

Dialogues in Philosophy, Mental and Neuro Sciences

Crossing Dialogues



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DIALOGUES

The scientific relevance of an individual factor needs more than a case presentation

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Recently on this journal, Alaqeel and Assalian reported a successful psychodynamic interpretation at the very beginning of a treatment of a 22-year-old male suffering from sexual dysfunction (delayed orgasm). In the critical analysis of the essay, Trafimow (2015) maintains that several alternative explanations can be detected in order to account for Alaqeel and Assalian's positive outcomes. It is my opinion, as Gabbani (2015) already noted, that it is correct to say that this is a case of empirical underdetermination, that is, a case where many possible theoretical explanations can be provided, because many of them "fit the facts". However, it can be noted that the relevance of Alaqeel and Assalian's contribution may rest on a different aspect emerging from the essay. In the conclusion of their article, the authors write that "Fear of impregnation is a crucial issue in both genders but, unfortunately, little light has been shed on it in the literature. We hope that our case example helps to attract more interest in the subject" (p.23).

It is evident that one of the essay's aims is to draw attention to a possibly relevant factor in the therapy of sexual diseases, which was before unknown, underrated or simply ignored, as already noted by Gabbani (2015).

Alaqeel and Assalian clearly follow a psychodynamic orientation in their profession. It is worth remembering that this theoretical tradition uses single case presentations in order to illustrate and justify hypotheses. Being interpretation one of the tenets of this approach, it is arguable that the validity of the use of interpretation is not the aim of the article, although the title could be misleading. In fact, the article's title highlights "the meaningfulness of short interpreta-

tion [...]", apparently drawing attention to this topic. This raises the following question: do the authors intend to focus their attention on the issue of interpretation or on a novel factor, which should be relevant to the treatment of sexual disorders? The first option seems to point out that the authors' target is interpretation as a general process, i.e., a process whose validity exceeds the specific content, which can vary from case to case. Although this option is coherent with the title, Alaqeel and Assalian's brief case presentation is surely not appropriate in order to justify one of the central, and most controversial, tenets of the psychodynamic tradition. From this perspective, Trafimow is completely right.

There is another option. The authors' target can be the detection of a novel factor which is relevant to treatments of sexual disorders. If this is the case, Alaqeel and Assalian's brief case presentation would draw attention to a type of content which turns out to be relevant to general therapeutic goals. This is compatible with the conclusion of the essay, which states that "Fear of impregnation is a crucial issue in both genders" (p.23). This conclusion is drawn from the fact that this issue would be somehow relevant to symptoms remission in the treatment reported by the authors. However, it must be specified that the relevance of this content (fear of impregnation) can be such because of the individual history, i.e., idiosyncratic, particular aspects pertaining the 22-year-old male treated.

"Fear of impregnation is a crucial issue in both genders" (p.23) is evidently a *general* assumption, which stems from – or find justification in – the analysis of a single case presentation. Alaqeel and Assalian's paper doesn't explain *why* such a

content, whose individual character is quite evident from their presentation, could have a general relevance for the treatment of sexual disorders. In other words, the authors have drawn attention to a type of individual content whose general relevance is uncritically stated, without identifying the rationale which should link the (positive) treatment outcomes to a specific factor (fear of impregnation), being many other factors at disposal – e.g., the influence of father’s divorce, his father telling him he himself wasted many years in unfruitful relationships, his mother telling him to be careful to commit himself to a relationship, the modes of his first sexual experience – .

In conclusion, let us briefly consider the two options before highlighted. The first option – the authors’ aim is to justify the use of interpretation by means of a single case presentation – is not likely to reflect Alaqeel and Assalian’s purpose; it is anyway unacceptable, since interpretation is a process whose validity would exceed specific, individual contents. The second option seems to be more in line with the authors’ aim. However, the reference to a specific content – fear of impregnation – as an important factor in the treatment of sexual disorder needs more than a case presentation. Indeed, any case presentation deals with individual, idiosyncratic material brought by the patient.

This material is *prima facie* idiosyncratic, that is it pertains to the individual. We do not know if this material can be of general interest, that is, somehow relevant for many individuals. In fact, only the coming out of similar, apparently individual, contents in different individual treatments can highlight general aspects emerging from material which is *prima facie* idiosyncratic. Thus, only the repeated observation that some kind of (apparently) individual material is somehow connected to positive outcomes *in many different cases* would draw appropriately our attention to that kind of material, which will be worthy of further research. If these premises had occurred, Alaqeel and Assalian’s paper would be an illuminating case presentation illustrating the relevance of a specific factor in the treatment of sexual disorders. Since it is not the case, it is my opinion that the authors’ intuition needs more than the observation of a single case in order

to provide a sound index of the relevance of a novel, unknown factor in the treatment of sexual disorders.

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