

Editor's Perspective

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Writing about failures with difficult cases

At the most, we can talk and think about our failed cases at a symposium in a friendly context, such as WAIMH conferences, but “real” papers about this issue are practically nonexistent. This is probably due to the fact that peer-reviewed journals are not interested in publishing purely clinical observations. Indeed, in the majority of cases, we cannot even create a research design to study failed cases, because, by definition of therapeutic failures, the therapeutic alliance is poor, and getting the consent for filling up questionnaires and being videotaped is almost an impossible mission! As a consequence, the access to publication in a peer-reviewed journal will most probably be denied and most of us do not even try! On the other hand, this is a crucial issue, because we may go on thinking in terms of the parents’ resistance to change, or we may have to change our therapeutic methods!

In the introduction of “The Motherhood Constellation”, Stern wrote “In brief, it seems that different forms of psychopathology are paradigmatic for different clinical approaches, both theoretically and technically. At each major new encounter with an unexplored illness or never-before-treated clinical population, new treatment approaches emerge. And these invariably have implications for the existing approaches”(1995, p.2). In order for the emergence of new approaches to happen and for the process to be fruitful, i.e. to lead to new conceptualizations of the best treatment for specific difficult clinical situations, we need to develop a method of analysis for failed cases. For instance, we could create a structured micro-analysis of the therapeutic processes that led to the failure, including, and may be especially, the non-verbal, less conscious, micro-events that take place between the therapist, the parent and the infant. Since we never know in advance which cases will become a therapeutic failure, this would obviously require videotaping ourselves during the psychotherapeutic sessions, on a regular basis (and not only in the context of a research protocol). I find that most of the psychotherapists are quite reluctant to do this and the team meetings around the difficult cases are still very much dependent on the way the therapist presents the case. The discussion becomes very different when based on the observation of a videotaped session. The observation itself needs to be standardized so that therapies of difficult cases can be compared. We have become quite good at developing observational tools for the parent-infant interactions. I think time has come to do the same for therapist-patient interactions.

A first step in the process could be to dare to spread among ourselves and to show these experiences of failures, for instance by creating a “tradition” of giving them a special space in our future WAIMH congresses.

Reference

Stern D. (1995). *The Motherhood Constellation*, Basic Books: New York, 2.