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## First Do No Harm: Is It Any Longer Safe to Write Case Reports?

Laura S. Brown

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Laura S. Brown<sup>1</sup>

## Abstract

This article explores the risks to authors and their clients of creating psychological literature based on case studies. The author considers how the events that occurred in Nicole Taus's case might have affected those clients with whom she wrote case studies. Finally, the author analyzes the potential losses to the field should other participants in case studies be at risk of the kind of intrusive invasion of privacy experienced by Taus and calls for the development of ethical principles for psychological science.

## Keywords

*Taus v. Loftus*, case studies, ethics, confidentiality, privacy

Like many other practicing psychotherapists who contribute to the scholarly literature, I have written about my clients, the people who have so generously shared their lives with me so that I might become the therapist that I am today. In most of these instances, the case materials that I write are a blend of two, three, or more individuals, disguised so thoroughly that no one might guess who the various inspirations were (although the clients in question, when they read my work, sometimes wonder which created character has some of their emotional DNA).

In four instances, however, I wrote case studies that were about one individual. In each of these cases, the writing was produced in collaboration with

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<sup>1</sup>Fremont Community Therapy Project, Seattle, WA, USA

## Corresponding Author:

Laura S. Brown, Fremont Community Therapy Project, 4131 First Avenue NW, Seattle, WA 98107, USA.

Email: laurabrownphd@gmail.com

the client in question. That is, after having secured permission from the client to write about some aspect of our work together, and discussing with the client what I hoped to demonstrate about that in the article, I wrote a draft and then gave it to the client. It was her right to vet what I had written, to decide whether material I had included was something she (and these were all women) was willing to have out in the world, no matter how disguised I made her. The process of reading the article always brought new and valuable material into the therapy, enriching each of our understanding of what the process was. There were frequently surprises for both my clients and me when we engaged in our review of my manuscript. I would learn that things that I had thought were minor loomed large for my client, while errors over which I had agonized were remembered more because of how I had done a relationship repair than for whatever the original breach had been. In each instance, the woman chose her pseudonym. Our agreement was that until the moment that the article was typeset for publication, the client had the right to pull it.

One of these women, who chose the name "Ruth" for my telling of her story, was a nurse who served in Vietnam, treating marines just off the battlefield, gravely wounded and dying. In the town where she was stationed, mortars fell, and one day bloated, drowned bodies surfaced from the water at whose edge she and friends were eating lunch at a restaurant. When Ruth came to see me, she had no conscious recollections of these, and many of the events, of her Vietnam service. Although she had powerful empirical proof of her military service, she had hidden her photos, her tape recordings home, her letters, and her DD-214, the piece of paper given to all service members at the time of discharge, in boxes in her basement, where they were soon buried under layers of empty alcohol bottles. Our work together, which lasted through the 9 years after she attained sobriety, was a process of remembering, metabolizing the memories, and healing. We peeled off many layers together, metaphorically, in therapy, and physically, as she dug through and discarded the empties in the trash, and slowly opened up the boxes that confirmed the reality that she had served in Vietnam, and witnessed the horrors that were the content of her nightmares and flashbacks. She had forgotten how much she had witnessed herself by writing home.

Today, reading Nicole Taus's poignant and painful story of how her willingness to share her own story of trauma and remembrance was violated, I wonder about "Ruth," who is today, many years out of therapy, whole, healed, and living a happy life. What would have happened if, in the years after I had published the article about her (Brown, 1986), which partially details her recovery of memory of her wartime trauma, she had been subjected to the sort of invasion of privacy that Taus experienced? What if some enterprising researcher had decided to try to find out who Ruth was and had gone to her

parents' home under the guise of a journalist, to ask prying questions about Ruth's experiences during that vulnerable period of our work together, which spanned and went past the time of publication, in which she was reconstituting her sense of self?

I do not have to speculate much to answer this question. Ruth struggled repeatedly with the reality of her memories. Although she had ample documentation of her service, she frequently agonized over whether she was making up the entire experience of being in Vietnam. She saw herself, at the front end of therapy, newly sober and emotionally raw, as a phony, a fake, not a real veteran with posttraumatic stress disorder (PTSD). She had not, after all, been in the thick of combat; no matter than in a fight against a guerilla insurgency, as we all now know only too well, there is no such thing as a non-combat position. So she had been mortared; so she had witnessed mangled, burned, bleeding, stinking, dying young men, some of whom died in her care. For years she felt unreal, and in her struggles, she cut herself, imagined dying many times.

If Elizabeth Loftus or someone like her had done with Ruth's life what she did with the life of Nicole Taus, I am unsure whether Ruth would have survived that challenge. It would have compounded the wounds of her trauma immeasurably. It would have put her safety and sanity at risk. And if I had known that writing about my client, with all of the safeguards that I describe at the beginning of this article, might expose her to this sort of violation by another psychologist, I would have stopped the publication of the piece right then.

Ruth gave me, other trauma psychologists, and many other trauma survivors, a precious gift; she was willing to have her story shared in a contained, anonymized setting where she had some trust that those who read it would take it in the spirit given and honor her struggle and her story. She became comfortable enough with being known that, when the article won an award, she flew to the conference to accept it and to talk about our work. However, had she been met, soon after its publication, with the sort of invasive interrogation of her story that Taus experienced from Loftus, I doubt that Ruth would have proudly come out into the sunlight. Ruth had a delayed recall of her trauma. In 1986, that was not suspect. No one was trying to prove that her wartime experiences did not happen, aside from Ruth herself. Unlike most trauma survivors, Ruth had extensive documentation of the reality of her memories and experiences; as she became able to tolerate exposing herself to them, she was afforded the opportunity to be entirely certain that she had confabulated nothing and left out much.

Despite all of the strategies that I use to empower clients when I write about their lives, and all of the safeguards that I attempt to put in place against

exploitation of their experiences, the reality is that a power differential exists between therapist and client. I tread very cautiously around the writing of case studies, even, or perhaps, particularly when the client herself suggests my writing about her. These are people I respect and care for; I feel protective. I look incessantly for how to be collaborative with my clients when I write. There have been moments when the client in question becomes exasperated with me for this protectiveness. It is, nonetheless, what any vulnerable person should expect from a psychologist, clinician, or researcher, when we take their story public in some manner. What follows is a commentary on what can happen when a psychologist not only fails to protect the vulnerable person but also appears to act in such a way as to potentially do that person harm.

### **Implications of the *Loftus v. Taus* Story for Clinical Researchers**

I first encountered the “Jane Doe”/Nicole Taus story as did many other psychologists. I attended a presentation by David Corwin and Erna Olafson at a professional meeting where they showed the two videotapes of their interviews with her. They were careful to tell us nothing else about Jane other than a small amount of the details behind the two videos. It is a striking experience, seeing a child describe something that her older, adolescent self, has had no recollection of, and watching that older self retrieve the memory. It is a striking experience I have seen repeatedly in my therapy office: memories of military service like Ruth’s, memories of childhood trauma, all kinds of potent memories of painful life experiences becoming available to conscious recollection.

I recall thinking how valuable these videotapes were. It is rare that the experience of remembering is available in this manner for non-clinicians to see. Remembering well my own skepticism about the phenomenon of delayed recall prior to being reluctantly introduced to it by my experiences with clients, I was grateful to Jane. Like Ruth, Jane had been willing to be seen and known within a controlled environment and had allowed Corwin and Olafson to share her experience with their colleagues as Ruth had let me share hers with mine. The tape was a valuable teaching tool.

To learn the price that Nicole Taus paid for doing what many other brave therapy clients have done, allow their stories to be told to educate others, has left me shocked and concerned. If the pattern of misrepresentation, violation of privacy, and invasion of personal boundaries that were perpetrated on Nicole Taus can pass without professional penalty to Loftus, then who is to stop any researcher from reading a case study and beginning the sort of hunt into the life of the client that Loftus conducted into Taus’s life?

It is, of course, quite possible that a case study presents so much outrageous and implausible material that it begs for challenge. It appears, on the surface, that Loftus embarked on her project to challenge this particular case study because of her belief that recovered memories simply do not exist. I would argue, nonetheless, that she could have found a strategy to challenge Jane's/ Nicole's experiences in a way that would have been respectful of Nicole and protective of her position as a vulnerable individual. Dr. Loftus failed to do so and rather, appears to have treated Ms. Taus's welfare as immaterial to her work. This is what is most worrisome to me. Psychological science requires proof by disproof. It should not allow *ad hominem* attacks on persons whose only error was to agree to have their therapy work made public in a professional setting.

This matter becomes more worrisome because so many psychological scientists today are not members of the American Psychological Association (APA), whose ethics code covers many aspects of researchers' behavior. Instead, many belong to the Association for Psychological Science (APS; disclosure—I am a fellow of both associations), which has no such ethics code and thus no clear norms for what the ethics of this kind of research into the private life of the anonymized case study client ought to be. Loftus argued that in this matter, she was a journalist, not a psychological scientist, and thus perhaps, free to act with impunity with regard to Nicole Taus's welfare. What happens if other psychological scientists make similar claims as a stratagem for disrespecting the anonymity of case study participants?

Leaving aside for a moment the very serious issues of research ethics that Taus's experience reveals, we come to the question of how the scholarship of psychotherapy would become impoverished should it become unsafe to our clients to write or present about our work with them, however carefully we believe we have anonymized the material, no matter how much we have striven to give our clients informed consent to participate in this manner. As I mention above, were I to have a concern that the privacy of a client would be violated by a colleague in any way as a result of my writing up my work, I would simply desist from doing so. Perhaps the world of trauma psychology practice would be no poorer for my doing so; there are many eloquent authors who describe more potently and effectively the work of trauma recovery. However, would they, too, shrink from writing if they knew that the potential for violation, and thus possibly re-traumatization, of the client lay behind every written piece?

The implications of Loftus's choices in this matter thus go beyond the question of the ethics of her behavior to the chilling effect that they have on an entire area of scholarship in the field of psychotherapy. Psychological scientists must develop a clear code of ethics for responding to the case material presented by their colleagues.

Several steps appear necessary. First, ethics codes need to make it clear that, as Payton (1994) once famously noted, our work as psychologists is our work as psychologists, governed by the principle of doing no harm, no matter the setting or activity in which we are engaged. Dr. Loftus appears to have clearly represented herself to many of the people she dealt with in her investigation of Nicole Taus as “Dr. Elizabeth Loftus.” Such nomenclature pretty clearly communicates, both to colleagues and the public, that the individual in question is defining herself in part via her degree and training in psychological science. Both clinicians and researchers should receive training in how to ethically present case study material in manners that protect the welfare of the clients or research participants about whom the psychologist is writing. Future revisions of APA’s Ethical Principles and Code of Conduct may want to consider including standards for the protection of person written about in case study material within the section on publication-related ethical concerns.

APS must consider developing a clear code of ethics that takes into account the ethical challenges inherent in conducting and supervising research with human participants, and that invites psychological scientists to engage in complex and sophisticated thought processes about what will both advance science and protect the welfare of vulnerable individuals. If any matter illustrates the urgent need for such a code of ethical psychological science, Nicole Taus Kluemper’s story should serve as the motivation to do so.

Balancing the welfare of our clients, students, research participants, and other vulnerable individuals with the goal of creating the best psychological science and science-informed practice requires all of us to consider how we empower people to have genuine consent to participation in activities with us as psychologists. Whether it is the consent form for a research study, the informed consent to psychotherapy, or some kind of consent to participate in the use of one’s life story in a psychologist’s publication, the standard of clearly informing people about risk, and doing our utmost to avoid harm, should inform what all psychologists and other social and behavioral scientists and psychotherapists do. When we do so, we create the intellectual reality in which we can question and challenge one another’s work, as we should, while protecting the privacy and welfare of the public whose lives come into our care.

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## Author Biography

**Laura S. Brown**, a clinical and forensic psychologist in Seattle, Washington, received her PhD in clinical psychology in 1977 from Southern Illinois University at Carbondale. She is the author of, among other books, *Subversive Dialogues: Theory in Feminist Therapy*, and *Cultural Competence in Trauma Treatment: Beyond the Flashback*. A winner of numerous awards and honors from her professional colleagues, including the Distinguished Publication Award of the Association for Women in Psychology for her case study of a woman Vietnam veteran's therapy for posttraumatic stress disorder (PTSD), she is a fellow of the American Psychological Association (APA) and the Association for Psychological Science (APS). She founded and directs the Fremont Community Therapy Project, a training clinic serving low-income individuals. She was a member of the APA Working Group on Recovered Memory.