



## Guidelines for the Writing of a Body Psychotherapy Case Study<sup>A</sup>

Case studies are an invaluable record of the clinical practices of any profession – including the profession of Body Psychotherapy (BP). While case studies cannot provide specific guidance for the management of successive patients, they are (or can be) a record of certain clinical interactions, which can then help one to frame further questions for more rigorously designed clinical studies. Case studies can also provide valuable teaching material, demonstrating both classical situations and unusual presentations that may confront any practitioner. Finally, case studies can help people understand something of the ‘change process’ that happens in Body Psychotherapy. Unless one sees a video of an actual session (which is already slightly different because of the presence of the camera), psychotherapy happens ‘behind closed doors’, and Body Psychotherapy

BP practitioners are generally not very well-practised in writing for publication (Young, 2010), and they therefore may hesitate before embarking on the task of actually writing a case study. However, if / when one does, it can eventually lead to possible publication. It is best therefore, to start off by following these basic guidelines or parameters, which are intended to assist the relatively novice writer – be they an experienced practitioner, or a trainee – in navigating the course to eventual publication of a quality case study.

Such guidelines are not intended to be proscriptive, and so, throughout this document, we suggest (or advise) what authors “may” or “could” do, rather than what they “must” do. Authors may decide that the circumstances of their particular case study justify digressions from these general recommendations, however, any major digression should be able to be clearly ‘defended’ if / when possibly questioned by an editor, referee, or potential reader.

### Background

Your finished case study should be around 3,000 words in length: most professional journals want reasonably ‘scientific’ articles, be these about theory, practice, research or about a particular modality, and case studies are conventionally between 3,000 and 5,000 words: this word count may (or may not) include abstract, references, etc. Some journals want significantly less length from case studies: e.g. perhaps around 1,500 - 2,000 words. So, we strongly suggest that you have a look – before you start writing – at some of these professional journals’ ‘Instructions’ or ‘Guidelines for Authors’.

Within the field of Body Psychotherapy, in English, there is the *International Body Psychotherapy Journal*<sup>1</sup> and the journal of *Body, Movement & Dance in Psychotherapy*<sup>2</sup>. There are also several other journals where articles about Body Psychotherapy have been published: e.g. *The Arts in Psychotherapy* journal<sup>3</sup>; the *International Journal of Psychotherapy*<sup>4</sup>; and the journal of *Alternative & Complementary Therapies*<sup>5</sup>. There is another professional BP journal in German: *körper – tanz – bewegung*<sup>6</sup>. You might also want to look at some of the ‘case studies’ published in such journals, to get an impression of their style, language, structure and syntax.

The suggestions given below are therefore primarily additional guidelines to any particular professional journal’s particular ‘Guidelines for Authors’. It is essential that you look carefully at,

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<sup>A</sup> Adapted from Budgell, 2008.

and follow precisely, these published guidelines. There is also guidance available about writing case studies, from other articles similar to this one (e.g. Lowman & Kilberg, 2011) and from examples of written-up case studies in professional journals (e.g. Wadsworth & Hackett, 2014).

### **Informed Consent**

You may already have some basic written notes from your various therapy sessions with this particular client: these may help to shape some of the content, but notes must not form any part of the case study themselves, as they are confidential and must therefore be treated as such.

In order to develop these notes into a case study, you will – eventually – need to get the written “informed consent” of the person (patient/client) involved (see: Henderson, 2005). There is a sample form for obtaining this sort of consent available to EABP members, which is attached: other organisations have their own consent forms.

This can be quite difficult, as sometimes a significant period of time has passed since you last had contact with the client. But, it is now generally considered imperative that the patient/client must give “informed, written consent”. Essentially, significant personal details in the case study **must** be changed, so as to protect the patient/client’s privacy (anonymity) and also your own professional ethics about confidentiality. The patient/client must see – and approve – a final draft of the case study, before it is submitted for publication, or used as a presentation. You should not properly (or ethically) publish a case study about a person without their informed knowledge and written consent – and a journal editor might ask if you have this.<sup>7</sup>

### **Introduction to Writing the Case Study**

To begin with, however, you must also have a clear sense of the purpose or intent of the case study that you wish to describe. Therefore, before beginning to write the study itself, you should gather all of the materials relevant to the case – clinical session notes, supervision notes, the original referral, any outcome forms, etc. – and start to formulate a clear picture of the story that you wish to share.

At the most superficial level, you might also want to ask yourself: “Why are you writing this?”; “What is particularly interesting about this case?”; “What does it demonstrate?” Keep your answers in mind as you write, because sometimes we can easily become lost in the detail of our actual writing and forget the overall message that we want to convey.

Another important general rule for writing case studies is to ‘stick to the facts’. A case study should be a fairly modest description of what actually happened. Speculation about underlying mechanisms of the processes or treatment and long descriptions about the theory or the foundation of the method should all be avoided. You should try to provide an honest record of the clinical events, with supporting evidence, and appropriate references.

Finally, please remember that a case study is primarily a chronicle of a patient’s progress, not a story about a particular therapeutic success. Editorial, observational or promotional remarks do not belong in a case study, no matter how great our enthusiasm or insight. It is best to tell the story simply and clearly and so let the outcome speak for itself. Don’t use flowery language, or pseudo- medical or technical jargon, without a reasonable explanation: e.g. “... *the client’s progress was ‘amazing’*; ... *their ‘energy’ was totally changed*; ... . With all these points in mind, please now begin the process of actually developing the written case study.

**1. Title page:** The title page will contain the full title of the article. Remember that many people may find your article – in due course – by searching for it on the internet. They may have to decide, just by looking at the title, whether or not they want to access the full article. A title that

is vague or non-specific may not attract their attention. Your title should therefore (at least) contain the phrase “case study,” or “case report” as this is what is appropriate to the contents.

The two most common formats of case study titles are ‘nominal’ and ‘compound’. A nominal title is a single phrase, for example, “*A Case Study of Anxiety which responded to Grounding Interventions.*” A compound title consists of two phrases in succession, for example “*Response of Anxiety to Grounding Interventions: A Case Study.*” Keep in mind that most titles of articles in journals average about 8 and 10 words in length.

Other contents for the title page should be as described in the journal’s ‘Instructions to Authors’. Remember that for a case study, you would not expect to have more than one or two authors. In order to be listed as an author, a person must have had a significant contribution to the case history (maybe even being the patient or a co-therapist), or have had a significant intellectual stake in the actual writing process: someone who has only provided technical assistance, as valuable as that may be, may be acknowledged at the end of the article, but would not be listed as an author. Suitable contact information – either home or institutional – should be provided for each author, along with the authors’ academic qualifications and professional positions. If there is more than one author, one author must be identified as the ‘corresponding author’ – the person whom people should contact if they have questions or comments about the study. That’s it.

This front page will be ‘removed’ when the case study is sent out for peer-review and thus the article will become ‘anonymised’. If you have referenced several of your own articles, your surname may also be redacted.

**2. Abstract:** Abstracts include title (**no authors**) and subheadings and should generally not exceed 150 words, and will follow one of two basic styles: either ‘narrative’ or ‘structured’.

A **narrative abstract** consists of a short summary of the whole paper. There are no headings within a narrative abstract. The author simply tries to summarize the paper into a short ‘story’ that flows logically and is reasonable accurate.

A **structured abstract** uses sub-headings. Structured abstracts are becoming more popular for basic scientific and clinical studies, since they standardize the abstract and ensure that certain information is always included. This is also useful for readers who search for articles on the internet. A search engine, or a journal web-page, often displays the abstract, and – on the basis of the abstract – the reader can then decide whether or not to download the full article (possibly having to pay for it, as well). Sub-headings in a structured abstract can include:

- a. **Introduction:** This consists of a sentence to describe the context of the case and study summarizing the entire article. It is often an extension of the title.
- b. **Case presentation:** One or two sentences describing the background and history, the client presentation, and the results of any initial (objective) assessments performed. The working diagnosis (or clinical formulation) of the ‘case’ is described – please always remember that this is also a person, often in difficulty.
- c. **Management and Outcome:** A simple description of the patient’s identified main problems or challenges, followed by an outline of the course of their therapy and/or ‘treatment’. Where possible, make a brief mention of any outcome measures or observational techniques that were used to demonstrate (objectively) how the patient’s condition evolved throughout the course of the therapy, as any result being an aspect of the therapeutic relationship, or due to the processes following any specific interventions.
- d. **Discussion:** Synthesize the previous sub-sections and explain any associations and/or apparent inconsistencies, within just one or two sentences. If appropriate, outline any lessons to be learned, or ‘next steps’, like a wider study.

- e. **Key words:** Provide 3 – 6 key words under which the case study will be listed. These are the words that would be used when using a search engine such as PsycINFO<sup>8</sup> or Medline+<sup>9</sup>. When practical, you should choose key words from a standard list, such as MeSH (Medical Subject Headings)<sup>10</sup> or a corresponding list for psychology and psychiatry<sup>11</sup>.

**3. Introduction:** At the beginning of these guidelines, we suggested that you would need to have a clear idea of what is particularly interesting about this case study. The ‘introduction’ is where you convey this to the reader. It is useful to begin by placing the study in a historical and/or psychological or social context. If similar cases have been reported previously, describe them briefly, with proper references. If there is something especially challenging about the diagnosis or treatment and management of the case that you are describing, this is the chance to bring that out. Each time you refer to a previous study, cite the reference (usually at the end of the sentence). The introduction doesn’t need to be more than a few paragraphs long, and the objective is to have the reader understand clearly, but in a general sense, why it could be interesting (and useful) for them to be reading about this case.

**4. Case presentation:** This is the part of the paper in which you introduce the basic information about the patient/client. First, you need to describe the problem or issue that brought this person into therapy. It is often useful to use the patient/client’s own words and also – somewhere – describe your impressions of their “embodied presentation” (their posture, gesture, body language, affect, presence, etc.).

Next, introduce any important information obtained from their background, or your specific history-taking. You don’t need to include every detail – just information that helped you to settle on some sort of a direction, or clinical or therapeutic formulation, or diagnosis. Also, you should try to present the information in a narrative form – full sentences that efficiently summarize that formulation. In some cases, it might be useful to conclude the history with a possible different understanding of the formulation or diagnosis. At this point, or at the beginning of the next section, you will want to present your overall clinical impression of the patient/client.

**5. Management and Outcome:** In this section, you should first clearly describe the agreed treatment plan; the setting, environment, frequency of sessions, significant breaks or disruptions in the treatment process, and any additional provisions or changes. You should then describe the care that was actually provided. You should be as specific as possible in describing the methods, treatment or interventions that were used. It does not help the reader to simply say that the patient received “psychotherapeutic care”. If you used specific forms of body psychotherapy, it is best to name the technique, if a common name exists, and also to describe the procedure. Remember that your case study may be read by people who are not familiar with your specific therapy.

You should include the patient’s own reports of any improvement, changes or even worsening of symptoms. However, whenever possible, you should also try to use a well-validated method of measuring any change or improvement. It is also useful to include in this section an indication of how and why treatment with that patient/client finished. Did you decide to terminate care, and if so, why? Or did the patient/client withdraw from therapy, and do you know why? Or did you refer them on to another practitioner?

This is the substantive part of the whole case study: from this section, the reader should be able to get a clear idea of the type and nature of the therapy, the therapeutic relationship, the interventions or techniques, and the result of all these.

**6. Discussion:** In this section, you should identify any questions that the case raises. It is not your duty to provide a complete explanation for everything that you observed: this is usually impossible. Nor should you feel obligated to list or generate all of the possible hypotheses that might explain the course of the patient's process. If there is a well-established aspect of psychology or any pathology that illuminates the case, you should certainly include it (with references), but remember that you are writing what is primarily a clinical chronicle. Finally, you should summarize the lessons that can be learned from this case.

**7. References:** include here all the references that you referred to within your case study text, either in alphabetic or numeric order (as they appear), according to the journals specific "Guidelines for Authors".

We hope that this information has been helpful and will encourage you to start writing Body Psychotherapy case studies. We are currently considering publishing a number of case studies in a collection, possibly through Body Psychotherapy Publications.<sup>12</sup>

### References & Further Reading:

- Budgell, B. S. (2008). Guidelines to the writing of case studies. *Journal of Canadian Chiropractic Association*, 52 (4), pp. 199–204.
- Henderson, R.W. (2005). Informed consent in the development of case studies. *International Journal of Case Method Research and Application*, XVII, 3, pp. 405-415.
- Lowman, R.L. & Kilberg, R.R. (2011). Guidelines for Case Study Submissions to Counselling Psychology Journal: Practice & Research. *Consulting Psychology Journal: Practice and Research 2011*, Vol. 63, No. 1, 1–5.
- Wadsworth, J. & Hackett, S. (2014). Dance Movement Psychotherapy with an adult with autistic spectrum disorder: An observational single-case study. *Body, Movement and Dance in Psychotherapy*, Vol. 9, No. 2, pp. 59–73.
- Young, C. (2010). About Publishing Professionally: For Trainee Psychotherapists. *Journal of Body, Movement & Dance in Psychotherapy*, Vol. 5, No. 3, Dec 2010, pp. 268-276.

### Endnotes

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<sup>1</sup> International Body Psychotherapy Journal: [www.ibpj.org](http://www.ibpj.org)

<sup>2</sup> Body, Movement & Dance in Psychotherapy: [www.tandfonline.com/toc/tbmd20/current#.U1trvOZdVvA](http://www.tandfonline.com/toc/tbmd20/current#.U1trvOZdVvA)

<sup>3</sup> The Arts in Psychotherapy: [www.journals.elsevier.com/the-arts-in-psychotherapy](http://www.journals.elsevier.com/the-arts-in-psychotherapy)

<sup>4</sup> International Journal of Psychotherapy: [www.ijp.org.uk](http://www.ijp.org.uk)

<sup>5</sup> Alternative and Complementary Therapies: [www.liebertpub.com/overview/alternative-and-complementary-therapies/3/](http://www.liebertpub.com/overview/alternative-and-complementary-therapies/3/)

<sup>6</sup> Körper – tanz – bewegung: [www.reinhardt-journals.de/index.php/ktb](http://www.reinhardt-journals.de/index.php/ktb)

<sup>7</sup> Informed Consent – ethical issues: see: [www.lancaster.ac.uk/researchethics/1-3-infcons.html](http://www.lancaster.ac.uk/researchethics/1-3-infcons.html)

<sup>8</sup> PsycINFO: [www.apa.org/pubs/databases/psycinfo/index.aspx](http://www.apa.org/pubs/databases/psycinfo/index.aspx)

<sup>9</sup> Medline+: [www.nlm.nih.gov/medlineplus](http://www.nlm.nih.gov/medlineplus)

<sup>10</sup> Medical Subject Headings: [www.nlm.nih.gov/mesh/MBrowser.html](http://www.nlm.nih.gov/mesh/MBrowser.html)

<sup>11</sup> Microsoft Academic Research Psychology & Psychiatry Academic Headings & Keywords:

<http://academic.research.microsoft.com/RankList?entitytype=8&topDomainID=6&subDomainID=22&last=0&start=1&end=100>

<sup>12</sup> Body Psychotherapy Publications: [www.bodypsychotherapypublications.com](http://www.bodypsychotherapypublications.com)



**Consent Form for Publication of a Case Study**

I ..... [Patient/Client’s name] give my consent for information about my therapy sessions (or those of my child, ward or relative) (circle or delete as appropriate) to be developed into a case study for possible professional publication or presentation:

.....  
.....

[Name of author, manuscript title and the journal / newsletter, (where known)]

I understand that: this case study will be published without my (or any other person involved) real name being mentioned; the text will not disclose any specific details directly related to any person involved, such as address, birthplace & date, profession, etc.; every effort will be made to ensure confidentiality is adhered to; and I also understand that total anonymity can never be fully guaranteed.

I understand that: the text published in the case study may be published, in print or electronically; made available on the internet; may be seen by the general public; and it may used for a professional presentation or seminar; the text may also appear on other websites; and may be translated into other languages.

I have read the manuscript of the case study and approve it for publication. Signing this consent form does not remove my rights to privacy.

Name..... Date.....

Signed.....

**Author’s Declaration:**

I am a member of EABP and I guarantee to make every effort to write this case study professionally and in accordance with ethical guidelines and codes to ensure that the (above) patient/client’s personal details remain confidential and that they cannot be identified.

Author’s name..... Date.....

Signed.....

**Note:** This signed consent form should be kept in the patient’s confidential case file. The patient/client should be given a copy. The manuscript of the case study relating to this patient should state that: “Informed written consent for publication has been given by the patient/client concerned.”  
A redacted copy of this consent form may need to be made available for inspection by the editor of the relevant journal, if specifically required, according to standard procedures.