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CASE STUDY: INDUCTIVE THEMATIC ANALYSIS OF NEGATIVE EXPERIENCES FROM SEVERAL PSYCHOTHERAPIES OVER 15 YEARS

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ABSTRACT

Objective. The aim of this study was to describe the many experiences of Mr. L with several psychotherapies over a 15-year period.
Method. To present the experiences of Mr. L with psychotherapies, the authors used inductive thematic analysis.
Results. The authors found many themes that were categorized under three major clusters as 1. negative experiences, 2. feelings of unfitness and inappropriate methods and styles of treatment, and 3. negative consequences of the therapies. The authors proposed an explanatory model to summarize how the experiences of Mr. L might be connected.
Conclusions. The experiences of Mr. L with psychotherapies over the course of 15 years were associated with strong negative feelings, thoughts, and ongoing consequences. Some of his experiences were very unique. Practitioners of psychotherapy need to consider their work, because it sometimes can lead to feelings, thoughts, and consequences such as those Mr. L experienced. The authors proposed several possible methods for avoiding or addressing these phenomena.

key words:
negative effects of psychotherapy,
adverse effects of psychotherapy,
deterioration in psychotherapy,
side effects of psychotherapy,
psychotherapy

kľúčové slová:
negatívne účinky psychoterapie,
vedľajšie účinky psychoterapie,
poškodenie v psychoterapii,
nežiadúce účinky psychoterapie,
psychoterapia

INTRODUCTION

Psychotherapy has been repeatedly verified as a powerful tool for cure of mental disorders and interpersonal problems (Lambert & Ogles, 2003). However, it can be also associated with various unwanted events. Research of the negative effects of psychotherapy has increased in prominence and abundance over the past decade. According to Crawford (2016), about 5.2% of clients experienced lasting negative effects from psychotherapy. While some authors talk about worsening, others address treatment injuries, negative changes, damage, side effects, and adverse events (Lazar, 2017). Some relative structure was brought to this chaos by Linden (2013), who classified the negative effects of psychotherapy. According to Linden (2013), the side effects or negative effects of psychotherapy can be seen in general as unwanted events that, due to their origin, may contribute to an adverse reaction to treatment or to worsening that may be dependent on or independent of treatment. These adverse reactions to treatment can be understood as side effects (associated with appropriate and helpful treatment) or as effects caused by questionable procedures (applying inappropriate methods or unethical behavior). Linden proposed examples of each category; in research, new types of negative events are still emerging.

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Recently, some new instruments were created to assess the shadow side of psychological treatment. Ladwig et al. (2014) developed the Inventory for the Assessment of the Negative Effects of Psychotherapy (INEP). They suggested several areas in which the negative effects of psychotherapy (unwanted events) occur. These areas were intrapersonal changes, intimate relationships, family and friends, stigmatization, work, and therapeutic malpractice. Rozental et al. (2016) questioned the INEP for the inclusion of therapeutic malpractice, as it is not explicitly a negative effect. Rozental et al. (2016) developed the NEQ (Negative Effect Questionnaire), involving new factors: quality of psychotherapy and psychotherapeutic relationships.

Rozental et al. (2016) questioned explicit measuring of therapeutic malpractice, because it can harm public perception of psychotherapy. However, other authors like Moritz et al. (2018) acknowledge this focus as more research worthy. Further, Palermo et al. (2020) analyzed RCTs published in the course of the past 10 years of psychological treatment for chronic pain among adults and children. They found out that majority of these studies failed to outline a specific methodology to assess adverse events of psychotherapy. Only in one quarter studies adverse events were reported. Moreover, content analysis of 112 reflections gathered from the Czech population conducted by Chvála et al. (2020), revealed a alarming number of clients or patients who experienced some form of therapeutic malpractice or unethical behavior from their psychotherapists. In two cases, a violation of intimate sexual boundaries was reported. As Curran et al. (2019) stated, in the "gray" literature and online services, blogs, articles, and discussions, many patients are willing to share bad psychotherapy experiences (for example: Coutinho et al., 2010; Chouliara et al., 2011). Without a doubt, records of malpractice and unethical behavior by therapists exist, and it is our duty as psychotherapy researchers to accept, understand and analyze them.

In our study, we performed inductive thematic analysis to describe the experiences of Mr. L, who experienced 15 years of several psychotherapies and experienced various forms of negative events and therapeutic malpractice that affected his life.

METHODOLOGY

We performed inductive thematic analysis to answer our research question: "What negative effects of psychotherapy did Mr. L experienced?" Although, thematic analysis has been poorly branded, yet it is still widely used qualitative method to analyze data (Braun & Clarke, 2006). Also, thematic analysis is highly flexible approach that can be modified by needs of researchers. Moreover, a rigorous thematic analysis can produce significant, trustworthy and insightful findings (Braun & Clarke, 2006). We chose the inductive coding form of thematic analysis. It is a standard approach to understand participant view, opinions, knowledge, experiences, or values (Nowell et al., 2017). In inductive thematic analysis themes are determined mostly by data. Also, we chose to apply dominantly semantic approach that analyze mostly explicit content of data. Explicit content of data means specific verbal statements of individual perspectives.

Process of analyzing data

The research and inductive thematic analysis were conducted in several phases. In the first phase, the researchers considered their own experiences with the study of negative effects of psychotherapy. Before the start of the research, the first author wrote and published a research article concerning the negative effects of psychotherapy; the second author published two other articles in the Czech journal Psychoterapie. So, before trying to understand the negative experiences with Mr. L's psychotherapy,

both researchers articulated their views of the negative outcomes of psychological treatment. Being aware of the potential risk of bias, the authors made effort to take away past concepts and classifications of the issue. We believe that it is possible both, to be familiar with the object of study and to conduct inductive thematic analysis at individual-level of negative experiences.

We clarified our research question: "What negative effects of psychotherapy did Mr. L experience?" It is worth noting that at the beginning of our study, Mr. L contacted the second author to declare that he had read about his work in one article and that he wanted to participate and share his experiences with researchers. Four research interviews with Mr. L were conducted. The interviews included regular debriefings in which both the researcher and the respondent had the opportunity to consider and discuss the negative effects of psychotherapy and to support and express their understanding and sympathy for the research and circumstances. They openly spoke about their opinions about this phenomenon generally.

In the third phase, the first author transcribed the audio recordings from the interviews into written form. He thus repeatedly heard and read the interviews. After many readings and repeatedly listening to the audio recordings, the first researcher became more connected to thoughts of Mr. L. During the reading, the first researcher identified and created 71 basic preliminary themes corresponding to the negative experiences of Mr. L (for example: "therapist broke a promise" or "therapist lied to me"). After fully identifying several preliminary themes, the first researcher started to create upper categories (for example: "I stopped believing in psychotherapy" and "to this day, I suspect the therapist of various things that need to be discussed" were fused under the upper category: "loss of trust in psychotherapy and psychotherapists"). In this process, the first researcher used a mental map application in Microsoft PowerPoint for a holistic overview. In parallel, after reading all the interviews, the second researcher formulated his own themes in a similar process to that of the first researcher. The second researcher proposed four major clusters. These four clusters of themes were compared to the results produced by the first researcher and discussed. The first author had fifteen (more specific) upper themes from 71 basic preliminary themes. After the comparison and discussion, these were connected into three clusters of major themes and minor themes. The minor themes are not included in the results; they are presented in Table 3 with brief descriptions. In the final version, the major and minor themes were discussed with Mr. L to consider whether they correspond to his experiences and perception. The discussion with Mr. L did not lead to significant changes, and the themes and interpretations of the researchers remained unchanged. However, some statements by Mr. L and the presentation of some of his thoughts were partially corrected according to his suggestions.

Background of Mr. L

Mr. L is 40 years old. He did not experience any significant trauma during his childhood, but he spent much of his early years under the care of older parents who were not very warm and did not pay enough attention to Mr. L. His grandfather was on a disability pension, bad-tempered, with a great need to control his surroundings. His mother and father met his basic needs of safety and love, but they were often at work and not at home. Mr. L remembers from elementary school and high school that although he had several friends, they were people who had sought his company, as he was not very outgoing; he avoided larger groups of people (such as during lunchtime) and did not desire prestige and popularity at school. After finishing high school, he worked as an assistant to a business broker and later as a journalist for a magazine

on economics. As a journalist, he started to date his colleague and they lived together for a few years. She led him to the idea of couples therapy because of increasing relationship problems between them. Their breakup was associated with his partner's infidelity. He then visited a psychoanalytic psychotherapist for the first time. Shortly before visiting his first therapist, Mr. L felt that he had been easily influenced by others and could not sufficiently defend himself against his former partner or against a manipulative colleague at work. The explicit aim of the psychotherapy, agreed to by both the psychotherapist and Mr. L, was to deal with the breakup and to strengthen his self-confidence. Psychotherapy with the first psychotherapist took place once a week. After about two months of therapy, the psychotherapist told him that she was pregnant and therefore the psychotherapy would have to end, stop and resume later, or be continued with someone else.

The first therapist had not prepared Mr. L for termination. On the penultimate meeting, she told him that they had managed to analyze his personality, they had managed to break down what she called his "pyramid", but although they still had to re-assemble it, the time had come to end the psychotherapy (prematurely due to her pregnancy), either by referring Mr. L to a colleague or by continuing later. They then agreed that the psychotherapy would continue at some point after the birth. Mr. L was looking forward to the continuation and was preparing for it, but his psychotherapist did not contact him. Mr. L waited several months without contact from her; he then contacted the first psychotherapist himself. She told him that she was sorry, but she was very busy, and that they would continue with the psychotherapy as soon as she was able. After this call, she did not call him back. Mr. L felt disappointment and anger because he felt that the therapy, despite some inappropriate or cynical comments, worked well and made sense. With these feelings, he worked for several months with the determination that he could do it all by himself, taking it as he would any other rejection.

Over time, he began to feel that his overall functioning was changing, his mood was worsening, his relationships with people were deteriorating, and he gradually began to come to the idea that unfinished psychotherapy had "nurtured" something bad in him that he still had to deal with. In order to deal with it, he started two more psychotherapies with two other psychoanalytic psychotherapists (second and third), who were unable to alleviate the rejection and improve the impaired functioning in different areas of Mr. L's life. Mr. L's overall functioning continued to deteriorate, as a result of which Mr. L began to increasingly feel that this was happening due to the rejection by the first psychotherapist and the unsuitable premature termination of their psychotherapeutic process.

After many years he contacted his first psychotherapist again, presenting his difficult situation with a request to remedy and complete the unfinished first psychotherapy. The first psychotherapist agreed, but there were several practical problems with re-establishing the psychotherapeutic process, because the therapist had no office. Mr. L had to urge the therapist and they eventually continued in her husband's office for a few months. The second psychotherapy was then also interrupted by a second pregnancy. Despite this fact, at the beginning of this second psychotherapy with first therapist, Mr. L felt that the therapist was indeed interested in helping and repairing the damage she had caused, but over time the functioning of Mr. L deteriorated further and the therapy turned into quarrels over who was responsible for the deterioration. During this period, Mr. L found himself in despair, changed jobs, lived on his savings, had no hobbies, lost friends, and had trouble getting a partner. He wanted to end the therapy, but at the same time he believed that the deterioration was due to the failure

to complete the first therapy, and that if he prematurely terminated the second, his condition and situation might not improve. Under great stress, worry, and despair, he terminated his second therapy with the first psychotherapist. After a major failure to repair the damage from the first therapy, he contacted a new psychoanalytic therapist (the fourth psychotherapist) who had written about damage in psychotherapy on his website. First, they agreed on a year-long therapy that was meaningful and Mr. L began to improve again.

The agreed-upon year ended and the therapy was terminated. Mr. L tried to function by himself without help, but over time the problems returned; he concluded that he needed to continue therapy and asked the fourth therapist to re-establish their previous therapy. The second round of therapy with the fourth psychotherapist was initially healing, but over time the progress began to stagnate, and Mr. L grew increasingly convinced that therapist had stopped making an effort. This second therapy with the fourth therapist ended after three years with various interruptions and even more struggles. According to Mr. L, after all of this, his self-esteem had fallen even further, he did not have a stable job, had no partner, lived with his parents, did not have a strong network of friends, and had lost trust in therapists and therapy itself. After more than ten years since he had first started therapy, he found a fifth therapist, whose approach suited him. Now, a year later, Mr. L's satisfaction in various areas of his life has risen almost back to its original value prior to the first psychotherapy, but his negative attitude and suspicion towards therapists and therapy persists.

Additional information about Mr. L and his therapists

Mr. L has never undergone complex psychodiagnosis of personality or cognitive abilities. He knows that one of his therapists gave him a diagnosis of dependent personality disorder without any psychodiagnosis or discussion.

According to the information from Mr. L:

First psychotherapist was a clinician psychologist with the psychoanalytical approach. The aim of the first therapy with first therapist was to deal with lower sexual activity and coping with a break up. This psychotherapy was covered by health insurance.

The second psychotherapist was a clinician psychologist with an eclectic CBT, PCA and systemic approaches. The aim of this second therapy was to deal with negative consequences of the first therapy with first psychotherapist. Mr. L was paying for this psychotherapy.

The third psychotherapist was an clinician psychologist with the existential approach. The aim of this therapy was to deal with the negative consequences of the first therapy with the first psychotherapist. Mr. L was paying for this psychotherapy.

The fourth psychotherapist was a clinician psychologist with the psychoanalytical approach. The aim of this therapy was to deal with the negative consequences of the first and second therapy with the first psychotherapist. Mr. L was paying for this psychotherapy.

The fifth psychotherapist was a clinician psychologist with the eclectic CBT and gestalt approaches. The aim of this therapy was to deal with the negative consequences of the previous psychotherapies, mostly to deal with loss of trust and hopelessness.

Research interviews

Overall, four open interviews were held between April and August 2019. The first, introductory interview aimed to establish the research objective and to learn what negative experiences and impacts of psychotherapy Mr. L had experienced. The sec-

ond interview, in May, focused on the background and story of Mr. L prior to his first psychotherapy. The third interview focused mainly on his experience with the first psychotherapy and those that followed up to 2012. The fourth interview dealt with the negative experience with the fourth therapist, the overall assessment of the different areas of life over time, and the current functioning of Mr. L

RESULTS OF THEMATIC ANALYSIS

Table 1 Major part of negative experiences

Main themes		
Negative experiences	Feelings of unfitness and inappropriate method and style of treatment	Negative consequences of the therapies
Unpleasant feelings and thoughts	The therapist insulted, disparaged, and questioned the thoughts, opinions, and competence of Mr. L	Believing that incorrect completion of therapy can be problematic, and that therapy should be completed correctly
A feeling of rejection and indifference from the therapist	The therapist told stories about other clients and compared them with Mr. L	Loss of trust in psychotherapies and therapists
	The client perceived deception on the part of the therapist	Dependency on psychotherapy and psychotherapist
	The therapists transferred responsibility of failure and deterioration on client	

Negative Experiences

Unpleasant feelings and thoughts

During the interview, Mr. L described several feelings and thoughts related to the different events and experiences that occurred in each psychotherapy treatment. Quite often, a feeling of anger emerged towards the therapists, therapy, or even himself. Anger towards the therapists emerged in a few contexts. Mr. L described anger because the first therapist missed a session and did not apologize for it, and because she disrespected Mr. L's thoughts and opinions, violated her original promises, and talked about other clients in therapy. Moreover, she compared Mr. L with other clients and transferred responsibility for the resulting deterioration and ineffectiveness of therapy to Mr. L. In addition to the anger associated with most topics, Mr. L also mentioned despair and hopelessness: despair that his condition and functioning deteriorated in various areas of life, and that he was losing control. Even more despair arose because after years of therapy, his functioning had worsened. He was hopeless because he had changed therapies and therapists several times, and nobody had helped him. Arising from the despair and hopelessness, he experienced a worsening of self-esteem and increasing anger towards himself. After years, and following the penultimate therapy, Mr. L had begun to think that he was not normal and that his personality was wrong and broken.

> "I felt very bad and I thought that I had Asperger syndrome or was mad?! I came to therapist 4 and asked him for a psychological examination. I am laughing now, but that is how I felt. I was researching what is wrong with me, really. He replied to me that he did not think I have Asperger syndrome. Rather, he thought it was because I did not complete therapy, so it is no wonder. In other words, the failure and deterioration was, according to him, associated with my disrespect for authorities."

Feelings of rejection and indifference from the therapist

During the interview, Mr. L repeatedly emphasized the indifference and rejection by therapist 1, which caused disappointment, strong anger, and unpleasant thoughts. The very first sign of indifference from therapist 1 was when she failed to arrive at a pre-arranged meeting without informing Mr. L.

> "At the beginning of therapy, maybe it was after a couple of sessions, she just did not come. I arrived there, went to the reception to ask what was going on. At the reception they told me she was sick. I said fine, but you should have let me know, because I have come here unnecessarily. Then I thought that since she was ill, it was in her hands, so she would call me for another session. Nothing for a week, nothing for two weeks, so I called, and we arranged the next meeting. As soon as I came, she smiled and said we had not seen each other for a long time. Well fuck, she could at least have said something real, she was basically acting like nothing had happened, everything was fine. This was the first sign of her indifference to what the client felt, how it affects the client. She ended up, basically she did not come to therapy, did not care to even call the client with whom she had an appointment, or even try to resume therapy. Moreover, she could have fixed it and if she did not do so, she should have explained it and apologized."

The strongest manifestation of indifference for Mr. L was when therapist 1 did not call him back after promising to continue the therapy after a break (childbirth).

> "Maybe two months after the start of therapy, the therapist told me that she had become pregnant and would have to stop the therapy at some time. Okay, I thought, a normal thing. Then it continued without telling me anything further about it, the therapy continued, and suddenly she just said that in two weeks we would have to stop it. When that day came, she told me that she did not know what to do, that she usually gave clients contacts to her colleagues so they could go on and solve it there. She then said with me it was like, she felt that my case was well analyzed. Now what is needed is to reassemble the pyramid. And there is a second possibility that she wants to return to therapy after about give or take half a year, so after we can continue on like with other clients. I agreed, because I had no reason to change it and why should I, I wanted to continue. She also said she had good experience with discontinuing of therapy. That was in May, when we agreed, and we should have continued in October. I expected her to call in October because she said so. She did not call, October passed, so I picked up the phone and called her to find out what's going on and what to do next. She said she was preparing, she was also called by other clients, but now she could not, because she was handling something and as soon as possible, she would contact me. In the moment I hung up the phone, based on the whole context, intonation, overly reassuring expression of her, I said to myself: "She will definitely contact me." Of course, nothing happened, she did not call me. I was pissed off because she basically did not keep her promise and blew me off."

The words of Mr. L are filled with strong anger, frustration, and disappointment that still resonate in him even today. At the beginning, Mr. L had confidence in the therapy and trusted his therapist. The therapeutic relationship and trust as common factors in the therapeutic process were repeatedly disrupted by the therapist's actions. Mr. L described how after a confrontation, the therapist tried to repair the damage, but it failed. The attempt to complete the therapy and cure the deterioration eventually led to quarrels and the transfer of responsibility to Mr. L. In the last period of therapy, Mr. L was in a situation in which he had left his job, had such low self-esteem that he was unable to find a new job, he just stayed in bed or aimlessly walked around the neighborhood; he did not get along with strangers; he believed that he was creating disgust and negative reactions in others, and he did not know what was wrong with him.

> "After various attempts, I decided that there was only one way out of this, I had to call and talk to her. So, I called her. I asked if we could meet. She said ok, but the last office would not be appropriate anymore, because she no longer worked there, so we met over coffee. There I told her what was going on, how I had deteriorated and that I did not know what to do next. I immediately saw that she was terrified of it and started saying, "Whenever you need, do not hesitate to call me." She repeated it perhaps twenty times during the conversation, and during that conversation, we agreed to start again. She said that she had to get an office from a colleague, so I thought we had an

agreement, and I waited to hear from her, but she did not call. She did not call for about a month, so I literally chased her then. I phoned her and eventually we started after two months. We started in her husband's office. Basically, it was about the first two months or so I had the feeling that she was taking it seriously, like she was touched and felt some guilt in it or she wanted to try to fix it in some way, but then it turned around. It turned into constant quarrels and accusations from her."

Feelings of unfitness and inappropriate method and style of treatment

Perception that therapist insulted, disparaged, and questioned the thoughts, opinions, and competence of Mr. L

According to Mr. L, it was unpleasant when therapist 1 repeatedly questioned and stigmatized his personality and competence. We can assume that it was important for Mr. L to be perceived as a competent journalist. Working as a journalist was a source of pride and self-fulfillment for Mr. L. From the therapist's behavior, Mr. L concluded that she questioned his disposition for the work of a journalist, thereby reducing his sense of competence and self-esteem.

Mr. L: "A few sessions after the start of the first therapy, the therapist told me that I chose a job that is basically contrary to what I am. Journalists are active, ferocious, they go ahead, they can push themselves, they have no problem with groups of people."
Researcher: "Did this hurt you?"
Mr. L: "Yes, imagine that I questioned your personality skills for the work of a psychologist. Later, when I was thinking about what kind of work I am suited for, I realized that I was destined for such work. My mother always recited, wrote essays, spoke publicly in front of people; my father was an investigator trying to figure out a lot of things, he could analyze, he knew a lot about the law. What else could I become if not a journalist? The work of a journalist fulfils me the most. And if I do not have all the prerequisites? So what? But this is how she never asked; she had already formed her opinion."

Furthermore, according to Mr. L, therapist 1 sometimes questioned the views and insights that Mr. L brought into therapy. In one example, Mr. L praised Milton H. Erickson's book on psychological cases. Therapist 1, without having read the book, claimed that based on the title it was exactly the kind of book that had no value.

The first therapist told stories about other clients and compared them with Mr. L during sessions

According to Mr. L, therapist 1 repeatedly described the stories of other clients. He perceived it as unfair because she did not have the consent of the clients. Moreover, in his memories she almost always portrayed these other clients in a negative light, many times sarcastically, and in addition, compared their stories to his experiences.

Researcher: "What else bothered you in the therapy?"
Mr. L: (When she talked to me about other clients. Basically, it was like with their stories she was trying to marginalize mine, my problems, or my, I do not mean suffering, but just my pain. For example: I came there because of my girlfriend, that we broke up, and therapist started telling me, "It happens, I just had a client here, whose husband had been cheating on her for seven years, that for seven years he was buying the same gifts, the same holidays, the same, I don't know all the same things, and that basically he kept his lover and wife in parallel." In a way, I took it as mere gossip."

In the example that Mr. L described, it seems that therapist 1 explicitly tried to point out that Mr. L's experience was not so bad compared to her other client. This comparison led to Mr. L's misunderstanding and anger, as the therapist underestimated his mental pain.

The client perceived deception on the part of the therapist

Another important fragment of Mr. L's experience was when he felt that therapist 1 had deceived him. At a time when Mr. L was trying to reach out to therapist 1 to con-

tinue their first therapy, the therapist told him that other clients had already contacted her, so she was looking for a space. Later, Mr. L learned that he was probably the only client of therapist 1 at the time.

The therapists transferred responsibility for failure and deterioration onto client

On the topic of unpleasant feelings and thoughts, we mentioned that Mr. L spoke of anger and his reduced self-esteem, because therapists 1 and 4 transferred responsibility for aggravation and harm to Mr. L. According to Mr. L, therapist 1 initially tried to help, but when there was no improvement during the second attempt, Mr. L began to feel that she was gradually transferring responsibility to him.

> "The course of the second attempt to properly complete the first therapy was positive for the first two months. I felt that the therapist had a sincere interest and it had meaning, but then something broke. She began to say that she was not responsible, because I did not contact her at the time. She is not responsible for the fact that those therapists who followed her failed to follow up with the same, she is not responsible for this. In this situation, this is something that is not even written in the books, and she had no chance to find it out. All of this annoyed me even more. Then she said I should admit that I could have called sooner. If I had called earlier, it would have been different. The moment I understood this, I would not even feel the need to blame her and would forgive her. That was the formula she was using."

The ambivalence in the words of Mr. L is noticeable. On the one hand, the very notion that he might be the cause of deterioration and worsened functioning makes him angry, because the first therapist made many mistakes and was indifferent to him. On the other hand, he felt anger towards himself out of uncertainty – what if it was true, what if he was different, offensive and fighting with authority? Additionally, at present, the self-esteem of Mr. L has begun to improve upon accepting that he is not solely responsible for inefficiency and deterioration.

> "In the current therapy, my self-esteem has gradually improved a lot. It started to improve when I stopped being considered as a problem of the therapy. With therapist 1, she turned it all to phrases: "But why did it happen to you? Answer the question, why did it happen to you?" She made me a clear culprit. It was almost the same scenario with therapist 4. In the end, he also considered me to be the cause of my aggravation and deterioration. It is just now, when we were doing this research, that was the first time I felt like I was in the position of a victim and not a culprit. From this moment, it started to seem to be folded in the right way. I started to see myself in a more positive way."

Negative consequences of the therapies

Believing that the incorrect completion of therapy can be problematic and that therapy should be completed correctly

This topic emerged in interviews and in other topics. Mr. L described how, shortly after being dismissed the very first time from therapist 1, he did not perceive any noticeable changes in his functioning and psychological survival, but over time his functioning and satisfaction began to fall, which he subsequently perceived as a result of an incorrectly, incompletely concluded first psychotherapy.

> "At the time when we had finished our first therapy and the therapist was no longer responding to me, I was still taking the rejection as well as any other rejection or ending of another interpersonal relationship; it did not affect me much. I was accustomed to this experience. However, over time I began to realize that something was different and very bad. The first time I realized that something was wrong was when I could not ask a nice manager I liked out on a date. We met randomly after about half a year on bicycles, she smiled at me, I did not greet her, I turned away. We met again and I crossed the street to avoid her. At the same time, I was very interested in talking to her, going somewhere, I had felt good about her since our first professional meeting. But something was preventing me from doing it, something that was not there before. I did not understand it, it never happened to me before, normally I would at least greet her, at least it would seem neutral. I began to feel distant from people, even though I did not want to. I had such

inner anger in me, I was very irritated and offensive in general. I started judging or condemning people very quickly and negatively. Gradually, I realized that it was very bad. It culminated in the conclusion that the incomplete, incorrectly ended therapy with the first therapist was to blame, which led me to contact her again after years and ask for a remedy."

In this example, we can sense that Mr. L perceives psychotherapy as a complicated process, the incorrect completion of which can lead to widespread damage in various areas of its functioning. We can see a link to addiction to psychotherapy. Mr. L considered resuming the first therapy with therapist 1 as the only option to remedy the deteriorating quality of his life. He continues to hold this perception.

Loss of trust in psychotherapies and in therapists

Over the course of many therapies and experiments, Mr. L began to get the impression that no form of therapy would solve his problems. Therapies, as he says, destroyed his life and led him to a situation where he permanently changed his job, lost many friends, had a problem establishing a long-term and firm friendship, employment, or partnership, lived with his parents, and was in debt. He reached the conclusion that some therapists tend to be indifferent to their clients, unreliable, and sometimes even deceptive. They cannot acknowledge their mistakes; they are narcissistic and sometimes deeply convinced of their truth.

"At the beginning, my current therapist asked me if I trust therapists. I said no, I do not. Rather, I think it is the opposite, I think they are tricksters. Subsequently, we discussed this for a long time – how to establish the right relationship in our current therapy, but I will tell you the truth, it is still a problem today. I suspect him of things that are not even real, from time to time we have to clarify things. Fortunately, he understands that. As for therapy, I would never go to psychoanalysis under any circumstances."

Dependency on psychotherapy and psychotherapists

"At present, Mr. L has described how embarrassing it has been for him in recent years, the anger at himself for returning to therapists because he is not able to regulate his life by himself. The first time, he returned to therapy with the first therapist because he believed that the incomplete therapy should be completed. Over time, and after several attempts to be functional by himself, this attitude and reason for returning to therapy changed to "I cannot do it without therapy," reminiscent of addiction. This addiction to psychotherapy at the same time increased Mr. L's anger toward himself and decreased his self-esteem."

Mr. L: "The reason I contacted therapist 4 again to continue therapy was because it was getting worse, I felt it was going downhill again, that it was not "going" in the right direction. I was saying to myself, fuck, I do not want to go to therapy anymore. I do not want to go back there anymore. It is so bad with me or I don't know what, but that is bullshit, actually, it can't be so bad with me. Maybe that is why I avoided therapy that year, but then it was not good to avoid it."

Researcher: 'Did you feel any need to be in therapy?"

Mr. L: "I felt it was the only way out of this."

Researcher: "Just at the time?"

Mr. L: "Well, I could not help myself. […] People reacted to me irritably, and I did not even realize what kind of signals I was radiating even non-verbally. Only later I realized that I was acting aggressively or overlooking people, I ignored them. At that time, I perceived that behavior as something normal. I did not have it under control, and I did not know how to get along with people."

RESULTS SUMMARY

We presented a major part of the negative experiences of Mr. L with psychotherapies that he has gone through in the last 15 years. Unfortunately, we were unable to describe in detail all the themes that emerged in the analysis. The themes described and discussed here are those considered as the strongest and most important by the authors of this study. In Table 1 we present a major part of the negative experiences of

Table 2 Major themes

Main themes	Description
1. Negative Experiences	
Unpleasant feelings and thoughts	Anger towards psychotherapist or client himself, hopelessness, and anxiety. Negative thoughts: "*Am I a bad person*?" Etc.
A feeling of rejection and indifference from the therapist	The first therapist did not come to a pre-arranged session and she did not even call, and so on.
2. Feelings of unfitness and inappropriate method and style of treatment	
The therapist insulted, disparaged, and questioned the thoughts, opinions, and competence of Mr. L	The first therapist questioned the competences of Mr. L for working as a journalist. According to her, his personality was unfit for this profession.
The therapist told stories about other clients and compared them with Mr. L	The first therapist used stories about other clients in psychotherapy without their knowledge, and compared them to Mr. L.
The client perceived deception on the part of the therapist	Mr. L believed that the first therapist lied a few times. For example, she lied about the number of her active clients.
The therapists transferred responsibility of failure and deterioration on client	The first and fourth therapists explicitly transferred responsibility for deterioration and non-effective therapy to Mr. L.
3. Negative consequences of the therapies	
Believing that incorrect completion of therapy can be problematic and that therapy should be completed correctly	After continuous worsening of the quality of Mr. L's life, he concluded that it must be connected to incorrectly ended first therapy.
Loss of trust in psychotherapies and therapists	Mr. L stopped believing that psychotherapy could help. Moreover, he started to think that therapists are swindlers.
Dependency on psychotherapy and psychotherapist.	After many years and bad experiences with psychotherapies, Mr. L was not able to go on without it.

Mr. L with psychotherapies that he has gone through in the last 15 years. Unfortunately, we were unable to describe in detail all the themes that emerged in the analysis. The themes described and discussed here are those considered as the strongest and most important by the authors of this study (these major themes are presented in Table 2). Minor themes are presented in Table 3. We must particularly note the unique perception of Mr. L that the inappropriate ending of psychotherapy could cause deterioration in several areas of his functioning and life. Mr. L has been convinced that inappropriately ended therapy led to deteriorated relationships with his work colleagues. We could possibly take the view that accumulating anger from the unethical behavior of therapist 1 could lead to irritable attitudes on the part of Mr. L, which correlated with deteriorating relationships with colleagues, friends, and family. However, the quality of relationships in general is determined by many factors that are beyond the effect of psychotherapy. Without a doubt, psychotherapists made several mistakes with Mr. L and demonstrated unethical behavior, but that does not necessarily have to be the sole or the dominant factor causing the global deterioration in Mr. L's relationships. Another theme was loss of trust in psychotherapy and psychotherapists. It is possible that a perceived worsening in psychotherapies by Mr. L and unethical behavior of the

Table 3 Minor themes

Minor themes	Description or authentic examples
Ambivalence	Mr. L: "Should I continue in therapy or not? Was it helpful? It was not helpful but sometimes it was."
The therapist ignored client's needs	The therapist did not address topics that Mr. L needed: "I felt overlooked, like what I said to him was not important."
The therapist did not give evidence or measurements of progress in the process of psychotherapy	Mr. L complained that the therapist did not have any paper documentation of his case. No measuring of improvement or worsening.
I am the bad one!	Mr. L starts to think that he is a real problem for psychotherapy. He is the one, he is the cause of ineffective therapy and deterioration.
From the beginning, the therapist did not sufficiently explain the course of therapy, the meaning, or how it can help with problems	Mr. L: "I felt ignored. You asked me recently if there was something like a summary or measurements. Are we going in the right direction? That never happened!"
The therapist did not arrive at the session without informing the client in advance	Mr. L: "After a few sessions, the therapist did not come. I arrived at the reception and was told that she was sick. She did not even let me know."
The therapist oversimplified the client's problems	Mr. L: "She talked about other clients, and with their stories she tried to compare and simplify my misery, my experiences, and my pain."
The therapist did not offer the opportunity to continue therapy	Mr. L: "After a year of therapy we stopped, and I did not get any information about what would happen next. I did not get any contacts for other therapists or suggestions of what to do if my problems returned."
The therapist stopped making an effort	Mr. L: "At the beginning, I felt that he was making an effort, he was really active and reflected my defense mechanisms. After a year, I felt that he stopped trying to make any effort."
Quarrel with the therapist	Mr. L: "At the end of the second therapy session with therapist 1, we were just arguing with each other."
Financial problems	Mr. L: "The therapist raised the prices suddenly. It was even more difficult in my financial situation."
I fell in love with the therapist	Mr. L experienced feelings of love for his first psychotherapist, but she did not explicitly know it.
To this day, I suspect my therapist of various things and we must continuously discuss it.	Mr. L: "I trust my actual therapist, but sometimes I suspect him of various things, and we must continuously discuss it."

psychotherapists led to a loss of trust. The first therapist described superlative effects and benefits from psychotherapy that did not come to pass, according to Mr. L. The perceived function and satisfaction of Mr. L in his psychotherapy relationships was worsening step by step according to the length of therapies. Moreover, at the end of the therapies with the first and fourth therapists, Mr. L had the feeling that the therapists had transferred responsibility for the worsening and ineffectiveness of therapies to Mr. L. After many years of therapies and transferred responsibility for worsening, he started to believe it. The minor theme "I am the bad one!" represents the self-accusations of Mr. L and hatred towards himself, because Mr. L had explicitly internalized the opinion of his psychotherapists that he himself was the problem in his therapy and that he was the source of ineffective therapy and his own worsening condition.

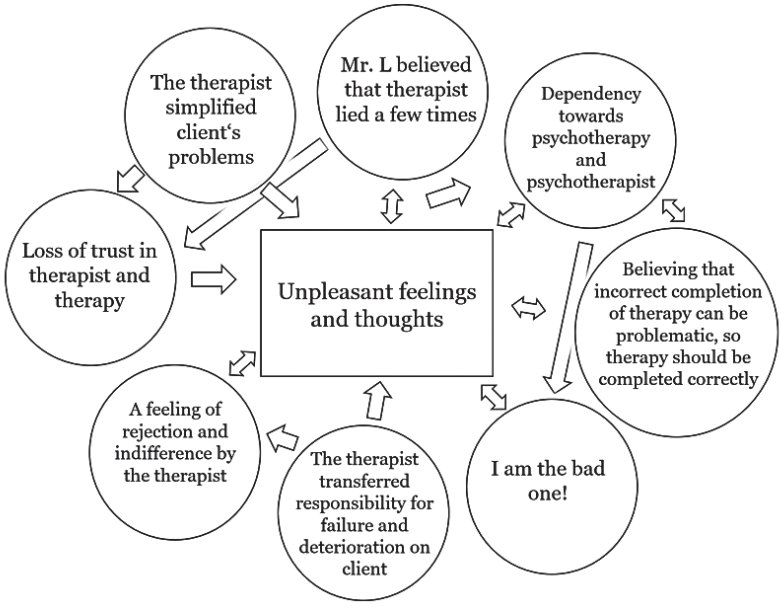

Figure 1 Hypothetic explanatory model

Our resulting hypothesis is that unpleasant feelings and thoughts are at the center of Mr. L's negative experiences with psychotherapies. As we can see in Figure 1, other themes like dependency on psychotherapy and loss of trust in psychotherapies and psychotherapists and others are connected to the center (unpleasant feelings and thoughts) and to each other. Figure 1 shows the possible relationships. For example, internalized thoughts of "I am the bad one!" are related to dependency on psychotherapy. Even after many bad experiences with therapists, Mr. L must always, even now, find another therapist, because he is convinced that he cannot overcome his problems by himself. Further, transferred responsibility for worsening and ineffective psychotherapy leads to a loss of trust in therapies and therapists and to worsened self-esteem and self-accusations. On the one hand, Mr. L believed that his psychotherapists are professionals, so their opinions should be trustworthy, but on the other hand, they acted very unprofessionally, sometimes unethically, and their interventions did not have the expected effects. Mr. L internalized thoughts that he was the cause of ineffective therapy and worsening, but he was also very angry at

psychotherapists. We could find more connections among the themes, but recording them would exceed the scope of this article. At present, Mr. L has internalized the thought that he is not "the bad one"; he is not the cause of his problems, and according to him, it is very healing.

DISCUSSION

We cannot confirm objectiveness of all experiences or interpretations of Mr. L, but his tremendous experiences highlight the importance of studying the negative effects of psychotherapy. In his story, we identified various negative emotions, thoughts, experiences, and needs associated with several psychotherapies. Several researchers in psychotherapy have shared their perspectives on the topic of the negative effects of psychological treatment, concluding that this part of research needs more naturalistic and qualitative designs (Lambert, 2011; Rozental et al., 2018). The greater part of research on the negative effects of psychotherapy has been performed in clinically controlled settings. Naturalistic, practice-based designs offer information and views from different environments. The case study of Mr. L provides original and comprehensive insights into the unwanted events and consequences of psychotherapy. In hindsight, Mr. L needed to make a precise and realistic contract, and not just be promised the benefits of psychotherapy. At the beginning, he did not get any information about any negative effects of psychotherapy, potential side effects or possible worsening. According to him, psychotherapists should provide information about possible worsening in psychotherapy. Moreover, Crawford et al. (2016) conducted research that suggests that patients who were given enough information before psychotherapy started were less likely to report negative effects. Perhaps informed clients are less likely to be surprised by the occurrence of negative experiences in psychotherapy. Another explicit need of Mr. L was continuous measuring, mapping, and consulted summarizing of the psychotherapy he was undergoing. Lambert (2017) suggested that real-time feedback based on monitoring of patient responses to treatment and satisfaction with therapy probably improve treatment outcomes generally. Moreover, such feedback provides information about patients at risk for deterioration and drop out. It seems that transparent and continuous feedback for clients during psychotherapy is essential and necessary. Transparency between psychotherapist and client can be considered a strengthening factor for a better therapeutic alliance. A vital therapeutic alliance is considered to be a reliable predictor of positive clinical outcomes by many researchers (Ardito & Rabellino, 2011). On the other hand, a disruptive therapeutic alliance probably leads to negative clinical outcomes. Some role in negative clinical outcome of psychotherapy may be played by the nocebo effect. According to Mr. L, the more he realized that incorrectly ended therapy could lead to his overall worsening, the more harm he perceived. Locher et al. (2019) recently published a study about nocebo effects in psychotherapy. Mental schemas can be connected to psychosomatic symptoms. The mental schema of Mr. L, that incorrectly ended **first therapy induced a deterioration, could be a partial factor in the perceived increased worsening. Also, in the end we need to be aware of the fact that Mr. L probably has dependent personality disorder**. Some of his unique negative experiences as dependency on the therapists and therapy could be significantly moderated by his specific personality. Therefore, it is necessary to be aware of such conditions that can lead to very different unwanted effects. Researchers of unwanted effects of psychotherapy should consider whether the direct evaluation of negative effects of psychotherapy lead to a nocebo effect and increased perceived unwanted events. The most negative experience described by Mr. L was the percep-

tion and feeling that therapist gradually stopped showing interest in him. Additionally, Mr. L reported that he perceived deception by his therapists. As Herzog noted (2019), therapist misconduct should be never accepted. We cannot be blind to therapeutic misconduct and unethical behavior; it needs to be discussed and dealt with. Chvála et al. (2020) found many cases of clients aggrieved by misconduct or unethical behavior of psychotherapists. It is necessary to build prevention systems and care programs for already distressed clients. Fortunately, we can expect that there are not numerous cases (Crawford et al., 2016; Scott & Young, 2016).

Recommendations for practitioners

Providing relevant information for clients about change processes and possible positive as well as unwanted events occurring in psychotherapy seems crucial. Leading evidence and documentation about the client and asking for feedback from clients can improve overall outcomes. Clients need to be heard concerning what they need to deal with, and whether they are satisfied with the therapist's approach. Some clients seem very sensitive to perceived interest in them from the psychotherapist. These sensitive clients, like Mr. L, may be routinely looking for interest from their therapists. It is not important to be a perpetually interested therapist, but it is necessary to be at least a therapist who sometimes shows clients interest in them (for example, by asking for feedback).

Limitations

The interpretations that we provided have some limitations. The evolutionary process of the negative experiences of Mr. L cannot be simply generalized to other cases. The insights offered into a phenomenon at individual level are limited by the communicative and descriptive skills of the researchers and the participant. Second, the participant in this study had and have many preconceptions about how the negative experiences of psychotherapy evolve. Moreover, we conducted inductive form of thematic analysis, that focus on explicit content. Analysis was not conducted about subtexts or underlying content of data (e.g., unconscious thoughts and feelings; nonverbal commentaries etc.). Although, thematic analysis can be used very flexible as we did, this flexibility can lead to inconsistency and a lack of coherence between different coding teams. Also, we cannot confirm experiences of Mr. L by other sides involved.

CONCLUSION

Psychotherapy is a powerful treatment procedure that can be very healing, but it can have negative consequences. Researchers and psychotherapists need to pay attention for worsening in psychotherapy, because it does happen. We presented how partial negative experiences can be possibly connected and strengthen each other. It is crucial to develop programs for getting feedback from patients and clients in the course of psychotherapy that can provide information about unwanted events. Such programs would have the potential to improve the benefits from psychotherapy and also to decrease its negative effects.

Clinical or Methodological Significance of This Article

This article follows a recently increased need for research about negative and side effects of psychotherapy. We have presented new and significant insights into this phenomenon. For instance, we have shown that some clients can be very sensitive to even the subtle interventions of their therapists and it can lead to lasting detrimental experiences.

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SÚHRN

Prípadová štúdia: induktívna tematická analýza negatívnych skúseností z niektorých psychoterapií za 15 rokov

Cieľ štúdie. Cieľom tejto prípadovej štúdie bolo analyzovať a popísať mnohé skúsenosti pána L s niekoľkými psychoterapiami počas 15-ročného obdobia.

Metóda. Skúsenosti pána L boli analyzované a popísané pomocou metódy induktívnej tematickej analýzy.

Výsledky. V analýze autori identifikovali a popísali mnoho významných tém, ktoré boli kategorizované do troch hlavných skupín: 1. negatívne skúsenosti, 2. štýly a metódy liečby vnímané pánom L ako nevhodné a 3. negatívne dôsledky psychoterapií. Súčasťou výsledkov je aj hypoteticko-explanačný model, ktorý vysvetľuje to, ako mohli byť skúsenosti pána L prepojené a vzájomne súvisieť.

Závery. Skúsenosti pána L s psychoterapiou v priebehu 15 rokov boli spojené so silnými negatívnymi pocitmi, myšlienkami a pretrvávajúcimi následkami. Niektoré skúsenosti pána L boli veľmi jedinečné. Psychoterapeuti by si mali byť vedomí úskalí a rizík psychoterapie, pretože niekedy môžu viesť k podobným skúsenostiam a dôsledkom, aké zažil pán L. V práci autori diskutovali a navrhli niekoľko možností na predchádzanie alebo riešenie týchto negatívnych fenoménov psychoterapie.