

The Lack of Failure Reports in Published Psychotherapy Case Studies:

Implications for Dis-“Illusioning” of Research and Practice

Juri Krivzov*, Liza Notaerts*, Kimberly Van Nieuwenhove*, Reitske Meganck*,

Femke L. Truijens ⁺*, & Astrid Goossens*

* Department of Psychoanalysis and Clinical Consulting, Ghent University, Ghent, Belgium.

⁺ Department of Psychology, Education & Child Studies/ Clinical Psychology, Erasmus University Rotterdam, Rotterdam, The Netherlands.

Author note:

Correspondence concerning this article should be addressed to Juri Krivzov, Department of Psychoanalysis and Clinical Consulting, Ghent University, Henri Dunantlaan 2, 9000 Ghent, Belgium. Contact: Juri.Krivzov@ugent.be

Authors:

Juri Krivzov is a clinical psychologist and PhD student at the Department of Psychoanalysis and Clinical Consulting, Ghent University (Belgium). His research is concerned with interpersonal dynamics and therapeutic relationships in patients with functional somatic disorders. Thereby, he works with qualitative and mixed methods from psychodynamic and attachment perspective. He is especially interested in case study methodology and metasynthesis.

ORCID: <https://orcid.org/0000-0003-0501-3049>

Liza Notaerts is a clinical psychologist and PhD student at the Department of Psychoanalysis and Clinical Consulting, Ghent University (Belgium). Her research interests focus on psychotherapy research, dropout/premature termination, as well as on qualitative and case study research. In addition to her academic work, she also has a private practice.

ORCID: <https://orcid.org/0000-0002-0147-1424>

Kimberly Van Nieuwenhove is currently employed at the department of Psychoanalysis and Clinical Consulting at Ghent University (Belgium). She has a PhD in clinical psychology and specializes in qualitative and mixed-methods (psychotherapy) case study research. Besides her academic endeavors, she works as a psychotherapist in a private practice.

ORCID: <https://orcid.org/0000-0002-3750-1314>

Prof. Reitske Meganck completed her PhD on validity of alexithymia measures in 2009. From the start of her career she was interested in mixed methods and case study methodology. She is one of the originators of the Ghent Psychotherapy Study – an RCT with an emphasis on combination of qualitative and quantitative data. She is also one of the originators of the Single Case Archive project - a unique collection of case studies in psychotherapy. Next to her research activities at the Department of Psychoanalysis and Clinical Consulting, Ghent University, (Belgium), she is also a supervisor, a postdoctoral psychotherapy trainer, and a psychotherapist in private practice, working from Freudian-Lacanian perspective.

ORCID: <https://orcid.org/0000-0002-9052-0100>

Femke L. Truijens holds a PhD in Clinical Psychology and a Master's degree in Philosophy of Science. She works as assistant professor for clinical psychology at Erasmus University Rotterdam (The Netherlands), and as post doc guest researcher at Ghent University (Belgium). Her research is focused on validity of research methods and data collection processes in psychotherapy research. Furthermore, she works in her private psychotherapeutic practice for gifted adults.

ORCID ID: <https://orcid.org/0000-0003-0790-7003>

Astrid Goossens is a master student in psychology at Ghent University (Belgium). In her Master thesis, she investigates failures in psychotherapy of patients with medically unexplained syndromes by means of a metasynthesis of case studies.

ORCID: <https://orcid.org/0000-0002-5693-9493>

Abstract

Analysis of single cases represents an essential strategy for developing our understanding of paradoxical outcome and illusory mental health. Based on findings from both practice-based and randomized controlled outcome studies, 35-40% of clients fail to improve over the course of psychotherapy. We examined the prevalence of failure cases in the Single Case Archive, a database that includes more than 3000 psychotherapy case studies from a variety of ISI-ranked journals. We found that only 4% of these studies describe any form of failure in treatment. Thematic analysis of the titles and abstracts of failure case studies revealed that the majority did not focus on investigating the nature or meaning of failure but were primarily interested in other theoretical and practical matters. We propose a number of explanations for this apparent publication bias in case study research and discuss implications for further research.

Keywords: Single Case Archive, psychotherapy outcome, efficacy, failure, publication bias.

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Introduction

Decades of psychotherapy research have focused on investigating treatment efficacy (Lambert, 2013a). This emphasis on the treatment outcomes of different psychotherapeutic orientations can be situated within the context of competing with the rise of biological psychiatry and its seemingly objective way of proving efficacy through randomized controlled trials (RCTs; Shedler, 2015). One of the reasons for such strong focus on the effectiveness and efficacy of psychotherapy is that the results of outcome research are used to inform and guide governments, insurance companies, and other institutional stakeholders in their decisions related to mental health care. Those institutions typically seek to minimize the costs related to (mental) health care and medical services, which creates the need for the field of psychotherapy research to produce extensive proofs of the effectiveness and efficacy of psychotherapy (American Psychological Association, 2006; 2012, August 9).

In almost all outcome studies, efficacy and effectiveness are expressed in terms of average improvement (defined as symptom relief). These average improvement rates, which are highly similar across different therapeutic approaches (Luborsky et al., 2002), can conceal the underlying diversity within treatment groups. For example, although a number of people improve substantially over the course of the therapy, others improve only mildly, do not improve, or even deteriorate (Norcross & Wampold, 2011). In other words, there are always some participants who do not benefit from the therapy (i.e., exhibit no symptomatic improvement or deteriorate). It has been estimated that 35-40% of clients fall into this category (Lambert, 2007). Unfortunately, treatment failure has received limited research attention within the psychotherapy research literature.

Single case research makes it possible to study the particular circumstances and experience of the patient, examine the whole range of different outcomes (from failure to

treatment success), and understand the process of therapy and how change comes about (Gerring, 2007). Furthermore, the single case approach allows for the investigation of more extreme cases, patients with comorbid diagnoses, and failed therapy cases, amongst others (Lambert, 2011; Kächele & Schachter, 2014). Single case research may thus make the field of psychotherapy research more representative of its subject matter. Indeed, single case research is particularly important for generating knowledge about clinical situations within which paradoxical outcomes are observed, such as contradictions between evidence from symptom measures and therapist observations (Stanicke & McLeod, 2020).

In light of the sensitivity of the single-case approach, it is worth asking whether case study research has unrealized potential for the study of failed psychotherapy. In this study, we investigated this question by analysing failure cases available within a representative set of single case studies in the field of psychotherapy, namely the Single Case Archive (SCA, www.singlecasearchive.com; Desmet et al., 2013). The SCA consists of a structured online database of published clinical, systematic, and experimental case studies in the field of psychotherapy. Moreover, the SCA provides a user-friendly search engine that allows for quick identification of homogeneous sets of cases in relation to specific clinical or research questions. Each case is coded by the researchers from the SCA team using the Inventory for Basic Information in Single Cases (IBISC; Meganck, Desmet, Inslegers, Krivzov, Notaerts, & Willemsen, 2017), a scoring form specifically developed for this project on the basis of existing cross-theoretical guidelines on case formulations. Case descriptions include information on study characteristics (e.g., type of study, type of data used, informed consent), client system and patient characteristics (e.g., type of client system involved (individual/couple/family/group), gender, age, ethnicity, diagnosis), features of the psychological treatment (e.g., theoretical orientation, setting, duration, number of sessions, frequency, outcome, follow up), and characteristics of the therapist (e.g., gender, age,

ethnicity, training, experience). Quality indicating information assessed by the IBISC includes whether or not the case study was peer-reviewed, the type of case study, the nature and degree to which descriptive information is provided, and the quality of the raw data.

During the period of the construction of the SCA, the first and the second authors were responsible for the expansion of the database and detected that case studies that reported treatment failure were extremely rare. It should be emphasized that the definition of failures in the SCA is quite broad and inclusive. For example, an unchanged symptomatic and behavioural pattern of the patient at the end of the therapy is typically coded as failure, unless presented otherwise by the author. The SCA team decided to investigate this issue more systematically by answering the following research questions: *What proportion of published case studies handle treatment failure? What are the typical characteristics of case studies that report a treatment failure?* We believed that these questions could help us to understand whether single case research can currently fill the gap in psychotherapy process research studying psychotherapeutic failure.

Method

A data matrix of the Single Case Archive was retrieved on 05.12.2018, which contained 2,711 case studies coded according to the IBISC manual (Meganck, et al., 2017). The case information was subsequently analysed with SPSS software for exploratory descriptive statistics. To study the typical characteristics of those case studies that reported failure, we conducted a thematic analysis (Braun & Clarke, 2006) on the titles and abstracts of the respective articles. As a preliminary step, the research team discussed titles and abstracts of 10 (out of 95; the total number of failure cases in the sample is 108, but as some publications contain several cases, the total number of abstracts was 95) randomly chosen failure cases from the SCA. Already at this stage, it was striking that, when judged merely on title and

abstract, it was often not clear that the studies were in fact dealing with failure. It appeared that many authors made use of a failure case study without focusing on the process of failure itself. In order to gain a more in-depth impression of the different sorts of the failure reports in the sample, it was decided to pursue further qualitative analyses in three steps. In the first step, the second and the third authors judged whether, based on the title and abstract, it was clear that the case study described a psychotherapy failure (inter-rater reliability 81%). Afterwards, consensus was achieved for the cases for which initial judgments diverged. In a second step, thematic codes were developed to describe the focus of the study for those papers that described a failure case (e.g., “the responsibility for failure is assumed by the therapist”). If it was not clear that the paper described a failure case, thematic codes were developed to describe the focus of the case study other than failure. In a third step, the codes were grouped into overarching themes. Finally, two exemplary cases were selected from the pool of abstracts to illustrate how failure can be apprehended in very diverse ways. The following analysis uses the terminology suggested by Iwakabe and Gazzola (2009) to differentiate between (i) case studies that are typically written by the therapist as a personal report of the treatment (clinical case studies); (ii) case studies that were set up by a broader researcher team and additionally use some quantitative or qualitative outcome measures (systematic case studies); and (iii) formal N = 1 psychotherapeutic experiments, where at least one baseline and one intervention condition are present (experimental case studies).

Readers who are interested in investigating these questions for themselves can access failure cases in the SCA by opening the web browser (www.singlecasearchive.com), selecting the search field “Outcome” instead of the default “Topic” (scroll down menu) and then selecting the option “Failure” as outcome and pressing “Search.”

Results

Frequencies of reported treatment failures Overall, 62.3% (n = 1690, from total N = 2711)¹ of case studies reported a therapy success, 15.3% (n = 414) reported a mixed outcome (i.e., improvement of some symptoms, while some other complaints remained unchanged), and in 18.1% (n = 490) the outcome was not mentioned. The latter result (lack of specific elaboration on outcome) was especially pronounced in clinical case studies, where in around 25% of cases (n = 425 from 1678), the outcome was not mentioned, while only around 7% of systematic (n = 58 from 825) and 2% of experimental cases (n = 4 from 185) did not report outcome.

Only 4% of all SCA case studies (n = 108 from total N = 2711) specifically reported a psychotherapy failure (i.e., unchanged or deteriorated symptoms). There was not much difference in percentages of reporting failures based on the study type: 3.7% of failures were reported in clinical case studies (n = 62 from 1678), 4.5% in systematic case studies (n = 37 from 825), and 4.3% in experimental case studies (n = 8 from 185). Also, there was not much difference in reporting failures based on the theoretical orientation of the authors: 4.9% of psychoanalytic cases (n = 55 from 1120), 4.4% of cognitive-behavioural cases (n = 17 from 384), 5.3% of systemic cases (n = 11 from 205), and 2.6% of cases in ‘other category’ (n = 2 from 77) reported failure.

Qualitative analysis

Based on abstracts and titles, the second and third author judged that 69% of case studies categorised as failure cases did not explicitly discuss the nature or meaning of failure. Further qualitative analysis resulted in two overarching categories, subdivided into specific sub-categories. The first category contained the studies where both researchers reached a

¹ Total number of cases in the SCA on 05.12.2018, currently over 3200 cases available.

consensus that it was clear that the case was dealing with a failure. Six sub-categories were identified within this first category, namely ‘explicit focus on failure’, ‘comparison study’, ‘focus on the patient’s responsibility’, ‘focus on the therapist’s responsibility’, ‘focus on process’ and ‘acknowledging the limits of psychotherapy’ Figure 1 summarizes the findings (consider that some cases fit several sub-categories).

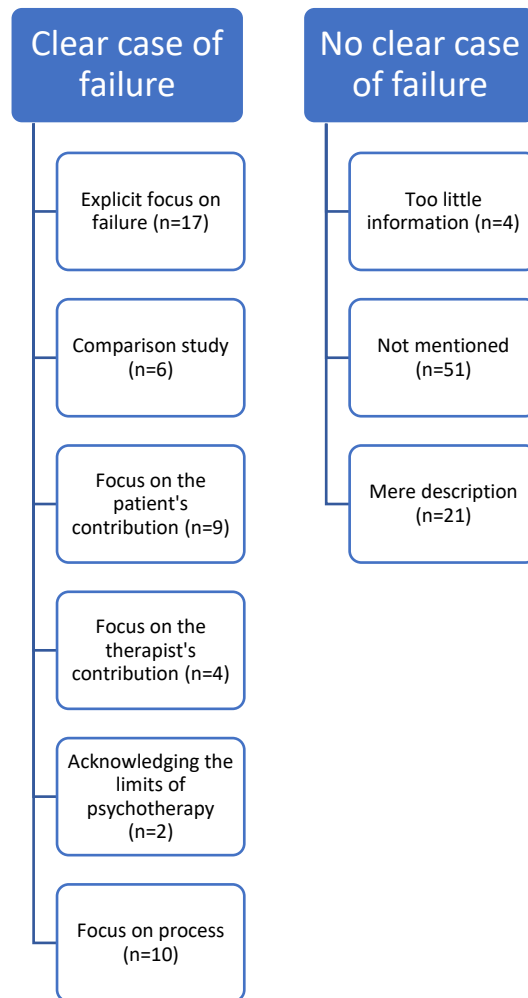


Figure 1: Categories and sub-categories identified within failure case studies.

The first sub-category (*explicit focus on failure*) captures how failure is explicitly addressed in the title and/or abstract. In 17 cases, the title or abstract contained specific terminology to define and describe failure within the discussed case. For instance, failure was described as ‘premature termination’ (e.g., Strupp, Schacht, Henry & Binder, 1992), ‘no

reliable change' (e.g., Mauck & Moore, 2014) or 'the therapy did not yield the expected clinical gains' (e.g., Echiverri, Jaeger, Chen, Moore & Zoellner, 2011). In only seven cases was 'failure' described as such. The second sub-category (*comparison study*) comprised six studies that explicitly focused on a comparison or contrast between a successful and a failed psychotherapy, rather than aiming to investigate the process of failure in depth (e.g., Friedlander, Lambert, Valentin, & Gragun, 2008).

The third to sixth sub-categories capture those studies in which the main aim of the paper consisted of understanding the process of failure. There were nine studies in which the emphasis was on the patient's contribution to the therapy failure, for example if the patient is diagnosed with a hard to treat condition (e.g., "Specific Challenges in the Treatment of Psychopathy: A Case Report"; Neergaard & Gullhaugen, 2015). Four studies focused on the therapist's contribution to treatment failure (e.g., "Clinical Errors as a Lack of Context Responsiveness"; Bugatti & Boswell, 2016). Two papers attributed failure to the limits of the psychotherapeutic framework itself (e.g., "When Theory Abandons Us—Wading Through the 'Swampy Lowlands' of Practice."; Rycroft, 2004). Finally, ten studies emphasized the broader context and therapy process to explain failure, including, but not limited to, therapist, patient, and treatment characteristics.

The second category included studies where both researchers agreed (based on the title and abstract) that the cases *did not* seem to describe a failed psychotherapy. Three sub-categories were identified within this second category, namely 'too little information', 'not mentioned', and 'mere description'. The first sub-category includes four case studies where, based on title and abstract, there was too little information to conclude anything about both the process or outcome of the study, nor was there enough information to evaluate whether the case study was considered a successful or a failed therapy (e.g., Abramson, Cloud, Keese,

& Keese, 1994). The abstract of those case studies was often brief or non-existing. A further sub-category within this category (*not mentioned*), includes 51 case studies where neither the title nor the abstract suggests the presence of failure in the case study material (e.g., Sorotzkin, 1985). In some examples one may even suspect that the study concerns a successful case. It was only due to reading full texts of the case studies that the codes of the SCA could identify those cases as failures.

The last sub-category of the second category is described as ‘mere description’ and includes 21 case studies. Here, the emphasis of the study is on the description of certain conditions or challenges therapists might face in treatment (e.g., pregnancy of the therapist; Bienen, 1990), without explicitly mentioning failure. Those papers often concern certain psychotherapeutic techniques or theoretical constructs that are illustrated with a case vignette. It might be the case that the vignette contains an example of a failed psychotherapy, however, this was not explicitly mentioned in title or abstract. It was clear that such studies did not focus on the processes involved in psychotherapeutic failure.

Case Illustrations

An example of a clear failure report could be the most straightforwardly titled “Case Report of a Failure in Psychotherapy” by Gold (1995a), in which the author elaborates on how his own role as therapist, the patient, and the social environment could have contributed to a poor outcome. The therapist’s personal self-disclosure and reflections on technical issues dominate the narrative of the case study: “Despite the therapist's open feeling and communication that he was as much to blame for the treatment going badly as was S, she continued to insist that she was at fault. Finally, in a state of mutual pain and sadness, the therapy ended.” (Gold, 1995a, p. 117). This case provides an example of how single case analysis can be used to develop an appreciation of the process of failure in psychotherapy (Gold, 1995a,b).

By contrast, the title “Treatment of Panic Disorder and/or Generalized Anxiety Disorder with a Guided Self-Help Manual: An Analysis in Single Cases” (van Boeijen, van Oppen, van Balkom, & van Dyck, 2007) does not imply any information on failure and the abstract merely stated that “most patients achieved a clinically relevant improvement” (p. 277). However, in this multiple case study, Case 5 was judged as a failed psychotherapy by the coder of the SCA. The failure case thus was “hidden” between four more successful ones. The case was considered a failure based on the scores on outcome measures, each indicating non-improvement. The patient in Case 5 entered therapy and left therapy with a General Health Questionnaire (GHQ-12) score of 0 (i.e., no symptoms at all), which appears unrealistic considering the history of dramatic multiple losses of relatives due to health issues, the diagnosis of Generalized Anxiety Disorder (GAD)/health anxiety, and being treated with heavy psychiatric medication previously. Subsequently, the patient resisted implementing the exposure exercises indicated by treatment guidelines. Whereas the authors of this case study attributed low intake scores to lack of patient motivation, one could also hypothesize that this case could be defined as an example of “illusory mental health” (Shedler, Mayman, & Manis, 1993) exhibited by patients who engage in defensive reluctance to acknowledge their own suffering. In Case 5, where the patient ignored exposure tasks as she “did not feel particularly troubled by those problems [GAD] at that point in time [during therapy]” (p. 287), we cannot know for sure, whether the patient was truly symptom-free or whether the authors of the study were not aware of the concept of illusory mental health. We suggest that this case report by van Boeijen and colleagues (2007) represents an example of unrealised potential in respect of the capacity of single case analysis to contribute to the development of theory and practice around failure and paradoxical outcome. We assume therefore that further in-depth analysis within the SCA would show that there are a number of

such cases at the boundary between failure and mixed outcome. It is plausible that even several “successful outcome” cases may be examples of “illusory mental health.”

Discussion

Epidemiological and RCT research reports high numbers for psychotherapy failing to help clients to improve, ranging from 35 to 40% (when considering both non-improvement and deterioration) depending on methodology and source (Lambert, 2007). By contrast, the SCA overall only contains 4% of such failure reports and there were little differences in the percentages of failure reports between different types of studies. We noticed that, even in the limited amount of 4% of published failure-to-improve case studies, only a minority specifically address the issue of failure. Moreover, we found that very diverse terminology is used to define or describe failure, such as suboptimal outcome, premature termination, dropout, treatment not yielding expected clinical gains, little progress being achieved, patient regressing, patient not responding to treatment, patient unchanged etc., indicating that no universal definition of failure exists in the field. Our findings suggest that there may exist a systematic publication bias, in the direction of under-reporting therapeutic failures, in the field of single case research that persists irrespectively of study type (clinical, systematic, and experimental case studies) and theoretical orientation.

At first glance, what we encounter here could be a version of the classic file-drawer problem (Rosenthal, 1979). It could be hypothesized that authors of case studies decide not to submit their failure cases merely out of the expectation that it will be rejected by the academic journal, because getting negative results published appears to be very challenging in the current academic culture (Duyx, Urlings, Swaen, Bouter, & Zeegers, 2017; Mlinarić, Horvat, & Šupak Smolčić, 2017). Alternatively, it is possible that, for many researchers, an interest in the area of case studies is still mainly concerned with questions of treatment

outcome, with the aim of demonstrating the positive *effectiveness* of an intervention (Elliott, 2002). This goal inevitably leads in the direction of studying successful cases and may function as a subtle source of influence for both the potential authors of the case studies as well as for journal editors.

Another reason for not publishing failure case studies could be mere “marketing, as well as researcher allegiance (Munder, Bruetsch, Leonhart, Gerger, & Barth, 2013). In preliminary analyses, we found that 48% of case studies are published as illustrations for a theoretical paper and thus serve as an illustration of how a psychotherapy is supposed to unfold according to the respective school of thought (Desmet et al, 2013). Such intentions would naturally lead to a preference for publishing successful cases.

Also, it requires certain personal courage and readiness for therapists to reflect publicly on failure. As we can see in Gold’s (1995b) elaboration in the special issue of the *Journal for Psychotherapy Integration* devoted to failures: “on reading the reports of therapeutic failure one is struck by the honesty, concern, and pain that are shared by all of the authors” (p. 167). As in this example, publishing special issues on failures might provide a safe space, in order to encourage the therapist to decide to share an often personally painful experience. Similar to Safran’s notion about treatment impasses as “*a window into core themes*” of the patient (Safran, 1993), our reading of failure cases would also indicate these as *a window to the core themes of the therapist* (Horowitz & Strack, 2010), which makes writing a personal challenge. Currently, the majority of published case studies appears to report only very little information on the psychotherapists’ background (Meganck, Inslegers, Krivzov, & Notaerts, 2017). The recent methodological efforts in the field are aimed at promoting more openness, self-disclosure, and reflection on their own background on the side of the authors of the case studies (Fishman 2013).

In addition, our implicit assumptions around the nature of science could also be responsible for the low proportion of published failure cases. In the spirit of the quantitative research paradigm, Null-Hypothesis Significance Testing (i.e. formulating the Null-Hypothesis that should be disproved experimentally) has long been considered the essence of the solid scientific method in psychology (Hurtado-Parrado, & López-López, 2015). When this logic is applied to psychotherapy research, the Null-Hypothesis must be always that the treatment will *not* work. Following such spirit, reporting non-improvement feels to be “non-informative”, because this does not disprove the Null Hypothesis, thus shifting the focus of investigation towards successful cases. While the limitations of the Null-Hypothesis Significance Testing paradigm are becoming acknowledged nowadays, and more tailor-made statistical approaches are being developed specifically for case studies (Moeyaert, Ferron, M., Beretvas, & Van den Noortgate, 2014), the implicit preference for successful treatments in academic circles could be still driving the publication bias. As a consequence, an illusory impression of overly successful psychotherapeutic treatments could emerge as a by-product of our scientific spirit.

In conclusion, we call for authors of case studies to be willing to adopt a more nuanced understanding of the outcome of a therapy. The cases of “illusory mental health” (Shedler et al., 1993), in which only quantitative outcome measures suggest improvement, which is not supported by clinical judgment or qualitative assessment, give us an example of how outcome is rarely one-dimensional. Positive outcome is always defined from a certain perspective and could consist of more or less dimensions (such as symptomatic reduction, improved social functioning, patient satisfaction); and the same holds for mixed outcome and failure (Ogles, 2013). The strength of case study research is, however, to show this multidimensionality and allow investigation of this complexity. This complexity of outcome is probably illustrated by the more numerous case studies describing the outcome as 'mixed'.

Nevertheless, despite the richness of published case studies, very few straightforward failure cases are available. In order to dis-“illusion” our clinical practice and research, it is of utmost importance that an open and safe climate is facilitated to allow discussion of failed psychotherapies in academic papers. Paying attention to failures as being a valuable and rich source of information could improve our understanding of psychotherapy process and outcome (De Smet et al., 2019; Kächele & Schachter, 2014; von Below, 2020) and provide it with more depth and nuance - in parallel with Leo Tolstoi’s quote from Anna Karenina: “All happy families are alike; each unhappy family is unhappy in its own way.”

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Declaration of interest statement

The authors declare no conflict of interest.

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