospital of Philadelphia's Ethics of Storytelling initiative represents an institutional response to these concerns, creating formal protocols for obtaining tiered consent from patients and families for different types of case representation — from teaching conferences to academic publications to media presentations. This structured approach acknowledges that the ethical implications of case writing vary with context and audience (Feudtner & Christakis, 1994).

These ethical innovations demonstrate how case studies continue to evolve within a transdisciplinary framework, drawing on bioethics, narrative theory, and participatory research methodologies to address complex questions of representation and consent.

These ethical considerations do more than simply protect patients—they fundamentally shape what forms of knowledge can be produced and shared through case studies. The methodological innovations described above reflect an epistemological recognition that knowledge production in psychoanalysis is inherently relational and contextual. When patients become co-authors or when clinicians share their own experiences, the traditional subject-object dichotomy breaks down, creating new possibilities for understanding the intersubjective dimensions of psychological experience. These approaches acknowledge how we construct case narratives, with whom and under what conditions, directly influences what kinds of insights emerge. Thus, ethics and epistemology in case studies are not separate domains but deeply interconnected aspects of psychoanalytic knowledge production.

Case Studies as Reclaiming the Complexity of Human Suffering

Against the Medicalization of Distress

In an era dominated by symptom-focused, protocol-driven treatments and diagnostic systems that prioritize reliability over validity, psychoanalytic case studies serve as a crucial reminder that psychological suffering cannot be reduced to discrete symptoms or diagnostic categories. Detailed case narratives preserve the complexity of human experience and resist what Foucault termed the "medical gaze" that objectifies and decontextualizes distress.

Mark Nichter's influential work on "idioms of distress" provides a compelling framework for understanding this dynamic. His seminal case study from South India demonstrated how rural high-caste women expressed psychological distress through culturally specific "idioms" that could not be adequately captured by Western psychiatric categories (Nichter, 1981). Rather than simply cataloging symptoms, Nichter's case study explored how distress was "socially and

culturally mediated" through various behaviors ranging from shifts in food consumption to somatic complaints to spirit possession (Nichter, 1981).

This approach stands in stark contrast to the medicalization of distress, which transforms culturally meaningful expressions of suffering into standardized diagnostic entities requiring pharmaceutical intervention. As seen in Nichter's case study, when distress is removed from its sociocultural context, the richness of human experience is lost, and the person becomes, as Forrester notes, "reduced to a number of medical categories: the patient became a case of some particular ailment" (Willemsen et al., 2017). We can see a similar concern in Freud's case studies, which refuse to reduce patients like Dora to their "hysteria" diagnosis, instead exploring the complex interplay of personal history, family dynamics, and cultural context that shaped her symptoms. Similarly, Winnicott's case of "The Boy Who Couldn't Play" transcends the behavioral category of "stealing" to reveal the emotional wounds and developmental needs underlying the child's actions. These psychoanalytic cases, like Nichter's anthropological work, restore the humanity and complexity that diagnostic categorization often strips away.

Even the DSM, psychiatry's diagnostic bible, has been criticized for its role in this process. Recent editions have received criticism for "the medicalization of human distress" and "the use of arbitrary dividing lines between mental illness and 'normality'" (Nichter 2022). This medicalization has real consequences, as shown by Nichter's later work on how diagnostic "bracket creep" and pharmaceuticalization have changed how people express and experience suffering (Nichter, 2022).

Psychoanalytic case studies offer a counterbalance to this trend by honoring what has been termed the "patient's narrative" with its "significant subtext, linking physical distress to social predicaments, moral sentiments, and otherwise unexpressed emotions" (Desai & Chaturvedi, 2017). Through their attention to personal meaning, social context, and the therapeutic relationship, case studies reconnect psychological suffering to the fullness of lived experience and rehumanize what diagnostic systems often dehumanize.

Beyond Evidence-Based Practice

While recognizing the importance of outcome research, this paper argues that case studies represent a vital complement to randomized controlled trials in the development of what Sackett et al. (1996) termed "evidence-based practice." The rich data provided by case studies allow for what Fishman (1999) calls "pragmatic case studies"—detailed accounts that combine idiographic understanding with systematic evaluation of process and outcome.

The transformative impact of neurological case studies is perhaps most vividly illustrated in the work of Oliver Sacks and V.S. Ramachandran, whose detailed observations of patients with unusual conditions have not only advanced scientific understanding but also profoundly influenced clinical practice. Sacks, whom *The New York Times* called "the poet laureate of contemporary medicine," used deeply humanistic case narratives to demonstrate how neurological disorders reveal fundamental aspects of human experience. His collections like *The Man Who Mistook His Wife for a Hat* transformed patients' unusual symptoms from medical curiosities into windows on the organization of the normal brain and mind.

Similarly, Ramachandran's groundbreaking work with phantom limb patients demonstrates how single cases can revolutionize treatment approaches. Through careful observation and innovative experimentation with individual patients experiencing phantom limb pain, Ramachandran developed the "mirror box" therapy, an elegantly simple treatment that creates a visual illusion allowing patients to "move" and relieve pain in their phantom limbs. This approach, initially described in case studies of just ten patients, has now become a standard

treatment modality for phantom limb pain and has been extended to other conditions including stroke rehabilitation.

What these neurological case studies share with psychoanalytic cases is their ability to preserve the complexity of the phenomenon under study while generating insights with broad clinical applications. The success of both Sacks's and Ramachandran's approaches stems from their willingness to take patients' subjective experiences seriously and to develop theoretical frameworks that account for these experiences rather than dismissing them as epiphenomena. Like psychoanalytic case studies, these neurological cases demonstrate how careful attention to the particular can yield universal principles.

Moreover, both traditions highlight the limitations of treating the body and mind as separate domains. Ramachandran's mirror therapy, by using visual illusions to alleviate physical pain, demonstrates the profound interdependence of psychological and physical processes, a principle that has been central to psychoanalytic understanding since Freud's early work on conversion symptoms. This convergence suggests that case studies may be particularly valuable for exploring phenomena that transcend the artificial boundaries between disciplines and challenge reductionist models of human experience.

Teaching Applications: Case Studies in Clinical Education

Developing Clinical Thinking

Case studies play a central role in clinical education across theoretical orientations. Through engagement with detailed case material, trainees develop capacities for:

- Pattern recognition and clinical judgment
- Tolerance of ambiguity and uncertainty
- Self-reflective practice
- Integration of theory and technique

The case report tradition in supervision and seminars creates what Schön (1983) called a "reflective practicum"—a space where novice clinicians can develop the complex skills required for psychological work.

Consider, for example, the pedagogical use of Freud's case of "Little Hans" in contemporary child psychotherapy training. When students compare Freud's original interpretations with contemporary readings informed by attachment theory, they learn not just about phobic symptoms but about the evolution of clinical thinking itself. The process of engaging with this historical material teaches students to question underlying assumptions and consider multiple theoretical lenses—skills essential for clinical flexibility.

Similarly, in psychiatric education, Oliver Sacks's case of "Dr. P" (the man who mistook his wife for a hat) is frequently used to teach more than just the neurological features of visual agnosia. As Sacks (1985) himself demonstrated, the case illustrates how clinicians must balance objective assessment with understanding the patient's subjective experience. Medical students studying this case learn to move beyond diagnostic categorization to consider how the patient navigates his perceptual world, a skill that enhances empathic understanding across all clinical contexts.

In psychoanalytic institutes, the "continuous case conference" method provides another example of case-based pedagogy. A clinician presents ongoing material from a single treatment over weeks or months, allowing supervisors and peers to follow the therapeutic process as it unfolds. This format teaches trainees to recognize patterns over time, tolerate periods of

confusion, and develop hypotheses that can be tested and revised: mirroring the actual process of long-term therapeutic work. The Psychoanalytic Consortium's training guidelines specifically recommend this approach for developing what they term "clinical sensitivity," the ability to discern subtle intersubjective dynamics that might otherwise go unnoticed (Psychoanalytic Consortium, 2004).

The Tavistock Clinic in London has further developed the educational use of case studies through their "Work Discussion" method. In this approach, professionals from various disciplines present detailed observations of their work with patients, focusing not just on clinical interventions but on their own emotional responses. Through careful examination of countertransference reactions documented in these case presentations, students learn to use their subjective responses as diagnostic tools—a skill that crosses theoretical boundaries from psychoanalysis to cognitive-behavioral approaches.

Pedagogical Innovations

Contemporary approaches to teaching with case studies include:

Comparative readings of classic cases through different theoretical lenses

The Boston Psychoanalytic Society and Institute's "Multiple Perspectives" seminar exemplifies this approach, where candidates examine classic cases like Freud's "Wolf Man" through ego psychological, object relations, self-psychological, and relational frameworks simultaneously. At the Object Relations Institute, Dr. Jerome Blackman consistently incorporates comparative approaches, moving fluidly between ego psychology and object relations frameworks when analyzing case material, demonstrating how different theoretical lenses illuminate different aspects of the same clinical phenomena. Dr. Eva Papiasvili's teaching at ORI further exemplifies this approach through her work with the International Psychoanalytical Association's Encyclopedic Dictionary (IRED), introducing students to concepts like free association, enactments, and Nachträglichkeit through comparative global perspectives that reveal how these ideas are understood and applied across different cultural and theoretical contexts. Similarly, Stefanie Teitelbaum's courses at ORI purposefully integrate multiple object relations theorists — Freud, Bion, Winnicott, Klein, Eigen, and Meltzer — teaching students how these complementary perspectives enrich clinical understanding rather than forcing a choice between competing frameworks. This comparative method teaches candidates that theoretical plurality enhances rather than diminishes clinical understanding (Berman, 2010).

Embodied learning through role-play and simulation

The Object Relations Institute's innovative Group Supervision courses utilize experiential role-play techniques where faculty members like Dr. Susan Kavaler-Adler play the role of analyst while candidates embody their patients, experiencing them from the "inside-out." This approach, grounded in Winnicott's concept of "potential space," helps clinicians develop both empathic attunement and appropriate boundaries by physically experiencing the therapeutic dyad from both positions (Kavaler-Adler, 2014).

Integration of contemplative practices with case analysis

Innovative educators are increasingly incorporating mindfulness and embodied awareness into case-based learning. At ORI, Dr. Jeffrey Rubin incorporates his "meditative psychoanalysis" approach while teaching psychoanalytic concepts, helping students develop the attentional capacities necessary for deep clinical listening. His courses also incorporate Monte Ullman's experiential method of dream interpretation, creating a participatory learning environment where case material becomes a vehicle for both intellectual and embodied understanding.

Similarly, neuropsychoanalytic approaches taught by Dr. Inna Rozentsvit at ORI integrate grounding techniques and meditative practices that enhance clinicians' capacity for self-regulation during challenging clinical encounters.

Technology-enhanced case conferences

The International Psychoanalytical Association's Inter-Regional Clinical Link program uses secure videoconferencing to connect analysts from different countries for in-depth case discussions. This technology allows clinicians in São Paulo, London, and New York to jointly examine how cultural contexts shape transference phenomena, creating a truly global "reflective practicum" (Scharff & Varvin, 2014). The COVID-19 pandemic accelerated this trend, with organizations like the American Psychoanalytic Association moving their clinical case conferences online, unexpectedly discovering that the digital format enhanced participation and allowed for new forms of collaborative annotation of case material.

Multi-modal case presentations

The Menninger Clinic's innovative approach combines traditional clinical case narratives with neuroimaging data, psychological testing results, and recorded session segments to create comprehensive case formulations. This multi-modal method teaches trainees to integrate information across different levels of analysis, from neurobiological to psychodynamics, fostering a truly transdisciplinary clinical perspective (Gabbard & Horowitz, 2010).

Arts-based case exploration

Programs like Columbia University's Narrative Medicine initiative use creative writing, visual arts, and performance to deepen students' engagement with case material. Medical and psychotherapy trainees might write poems from a patient's perspective, create visual representations of a clinical impasse, or engage in dramatic reenactments of pivotal therapeutic moments — approaches that develop empathic imagination and tolerance for ambiguity (Charon, 2017).

Future Directions: Empirical Case Studies and New Forms of Evidence

The Emergence of Systematic Case Studies

Recent developments in psychoanalytic research methodology point toward what Willemsen et al. (2017) describe as a transformation of traditional case studies into more systematized forms that address methodological critiques while preserving clinical depth. These methodological innovations can be observed in several groundbreaking research programs:

Audio/video recording of sessions to replace therapist memory

The Shedler-Westen Assessment Procedure (SWAP) exemplifies this approach, using recorded sessions to develop detailed patient descriptions that can be reliably scored by independent clinicians. In their study of borderline personality disorder, Westen and Shedler (1999) demonstrated how systematic recording and scoring could transform subjective clinical impressions into quantifiable data without sacrificing clinical richness. Similarly, the Anna Freud Centre's Child Therapy Study utilized video recordings of all sessions with hyperactive children, allowing researchers to analyze subtle changes in both verbal and non-verbal interactions that would have been lost in traditional process notes (Fonagy & Target, 1994).

Standardized process and outcome measures to track change

Luborsky's Penn Psychotherapy Project integrated standardized measures into long-term psychoanalytic treatments, administering the same assessments at regular intervals throughout therapy. This approach allowed researchers to correlate specific therapeutic interventions with

measurable outcomes while preserving the naturalistic setting of clinical practice (Luborsky et al., 1988). More recently, the Tavistock Adult Depression Study combined standardized depression ratings (Hamilton Rating Scale and Beck Depression Inventory) with qualitative interviews to document both symptomatic improvement and structural psychological changes in patients undergoing long-term psychoanalytic treatment for treatment-resistant depression (Fonagy et al., 2015).

Triangulation through multiple observers/raters

The Infant Observation method developed at the Tavistock Clinic has evolved into a systematic research methodology through the work of the International Psychoanalytic Association's Working Party on Primary Prevention. This approach engages multiple trained observers who independently record their observations of infant-caregiver interactions and then analyze these observations in group discussions, reducing individual observer bias while preserving the depth of psychoanalytic understanding (Rustin, 2006). The Boston Change Process Study Group similarly uses multiple analyst-researchers to review videotaped therapeutic interactions, creating what they call "consensual validation" of observed intersubjective phenomena (Stern et al., 1998).

Explicit articulation of theoretical assumptions and methodology

The Single Case Archive (SCA) project represents an important step toward methodological transparency in case study research. By requiring standardized reporting of case material, including explicit statements about theoretical orientation, data collection methods, and interpretive frameworks, the SCA has created a database of over 500 published case studies that can be systematically analyzed across theoretical perspectives (Desmet et al., 2013). This approach directly addresses longstanding critiques about the opacity of case study methodology while facilitating meta-studies that can identify patterns across individual cases.

Rather than abandoning the case study method in favor of randomized controlled trials, these approaches enhance its rigor while maintaining its fundamental strength—the ability to capture the complex, contextual, and temporal dimensions of therapeutic change. As Midgley (2006) argues, these systematic approaches to case study research offer a "third way" that bridges the divide between clinical knowledge and scientific validation without reducing the complexity of psychoanalytic phenomena to operationalized variables.

Bridging the Research-Practice Gap

The Single Case Archive (SCA) represents one important development in bringing systematic organization to published psychoanalytic case studies, facilitating meta-studies and knowledge aggregation across cases (Desmet et al., 2013). This approach offers a promising middle path that can bridge the traditional divide between psychoanalytic practice and empirical research.

The Psychotherapy Case Study Project at the University of Ghent exemplifies this approach in action. Researchers there used the SCA methodology to analyze 52 published case studies of patients with obsessional problems, identifying common patterns in therapeutic process and outcome across different theoretical orientations (Meganck et al., 2017). This meta-analysis revealed that successful treatment typically involved addressing interpersonal patterns rather than focusing exclusively on symptom reduction, a finding that might have been obscured in traditional efficacy studies but emerged clearly through systematic case comparison.

Similarly, the Practice Research Network of the American Psychoanalytic Association has developed protocols for clinicians to systematically document cases using both standardized measures and narrative descriptions. This approach has allowed practicing analysts to

contribute directly to the research literature without disrupting their clinical work. In one notable study, Waldron et al. (2018) used this methodology to examine the relationship between specific analyst interventions and therapeutic outcomes across 27 completed analyses, demonstrating how technical interventions vary according to patient characteristics and treatment phase.

The Psychoanalytic Research Consortium's Analytic Process Scales (APS) further illustrates how practitioners can participate in research that maintains clinical validity. By developing rating scales derived from actual clinical material rather than laboratory constructs, researchers have created measures that clinicians recognize as capturing meaningful aspects of therapeutic process. Waldron and Scharf's (2017) research using the APS demonstrated that successful analyses show increasing depth of patient communication and analyst understanding over time—findings that both validate clinical intuition and provide empirical support for psychoanalytic theory.

What makes these developments particularly significant is how they transform what was once seen as a methodological weakness — the idiographic nature of case studies — into a strength. By implementing cumulative systematic case studies, researchers can account for "the uniqueness of the analytic relationship" while contributing to "a systematic practice-based psychoanalytic theory" (Fonagy & Moran, 1993; Messer, 2007). The distinctive epistemological position of psychoanalytic case studies, which honor the particular, while seeking theoretical understanding, may represent not an outdated methodology but precisely the approach needed to advance psychological knowledge in an age of increasing complexity.

Conclusion: The Continued Relevance of Case Studies

Case studies are not merely illustrative anecdotes but constitute the very substance of psychoanalytic knowledge. From Freud's pioneering explorations to contemporary practice, the careful documentation and interpretation of individual cases continues to generate insights that no other methodology could produce. In their attention to the particular rather than the universal, case studies honor the fundamental psychoanalytic commitment to understanding the unique contours of each person's inner world.

The enduring impact of these detailed narratives can be seen across disciplines. Ramachandran's mirror box studies revolutionized phantom limb treatment while simultaneously challenging fundamental assumptions about brain plasticity. Sacks's detailed accounts of neurological patients transformed medical education by reintroducing subjectivity into clinical understanding. Contemporary psychoanalytic cases documented through the Single Case Archive create an evolving body of knowledge that maintains clinical relevance while meeting demands for methodological rigor.

What unites these diverse examples is their commitment to preserving the complexity of human experience. Whether examining neural reorganization following amputation, the phenomenology of neurological disorders, or the subtle dynamics of therapeutic relationship, case studies provide a methodology uniquely suited to capturing phenomena that exist at the intersection of multiple explanatory frameworks — biological, psychological, social, and cultural.

As psychological research and practice face increasing pressure to quantify, standardize, and operationalize, psychoanalytic case studies offer a vital counterbalance—reminding us that at the heart of our discipline lies not abstract theory but the lived experience of human beings struggling with the fundamental challenges of existence. Their continued development within

transdisciplinary contexts represents not a retreat to the past but a sophisticated epistemological position that preserves human complexity in an age of reductionism.

References

Altman, N. (2010). *The analyst in the inner city: Race, class, and culture through a psychoanalytic lens* (2nd ed.). Routledge.

Berman, E. (2010). The psychoanalytic method as applied cultural criticism. *Journal of the American Psychoanalytic Association, 58*(4), 735-740.

Bromberg, P. M. (2006). *Awakening the dreamer: Clinical journeys.* Analytic Press.

Bruner, J. (1986). *Actual minds, possible worlds*. Harvard University Press.

Carel, H. (2013). Illness, autobiography and the narrative self. *The Lancet, 381*(9881), 1890-1891.

Charon, R. (2017). *The principles and practice of narrative medicine*. Oxford University Press.

Chodorow, N. (1989). *Feminism and psychoanalytic theory.* Yale University Press.

Corkin, S. (2013). *Permanent present tense: The unforgettable life of the amnesic patient, H.M.* Basic Books.

Desai, G., & Chaturvedi, S. K. (2017). Idioms of distress. *Journal of Neurosciences in Rural Practice, 8*(Suppl 1), S94-S97.

Desmet, M., Meganck, R., Seybert, C., Willemsen, J., Geerardyn, F., Inslegers, R., ... & Kächele, H. (2013). Psychoanalytic single cases published in ISI-ranked journals: The construction of an online archive. *Psychotherapy and Psychosomatics, 82*(2), 120-121.

Dilthey, W. (1989). *Introduction to the human sciences* (R. A. Makkreel & F. Rodi, Trans.). Princeton University Press. (Original work published 1883)

Edelson, M. (1984). Hypothesis and evidence in psychoanalysis. University of Chicago Press.

Feudtner, C., & Christakis, D. A. (1994). Ethics of medical storytelling. *JAMA, 271*(5), 390-391.

Fishman, D. B. (1999). *The case for pragmatic psychology*. New York University Press.

Fonagy, P., & Moran, G. S. (1993). Selecting single case research designs for clinicians. In N. E. Miller, L. Luborsky, J. P. Barber, & J. P. Docherty (Eds.), *Psychodynamic treatment research: A handbook for clinical practice* (pp. 62-95). Basic Books.

Fonagy, P., & Target, M. (1994). The efficacy of psychoanalysis for children with disruptive disorders. *Journal of the American Academy of Child & Adolescent Psychiatry, 33*(1), 45-55.

Fonagy, P., Rost, F., Carlyle, J. A., McPherson, S., Thomas, R., Pasco Fearon, R. M., ... & Taylor, D. (2015). Pragmatic randomized controlled trial of long-term psychoanalytic psychotherapy for treatment-resistant depression: The Tavistock Adult Depression Study (TADS). *World Psychiatry, 14*(3), 312-321.

Foucault, M. (1973). *The birth of the clinic: An archaeology of medical perception* (A. M. Sheridan Smith, Trans.). Pantheon Books.

Freud, S. (1905). Fragment of an analysis of a case of hysteria. In *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 7, pp. 1-122). Hogarth Press.

Freud, S. (1909a). Analysis of a phobia in a five-year-old boy. In *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 10, pp. 1-149). Hogarth Press.

Freud, S. (1909b). Notes upon a case of obsessional neurosis. In *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 10, pp. 151-318). Hogarth Press.

Freud, S. (1918). From the history of an infantile neurosis. In *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 17, pp. 1-124). Hogarth Press.

Gabbard, G. O., & Horowitz, M. J. (2010). Insight, transference interpretation, and therapeutic change in the dynamic psychotherapy of borderline personality disorder. *American Journal of Psychiatry, 167*(5), 517-521.

Geertz, C. (1973). *The interpretation of cultures: Selected essays.* Basic Books.

Goldberg, A. (1997). *Writing case histories.* The Analytic Press.

Kandel, E. R. (2018). *The disordered mind: What unusual brains tell us about ourselves. Farrar,* Straus and Giroux.

Kandel, E. R. (2005). *Psychiatry, psychoanalysis, and the new biology of mind.* American Psychiatric Publishing.

Kantrowitz, J. L. (2006). *Writing about patients: Responsibilities, risks, and ramifications.* Other Press.

Kavaler-Adler, S. (2014). *The Klein-Winnicott dialectic: Transformative new metapsychology and interactive clinical theory.* Karnac Books.

Klein, M. (1961). *Narrative of a child analysis.* Basic Books.

Lakoff, G., & Johnson, M. (1980). *Metaphors we live by*. University of Chicago Press.

Levine, P. A. (2010). *In an unspoken voice: How the body releases trauma and restores goodness.* North Atlantic Books.

Luborsky, L., Crits-Christoph, P., Mintz, J., & Auerbach, A. (1988). *Who will benefit from psychotherapy? Predicting therapeutic outcomes*. Basic Books.

Luria, A. R. (1968). *The mind of a mnemonist: A little book about a vast memory*. Harvard University Press.

Malcolm, J. (1981). *Psychoanalysis: The impossible profession*. Alfred A. Knopf.

McDougall, J. (1989). *Theatres of the body: A psychoanalytical approach to psychosomatic illness*. Free Association Books.

Meganck, R., Inslegers, R., Krivzov, J., & Notaerts, L. (2017). Beyond clinical case studies in psychoanalysis: A review of psychoanalytic empirical single case studies published in ISI-ranked journals. *Frontiers in Psychology, 8*, 1749.

Messer, S. B. (2007). Psychoanalytic case studies and the pragmatic case study method. *Pragmatic Case Studies in Psychotherapy, 3*(1), 55-58.

Midgley, N. (2006). Psychoanalysis and qualitative psychology: Complementary or contradictory paradigms? *Qualitative Research in Psychology, 3*(3), 213-231.

Mitchell, S. A., & Black, M. J. (1995). *Freud and beyond: A history of modern psychoanalytic thought*. Basic Books.

Nichter, M. (1981). Idioms of distress: Alternatives in the expression of psychosocial distress: A case study from South India. *Culture, Medicine and Psychiatry, 5*(4), 379-408.

Nichter, M. (2010). Idioms of distress revisited. *Culture, Medicine, and Psychiatry, 34*(2), 401-416.

Nichter, M. (2022). From idioms of distress, concern, and care to moral distress leading to moral injury in the time of Covid. *Transcultural Psychiatry, 59*(4), 551-567.

Nicolescu, B. (2002). *Manifesto of transdisciplinarity* (K.C. Voss, Trans.). State University of New York Press.

Orange, D. M. (1995). *Emotional understanding: Studies in psychoanalytic epistemology*. Guilford Press.

Panksepp, J. (2005). *Affective neuroscience: The foundations of human and animal emotions.* Oxford University Press.

Psychoanalytic Consortium. (2004). Psychoanalytic core competencies. Retrieved from http://www.apsa.org/Portals/1/docs/Training/CoreCompetencies.pdf

Ramachandran, V. S., & Rogers-Ramachandran, D. (1996). Synaesthesia in phantom limbs induced with mirrors. *Proceedings of the Royal Society of London B: Biological Sciences, 263*(1369), 377-386.

Rasmussen, B. (2002). Writing patients' case histories. In A. S. Gurman & S. B. Messer (Eds.), *Essential psychotherapies: Theory and practice* (2nd ed., pp. 24-61). Guilford Press.

Rozentsvit, I. (2022, June 4). *From neurology to psychoanalysis and back to neuroscience: Basics of Functional Psychoneurobiology for mental health professionals* [Workshop]. The Object Relations Institute for Psychotherapy and Psychoanalysis (ORI), NYC. https://orinyc.org/from-neurology-to-psychoanalysis-and-back-to-neuroscience-basics-of-functional-psychoneurobiology-for-mental-health-professionals/

Rozentsvit, I. (2022, December 10). *Functional Psycho-Neuro-Biology approach to psychosomatics — in mental health and everyday life* [Seminar]. The Object Relations Institute for Psychotherapy and Psychoanalysis (ORI), NYC. https://orinyc.org/functional-psychoneurobiology-approach-to-psychosomatics-for-mental-health-professionals-and-all-curious/

Rozentsvit, I. (2023, September 3). *Transdisciplinary approach to Beholder Share phenomenon: Neuropsychoanalysis, arts, and psychohistory* [Grand Rounds]. The Object Relations Institute for Psychotherapy and Psychoanalysis (ORI), NYC. https://orinyc.org/neuropsychoanalytic-grand-rounds-ori-transdisciplinary-approach-to-beholder-share-phenomenon-neuropsychoanalysis-arts-and-psychohistory/

Rozentsvit, I. (2023, September 7-October 5). *Neuropsychoanalysis: Attachment and object relations through the lens of Functional Psychoneurobiology and brain mapping* [Certificate course]. The Object Relations Institute for Psychotherapy and Psychoanalysis (ORI), NYC. https://orinyc.org/neuropsychoanalysis-attachment-and-object-relations-through-the-lens-of-functional-neuropsychobiology-and-brain-mapping/

Rozentsvit, I. (2024, March 10). *A plea for a measure of abnormality: Transdisciplinary approach to understanding & embracing neurodiversity* [Seminar]. The Object Relations Institute for Psychotherapy and Psychoanalysis (ORI), NYC. https://orinyc.org/a-plea-for-a-measure-of-abnormality-transdisciplinary-approach-to-understanding-embracing-neurodiversity/

Rozentsvit, I. (2024, June 22). *Integrative neuropsychoanalytic approach to psychic trauma & post-traumatic growth (PTG)* [Seminar]. The Object Relations Institute for Psychotherapy and Psychoanalysis (ORI), NYC. https://orinyc.org/trauma-and-post-traumatic-growth-neuropsychoanalytic-integrative-approach/

Rozentsvit, I. (2024, July 27). *Functional Psychoneurobiology approach to parenting and parenthood, childhood and selfhood* [Seminar]. The Object Relations Institute for Psychotherapy and Psychoanalysis (ORI), NYC. https://orinyc.org/functional-psychoneurobiology-approach-to-parenting-and-parenthood-childhood-and-selfhood/

Rustin, M. (2006). Infant observation research: What have we learned so far? *Infant Observation, 9*(1), 35-52.

Sackett, D. L., Rosenberg, W. M., Gray, J. A., Haynes, R. B., & Richardson, W. S. (1996). Evidence based medicine: What it is and what it isn't. *BMJ, 312*(7023), 71-72.

Sacks, O. (1985). *The man who mistook his wife for a hat*. Summit Books.

Scharff, D. E., & Varvin, S. (2014). *Psychoanalysis in China*. Karnac Books.

Schön, D. A. (1983). *The reflective practitioner: How professionals think in action*. Basic Books.

Schore, A. N. (2012). *The science of the art of psychotherapy*. W. W. Norton & Company.

Shatan, C. F. (1973). The grief of soldiers: Vietnam combat veterans' self-help movement. *American Journal of Orthopsychiatry, 43*(4), 640-653.

Siegel, D. J. (2012). *The developing mind: How relationships and the brain interact to shape who we are* (2nd ed.). Guilford Press.

Sloate, P. L. (2010). *From fetish to subject: Race, modernism, and primitive discourse*. Praeger.

Stern, D. N., Sander, L. W., Nahum, J. P., Harrison, A. M., Lyons-Ruth, K., Morgan, A. C., ... & Tronick, E. Z. (1998). Non-interpretive mechanisms in psychoanalytic therapy: The 'something more' than interpretation. *International Journal of Psychoanalysis, 79*, 903-921.

Suchet, M. (2004). A relational encounter with race. *Psychoanalytic Dialogues, 14*(4), 423-438.

Taylor, C. (1985). *Human agency and language: Philosophical papers 1*. Cambridge University Press.

Toulmin, S. (2001). *Return to reason*. Harvard University Press.

van der Kolk, B. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Viking.

Waldron, S., & Scharf, R. D. (2017). Toward the delineation of therapeutic change in psychoanalysis. *Psychoanalytic Quarterly, 86*(1), 1-38.

Waldron, S., Gazzillo, F., Genova, F., & Lingiardi, V. (2018). Relational and classical elements in psychoanalyses: An empirical study with case illustrations. *Psychoanalytic Psychology, 35*(2), 233-248.

Westen, D., & Shedler, J. (1999). Revising and assessing Axis II, Part I: Developing a clinically and empirically valid assessment method. *American Journal of Psychiatry, 156*(2), 258-272.

Willemsen, J., Della Rosa, E., & Kegerreis, S. (2017). Clinical case studies in psychoanalytic and psychodynamic treatment. *Frontiers in Psychology, 8*, 108.

Winnicott, D. W. (1971a). *Playing and reality*. Tavistock Publications.

Winnicott, D. W. (1971b). *Therapeutic consultations in child psychiatry*. Hogarth Press.

Winnicott, D. W. (1977). *The Piggle: An account of the psychoanalytic treatment of a little girl*. International Universities Press.

Winnicott, D. W. (1986). *Holding and interpretation: Fragment of an analysis*. Grove Press.

How to cite this?

Rozentsvit, I. (2025). The cornerstone of psychoanalysis: Case studies as critical knowledge production in transdisciplinary context. *MindConsiliums, 25*(2), 1-21.