In Support of Single-Case Clinical Studies

William Braud

Kiene and von Schön-Angerer present many important ideas in their paper ("Single-Case Causality Assessment as a Basis for Clinical Judgment") in the January 1998 issue [of the journal Alternative Therapies in Health and Medicine]. They clearly identify some of the typically unrecognized assumptions underlying common conventional empirical approaches and elaborate the limitations of some of these approaches—particularly the use of randomized clinical trials in assessing causality. They provide a compelling and useful discussion in support of the epistemological, methodological, and practical possibilities inherent in single cases as a powerful alternative to the usual group-statistical approach for assessing treatment efficacy and outcome.

The authors point out how Mill's method of difference underlies the reigning group-statistical and randomized clinical trial approaches to causality assessment. I would add that in emphasizing the method of difference, we have overlooked some of the other methods developed by John Stuart Mill (1806-1873) that hold great promise in our scientific and clinical endeavors. In addition to the method of difference, Mill developed at least four additional methods (or "canons," as he called them) of inductive inference: the method of agreement, the joint method of agreement and difference, the method of residues, and the method of concomitant variation.1

In its general form, the method of concomitant variation suggests that whatever phenomenon varies in any manner whenever another phenomenon varies in some particular manner is either a cause or an effect of that phenomenon or is connected with it through some fact of causation.2 Much of what Kiene and von Schön-Angerer present in their article could be viewed as variations of this method. What seems unique in Kiene and von Schön-Angerer's treatment is their emphasis on the use of this general principle within a single case. Used across many cases, the method supports the well-known correlational approach to empirical research. In place of seeking patterns among many cases—as group-statistical and correlational approaches advocate—Kiene and von Schön-Angerer recommend searching carefully for causality-indicating patterns within single cases or individuals. I contend that much can be learned using such an approach. Besides the illustrations given by Kiene and von Schön-Angerer, additional ones come to mind: the diagnostic and prescriptive powers in homeopathy’s careful and wide-ranging observations of patterns of diverse symptoms; the general principles of learning, memory, and psychological functioning discerned in single cases by Ebbinghaus, Freud, Watson, and even by Pavlov and Skinner; and veridical evidence for paranormal functioning, in a single anecdote, that comes from a large number of rare and specific correspondences. A more superficial use of large numbers of cases is abandoned in favor of a more intense, deep, and careful study of patterns within the complexity of a single case or instance. Aided by a mindful, discerning stance—ever alert to possible confounds,
projections, and chance coincidences—Mill's method of concomitant variation, even when used within a single case, can allow the identification of numbers and patterns of reactions and events that can support both discovery and proof.

There are even further benefits of looking closely at individual cases. One of these is that sufficiently deep idiographic inquiry into the particular can lead to the paradoxical discovery of universal, nomothetic principles or laws. Additional advantages of the use of single cases, as well of other nonconventional, alternative research approaches, are elaborated in a recently published work.3


William Braud, Ph.D.
William James Center for Consciousness Studies
Institute of Transpersonal Psychology
Palo Alto, CA

William Braud, Ph.D., is Professor and Research Director at the Institute of Transpersonal Psychology in Palo Alto, California.

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