JPS, 2024, Vol. 8 (1), pp. 1 – 16 Section: **REVIEW**

Received: 04 May 2024 Revised: 11 May 2024 Accepted: 20 May 2024

Doi: 10.23823/58859v19

Dropouts, unsuccessful therapies, and other 'stumbles' in systemic therapy.

Abbandoni, terapie infruttuose e altri "inciampi" nella terapia sistemica.

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Keywords: systemic therapy, unsuccessful therapy, failures, dropouts, third position

Parole chiave: terapia sistemica, terapia non riuscita, fallimenti, abbandoni, terza posizione

Abstract

Within the systemic and broader psychotherapy community, there is a lack of discussion on unsuccessful therapies and patients leaving treatment prematurely, despite these being common experiences for psychotherapists. This paper aims to encourage reflecting on therapists and families' experiences of failure and dropouts, by discussing the book edited by Alessia Cuccurullo and Federica Visone (2023), titled "*Failure in psychotherapy. A systemic-relational perspective in therapy and training*" (original title: "*Il fallimento in psicoterapia. Una prospettiva sistemico-relazionale tra clinica e formazione*"). Definitions and prevalence of failure and dropout are examined with reference to international literature, along with an exploration of factors and clients' viewpoints on these occurrences. Moreover, the relationship between therapeutic alliance and dropout is addressed. A few clinical vignettes are commented, in the effort to highlight the complexity of these issues and how different narratives of failure or success might arise regarding the same therapy.

Riassunto

All'interno della comunità sistemica e della più ampia comunità psicoterapeutica, manca una discussione sulle terapie che non hanno avuto successo e sui pazienti che hanno abbandonato prematuramente il trattamento, nonostante queste siano esperienze comuni per gli psicoterapeuti. Questo articolo intende incoraggiare la riflessione sulle esperienze di fallimento e di abbandono dei terapeuti e delle famiglie, discutendo il libro curato da Alessia Cuccurullo e Federica Visone (2023), intitolato "*Il fallimento in psicoterapia. Una prospettiva sistemico-relazionale tra clinica e formazione*". Le definizioni e la prevalenza del fallimento e dell'abbandono sono esaminate con riferimento alla letteratura

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internazionale, insieme a un'esplorazione dei fattori e dei punti di vista dei clienti su questi eventi. Inoltre, viene affrontata la relazione tra alleanza terapeutica e abbandono. Vengono commentate alcune vignette cliniche, nel tentativo di evidenziare la complessità di questi temi e come possano emergere diverse narrazioni di fallimento o di successo rispetto alla stessa terapia.

Introduction

The topic of unsuccessful therapies and dropouts in systemic psychotherapy is still underrepresented in the international literature. For this reason, I welcome the initiative byAlessia Cuccurullo and Federica Visone (2023), editors of the book "*Failure in psychotherapy. "Failure in psychotherapy. A systemic-relational perspective in therapy and training*" (original title: "*Il fallimento in psicoterapia. Una prospettiva sistemico-relazionale tra clinica e formazione"*), which brings together the contributions of seven other authors, with a preface by Maurizio Andolfi and an overview of systemic therapy by Ester Livia Di Caprio. A necessary initiative, I would say, almost forty years after the publication of the book edited by Sandra Coleman (1985), which collected the experiences of unsuccessful therapies described by well-known systemic therapists. To this day, the systemic approach suffers from a lack of studies on its effectiveness, especially in comparison with other psychotherapeutic orientations such as cognitive-behavioural. This could be one of the reasons why systemic therapists are reluctant to openly address the issue of failure, a kind of fear of self-evaluation, aware that not much has been done to assess their positive results and, above all, to disseminate them. On the other hand, I agree with Maurizio Andolfi's opinion that the concepts of success and failure can be reductive in "*describing the encounter with suffering and pain that so many families bring into the therapy room*" (2023, p.11). The relationship that is established from the first contact between the therapist and those who address to them is such a complex process, with so many variables at play, that to evaluate its outcome in dichotomous terms diminishes its nature and significance. Nevertheless, in this process, both therapists and families perceive that something 'works' or 'doesn't work', something is 'helpful' or 'unhelpful', or even 'harmful'. Something meets the client's expectations or needs, something does not, or even disappoints. Perceptions may be shared by therapist and client or, conversely, each party may perceive the development of the therapeutic process and relationship very differently.Reflecting on what therapists and families experience as failure is a valuable learning opportunity, as the authors repeatedly emphasizes. Enrico Cazzaniga (2023), for example, quoting St Augustine, reminds us that while it is human to fail, the therapist's real error is to insist on the mistake out of arrogance, rigidity, pretending to know, or *"to be able to direct, to instruct the system in which he mistakenly thinks he is intervening"* (p.87).

The opportunity offered by the editors of the volume to question ourselves about various aspects of failures and dropouts in systemic therapy is therefore valuable. The authors start with a review of the literature and reflections on the meanings and definitions of failure and dropouts. They collected contributions from both experienced and less experienced therapists. The chapters are divided

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into six main areas: (a) the therapeutic setting, (b) the therapeutic contract, (c) the therapist's rigidity in insisting on their own assumptions, (d) the resonances at play in the therapeutic relationship, (e) the therapist's position in therapy and the ethical aspects of the therapeutic relationship, and finally (f) the context of supervision. The chapters are interspersed, in the best Batesonian tradition, with a dialogue imagined by the authors between a teacher and a trainee on each area. In the concluding chapter, the authors propose the idea of *'constructive failure'*, which becomes an opportunity for growth, both human and professional, in every therapist's career (p.232).

Definition of failure and dropout

Defining failure in psychotherapy seems to be a particularly difficult task and this is probably why we tend to define it in contrast to success. However, as the authors repeatedly point out, the two terms are closely intertwined and not dichotomous. This is another reason why I prefer to use the term unsuccessful therapy, as a lack of success rather than failure, the etymology of which comes from the Latin verb fallere[1], meaning to make a mistake, to fall, and in its passive form, to deceive oneself, to err, to fail. The etymological root of the term also refers to phallos, which means root and contains the meaning of stumble, fall. I therefore consider the term 'stumble' suggested by the authors to be an appropriate metaphor for failure. The meanings of unsuccessful therapy and failure are very similar, however in my view the former term corresponds to a wider range of clinical situations in which the lack of success in achieving the goals or expectations of therapy (as perceived by the therapist and/or the client) may concern unfinished as well as completed therapies. The client's expectations influence the outcome of therapy, depending on whether they are met or not, but also the therapist's expectations influence the therapeutic process, often not consciously. As Lini and Bertrando (2020) stated, "*as therapists we can never be too careful to understand our patients' expectations and also to clarify how much and how we are able to meet them or not*" (p.13).

The concept of unsuccessful therapy thus refers to a failure to hope for or expect change as a result of therapy, to disappointed expectations of the client and/or therapist, to a stalemate in the therapeutic process, or to a rupture in the therapeutic relationship that, instead of being transformed as a crisis into an opportunity for growth, leads to the discontinuation of therapy (Safran et al., 2011; Safran & Kraus, 2014). On the other hand, as Alfredo Canevaro (2014) pointed out, "*a dropout may not always be considered as negative, especially if it has a positive therapeutic meaning, i.e. if one changes in order to improve*" (p.7). Looking at the therapeutic system from a meta-position, therapeutic abandonment may turn out to be an inevitable step in the therapeutic process and a prelude to subsequent change (ibid.). In my view, this applies to some of the cases described in Cuccurullo and Visone's volume (2023), as I will describe later. Therapeutic failure, according to Canevaro, only occurs in cases where

[1] https://www.treccani.it/vocabolario/fallire/

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there is a significant deterioration of the patient or of a significant family member, or where any hope of change has been abandoned (2014).

Oasis & Werbart (2020) identify three factors that complicate the study of unsuccessful therapies: 1) the methodology used to identify positive effects often overlooks the negative ones, 2) the complexity of the therapeutic process, and 3) the lack of a clear definition and consensus on failure. Other difficulties relate to the perspective used, whether that of the patient, the therapist or an external observer, the instruments used to assess the outcome, the research methodology and the point at which the assessment is made (e.g. at the end of therapy or at follow-up) (ibid.).

The definition of dropout seems relatively straightforward. An English definition of the term is as follows: "*not to do something you intended to do, or to stop doing something before you have completely finished it*"[2]. Cuccurullo and Visone (2023) cite several possible definitions of dropout in psychotherapy: those that emerged from Wierzbicki and Pekarin's (1993) meta-analysis include three: a) premature termination of therapy before all scheduled sessions have been completed; b) premature termination of therapy at the discretion of the therapist; and c) insufficient number of completed sessions (p.62). Masi and colleagues (2003) added a fourth category relating to clients who do not start therapy after the intake interview, or who do not even turn up after the appointment arranged by phone (Connell et al., 2006). The authors found greater agreement on the first two definitions (Masi et al., 2003; Bischoff & Sprenkle, 1993), although they rightly question the concept of 'scheduled sessions'. Indeed, from a purely clinical point of view, the number of scheduled sessions and the duration of therapy are aspects that are closely related to the modelof reference. Consider the difference between a cognitive-behavioural approach, in which the number of sessions is structured and the duration of therapy is relatively short (for a metanalysis on dropouts, see Fernandez et al., 2015), and a psychodynamic approach, in which both the number of sessions and their frequency can be highly variable, while the duration of therapy can be shorter or longer and it is not necessarily predetermined (Shedler, 2010). Systemic therapy occupies an intermediate position, although it includes intervention models that are highly structured in terms of session number and duration of therapy (e.g. the so-called manualized therapies, see the volume edited by Mariotti, Saba and Stratton, 2022; Liddle et al., 2009; Lock & Le Grange, 2019), but also leave extreme freedom to the parties involved (clients and therapists) as to whether or not these aspects are defined, especially in narrative and dialogical approaches.

The popularity of single session therapy (SST) (Bloom, 2001; Bertuzzi et al., 2021), also in the international systemic community (Campbell, 2012; Young et al., 2013), is indicative of this tendency not to limit the concept of failure and dropout to the number of sessions provided. Indeed, SST is based on the acceptance that many clients may limit themselves to a single contact with the therapist. Maximized results can be achieved with a single session (Young et al., 2012; Kim et al., 2023) or at most two (Brief Family Therapy - BFT) (Thompson-Holland et al., 2021).

[2] https://dictionary.cambridge.org

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Returning to dropout, in both cases, those who refuse to start a proposed therapy and those who drop out after a number of sessions, the client's decision is made without the therapist's consent. This seems to be one of the most commonly used parameters for defining dropout, i.e., when the therapist does not consider the therapy to be completed. The term 'attrition' refers to the dropout rate of a therapeutic model, while 'retention' refers to the retention rate in therapy (Fernandez et al., 2015).

The dropout rate in psychotherapy has been estimated to be between 20% (Swift & Greenberg, 2012; Fernandez et al., 2015; Cooper & Conklin, 2015) and 35-40% (Lambert, 2007, cited by Gritti, 2023). A metanalysis of the effectiveness of individual psychotherapy for depression found a dropout rate of 19.9% and showed that the therapeutic approach did not influence the outcome, while the duration of treatment was correlated with a higher dropout rate (Cooper & Conklin, 2015) and to certain patient characteristics, such as belonging to an ethnic minority. Similarly, according to the metanalysis by Gersh et al. (2017), one in six clients in individual therapy for anxiety disorders dropped out prematurely. Other studies have found that client characteristics and diagnosis influence treatment adherence: clients with lower education and financial status (Hanevick et al., 20-23) or with mental disorders such as substance dependence and psychosis were found to have higher dropout rates than those with anxiety and mood disorders (Hamilton et al., 2010). In the context of adolescent psychotherapy, the dropout rates found in the metanalysis by De Haan et al. (2013) were higher, ranging from 16% to 75%, depending on the definition of dropout used in each study.

Despite the difficulties in assessing outcomes, we do have some evidence in the area of systemic therapy. A study carried out in the USA almost forty years ago compared the outcomes of a group of 30 families who had dropped out of therapy after an average of 3.4 sessions with a group of 22 families who had completed therapy after an average of 8.8 sessions, according to a number of parameters concerning both families and therapists (Anderson et al., 1985). For example, an active position of the therapist in engaging the client at the first session and a positive view of the client were correlated with a greater likelihood of successful therapy, as was the client's greater motivation for change (ibid.). The importance of engagement has been emphasized by Alan Carr (1990) who listed ten mistakes a therapist might make in the early stages of therapy that might compromise both its continuation and outcome: from assuming that the system to be worked with is the client's family of origin, or that the referring person has a positive relationship with the client, to identifying some family members as inhibiting and others as facilitating change, or confusing the role of the therapist with that of asocial control agent (Carr, 1990).

In a widely cited study, Murdock et al (2010) estimated that the majority of therapists tended to attribute dropout to patient characteristics rather than to factors related to their own role, a phenomenon referred to as self-serving bias - SSB. A similar recent study in the Netherlands, on the contrary, found that the therapists surveyed tended to consider both therapist'sand client's characteristics playing a role in dropouts, thus demonstrating a greater capacity for self-reflection (Dandachi-FitzGerald et al., 2021). A sample of psychotherapists of

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different orientations in Sweden estimated the dropout rate to be around 8.9%, the main reason being client dissatisfaction with the type of therapeutic intervention offered or unmet outcome expectations. In this study, too, the predominant attitude of therapists was one of doubt about the work done and coping with their negative emotions caused by dropouts (Kullgard et al., 2022).

The client's perspective on failure and dropout

As systemic therapists, it seems imperative to consider the client's point of view in understanding dropout and failure. Already in Sandra Coleman's book (1985) there was a testimony from an (anonymous) family describing their own experience of unsuccessful therapy with one therapist, later turned out to be a success with another. Maurizio Andolfi developed a system of therapy evaluation based on a follow-up procedure that carefully examined the families' opinion about the therapeutic work carried out, even in cases of early abandonment (Andolfi et al., 2001). As he pointed out in the preface to the volume by Cuccurullo and Visone (2023), the authors missed the client's perspective, which was not included among the chapters.

In recent years, there has been a proliferation of studies focusing on therapy evaluation by the client. Martyna Chwal and colleagues (2014) conducted a qualitative analysis of the experiences of ten couples who had terminated therapy prematurely. To the researchers' surprise, some couples reported that they were satisfied with the therapy they had received and felt that they no longer needed it. Most of them were positive about the therapeutic experience, although they reported some of the therapist's behaviours as reasons for dropping out, such as fatigue, feeling that they were not getting enough attention, having to repeat information that had already been given to the therapist, or experiencing emotionally difficult moments during therapy that were not adequately supported by the therapist (ibid.).

A qualitative meta-synthesis of clients' experiences following family or couple therapy identified many positive aspects as well as some negative ones, mainly described as the therapist's poor ability to manage the session and communicate with the family/couple, and expectations not being met during therapy (Chenail et al., 2011). A recent qualitative metanalysis of 15 studies describing client evaluation in couple therapy found that only three of the studies included aspects of therapy that were perceived as both negative and positive (O'Malley et al., 2023, pp. 20-23). These aspects, grouped under the theme 'difficult outcome', included two meta-categories: the decision to separate and, again, expectations not being met in therapy (ibid), mainly related to not having sufficiently understood the causes of their difficulties (Eldridge et al., 2022, pp. 20-22).

Based on a study of therapy evaluation by adolescents aged 11-17, the authors identified three types of dropout: a) dissatisfaction regarding therapy expectations, b) feeling of having achieved the desired outcome and no longer needing it, and c) events and occurring changes in the subject's life (O'Keeffe et al., 2019). Qualitative assessment of each dropout might therefore clarify the

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outcome of therapy and optimize therapeutic engagement when initiating new therapy (Lavender, 2020).

The concept of dropout in research

The definition of criteria for evaluating dropouts is undoubtedly necessary in research. In most studies on the effectiveness of a given therapy model, the criteria for determining the number of sessions required to complete therapy are usually described in a manual, which also specifies the phases of therapy and the main techniques used, as well as the minimum number of sessions required to distinguish a dropout from an early termination. An international multi-center trial on the effectiveness of psychotherapy for depression in adolescence[3] compared individual brief psychodynamic therapy with systemic integrated family therapy (Bying Hall et al., 1996; Trowell et al., 2007). The expected number of family therapy sessions was 14 over a period of 9-12 months (Pomini & Tomaras, 2022; Pomini & Tomaras, in press). The dropout threshold was defined as attending three or fewer sessions. In contrast, four to eight sessions was considered as early completion of therapy. This decision was made during the pilot phase of the research, based on the observation that in some cases a minimum number of sessions (four) still led to a positive therapeutic outcome. However, there were few cases of dropout, in some cases after notification by the family, in others without any communication. It was interesting to note that for a couple of families the one to three sessions had been helpful and the decision to stop therapy was based on the feeling of having achieved a positive outcome (see also Chwal et al., 2014 for couple therapy). Unfortunately, one of the limitations of the study was that dropout cases were not included in the outcome analysis (Pomini & Tomaras, 2022).

In summary, the arbitrary decision to define dropout as attending a certain number of sessions, which may be necessary for methodological reasons, overlooks important information about the therapeutic process, the variables involved, and the qualitative aspects of the therapeutic experience. The relationship between early dropout and therapeutic failure is therefore neither linear nor obvious.

The relationship between therapeutic alliance and dropout

What role does the therapeutic relationship play in preventing dropout? It is obvious to imagine that a positive relationship between therapist and client would be associated with a lower dropout rate and that, conversely, a rupture in the therapeutic alliance[4] would be more likely to be followed by premature abandonment. A weak therapeutic alliance in family therapy with adolescents seems to predict dropout within the first two sessions in a study by Robbins et al.

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[3] I participated to the study in the role of supervisor and coordinator of the family therapy team at the Family Therapy Unit, First Department of Psychiatry, National & Kapodistrian University of Athens

[4] The terms *therapeutic relationship* and *therapeutic alliance* are often used as synonymous (Pomini, 2021)

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(2006). The same, together with the *'split alliance'* phenomenon, was noted in a retrospective observation of the therapeutic alliance in a sample of families who dropped out compared to families who completed therapy (Sotero & Relvas, 2021). The main characteristics of the therapeutic relationship with families who had completed therapy were good therapeutic engagement, perceived safety, a common purpose among family members and a good level of alliance between them (*within the system alliance*) (ibid.). The importance of engagement in the first session or even the first contact with the family is emphasized in the study by Wang et al. (2006), who conclude that the intake process cannot be limited to a simple collection of information, but should aim to therapeutic engagement.

Review of two clinical cases

The complexity of assessing dropouts in systemic psychotherapy is described in the rich collection of clinical cases by the authors who contributed to the volume edited by Cuccurullo and Visone (2023). We must acknowledge their generosity in exposing themselves through the description of a therapy that each of them considered failed or at least prematurely interrupted. Enrico Cazzaniga (2023) narrates his experience of an individual therapy within a bereavement service and provides the reader with a decalogue of the most common mistakes a therapist should avoid. In summary: the fear of making mistakes, intervening 'out of time', not taking into account the feedback given by the client, adopting a pedagogical tone, giving instructions instead of perturbations, using a linear logic, reframing the symptom negatively, using inappropriate metaphors, sticking too closely to the therapy model, mismanaging resonances and one's own prejudices (ibid). Luca Vallario (2023) describes the case of a young woman with a complex pathology, treated in both individual and family therapy sessions including the mother. The author attributes precisely the "fluid" therapeutic contract as one of the reasons for the failure (Vallario, 2023). Francesca Ferraguzzi, on the other hand, describes the risk of failure in a couple's therapy in which the therapist's impasse was addressed through supervision, which allowed her "*to use herself in the encounter with the couple* [...] *coming out of a reading and re-signification of the symptom that did not allow her to get in touch with the true essence of the suffering*" (Ferraguzzi, 2023, p. 140). This case raises questions about couple therapy carried out by a single therapist. Ada Moscarella narrates her experience as a trainee with a client who has already been described as "*hopeless*" (Moscarella, 2023). I will dwell on this case and the one described by Luca Vallario, both because the clinical aspects presented by the two cases touch on areas in which I have long clinical experience, and because they immediately evoked in me an alternative reading, different from failure. Paola Stradoni analyses, from the position of a teacher/supervisor, a therapy carried out by two trainees with a family of an adolescent, an only child, with his parents. Here we encounter the 'traditional' setting of family therapy, with a team of colleagues and the teacher/supervisor observing from behind a one-way mirror or from a monitor. The rather quick and unexpected termination of therapy by the parents seems to fit into the category described above of those who perceive that they have achieved the goals they had set. The author highlights how the

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characteristics of the therapists, such as their main professional role, at the time, as educators influenced the therapeutic process (Stradoni, 2023). Finally, Paolo Gritti describes four clinical cases of individual systemic therapy through the lens of clinical supervision, which, according to the author, represents "*the elective way to highlight and resolve any therapeutic impasse and to reflect on the causes of failed therapies*" (Gritti, 2023, p. 190). He distinguishes supervision as an integral part of the trainee therapist's training, in which mistakes and the fear of making them are part of the learning process, from supervision that "*arises from the therapist's subjective awareness of a problem in the treatment process that undermines its favourable outcome.The request for clinical supervision in the course of one's professional activity therefore requires an adequate degree of self-reflexivity on the part of the therapist, a critical attitude towards one's own therapeutic style and a conscious monitoring of the treatment process*" (ibid., pp.191-192).

As reported, I will dwell on two of the clinical cases presented by proposing an alternative reading of what therapists perceived as therapeutic failure. In the first case, presented by Luca Vallario (2023), the patient, called Diana, was a young woman aged 22 years, who presented a symptom that would have made the supporters of the multiple personality diagnosis happy (see Fahy, 2018). In fact, since the age of 13, when her parents separated and her twin brother went to live with his father, she 'incarnated' no less than 17 characters, not coincidentally male (the hypothesis that they populated her loneliness after the tear of separation from her twin brother and father is too immediate). As the editors of the volume comment, in this case "*there was no interruption, no dropout, but a clear closure, sanctioned also by the client's request for a written report by the therapist in order to start a new therapy in another city*" (Cuccurullo and Visone, 2023, p. 215), where Diana planned to move for studying. The author described this decision as being taken by Diana at the end of 17 sessions, the same number of her multiple personalities (again, it does not seem to be a coincidence!), and considered it as a premature end of therapy. He blamed the failure on an unclear initial therapeutic contract. An alternative reading could, on the contrary, highlight the success of this therapy in supporting Diana's difficult process of differentiation from her mother and her family of origin. The young woman decided to move from Naples to Milan alone, however supported by her therapist, by asking for a written report, which ensured the continuity of care in the new context.

Similarly, the difficult and complex (but never "hopeless"!) case described by Ada Moscarella, which is often encountered in substance dependence treatment services, represents, in my opinion, a therapeutic success since therapy increases the awareness of the patient, the family and the professionals that the treatment should be directed towards a residential facility. Those who work in this field know that therapy is rarely aimed directly at abstinence, on the contrary, one of the objectives could be to mature the always difficult decision to enter a therapeutic community.

My alternative view on these cases aims to highlight how different narratives of failure or success of the same therapy can be.

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An announced dropout

I would like to conclude this contribution with my own reflections on dropout in systemic therapy by describing a case that I recently met in my private setting, working with a co-therapist[5]. Dimitris and Anna are a young couple, parents of two children of early school age. It was Dimitris who contacted me and with whom I arranged the first couple session. As we welcomed the couple, we noticed that they looked very much alike: tall and thin, both with their long hair tied back, both looking exhausted and sad. Anna introduced herself by explaining that she was in psychoanalytic therapy for years, due to an experience of intra-family abuse suffered at an early age. They came to us because their relationship had become too conflictual and they feared consequences for their children, after two other attempts of couple therapy, which they describe as failures, both conducted by psychodynamically oriented therapists. They claimed both therapist's inability to prevent conflict erupting between them during sessions, leaving them frustrated and even more unhappy. They were curious by the fact that we are co-therapists, and even asked if we are a couple in real life, to which we replied that we are a professional couple and have been working together for years. The first alarm bells went off immediately: the previous failures seemed to be linked to dynamics that the couple enacted in the therapeutic context and that could easily be repeated with us.

However, the first session ended in a cooperative atmosphere: Dimitris' motivation to continue was clear, while Anna appeared more cautious, she was the expert in psychotherapy after so many years of analysis. We also made our first contact with her trauma, addressing this issue very carefully. By the second session, the couple arrived already furious with each other, especially Anna with Dimitris, who went into a detailed description of what had happened that day, confirming her lack of trust in Dimitris. Through our questions, we felt being able to avoid aggravating the conflict and facing the emotional state of both of them. Anna, however, often questioned our orientation and asked how it was possible to "not refer to the unconscious". At the end of the session, in the few minutes between making the new appointment and getting up from the chair, Anna blurted out to Dimitris, full of resentment: "*You didn't even tell them that you tried to commit suicide before I met you*". Dimitris looked deeply hurt, while my colleague and Iwere 'frozen': there was no time to ask him how he felt after Anna's revelation, nor to ask her why she had chosen that particular moment to refer it. We commented that perhaps what they had in common, apart from a big love at first sight, were the traumatic experiences in their lives and a great deal of unhappiness, and we wondered if they would like to talk about this in the next session. However, we both realized that, probably, we had witnessed a destructive strategy being played out once again in relation to the therapeutic context. Punctually, on the day of the next session, Dimitris left a voice mail, cancelling it. Neither of them replied to our request for feedback. My colleague and I were not surprised at the outcome; thus, we were disappointed at a missed opportunity and wondered what we could have done differently in the first two sessions. Many

[5] Thodoros Mousterakis, clinical psychologist and systemic therapist. We have been both trained at the Milan Centre of Family Therapy by Luigi Boscolo and Gianfranco Cecchin in the early '80s.

Received: 04 May 2024 Revised: 11 May 2024 Accepted: 20 May 2024

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things, apparently. Including pointing out from the very first encounter their desperate attempt to overcome their deep unhappiness, and the mutual disappointment when this did not happen. Or we could have taken a more dialogic stance towards Anna's psychoanalytic premises, acknowledging her role as an 'expert on the unconscious'. Or, quite simply, the two-week interval between sessions that we suggested might have seemed endless to the couple in crisis. Unfortunately, even in this case, we are not in a position to know their point of view and how they came to the decision to drop out, a fact that prevented us from optimizing our learning experience from a therapy that we, as therapists, experienced as a missed attempt of therapy.

Concluding thoughts

Each therapist works differently with each patient, each therapeutic relationship is unique, so it seems reductive to focus on the characteristics of the client and/or the therapist, on the expectations, motivations, visions of each of them, to explain an unsuccessful therapy.

Rather, the focus should be on the therapist-client dyad, to understand how effective or ineffective it is and how successful the therapist is in proposing a 'third position' in relation to his own and the client's (Werbart et al., 2019), always keeping in mind the context where the therapy takes place. Monitoring the therapeutic relationship and seeking feedback from the patient can be tools to prevent failure or abandonment (Tilden et al., 2019), recognizing that "*every therapeutic process retains an enigmatic dimension, unknown to the actors in the therapeutic relationship and untranslatable in speech and writing. Nor can it be ruled out that the negative outcome of treatment may be wholly or partially excluded from the therapist's awareness and yet well present in the patient's mind. The strong subjective implications of the relationship with the patient do not facilitate this awareness on the part of the therapist, who is often blind to the dynamics of the treatment precisely because he is emotionally involved in it*" (Gritti, 2023, p. 190).

References

[1] Andolfi, M., Angelo, C., & D’Atena, C. (2001). *La terapia narrata dalle famiglie. Una prospettiva di ricerca intergenerazionale.* Milano: Raffaello Cortina.

[2] Andolfi, M. (2023). Prefazione. In: Cuccurullo, A., & Visone, F. (Eds).*Il fallimento in psicoterapia. Una prospettiva sistemico-relazionale tra clinica e formazione.* Napoli, Luigi Guerriero Editore, pp. 11-14.

[3] Anderson, S. A., Atilano, R. B., Bergen, L. P., Russell, C. S., & Jurich, A. P. (1985). Dropping out of marriage and family therapy: Intervention strategies and spouses’ perceptions. *The American Journal of Family Therapy, 13(*1), 39–54. https://doi.org/10.1080/019261885082502

JPS, 2024, Vol. 8 (1), pp. 1 – 16 Section: **REVIEW**

Received: 04 May 2024 Revised: 11 May 2024 Accepted: 20 May 2024

Doi: 10.23823/58859v19

[4] Bertuzzi, V., Fratini, G., Tarquinio, C., Cannistrà, F., Granese, V., Giusti, E.M., Castelnuovo, G., & Pietrabissa, G. (2021). Single-Session Therapy by Appointment for the Treatment of Anxiety Disorders in Youth and Adults: A Systematic Review of the Literature. *Front. Psychol. 12*:721382. https://doi.org/10.3389/fpsyg.2021.721382

[5] Bloom, B.L. (2001). Focused single-session psychotherapy: a review of the clinical and research literature. *Brief Treat Cris Interv. 1*(1):75–86.

[6] Campbell, A. (2012). Single-Session Approaches to Therapy: Time to Review. *Australian and New Zealand Journal of Family Therapy, 33*(01), 15–26. https://doi.org/10.1017/aft.2012.3

[7] Canevaro A. (2009), Drop-out e fallimenti terapeutici sono la stessa cosa?, *Psicobiettivo, 34* (1).

[8] Cazzaniga, E. (2023). Fallimento e setting. In: Cuccurullo, A., & Visone, F. (Eds).*Il fallimento in psicoterapia. Una prospettiva sistemico-relazionale tra clinica e formazione.* Napoli, Luigi Guerriero Editore, pp.87-97.

[9] Chenail, R. J., George, S. S., Wulff, D., Duffy, M., Scott, K. W., & Tomm, K. (2011). Clients' Relational Conceptions of Conjoint Couple and Family Therapy Quality: A Grounded Formal Theory. *Journal of Marital and Family Therapy, 38*(1), 241–264. https://doi.org/10.1111/j.1752-0606.2011.00246.x

[10] Chwal, M., Jurek, J., Janusz, B., & de Barbaro, B. (2014). Drop-out in the systemic therapy from the family's perspective. *Archives of Psychiatry and Psychotherapy, 16*(2), 43–49. https://doi.org/10.12740/APP/26794

[11] Cooper, A. A., & Conklin, L. R. (2015). Dropout from individual psychotherapy for major depression: A meta-analysis of randomized clinical trials. *Clinical Psychology Review, 40*, 57–65. https://doi.org/10.1016/j.cpr.2015.05.001

[12] Cuccurullo, A., & Visone, F. (Eds) (2023). *Il fallimento in psicoterapia. Una prospettiva sistemico-relazionale tra clinica e formazione.* Napoli, Luigi Guerriero Editore.

[13] Dandachi-FitzGerald, B., Meijs, L., Moonen, I. M. A. J., & Merckelbach, H. (2022). No self-serving bias in therapists' evaluations of clients' premature treatment termination: An approximate replication of Murdock et al. (2010*). Clinical Psychology & Psychotherapy, 29*(3), 972–981. https://doi.org/10.1002/cpp.2677

[14] De Haan, A. M., Boon, A. E., de Jong, J. T. V. M., Hoeve, M., & Vermeiren, R. R. J. M. (2013). A meta-analytic review on treatment dropout in child

Received: 04 May 2024 Revised: 11 May 2024 Accepted: 20 May 2024

Doi: 10.23823/58859v19

and adolescent outpatient mental health care. *Clinical Psychology Review, 33*(5), 698–711. https://doi.org/10.1016/j.cpr.2013.04.00

[15] Di Caprio, E.L. (2023). La psicoterapia sistemico-relazionale: tra teoria e pratica clinica. In: Cuccurullo, A., & Visone, F. (Eds). *Il fallimento in psicoterapia. Una prospettiva sistemico-relazionale tra clinica e formazione.* Napoli, Luigi Guerriero Editore, pp. 25-58.

[16] Eldridge, K., Mason, J., & Christensen, A. (2022). Client perceptions of themost and least helpful aspects of couple therapy. *Journal of Couple & Relationship Therapy, 21*(3), 277–303. https://doi.org/10.1080/15332691.2021.1925611

[17] Fahy, T.A. (1988). The Diagnosis of Multiple Personality Disorder: A Critical Review. *British Journal of Psychiatry, 153*(5):597-606. https://doi.org/10.1192/bjp.153.5.597

[18] Ferraguzzi, F. (2023). Fallimento e rigidità del terapeuta. In: Cuccurullo, A., & Visone, F. (Eds). *Il fallimento in psicoterapia. Una prospettiva sistemico-relazionale tra clinica e formazione.*Napoli, Luigi Guerriero Editore, pp.121-140.

[19] Fernandez, E., Salem, D., Swift, J. K., & Ramtahal, N. (2015). Meta-analysis of dropout from cognitive behavioral therapy: Magnitude, timing, and moderators. *Journal of Consulting and Clinical Psychology, 83*(6), 1108–1122. https://doi.org/10.1037/ccp0000044

[20] Gersh, E., Hallford, D. J., Rice, S. M., Kazantzis, N., Gersh, H., Gersh, B., & McCarty, C. A. (2017). Systematic review and meta-analysis of dropout rates in individual psychotherapy for generalized anxiety disorder. *Journal of Anxiety Disorders, 52*, 25–33. https://doi.org/10.1016/j.janxdis.2017.10.001

[21] Gritti, P. (2023). Fallimento e supervisione. In: Cuccurullo, A., & Visone, F. (Eds). *Il fallimento in psicoterapia. Una prospettiva sistemico-relazionale tra clinica e formazione.*Napoli, Luigi Guerriero Editore, pp. 189-203.

[22] Hamilton, S., Moore, A. M., Crane, D. R., & Payne, S. H. (2010). Psychotherapy dropouts: Differences by modality, license, and DSM-IV diagnosis. *Journal of Marital and Family Therapy, 37*(3), 333–343. https://doi.org/10.1111/j.1752-0606.2010.00204.x

[23] Hanevik, E., Røvik, F. M. G., Bøe, T., Knapstad, M., & Smith, O. R. F. (2023). Client predictors of therapy dropout in a primary care setting: a prospective cohort study. *BMC Psychiatry, 23*(1), 358. https://doi.org/10.1186/s12888-023-04878-7

JPS, 2024, Vol. 8 (1), pp. 1 – 16 Section: **REVIEW**

Received: 04 May 2024 Revised: 11 May 2024 Accepted: 20 May 2024

Doi: 10.23823/58859v19

[24] Kullgard, N., Holmqvist, R., & Andersson, G. (2022). Premature Dropout From Psychotherapy: Prevalence, Perceived Reasons and Consequences as Rated by Clinicians. *Clinical Psychology in Europe, 4*(2), e6695. https://doi.org/10.32872/cpe.6695

[25] Lavender, K. R. (2020). Rebooting "Failed" Family-Based Treatment. *Frontiers in Psychiatry, 11*. https://doi.org/10.3389/fpsyt.2020.00068

[26] Liddle, H. A., Rowe, C. L., Dakof, G. A., Henderson, C. and Greenbaum, P. (2009) Multidimensional family therapy for young adolescent substance abusers: twelve-month outcomes of a randomized controlled trial. *Journal of Consulting and Clinical Psychology, 77*: 12–25. https://doi.org/10.1037/a0014160

[27] Lini, C., & Bertrando, P. (2020). Le aspettative in terapia sistemico-dialogica. *Rivista di Psicoterapia Relazionale, 52,*5-22, https://doi.org/10.3280/PR2020-052001

[28] Lock, J., Le Grange, D. (2019). Family based treatment: Where are we and where shouldwe be going to improve recovery in child and adolescent eating disorders. *Int J Eating Disord 52*(4):481–7. https://doi.org/10.1002/eat.22980

[29] Mariotti, M., Saba, G., & Stratton P. (Eds) (2022). *Handbook of Systemic Approaches to Psychotherapy Manuals. Integrating Research, Practice, and Training.* Springer International. https://doi.org/10.1007/978-3-030-73640-8

[30] Masi, M. V., Miller, R. B., & Olson, M. M. (2003). Differences in dropout ratesamong individual, couple, andfamily therapy clients. *Contemporary Family Therapy, 25*(1), 63–75. https://doi.org/10.1023/a:1022558021512

[31] Moscarella, A. (2023). Fallimento e risonanze del terapeuta. In: Cuccurullo, A., & Visone, F. (Eds). *Il fallimento in psicoterapia. Una prospettiva sistemico-relazionale tra clinica e formazione.* Napoli, Luigi Guerriero Editore, pp. 145-159.

[32] Oasi, O., & Werbart, A. (2020). Editorial: Unsuccessful Psychotherapies: When and How Do Treatments Fail? *Frontiers in Psychology, 11*, 578997. https://doi.org/10.3389/fpsyg.2020.578997

[33] O'Keeffe, S., Martin, P., Target, M., & Midgley, N. (2019). "I Just Stopped Going": A Mixed Methods Investigation Into Types of Therapy Dropout in Adolescents With Depression. *Frontiers in Psychology, 10.* https://doi.org/10.3389/fpsyg.2019.00075

Received: 04 May 2024 Revised: 11 May 2024 Accepted: 20 May 2024

Doi: 10.23823/58859v19

[34] O'Malley, R., Glenny, R., Poppleton, S., & Timulak, L. (2023). A Qualitative Meta-Analysis Exploring Client-Reported Outcomes of Couple Therapy. *Psychotherapy,60*(4), 417-430. https://dx.doi.org/10.1037/pst0000513

[35] Pomini, V. (2021). The therapeutic relationship in systemic family and couple psychotherapy: different perspectives in development. *Psychology,The Journal of the Hellenic Psychological Society, 26*(2), 110–126. https://doi.org/10.12681/psy_hps.26864

[36] Pomini, V., & Tomaras, V. (2022). Manualized Family Therapy in a Controlled Study on Childhood Depression: Therapists' and Supervisors' Reflections on the Use of the Manual. In: Mariotti, M., Saba, G., & Stratton P. (Eds). *Handbook of Systemic Approaches to Psychotherapy Manuals. Integrating Research, Practice, and Training* (pp. 281–298). Springer Nature Switzerland AG. https://doi.org/10.1007/978-3-030-73640-8_15

[37] Robbins, M. S., Liddle, H. A., Dakof, G. A., Steve M, K., Turner, C. W., & Alexander, J. F.(2006). Adolescent and parent therapeutic alliances as predictors of dropoutin multidimensional family therapy. *Journal of Family Psychology,* 20(1), 108-116.https://doi.org/10.1037/0893-3200.20.1.108

[38] Safran, J. D., Muran, J. C., & Eubanks-Carter, C. (2011). Repairing alliance ruptures. *Psychotherapy, 48*(1), 80–87. https://doi.org/10.1037/a0022140

[39] Safran, J. D., & Kraus, J. (2014). Alliance ruptures, impasses, and enactments: A relational perspective. *Psychotherapy, 51*(3), 381–387. https://doi.org/10.1037/a0036815

[40] Shedler, J. (2010). The Efficacy of Psychodynamic Psychotherapy. *American Psychologist, 65,* (2), 98 –109. https://doi.org/10.1037/a0018378

[41] Sotero, L., Relvas, A.P. Dropout Versus Retention in Family Therapy: How are they Associated with Behavioral Manifestations of the Therapeutic Alliance? *Contemporary Family Therapy 43*, 320–328 (2021). https://doi.org/10.1007/s10591-021-09613-6

[42] Stradoni, P. (2023). Fallimento ed etica del terapeuta. In:Cuccurullo, A., & Visone, F. (Eds). *Il fallimento in psicoterapia. Una prospettiva sistemico-relazionale tra clinica e formazione.* Napoli, Luigi Guerriero Editore, p. 163-186.

[43] Swift, J. K., & Greenberg, R. P. (2012). Premature discontinuation in adult psychotherapy: a meta-analysis. *Journal of Consulting and Clinical Psychology, 80*(4), 547–559. https://doi.org/10.1037/a0028226

Received: 04 May 2024 Revised: 11 May 2024 Accepted: 20 May 2024

Doi: 10.23823/58859v19

[44] Tilden, T., Wampold, B. E., Ulvenes, P., Zahl-Olsen, R., Hoffart, A., Barstad, B., … Håland, Å. T. (2019). Feedback in Couple and Family Therapy: A Randomized Clinical Trial. *Family Process, 59*(1):36-51. https://doi.org/10.1111/famp.12485

[45] Vallario, L. (2023). Fallimento e contratto terapeutico. In: Cuccurullo, A., & Visone, F. (Eds). *Il fallimento in psicoterapia. Una prospettiva sistemico-relazionale tra clinica e formazione.* Napoli, Luigi Guerriero Editore, pp.101-118.

[46] Wang, M. N., Sandberg, J., Zavada, A., Mittal, M., Gosling, A., Rosenberg, T., Jeffrey, A., & McPheters, J. (2006). "Almost There"...Why Clients Fail to Engage in Family Therapy: An Exploratory Study. *Contemporary Family Therapy: An International Journal*, 28(2), 211–224. https://doi.org/10.1007/s10591-006-9001-3

[47] Werbart, A., Annevall, A., & Hillblom, J. (2019). Successful and Less Successful Psychotherapies Compared: Three Therapists and Their Six Contrasting Cases. *Frontiers in Psychology, 10,* 816. https://doi.org/10.3389/fpsyg.2019.00816

[48] Young, J., Weir, S., & Rycroft, P. (2012). Implementing Single Session Therapy. *Australian and New Zealand Journal of Family Therapy, 33*(01), 84–97. https://doi.org/10.1017/aft.2012.8