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Towards a psychotherapy publishing ethics concordat

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ABSTRACT

The changing landscape of data management and privacy have far-reaching implications for psychotherapy research regarding confidentiality, informed consent, and data de-identification in scientific publications. This paper reports on discussions among international psychotherapy journal editors regarding ethical guidelines governing publishing qualitative case study research. A range of psychotherapy journals have been examined and it notable that there is a variegated approach to consent and data-identification, and there are contested ethical standpoints when it comes to publishing research. These contestations are presented and six key areas for debate are set out, i) explicit informed consent, ii) prospective and retrospective consent, iii) data de-identification and bricolage, iv) withdrawing consent, v) education and training, and vi) inconsentable circumstances. These are set out as base for further discussion towards the development of a Psychotherapy Publishing Ethics Concordat (PEC).

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Auf dem Weg zu einem Psychotherapie-Verlagskonkordat

ABSTRAKT
Die sich verändernde Landschaft des Datenmanagements und des Datenschutzes hat weitreichende Auswirkungen auf die Psychotherapieforschung in Bezug auf Vertraulichkeit, informierte Zustimmung und Datenanonymisierung in wissenschaftlichen Publikationen. Dieser Artikel berichtet über Diskussionen zwischen den Herausgebern internationaler Psychotherapiezeitschriften über ethische Richtlinien für die Veröffentlichung qualitativer Fallstudienforschung.

Eine Reihe von Psychotherapie-Zeitschriften wurde untersucht, und es ist bemerkenswert, dass es einen vielfältigen Ansatz für Einwilligung und Datenidentifikation gibt und es umstrittene ethische Standpunkte gibt, wenn es um die Veröffentlichung von Forschungsergebnissen geht.

Diese Anfechtungen werden vorgestellt und sechs Schlüsselbereiche für die Debatte dargelegt: i) ausdrückliche Einwilligung nach Aufklärung, ii) prospektive und retrospektive Einwilligung, iii) Datenanonymisierung und Bricolage, iv) Widerruf der Einwilligung, v) Aus- und Weiterbildung und vi) uneinwilligbare Umstände. Diese dienen als Grundlage für die weitere Diskussion im Hinblick auf die Entwicklung eines Psychotherapy Publishing Ethics Concordat (PEC).

Hacia un concordato editorial en psicoterapia

RESUMEN
El panorama cambiante de la gestión de datos y la privacidad tiene implicaciones de gran alcance para la investigación en psicoterapia con respecto a la confidencialidad, el consentimiento informado y la desidentificación de los datos en las publicaciones científicas. Este artículo informa discusiones entre editores de revistas internacionales de psicoterapia sobre las pautas éticas que rigen la publicación de investigaciones de estudios de casos cualitativos. Se ha examinado una variedad de revistas de psicoterapia y es notable que existe un enfoque variado para el consentimiento y la identificación de datos, y que existen puntos de vista éticos controvertidos cuando se trata de publicar investigaciones. Se presentan estas impugnaciones y se establecen seis áreas clave de debate: i) consentimiento informado explícito, ii) consentimiento prospectivo y retrospectivo, iii) desidentificación de datos y bricolaje, iv) retirada del consentimiento, v) educación y formación, y vi) inconsensable. circunstancias. Estos se establecen como base para una mayor discusión hacia el desarrollo de un Concordato de Ética Editorial en Psicoterapia (EEP).

Verso un Concordato per la Pubblicazione nella Psicoterapia

RIASSUNTO

Il cambiamento nel panorama della gestione dei dati e della privacy ha implicazioni di vasta portata per la ricerca in psicoterapia riguardo alla riservatezza, al consenso informato e alla de-identificazione dei dati nelle pubblicazioni scientifiche. Questo studio riporta le discussioni tra gli editori di riviste internazionali di psicoterapia riguardo alle linee guida etiche che governano la pubblicazione della ricerca qualitative di casi di studio. Sono state esaminate diverse riviste di psicoterapia ed e' evidente che ci sia un approccio variegato al consenso e alla de-identificazione dei dati, e che esistano posizioni etiche contestate quando si tratta di pubblicare la ricerca. Queste contestazioni sono presentate e sei aree chiave di dibattito sono delineate; i) consenso informato esplicito, ii) consenso prospettico e retrospettivo, iii) de-identificazione dei dati e bricolage, iv) ritiro del consenso, v) istruzione e formazione, e vi) circostanze in cui il consenso non e' possible. Questi punti sono presentati come base per ulteriori discussioni verso lo sviluppo di un Concordato Etico per la Pubblicazione in Psicoterapia (PEC).

Vers un Concordat d'édition en psychothérapie

ABSTRAIT

Le paysage changeant de la gestion des données et de la confidentialité a des implications considérables pour la recherche en psychothérapie en ce qui concerne la confidentialité, le consentement éclairé et la désidentification des données dans les publications scientifiques. Cet article rend compte de discussions entre les éditeurs de revues internationales de psychothérapie concernant les lignes directrices éthiques régissant la publication de recherches qualitatives sur des études de cas. Une série de revues de psychothérapie ont été examinées et il convient de noter qu'il existe une approche variée du consentement et de l'identification des données, ainsi que des points de vue éthiques contestés lorsqu'il s'agit de publier des recherches. Ces contestations sont présentées et six domaines clés de débat sont définis : i) le consentement éclairé explicite, ii) le consentement prospectif et rétrospectif, iii) la désidentification et le bricolage des données, iv) le retrait du consentement, v) l'éducation et la formation, et vi) l'inconsentement. circonstances. Ceux-ci sont présentés comme base pour une discussion plus approfondie en vue du développement d'un Concordat d'éthique de l'édition en psychothérapie (PEC).

Οδεύοντας σε ένα Σύμφωνο Έκδοσης στη Ψυχοθεραπεία

ΠΕΡΊΛΗΨΗ
Το μεταβαλλόμενο τοπίο της διαχείρισης δεδομένων και της ιδιωτικής ζωής έχει εκτεταμένες επιπτώσεις στην έρευνα ψυχοθεραπείας σχετικά με την εμπιστευτικότητα, την συγκατάθεση κατόπιν ενημέρωσης και την αποταυτοποίηση δεδομένων σε επιστημονικές δημοσιεύσεις. Αυτό το άρθρο αναφέρει συζητήσεις μεταξύ των συντακτών διεθνών περιοδικών ψυχοθεραπείας σχετικά με τις ηθικές κατευθυντήριες γραμμές που διέπουν τη δημοσίευση ποιοτικής έρευνας σε μελέτες περίπτωσης. Έχουν εξεταστεί μια σειρά από περιοδικά ψυχοθεραπείας και είναι αξιοσημείωτο ότι υπάρχει μια διαφοροποιημένη προσέγγιση όσον αφορά την συναίνεση και την ταυτοποίηση δεδομένων, και υπάρχουν αμφισβητούμενες ηθικές απόψεις όσον αφορά τη δημοσίευση έρευνας. Αυτές οι αμφισβητήσεις παρουσιάζονται και καθορίζουν έξι βασικούς τομείς για συζήτηση: i) ρητή ενημερωμένη συγκατάθεση, ii) μελλοντική και αναδρομική συναίνεση, iii) αποαναγνώριση δεδομένων και bricolage, iv) ανάκληση συγκατάθεσης, v) εκπαίδευση και κατάρτιση και vi) αντιφατικές συνθήκες. Αυτά ορίζονται ως βάση για περαιτέρω συζήτηση σχετικά με την ανάπτυξη ενός Σύμφωνου Εκδοτικής Δεοντολογίας στη Ψυχοθεραπεία, Psychotherapy Publishing Ethics Concordat (PEC).

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ΛΈΞΕΙΣ-ΚΛΕΙΔΙΆ Ψυχοθεραπεία; ποιοτική έρευνα; δεοντολογία; συγκατάθεση; δημοσίευση

Case study as research

Psychotherapy practitioners make discoveries that provide vital knowledge beneficial to clients and colleagues alike, and it is a professional obligation for psychotherapists to share knowledge of good practice, and crucially, when psychotherapy has not been effective, or where there has been an has adverse outcome. A core method of research in psychotherapy is the social science convention of a case study approach where in-depth material, drawing from the client's case history, is presented with a longitudinal account of the process of the clinical work. The detail of the case is examined to understand both the causal pathways of distress, and a means to identify which aspects of psychotherapy have affected a positive or negative outcome. Taken on their own, these fine grain qualitative single case study accounts might offer only preliminary insights into theory and practice, but as Rustin (1996) points out, over time when amalgamated with other case studies from fellow practitioners, these accounts incrementally knit together a critical mass of generalisable evidence that can influence practice and education in the field.

Until recently, most psychotherapy and psychoanalytic journals have allowed authors to choose from a range of approaches to protect patient and client privacy in order to ensure confidentiality and anonymity, confidentiality, but there are changes in attitude towards data protection and consent that have seen most publishers setting out more rigorous requirements for consent when publishing case study material. For example, in 2021 the publisher Wiley asked the *British Journal of Psychotherapy* (BJP) editorial board to review its position regarding publishing ethics and confidentiality. The guidance for authors at that time was explained in 'Notes on Confidentiality',

> Authors will be aware that there is a conflict between the privacy of patients on one hand, and the need when writing up cases for publication to provide lucid and transparent clinical material, on the other. No perfect solution to this dilemma exists, although there are a number of methods which authors tend to use: disguising material, consent from patients (preferably written), composite material from a number of comparable cases, or the report of colleagues' or supervisee's clinical cases, are various methods in use for protecting confidentiality … follow requirements that your professional organization has in relation to obtaining consent from the patient, and identify these in the covering email with your submission. Your manuscript should make explicit that all identifying details have been disguised. (BJP, Author Guidelines)

Wiley asked that the BJP editorial board to review these guidelines with a view to adopting informed consent as the standard approach to publishing case material, and this petition for informed consent was reflected in negotiations by other publishers and psychotherapy journals at large. The request for a standard position of informed consent has been embraced by some journals such as the *Journal of Analytic Psychology*, but most other journals have convened more protracted debates considering the possible hinderances and limitations of informed consent. Loewenthal (2022) argues that we are seeing a demise of the case study approach, and that this is a fundamental threat to the psychotherapy profession which will alter the traditional process of psychotherapy research and will have a deleterious impact on student and trainee experience where in-depth case discussion is less central to the pedagogic process

The new stringencies for publishing psychotherapy case studies have been driven by the increased accessibility of journals (Holloway, 2022) and the changes in the law regarding data management under the auspices of General Data Protection Regulation (GDPR) which came into effect with the 2018 UK Data Protection Act introducing a Europe-wide law replacing the UK Data Protection Act 1998.

Increased concern about how personal data is managed has been reflected in the research community insofar as online publishing has widened the audience far beyond print subscribers. Psychotherapy journals are available through thousands of institutional libraries across the globe, and accessible to individual readers on-line, communication via social media is rapid, and we are challenged to consider the use of clinical material beyond publications, including broadcasts, podcasts, conferences, and the pedagogical use of case accounts for trainees. Psychotherapy journal editors, publishers, and authors are all now grappling with the concerns about the privacy and security of individuals' data and identity protection. The therapist has a fiduciary duty of care to the client, but equally, there is a professional obligation to share new knowledge with colleagues in the interest of alleviating the suffering of many.

Whether consent or disguise has been adopted, it has been standard practice in publishing psychotherapy research to ensure that any personal details of the client are anonymised, with all identifying specific details removed, such as, name, age, address or references to specific places and any identifying physical markers such as tattoos or other identifying bodily characteristics (Gabbard, 2000). And it is worth noting that this approach has so far been largely effective in protecting patient and client identity, enabling the body of psychotherapy knowledge to grow. There have been very few incidents whereby patients have recognised themselves. In the BJP, across 40 years since its inception, there has only been one case where a client has asked for their case account to be redacted. And there has not been a case in the *International Journal of Psychoanalysis* (IJP), as far as can be recalled, where an analysand has complained about being described in case account (Grier, personal communication).

Data management law – a changing landscape?

The GDPR guidelines in fact carry only 24 mentions of the word 'research' across the entire act, pertaining to only a minor part of 7 of the 173 Recitals. In terms of the ethical management of data, we might surmise that the evolution of GDPR is clearly not the result of an ethical failure of researchers managing data sets, but rather a response to the failure of large corporations to protect details and identities of millions of customers, the loss of bank details, identity theft, scamming, phishing and so on. For example, the data breach at Yahoo (2013, 3 billion accounts exposed), Aadhaar (2018, 1.1 billion Indian identity and biometric information exposed), LinkedIn (2021, 700 million users), Sina Weibo (2020, China, 538 million accounts) and Facebook (2019, 533 million), to name a few of the best known.

The management of personal data in social science research, we might argue, has been unhelpfully impacted by the consequences of data breach scandals in fields that lie outside of the social and health scientific research community insofar as researcher now must include several pages of print about data protection which potential research subjects are expected to read.

That is not to say that there are not serious shortcomings in health research, for instance, Randomised Clinical Trials (RCTs) from 49 Cochrane Review Groups from May 2020 to April 2021, were found to be poorly constructed or 'bad' trials, accounting for up an estimated £8 billion in misspent research funding (Pirosca et al., 2022). But notably, none of these trials were considered bad science because of poor ethics, instead bias, methodological flaws and weak analysis, were the problem.

It is timely to consider the ethical implications for psychotherapy research and other qualitative research that seeks to generate small scale levels of case study data, and to consider how GDPR might shape the ethical steps in psychotherapy research. GDPR has cast a long shadow, and we might wonder if qualitative researchers have done enough to de-couple the stringencies of GDPR from the sort of data management which is the province of health and social science research. GDPR helpfully offers protection to individuals from large companies that hold the personal data of millions of customers but may have unhelpfully changed the research landscape by increasing anxiety and concerns about litigation, engendering a more defensive research culture in health and social sciences that in long term may impinge on progress, and might even threaten the future of the profession of psychotherapy (Loewenthal, 2022).

Publishing psychotherapy case studies –towards a psychotherapy concordat

This next section sets out six key areas for debate. The intention is not to necessarily to set out resolutions here but rather identify areas or principles where we may agree to disagree. The six areas are, i) explicit informed consent, ii) prospective and retrospective consent, iii) data de-identification and bricolage, iv) withdrawing consent, v) education and training, and vi) inconsentable circumstances.

Explicit informed consent

At the heart of current debates is the question of informed consent and then the implications for publishing thereafter. GDPR Recital 159 (5) sets out the following guidance, 'To meet the specificities of processing personal data for scientific research purposes, specific conditions should apply in particular as regards the publication or otherwise disclosure of personal data in the context of scientific research purposes'. The 'specific conditions' that apply in psychotherapy research publications have been well established, and as discussed earlier, as a research active community of practitioners, patient and client data has been published with great care. The Committee for Publication Ethics (COPE), which is a body governing publishing standards representing over 13,000 journals, strongly recommends that informed consent is sought prior to publication. This guidance has been adopted by a number of health research and psychotherapy publishers and a number of journals have adopted informed consent as a default position, *Journal of Analytical Psychology, The Journal of Family Therapy, International Journal of Applied Psychoanalytic Studies, Counselling and Psychotherapy Review, Counselling and Psychotherapy Research, Psychology and Psychotherapy: Theory, Research, Practic*e.

Not all psychotherapy journals and organisations have adopted a uniform position in regard to informed consent. See, for instance, a statement from the British Psychoanalytic Council (BPC) on publication ethics,

> For some, the inequality between therapist and patient and the influence of transference in the analytic situation make it questionable whether patient consent to use of clinical material can ever be regarded fairly as informed consent, that is to say, consent freely or autonomously given. Therefore, it is argued, the problematic nature of consent means that, even with consent, disguise is always necessary. However, even then, disguise cannot be relied upon as a cure since it is often ineffective or effective only at the expense of clinical truth. Even with consent and effective disguise, further ethical considerations arise regarding the therapist's ethical duty not to do harm and the intrusion of the request for consent into the analysis; the impact on the patient of such request depending upon its meaning for them in their internal world and with their particular personal history; and the further impact on them of later learning what their therapist has said or written about them and their analysis.

Francis Grier, the Editor of the *International Journal of Psychoanalysis*, has concerns about the pressure to move towards informed consent and has agreed with the publisher Taylor Francis that informed consent is not adopted as a default position for the journal, 'At IJP, we have never asked for informed patient consent, and we are not going to do so now. If an author asks for patient consent, we would not seek to stop them … but our concern in such cases would be even more to check that real anonymisation has occurred'. (Grier, personal communication).

Prospective and retrospective consent

The process of consent is not normally established ahead of therapy, but in the circumstances where research is formalised, either by an institution such as a university, or as part of a funded research programme, then it is a requirement for the patient or client to consent to this process before the commencement of therapy. This approach to case study research will ordinarily be required to proceed through seeking a favourable ethical opinion from an ethics committee or ethics body. A record of such consent should be kept by the author and noted in the paper.

GDPR Recital 33 (3) states, ‘Data subjects should have the opportunity to give their consent only to certain areas of research or parts of research projects to the extent allowed by the intended purpose’. The area of psychotherapy research here would be that of seeking consent from the patient or client to disseminate certain details about the therapy. Consent forms are often used, specifying that the client agrees to material being published, and that their identity will be disguised. It is worth saying, however, that not all patients or clients will wish to be anonymous, and there are instances where therapist and client may be joint authors, perhaps the best-known example of this is Barnes and Berke (1971) *Two Accounts of a Journey Through Madness*. In the instance of a co-constructed publication, or where the client has asked to be identified, the benefits and potential disbenefits of identification will need to be discussed with the client.

Many practitioners will only consider writing up a case study after therapy has been completed. Seeking consent during therapy might well disrupt the therapeutic alliance, or create unease for the client, or disrupt the transference relationship in a way that would jeopardise the treatment (Davids, 2022). Arguably, seeking consent after therapy is completed is best practice because the therapy itself should not be sullied by an intent to do research on the therapist’s part, and seeking consent from the client to undertake research may unnecessarily be distracting for them too. Seeking retrospective consent after therapy has finished might be optimal and should be subject to discussion in supervision. But there are occasions where seeking retrospective consent might be contra-indicated, impractical and potentially unethical (Winship, 2007). For example, to make unsolicited contact, especially if it some years after therapy has finished, could be unhelpful to the client and contact through email or letter might be a breach of confidentiality. And if it is many years after treatment, the contact details for the client may have changed.

De-identified data and bricolage

The term anonymisation is used interchangeably with the term de-identified data (Tucker et al., 2016). In all instances, even where consent has been agreed, it is onerous on the author to ensure that the identity of the patient or client is not recognisable. In the process of writing up a case study or multiple case studies, data should be pseudonymised, that is, all records adopt a pseudonym from the outset ensuring that the name of the patient is not identified anywhere in written records. It is noteworthy that according to GDPR Recital 26, that, 'The principles of data protection … [do] not apply to anonymous information, namely information which does not relate to an identified or identifiable natural person or to personal data rendered anonymous in such a manner that the data subject is not or no longer identifiable. This Regulation does not therefore concern the processing of such anonymous information, including for statistical or research purposes'.

Where clinical material has been sufficiently de-identified to the extent that that no-one including the client are recognisable, then explicit consent is not required by the GDPR. The use of de-identified data or disguise entails finding the right balance between reducing the risk of identification and at the same time maintaining the accuracy of the case data to ensure the fidelity of the findings. High levels of data de-identification, such as altering gender or birth order detail, may result in data that cannot accurately answer the research question(s), or may result in misleading or inaccurate interpretation of the findings (Tucker et al., 2016).

The International Psychoanalytical Association (IPA) has a set out guidance for members who are considering publishing case material in books and journal articles (International Psychoanalytical Association, 2018), referring to the 'ethical asymmetry' in seeking consent from an analysand. Ethical asymmetry here refers to the inherent power imbalance in the therapist-client relationship which means that consent cannot be de-coupled from transference. Instead, the IPA sets out a case for ensuring that there is a 'community of concern' that protects the patient. This takes the shape of a culture of confidentiality in which protection of the patient's privacy is a paramount concern at every point in the development and dissemination of clinical material, from discussion with supervisors, tutors or senior colleagues, through to the scrutiny of peer reviewers and journal editors.

Although one hundred percent anonymisation is optimal, in most cases it is not possible, and a residual risk of re-identification must be factored in. There may be instances where the client will not identifiable by a third party but the client may still recognise themselves. This is a general challenge for all fields of research, and the caveat for presenting data that might be identifiable, is the question whether the identification will be harmful or be used for the purpose of an attack by another person or agency. There will be some case accounts where more exacting details are required, for example, working with a client who suffered the loss of a limb, and as such it may be deemed that anonymisation is not possible, and seeking consent may be the optimal ethical choice.

Another approach to ensuring that data is de-identified can involve the use of composite case material, that is, overlaying details from different case accounts to disguise one individual. We might think of this approach to composite case study as bricolage. A composite approach to case study is a newly constructed case that is based on two or more actual experiences of working with a client. With a composite case study, the risk of presenting material that is too thinly disguised, thereby increasing the risk of identification, is precluded. Equally, a composite approach removes the possibility that an overly thick disguise will sacrifice so many key details that the fidelity of the case material is lost.

Guidelines for generating composite case material are limited, but from those that do exist (Duffy, 2010) there appears to be an approach that resembles bricolage (Levi-Strauss, 1962). The bricolage involves the imaginative development of a single case account that builds from a clinical dilemma or experience and draws together material selected from actual case material which is then supplemented with the subjective experience of the therapist. One of the disadvantages of a composite approach would be that the fidelity of the material is compromised and lacks authenticity. One of the key advantages of having consent as recommended practice is that it ensures that case material is drawn from lived experience, ensuring that authors and researchers are not misleadingly fabricating data.

Withdrawing consent

There is a question of whether informed consent can be taken in perpetuity. Duffy (2010) argues,

> Clients may comply at one point in time because they feel honoured and special to have been asked and then years later may reread the account for which they originally provided consent to have published and feel trivialized, angered, or retraumatized by the rereading. (Duffy, 2010, p. 143)

It is worth ensuring that the client is aware that by providing consent, it is difficult, if not impossible to withdraw it in the future. That is, while on-line versions of papers can be edited, paper copies in circulation cannot. For these reasons it may well be ethically diligent to take a position that consent is lasting and cannot be withdrawn.

What might happen if a patient or client consented to publication, but later withdrew their agreement after the article was published? The Committee for Publication Ethics (COPE) states that, ‘once the information has been published, revocation of the consent is no longer possible’ (Barbour, 2016, p. 3). Some publishers, such as Wiley, do argue that it is possible to consider retracting an article, or part of an article, after publication, if a client subsequently withdraws consent. This would prioritise patient privacy over published records and would be consistent with Article 17 of GDPR where there is a right to erasure (right to be forgotten). The same principle would apply where a paper had been published without informed consent, and a patient recognised themselves in a paper, and requested that the paper or section of the paper be redacted.

Education and training

The use of illustrative case study data material is essential for all psychotherapy trainings, and tutors need to draw on case material in order to effectively educate students and build their capacity for research-based practice (Greenwood & Loewenthal, 2005). The pedagogical culture of all psychotherapy trainings should adopt and extend the type of 'community of concern' approach recommended by the IPA. As such, all case study data should be de-identified in accordance with ethical guidance on confidentiality, and this should be modelled in the presentations of tutors and lecturers, and then followed through in the micro-indicators for assessment, ensuring that students are demonstrating a capacity for de-identifying case material data. This demonstrable knowledge should follow through into qualifying papers, and thereafter in publications and conference dissemination activities.

And it might be onerous on training organisations, as well as therapeutic associations, to ask all clients, before the commencement of therapy, to grant permission for the subsequent publishing of any anonymised case study content. It is onerous on trainings and psychotherapy organisations to hold the burden of responsibility to ensure that there is an ethical footing for publishing research. Developing and delivering an ethical framework for research and publishing research requires a concordat that is generated across stakeholders, from organisations, trainings, practitioner authors and then journal and journal editors.

Inconsentable circumstances

Anagnostaki (2022) describes the process of submitting a paper to a journal, and how the journal then requested that she get written consent from the family described in the case study, and how this was a challenge because the family centre had closed down. Other inconsentable circumstances might include the death of the patient or client, or where treatment has finished many years previously so retrospective consent would be difficult because the client's contact details might have changed. The author and supervisor might agree that publishing an account of therapy where the outcome has been poor, would be of great benefit to colleagues. Where the client has died, a suicide for instance, there might be great value in a practitioner sharing their knowledge and experience, but it would be unethical to contact grieving relatives. The author, the supervisor or expert peer, might conclude that seeking consent would inappropriate, but that there are justifiable grounds for setting out the case with the ethical caveats for de-identified data and case disguise.

Conclusion

The publisher Taylor & Francis (2023), with input from an advisory group chaired by Stephen Seligman, has now stipulated that all clinical material must be published in reliably anonymised form. They set out that authors are required to give specific and detailed undertaking of how the case material is anonymised, and that authors, reviewers, and editors keep a record of their decision-making. Taylor and Francis argue that these steps will mean that editors and publishers can be confident that clinical material will contain no information that will allow a third party to identify the patient or client and minimise the risk clients will recognise themselves. With these measures, Taylor and Francis assert that the client will find no grounds for complaint about breach of confidentiality or reputational damage.

The guidance from Taylor & Francis is robust, though it does not have the nuance and detail that we have set out in this paper. And it does not resolve discrepancies between the journals when it comes to consent, for instance, the *International Journal of Psychoanalysis* maintains not having consent as a default, while the *Journal of Analytical Psychology* does have consent as a default. In this paper we have discussed circumstantial caveats and have proposed a middle ground in the consent debate and provided detail about the approach to data disguise. With the considerations we have discussed, we concur that the requirements set out by Taylor and Francis for anonymisation should be universally adopted, and these clarify what is expected of authors also helpfully shaping what reviewers should be looking out for. Author guidelines can be updated to carry information about the process of anonymisation including the stipulation that they set out in the paper the decisions they have taken. In this way the journal will have a record of the recommendations and decisions taken by the reviewers and editors, thereby ensuring that process of the review itself should be sufficiently transparent and robust.

The psychotherapy research community must engage with debates about consent that cut across the broad scientific research community. Psychotherapy research seeks to generate and harness a vibrant body of practitioner research knowledge that has methodological fidelity and authority as evidence which can inform policy and commissioning. At the same time, psychotherapy must ensure that it is not conflated with medical research, and so not governed by research ethics where approaches and treatments are invasive or pharmacological.

The changes in the ethical landscape might open up new opportunities for evolving case study research and writing. Holloway (2022) considers the value of co-authored accounts of therapy ahead of a consenting process,

> If therapy is currently ongoing, could therapist and patient writing cooperatively and co-constructively together about the process of therapy become an aspect of the therapy itself, and an extension of the therapeutic process?. (p143)

The idea of client-therapist co-authored accounts is not new (Barnes & Berke, 1971). It would be enfranchising and potentially enriching to our knowledge of psychotherapy to see an up-lift in co-authored papers. We might expect, and perhaps even welcome, autoethnographic accounts of the lived experience of psychotherapy from patients themselves. There would still need to be careful consideration of whether a patient wishes to be identified in an autoethnography or co-constructed paper, taking into account the longer-term consequences of revealed identity.

Although one might equally be cautious about sharing writing with clients, as Donachy (2022) notes,

> Anecdotally, I think there is a fear that by showing our patients what we have written about them, especially when this involves details of traumatic and/or abusive life experiences, we will cause harm, which is, of course, the antithesis of our objective. (p390)

In Donachy's (2022) paper she goes on to recount her experience of sharing her case account with her client towards the end of therapy ahead of a plan to publish the case study, and indeed, Donachy tells us that the client, who had otherwise progressed well, was taken back to a place of self-doubt and that the client 'became upset and her negative view of herself came alive' (p392). Nonetheless, the client consented to Donachy publishing the paper.

There is possibility that stipulating informed consent as a default position, that we might unwittingly increase the likelihood of complaint. Patients and clients might say, 'I consented when I was in a vulnerable position as client'. Preparing case material should happen in discussion with a clinical supervisor or experienced qualified peer (another practitioner with more than five years post qualification and experience in publishing psychotherapy case studies), and then finally editors and reviewers will consider the ethical positioning of a potential publication. Taken together, this sets out the type of 'community of concern' that the IPA calls for.

Authors are encouraged to go beyond a simple statement of obtaining research ethics approval, instead highlight potential issues (for example, with vulnerable clients) and how these were addressed. This is important both for transparency and sharing learning with colleagues. In all circumstances authors are advised to keep a record of their discussions regarding the decision to publish, detailing the opinions of supervisors, or experienced colleagues. It is onerous on authors to have evidence of their process in determining their decision to publish. Psychotherapy journal editors and reviewers can offer an feedback and ethical opinion to authors, but ultimately the responsibility for ensuring the ethical protection of the client in a published paper lies with the author.

The Declaration of Helsinki on the Ethical Principles involving Human Participants states that authors should address and confirm in a cover letter, either that the research was granted approval by an authorised ethical body stating the name of the organisation, or where a study was conducted without such a body, authors should state the ethics jurisdictions of this context and describe in detail how they complied with, for instance, an ethics code of practice of a professional association. Authors should confirm whether participants provided informed consent and specify whether this was written or verbal assent, and with research involving children under 16 years, following written consent by a parent or legal guardian. Authors should confirm in writing that they have obtained written informed consent but the written consent itself should be held by the authors themselves. The process of consenting is discussed in supervision and considerations given to identifying the best time for seeking consent (usually this would be recommended towards the end of therapy). A record of such consent should be kept by the author lead and made clear in the paper. If a study presents service level activity data, authors should confirm that they have received approval from a relevant research governance body, for example, the National Health Service.

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