The case presentation series of Unbehagen:
What is there to question in the case presentation as a form?

The case presentation is a central form of transmission in our field, of theory and technique in general, and of clinical insight into individual cases. Yet many of us have been left dissatisfied, even disquieted, at times by the case presentation experience. At the same time, it can be difficult to say what is off about these disquieting experiences, what isn't quite right.

The case presentation is treated, in practice, as a transparent form. There is a patient; a presenter; and discussants, audience members, or both, to whom the case is presented. There is discussion and commentary. Hopefully, the clinician and everyone else finds something good to bring back to their work.

The case presentation, however, is far from simple. In fact, everyone knows this. It is broadly understood that the problems of the case presentation, as a form, relate to the questions of subjectivity and epistemology that pervade all clinical work—among other questions that may be murkier still. Yet typically, these complexities are passed over. This may occur with a nod to the fact that, yes, these complexities are there, but also with the sense that, if we get too bogged down in such questions, we may end up washing away any justification at all for the case presentation—as if by questioning, we may well lose something valuable. Thus the case presentation is felt to be something useful and worth preserving, but also problematic and precarious in its validity.

There are at least three dimensions of the case presentation experience that make it far from simple. The first of these dimensions, well known, is its subjectivity: everything we hear of a case passes through the mind of the clinician. Thus any case presentation, no matter how vivid, no matter how beautifully

observed and recounted, conjures a picture of a patient and a treatment that actually reflects a blend of the minds of the patient and the clinician, the components of which are difficult to disentangle. Added to this mixture is theory and the role it plays in shaping the workings of the clinician's mind—what is noticed, what is forgotten, what is reported, and how it is all understood and articulated. Thus who, or what, we are hearing—patient, clinician, theory—is always a question.

Second is the transferential-group dimension. Every case presentation is also an implicit presentation by the clinician of him- or herself to a group, a declaration of an identity in relation to the "other" of the group. The responses of discussant and audience members, too, are implicit declarations of identity. This dynamic is fueled, shaped, and amplified by the inevitable crosscurrents of transference, projection, splitting, and all the rest that occur when people form a group. Bion might have said: this is what happens in groups—and that there is little reason to think case presentations are any different. Seen from this vantage point, it can't be denied that there is a powerful and fascinating tension between, on the one hand, an event explicitly focused on a patient and a treatment that occupy another time and place, vs. a group dynamic that unfolds in the here-and-now, the undertow of which is driven by the dynamic relationship between the group and the individuals who comprise it. But Bion might also ask: how can the purpose for which the group has come together—to hear a case with the aim of deeper understanding of our work—be preserved in the face of powerful, primitive group dynamics, which can shut down a creative, enlivening group process, leaving only impasse? All of us have had the experience of case presentations at which the creativity of the group process breaks down and listening somehow stops, with one individual after another, apparently well-meaning and enthusiastic, says what he or she thinks is

really happening in the case—with comments whose momentum sparks little and quickly peters out. What goes wrong here? Is the all-too-frequent death of listening and creativity at case presentations unavoidable?

There is a third dimension of the case presentation that is perhaps most enigmatic. This dimension may be the hallmark of the form at its most powerful: that is, the experience of hearing *something* of the patient, of the case, that feels essential, elemental, but that is transmitted and heard through the presentation, rather than because of its explicit, conscious content. How does this occur? What is it that's heard? What does it mean that this can be a shared experience, in that, fairly reliably, a number of people at a given event will feel that they have heard something essential?

These three dimensions of the case presentation experience raise compelling questions, rarely confronted, about the nature of the case presentation as a formal structure, as social phenomenon, and a transmitter of the unconscious. Yet as typically enacted, the case presentation format seems to insist on its own simplicity—an insistence deepened by the implicit sense that asking these questions may be too much.

However, there is good reason to ask. As a social experience, the case presentation presents in microcosm central forces that are at play all the time in our training and professional lives: the complexities of intersubjectivity, group dynamics inflected by power, and unconscious communication. It follows that questioning the case presentation more deeply, as a formal structure and a social interaction, may well lead to new ways of thinking about the forces that shape our experiences and our work everywhere. The key to such an investigation would be finding means of illuminating those aspects of the case presentation that are

typically passed over, because they are hidden from view by the well-established conventions of the form.

Unbehagen: Case Presentation Event

A group of Unbehagen members has been working on what we hope will be a series of case presentation events that will engage in such exploration. We see a close link between the conventional structure of the case presentation and the difficulty of unlocking aspects of the experience that relate to questions about intersubjectivity, group dynamics, and unconscious communications. For this reason, we are designing events in which the structure of the case presentation is altered at specific points, in order to amplify and illuminate hidden aspects of the experience.

The first of these events, “Without History,” will explore what happens when history is removed from the presentation. Typically, theory-ladened interpretations of case history are used, by presenter and audience member alike, to justify one reading of the patient's productions over others. As a result, case presentations at their worst can devolve into a vaguely competitive group dynamic of "here's what you missed and here's why.” This arguably occurs when participants have used history, and their theoretical interpretation of it, to “lock in” to an understanding the case, often well before the conclusion of the presentation, and then proceed to wait for an opening to share their interpretation. Listening dies, and this can be felt. In “Without History,” three analysts will present the same patient, based on the same set of process notes—written by yet another analyst who will not present. The three participants will be given process notes only, no background history. They will be asked to make creative sense of the clinical arc across sessions, and to describe both the clinical process and their own reflective

train of thought. By cutting the direct connection with the patient, removing history, and multiplying the presenter times three, the aim is to remove the sense that the clinicians have to "get it right" about the case, so that the focus is less on "what is the correct understanding of the patient" and more on "how does each of these three minds make creative sense of the same analytic material."

Also, the audience will have access neither to the history nor the process material of the case. Thus, without history, or process material, the audience will have to listen, and to keep listening, ever so carefully, to the three presentations, in order to begin to glean what is of the patient behind the three reflections, and what is of the clinicians themselves. The hope is that the "locking in" phenomenon described above, which can kill listening and creativity, will be waylaid indefinitely—to the enlivening and enrichment of everyone.

We assume that the three analysts who present will come up with very different readings of the common clinical process. One of our questions of interest is: will certain characteristics be invariant across the three readings? If there is an essential something of the patient that can be transmitted through a case presentation—*if* that something exists—them perhaps we might better glimpse it against the changing background of three different minds.

Our group wants to emphasize that these events are experiments. Failure is a possibility. On the other hand, if these events end with all of us leaving with new thoughts and questions about the essentials of the clinical experience, then something will have been achieved. And if an additional teaser is needed, our second event may well be entitled, "Without Memory or Desire." We are still working out the details.

See you on Saturday, January 10th. The time and location will be announced as we approach the date.

—Jason Royal, member, planning group

Planning group for the case presentation series, Unbehagen:
Ezra Feinberg, Evan Malater, Olga Poznansky, Jason Royal, Hannah Wallerstein, Jamieson Webster