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What happens when we end: a psycho social exploration of therapists' experience

Dale, A.

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What happens when we end:

A psycho-social exploration of therapists' experience

Andrew Dale

Middlesex University and Metanoia Institute

Doctor of Counselling Psychology and Psychotherapy

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Abstract

The aim of this study is to explore therapists' experience of endings. This takes as its cue the relative lack of existing research and theory concerning the therapist's subjectivity in endings, and the challenges faced by the 'therapist as a person' in the potentially emotive time of ending. After reviewing the literature on endings in therapy, particularly on therapists' experience, I interviewed several therapists about their experience of a significant therapeutic ending. I used a narrative, psychosocial research method to interpret possible latent meanings in the therapists' accounts. The method employed the embodied counter-transference or subjective affective-imaginative responses of the researcher, using an interpretation group to triangulate subjective responses. Four case studies of therapists' endings are presented. The interpretations emphasise the depth of therapists' emotional investment in the endings; re-enactments of therapists' family relationships and/or personal relational patterns; and to varying degrees, the presence of therapists' personal needs in the endings. Therapists' anxiety about the 'rules' of therapy in ending is apparent. The findings show how therapists' subjectivity in endings, based in templates of family relationships, needs to be understood as potentially powerful, complex and requiring careful work, especially in endings of therapeutic relationships which carry obvious significance, emotional investment or meaning for the therapist. Thus, the importance of awareness, integrity and the careful use of supervision is highlighted.

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Chapter One: Introduction

The genesis of the study

Whilst a trainee psychotherapist I experienced two positive and affirming endings with patients, both of whom suffered severe and enduring mental ill health and struggled to function in daily life. As we approached the final two or three months of a year's therapy contract – a 'pre-planned ending' which was planned from the start – both patients engaged more conscientiously, attending regularly where previously they had attended irregularly, seemingly wanting to make the most of the time remaining. I was curious and began thinking about studying endings.

Informally, I began to hear from therapist colleagues about endings with clients which felt very significant to them, as mine had to me. Anecdotally, some endings seem to matter more than other endings. Some endings are difficult, painful or challenging, or the opposite: despite the challenges, they can be affirming of our work as therapists. What matters to therapists in these endings? What is going on to make these endings so significant and have such an impact?

I was struck by the thematic category of 'therapist as a person' in Fragkiadaki & Strauss's (2012) study of endings. My psychotherapy training model was relational-integrative and pre-supposed 'the therapist's use of self' (Rowan & Jacobs 2002) and 'using the relationship' (Clarkson 2003) to facilitate change, and I was interested and challenged in theory and practice by the distinction between the 'personal' and 'professional' self as a therapist. In a way, I saw the project as an in-depth exploration of the thematic category of 'therapist as a person'. As a therapist myself, I felt sympathy and empathy for therapists' struggle to understand and work with their emotions in the service of the client, and of the validity and inevitability of therapists' emotions being present in the therapeutic relationship and particularly, in the ending. As a former client myself, I felt empathy for the client's anxieties at separation (more on this later).

Aims

To explore this area the study asks: 'How is this particular ending significant for this particular therapist?'

To begin to answer this question I have aimed to recruit therapists across process-based modalities to gain an understanding of their subjective experience of endings. I am deliberately seeking a phenomenological understanding, an 'experience-near' understanding of meaning, with each therapist as a unique, idiosyncratic case. I have asked, in total, ten therapists to narrate a story of an ending with a client which feels particularly significant to them. Of these ten, for reasons articulated in the methodology chapter, I present four narrative case studies.

The aim is to explore the under-researched, difficult area of endings in therapy and find out what more can be said about therapists' subjective experience of endings and the influence of therapists' personal history. I hope that this offers, primarily, a significant contribution to reflective practice and thinking for therapists and therapeutic trainers. I also hope that the study will contribute towards theoretical development by providing empirical support to confirm or disconfirm prevalent theories about endings.

Endings: the therapist's subjectivity

According to most writers on the subject, endings in psychotherapy, psychoanalysis and counselling have traditionally been under-theorised, under-researched and under-taught on training courses (e.g. Wittenberg 1999, Joyce *et al* 2007). Schlesinger (2014, p.13) states that ending is the most difficult part of psychotherapy, and the most important. He contends that, 'all conscientious psychotherapists have trouble with endings', attributable to separations being the most difficult of human experiences. He suggests that many practitioners and researchers might find the subject an unappealing one to write about because it tends to focus on loss. Holmes (2010) suggests that overlap with the nature, purpose and goals of therapy also makes the subject a difficult area for theorising. Other authors (e.g. Salberg 2010b, Bergmann 1997) have suggested avoidance of thinking about endings dates from the early days of psychoanalysis.

The past ten to fifteen years have seen more theoretical and clinical writing about therapists' subjective experience of endings and what they bring to the ending of the therapeutic relationship in terms of their own issues or counter-transference (e.g. Salberg 2010a; Power 2016; Murdin 2015; Buechler 2013). There has been a little research into therapists' subjective experience of endings in terms of emotions, concerns and themes (e.g. Fragkiadaki & Strauss 2012; Baum 2006, 2007). Isolated studies have investigated the

influence of therapists' personal biography and personal experience on the way that they bring the work to a close and their experience of ending, mostly using quantitative methods, for example: The relationship of therapists' loss history to their reactions to ending (Boyer & Hoffman 1993); therapists' hindrances to successful endings (Brady *et al* 1996); and the impact of therapists' attachment styles on their subjective approaches to ending (Ledwith 2011). This area has not been extensively researched. This project explores therapists' subjectivity to ask what we can understand further of therapists' subjectivity in endings.

Research method

I have chosen a psychosocial research method based on psychoanalytic ideas and narrative methodology – the free association narrative interview (FANI) (Hollway & Jefferson 2013). I use a complementary stepwise method to analyse the narratives – the Depth Hermeneutic Method (Hollway & Volmerg 2010), including the use of an interpretation group. I analyse therapists' narratives by treating the story 'as a whole', in the tradition of narrative analysis, rather than breaking it down into units of meaning. The method seeks to interpret a 'key to the gestalt' (whole) of the narrative and to interpret possible latent meanings. The method involves using my (and co-researchers') embodied counter-transference, or subjective-intuitive responses as a route to possible understanding.

I have located a research method which seeks – more than most in my opinion – to explicate the participant's inner experience; which seeks to go to the 'edge' of what is known by both researcher and participant, using tools borrowed from clinical methodology (psychoanalysis) and drawn from narrative methods. The research method is congruent both with my research questions and with my personal ways of knowing, about which more in the next section.

Reflexive learning and knowledge

Reflexivity is a complex area (Finlay & Gough 2003). I will approach it with a focus on my reflexive relationship with knowledge. My natural, and learnt, tendency towards introspection created a certain path for my research journey. How can the untold moment-by-moment richness and flow of aliveness - sensation, breath, emotion, mood, thoughts, images, fantasies, energies - be represented into fixed, external, discrete symbols? I wanted to link my inner experience and questions to published debates. How can debates be conceptually well-defined and shareable, whilst working with subjective experience? As I began, I felt

unsure of the tools by which I could do this. At the end of the project, these questions still bother me, but less so. My personal and academic struggle has been, and continues to be, to join together the inner and the outer. This relationship to knowledge permeates this thesis through the use of subjective responses (embodied counter-transference) in the research method.

In November 2015 I attended a research seminar hosted by the psychosocial studies department at the University of the West of England. The talk was given by Nadine Tchelebi and its title was ‘Research is me-search’. I understood ‘me-search’ to mean that research is fundamentally driven by personal meanings and personal learning. Over the course of conducting this study I’ve come to realise the profundity of this statement as it applies to me: My own learning is principally self-understanding or self-development, not conceptual knowledge. I see ‘learning’ as deeper than ‘knowledge’. It is personal; ‘knowledge-in-action’; embodied learning related to situations, akin to a process of maturing or wisdom.

Expectations

Overall, I expected to find stories which affirmed the therapist’s skill or competence, or the therapeutic relationship, or which felt professionally significant in some way (e.g. meeting a major challenge). To some extent, I set out to disconfirm the traditionally gloomy theoretical and clinical view of psychotherapeutic endings and to find more evidence to support an affirmatory experience of endings. I found the positive side in part; the transformative potential of endings and the heightened positive feelings bound up in endings. I also found endings in which the therapist felt hurt, lost, confused, tired, frustrated, relieved, angry, and worn out. I think I did not fully realise that this exploration might take me into quite dark territory at times, not only of my own struggles with endings, but of other therapists’ anxieties and emotional (over)involvement; and their psychological needs emerging in endings.

With hindsight, I recognise my difficulty at the beginning to fully appreciate my own challenge and struggle with endings: my ambivalence, pain and sometimes confusion at separations. More specifically, I came to recognise even more clearly my tendency to ‘hold on’. Looking back, I could not foresee the sorrow or anxiety that, at times, I would need to work with, to engage deeply with the literature.

...Which brings to me to what feels like a relevant insight. Whilst in psychotherapy training

(and required to be in weekly therapy) my therapist decided to retire, earlier than planned, to care for her partner, giving me roughly one year's notice. My therapist worked within a contemporary Freudian modality. I find it interesting that I remember little of the 'ending phase' and any 'ending work' that we did together, including whether my therapist interpreted the meaning of my ending in terms of transference, though I expect she did so. But I do recall the sense of the relationship changing. I remember the loosening of her analytic stance which both scared me a little and felt potentially liberating. I recall our different memories of whether I had talked of ending anyway – my therapist recalled that I had done so, whereas I could not recall saying so. I wonder whether this was my ambivalence in action, talking about leaving but really, not wanting the other person to leave. After the ending, despite thinking I was fine at the time, I struggled with the loss and the perceived rejection. What is interesting is that my therapist had a keen theoretical interest in endings! The links are not hard to make. As time progressed, I came to suspect that some of my motivation for this study was to carry on her work to keep a connection with her and not let her go.

The structure of the thesis

Chapter Two presents a literature review. I trace the history of ideas about a 'termination phase' in therapy from its origins in early psychoanalysis. I review different conceptualisations of when therapy should end, and of the nature and meaning of the process of ending. I chart the change from 'gloomier' to more positive conceptualisations of endings. I explore theoretical moves away from the therapist as an unproblematised receiver of the client's transference towards theories which incorporate the therapist's subjectivity, with particular focus on the therapist's loss. I review empirical research about endings, especially therapists' experience of endings.

In Chapter Three I reason for the use of the chosen research method. Chapter Four is a short introduction to the therapists' narratives. Chapters Five to Eight present separate case studies of therapists' narratives. The analyses show the complexity of psychological and relational processes in the endings for each therapist in accounts which I hope are insightful and interesting to the reader. Chapter Nine brings together the interpretations using 'naturalistic generalisations' (Stake 1978) and engages with the literature and research on endings related to each therapist's narrative. Chapter Ten presents conclusions and

reflections.

Summary

This study aims to further explore therapists' experience of particular endings which they feel to have been significant to their practice or even their personal lives. The study grew out of a curiosity about the change which occurred in two therapeutic relationships as ending approached, and as the study took shape it took on deeper personal meanings. Theoretically, the study is based in contemporary literature theorising the role, place and boundaries of the 'therapist as a person' and therapists' personal history in therapy and in endings. I use narrative psychosocial methods to explore the meanings of significant endings for therapists.

Chapter Two: Literature Review

This review sets out to build a case from the literature for studying therapists' subjectivity in endings. The review presents a chronology of conceptualisations of endings in therapy with particular reference to the therapist's subjectivity in endings. Thus, it is a 'literature review' which contains elements of a 'critical review' (Grant & Booth 2009) because in addition to reviewing the literature on endings, it offers some evaluation of the debates.

The review process began with a reflexive, practice-based enquiry into endings bearing in mind the 'therapist as a person'. Two things quickly became clear: first, that endings are commonly held to be under-theorised and under-researched, therefore offering opportunity for further research, and second, that some authors have called for further understanding of therapists' subjectivity in endings, lending further credibility to the research idea. This is not a 'systematic' review (Grant & Booth 2009), and my investigations were purposed by immersing myself in the literature and following up threads germane to the therapist's subjectivity. This strategy enabled me to pursue depth of understanding in the areas relevant to the study.

I searched EBSCO and ProQuest online databases using search terms 'termination', 'ending', 'counselling' and 'psychotherapy' in combination. I did the same using Google search engine. I searched pep-web online for psychoanalytic literature searching for 'termination' and 'endings'. I used the 'cited by' facility on websites such as pepweb and ResearchGate, to work forwards in time in the literature.

I begin the review chapter with a concise description of the phenomenon of transference which is a key process within psychoanalytic theory and practice and a key concept within the psycho-social methodology I elaborate in Chapter Three. I chart the history of the idea of a 'termination phase' in psychoanalysis. I outline ideas about the 'ends' of therapy, that is, considerations about when to end and theory about clients' experience of endings. Understandably, much literature on endings focuses on understanding how to help clients to end. In keeping with the study's focus, I discuss theoretical moves away from seeing the therapist as an unproblematised receiver of the client's transference towards theories which incorporate the therapist's subjectivity. I explore recent literature on endings which considers the idiosyncratic nature of each client's needs and of each therapeutic dyad's relational configurations, and the therapist's loss. I review empirical research about therapists'

experience of endings.

The review draws largely though not exclusively on psychoanalytic theory, partly in keeping with the study's use of psychoanalytic concepts in the research method, and partly because the preponderance of theorising and writing about ending has been within the psychodynamic and psychoanalytic tradition (Joyce *et al* 2007, p.11). The psychoanalytic tradition has engaged in the project of conceptualising the process of ending, and in the very idea of a 'termination phase' more than have the person-centred, humanistic or experiential therapies (Wachtel 2002).

Transference

Here, I outline the concept of transference which is a cornerstone of psychoanalytic theory and practice (Racker 1988), and the version of transference which informs this thesis. In the next chapter I return to transference and especially counter-transference, as a crucial area in context of psycho-social research methodology. Here, in the literature review, my focus is on conceptualisations of ending, including conceptualisations of changes in transference dynamics in the ending phase.

According to Racker (1988, p.71), Freud suggests that we act transferentially, 'not to remember our impulses', resulting from sexual and aggressive drives. In this thesis I work with a conceptualisation of transference drawn from the Object Relations (Gomez 1997) and later, relational analytic schools (Mitchell 1999), which developed Freud's original theories from a relational basis. An Object Relations-based conceptualisation suggests instead, that we act transferentially because we have learned, through early relationships, deeply habitual 'ways of being' (Stern 1998) and because we continue to 'organise experience' (Stolorow *et al* 1995) in these habitual ways, to make sense of ourselves in the world, however satisfying and unsatisfying those ways may be. We are primarily relationship-seeking and learn unique ways of relating to others and of experiencing others in early life; patterns of behaviours and expectancies which we bring, more or less unconsciously, to present interactions. Thus, transference experience can be both 'negative' and 'positive'.

Within psychoanalysis and psychoanalytic therapy, the work of ending therapy has traditionally been seen in terms of analysing the transference (Etchegoyen 1999). Termination was, and to some extent still is, often seen as characterised by a peculiar

intensity of affect and of transferential difficulty: ‘The termination of analysis is an experience of loss which mobilises all the resistances in the transference and in the countertransference too for a final struggle’ (Weigert 1952, p.468). I understand this to mean that the focus of analytic work in ending moves specifically to expressions of transference which separation and loss might give rise to; interpreting how past experiences of separation and loss might continue to affect the client’s creation of present relationships and experiences. This is seen as an opportunity but also as a difficult challenge for the therapist because of the strength of transferential feelings in the ending phase (Schlesinger 2014).

The ‘Termination Phase’

‘Termination’ - the concept of a definable, necessary stage of therapeutic treatment – grew out of psychoanalysis and has been adopted, to some extent, within psychotherapy literature more widely (e.g. see Joyce *et al* 2007, Gelso & Woodhouse 2002, O' Donohue & Cucciare 2008). Many authors within psychotherapy and counselling (and some within psychoanalysis) prefer to talk about ‘endings’ (e.g. Murdin 2000, 2015, Power 2016, Etherington & Bridges 2011) and it is not always clear whether these authors subscribe to the view that a clear ‘ending phase’ is necessary.

Like some, I dislike the word ‘termination’. It fails to convey the affective intensity which often infuses endings and speaks to the potential to avoid the emotions of ending. As one trainee therapist says, ‘I prefer the term “termination”. The word “separation” makes me sad’ (Baum 2006, p.649). Layton (2010, p.191) points out that the word is ‘anything but experience-near’. Skolnick (2010, p.226) points out that the verb “to terminate”, outside of a therapeutic context, is associated with sinister motives and connotations: ‘to be separated from a job… or end a pregnancy, or… worse, to be rendered dead’. Pedder (1988 p.504) dislikes the word’s negative connotations:

> …a curiously inappropriate term with its negative and finite connotations which fail to convey the positive hopes for a new beginning that normally surround the end of a satisfactory analysis.

Schlesinger (2014), a psychoanalyst, differentiates ‘ending’ from ‘termination’. An ending, is simply the practical fact that the patient stops coming, for whatever reason, such as the end of a period of therapy after which the client feels better but no significant analytic work is considered to have been done although symptoms may well be reduced, or when the client

or therapist needs to end due to practical reasons (new job, re-location), or which ends prematurely without a conscious, mutually agreed ending. ‘Termination’, differentiates a conscious, planned process qualitatively different to therapy itself. In the psychoanalytic literature it is generally considered that termination is a definable phase agreed with the client following a period of analysis in which significant working through of the transference has taken place (Schlesinger 2014).

Freud’s legacy?

Several psychoanalytic commentators notice the lack of formulations about ending within Freud’s work, and within psychoanalysis during his lifetime (Blum 1989, Bergmann 1997, Salberg 2010b, Murdin 2015). The concept of a termination phase began to emerge post-Freud. Bergmann (1997) argues that the absence of a clearly articulated process for terminating psychoanalysis during Freud’s lifetime led to an ongoing lack of engagement with the process. Murdin agrees that this is still the case not only in psychoanalysis but in psychotherapy and counselling more widely: ‘The professions of counselling, psychotherapy and psychoanalysis have not yet paid enough attention to the problems of bringing our work to a conclusion’ (2015, p.xv).

Some authors (Murdin 2015, Salberg 2010b) have explored Freud’s own relationship to endings with his patients. Often, Freud conducted brief analyses by today’s expectations, lasting six months or less. Freud continued to take on patients right up until very close to his death, when he was frail and unwell and sometimes unable to get out of bed to see patients and unlikely to be able to offer them an extended analysis (Murdin 2015). What template did this offer the profession to consider bringing analyses to a close, or deciding whether to take on a new patient? Many of Freud’s students entered analysis with him and experienced relatively short analyses, which were often ended quite abruptly by Freud. Murdin speculates that such experiences, of having the analyst and teacher suddenly withdraw, may have contributed to a profession-wide trauma and unwillingness to fully consider the importance of understanding how and when to end.

The ends of therapy: Knowing when to end

Different conceptualisations of the purpose and nature of therapy lend themselves to different ways of thinking about when, and how, therapy should end. Therapy can be conceptualised as ‘treatment’ (e.g. Davis 2008), ‘education’ (Schlesinger 2014), or

'experience' (Goldman 2010). 'Treatment' would theoretically link ending to a completion or resolution of certain symptoms or psychological issues. 'Education' or 'experience' might suggest comings and goings from different therapists or therapies throughout life, according to life stages and developmental challenges.

Early psychoanalysts, contemporary with Freud's later years, tended to hold optimistic views about the effectiveness of psychoanalysis. They were concerned more with what analysis *should* achieve rather than what it *can* achieve, and proposed unrealistic, idealised criteria for achievement (Bergmann 1997). Freud set the bar extremely high with his ambitions for what psychoanalysis might achieve: 'the purpose was radically to exhaust the possibilities of illness in them and to bring about a deep-going alteration of their personality' (Freud 1937, p. 224).

Such a tradition left a legacy of extremely high expectations for psychoanalysis and its related professions of psychotherapy and counselling (Murdin 2015, Joyce *et al* 2007), helping to foster a culture of unrealistic assumptions around ending therapy: Therapy should not end until the patient/client has transformed their personality and is in no danger of suffering further intra-psychic conflict. Such high expectations and a reluctance to look at the limitations of analysis and therapy might have contributed to a reluctance to theorise about bringing the work to a close.

According to Salberg (2010b) the first systematic attempts to define a paradigm of termination within psychoanalysis came in the early 1980s, crystallising in a special edition of the journal *Psychoanalytic Inquiry* in 1982. Joyce *et al* (2007), using a psychodynamic framework, report that Firestein's ten criteria for termination of psychoanalysis, were generally accepted by the late 1970s. It is an exhaustive list which shows that unrealistic and highly theoretical criteria for ending continued to be prevalent in psychoanalysis at that time:

- Symptoms have been traced to their genetic conflicts
- All symptoms have been eliminated, mitigated, or made tolerable
- Object relations have been freed from transference distortions and improved
- Ego strength has increased as a function of decreased conflict
- The ability to distinguish fantasy from reality has sharpened
- Acting out has been eliminated
- The capacity to tolerate some anxiety has improved

- The ability to tolerate delay of gratification has increased
- The capacity to experience pleasure without guilt or other inhibiting factors has improved, and
- The ability to work has improved (in Joyce et al 2007, p.31)

Joyce *et al* (2007, p.31) also note that the very idea of 'criteria' for termination presupposes that it is the clinician who should decide when a patient is ready to end: '[criteria implies] that the patient's functioning must be evaluated by an external authority to determine when the patient's graduation from therapy is permissible'. They distinguish between 'criteria for termination' and 'outcomes'. 'Outcomes', they argue, refers to a more pragmatic focus on objectives for treatment agreed between therapist and client and how far the patient's initial goals have been reached.

Wachtel (2002, p.374) considers that ending is a more complicated process 'viewed through a psychoanalytic lens than through the lenses of the other major orientations'. The humanistic tradition's emphasis on personal growth has meant a tendency to encourage and facilitate the client to find their own way and choose when and how to end. There is a view in humanistic psychotherapy that the very construction of a 'termination phase' of treatment creates problems and places unnecessary demands upon the patient. It sets up seductive promises of a complete or perfect analysis and unrealistic goals for the client and therapist to fail to achieve (Mahrer *et al* 1991). Mearns & Thorne (2013), person-centred counsellors, theorise that the time is right to end when the client has moved towards greater self-acceptance and an internal locus of evaluation. Sometimes, little attention is paid in the humanistic literature to the theory or process of ending. For instance, McLeod's (2013) standard textbook *Introduction to Counselling*, now in a fifth edition, devotes three paragraphs to questions of ending in its 648 pages.

Graybar & Leonard (2008, pp65-66) identify broad goals to inform considerations of ending:

> [The client is] able to function as her own therapist, [has] an increased ability to recognise and respond to life's difficulties… increased understanding… significant symptom relief… and improved relationships with family, friends and/or co-workers.

They state that the purpose of therapy is 'teaching clients new and useful ways of observing and relating to themselves' (p.66).

DeYoung (2003), a relational integrative psychotherapist, argues that different goals and aims are appropriate in different approaches, or for different clients, for example: ‘dissociated experiences re-integrated; transference resolved; deficits filled; or relational strategies transformed’. She concludes that what really matters for clients is meaning – that the client now

> has meanings for what was wrong in his life, words for how you both held that wrongness and worked it out between you, and words for how it’s not so wrong anymore (p.202).

Internalisation

One common thread across modalities conceptualises the aim of therapy as a process of ‘internalisation’. The client is theorised to internalise either the therapist as a ‘good object’ or therapist qualities experienced in relationship. Internalisation means that the client is able, in theory, to continue to self-analyse or self-reflect after the separation from the person of the therapist, avoiding the fantasy that the gains of therapy are dependent upon the continued presence of the therapist (Schlesinger 2014). Across psychoanalytic schools the ideal of the patient internalising the ‘object’ of the therapist is common (Salberg 2010a, Etchegoyen 1999, Schlesinger 2014). The counselling psychology tradition has placed more emphasis on the ‘functional’ elements of internalisation, such as empathy, acceptance, respect and support rather than the ‘structural’ elements, such as the development of an internalised therapist-object (Quintana 1993). In person-centred counselling, the client theoretically internalises the therapist’s positive regard and acceptance, which facilitates moves towards an internal locus of evaluation (Mearns & Thorne 2013).

Endings in practice

Many analyses and therapies end because they simply run out of steam. A large proportion end because the client simply stops coming (Westmacott & Hunsley 2010, O’Donohue & Cucciare 2008). Many end because of external circumstances – a new job, marriage, baby, or re-location (Reis 2010). Often, financial and time considerations cause clients to stop. Still others have ‘difficult’ endings (Murdin 2015, Power 2016) because of difficulties in transference and counter-transference attitudes, or personal (subjective) issues of the therapist or patient relating to material within the work and leading to a negative therapeutic reaction. The length of many therapeutic contracts is set from the start, by an agency,

healthcare provider or insurance company.

Relatively infrequently, even perhaps rarely according to anecdotal accounts, does therapy end by means of a planned ending following a conscious process of ending, following mutual agreement that considerable gains have been made in therapy and few further gains can be expected. Hence there is, something of a tangle around the issue of ending within counselling and psychotherapy theory and practice. Much of the literature conceptualises ‘ideal endings’ whereas the reality is usually messier and more pragmatic. Gabbard (2009) argues that we should think in terms of ‘good enough’ endings.

This discussion of the ‘ends’ of therapy brings us towards the end-point of therapy. The next question, forming the basis for discussion in the next section, is, ‘How is the ending process and ending experience itself conceptualised?’

Ending therapy: theories and meanings

Overall, concepts used to theorise the ending process, include: loss and mourning; weaning; development and new beginnings. Termination in psychoanalysis has often been depicted in terms of struggle, danger, loss, mourning, and intense separation anxiety (Quintana 1993). Kauff is quoted in Gelso & Woodhouse (2002, p.350) as saying, ‘the effects most commonly associated with termination seem to span a short, bleak continuum that ranges from sad to downright morbid’. However, there has always been another side to theories of ending, including the metaphor of re-birth (Balint 1950) and theories of development through loss.

Loss, mourning and development

Loss is an essential part of life, and mourning is the process by which we come to terms with loss, learn to love again and re-engage emotionally with new people and activities (Parkes & Prigerson 2010). Psychoanalytic authors argue that the patient needs to experience and express feelings of anxiety at separation, as well as disappointment and anger, and to begin the process of mourning the loss of the therapist (Klein 1950, Etchegoyen 1999, Blum 1989, Murdin 2015, Schlesinger 2014). Expression by the patient, and interpretation by the therapist, of both negative and positive transference in terms of the patient’s earlier experiences and expectations of endings is considered valuable, that is, the ways in which the patient idealises the therapist as the end approaches or conversely, denigrates the therapist’s competence or the value of the therapy. Schlesinger (2014, p.157) argues that

transference issues centred on disappointment reappear as the end approaches, along with old doubts and questions about the therapist's competence and the helpfulness of the therapy. Schlesinger also stresses the unique nature of each person's mourning, and their own ways of mourning or avoiding mourning. In humanistic therapy, Greenberg (2002) describes the importance of talking about issues of loss and separation as the end approaches.

Skolnick (2010, p.227) describes the need to mourn the 'wished-for relationship with the analyst' (a replacement for early unsatisfactory relationships); 'fantasies of the analyst' (rooted in previous object relationships) and 'the real relationship with the real analyst'. Holmes (2010) suggests that there is a double loss, both transferential and real. Bergmann (1997) states that 'transference love', or positive transference towards the therapist, may be the most loving relationships experienced by some clients and such attachments will clearly be difficult to give up and will result in feelings of sadness and grief. Such attachments and fantasies are expressions of how earlier relationships have been experienced; or of hopes and desires in relationship which never were experienced, and which are transferred on to the therapist.

Much has been written about the assumed impact upon the patient of losing the analyst, stirring up infantile fears and horrors: 'the phobic fear of remaining alone, abandoned and without protection, is reactivated' (Etchegoyen 1999 p.653). For Klein (1950), ending analysis is seen as an exact replica of the process of weaning, of mourning for the breast: for an analysis to be considered successful the patient should experience an appropriate, regressive sense of loss and work through it, and with the help of the analyst, understand the mix of paranoid and depressive mental states reactivated from infancy. Other commentators have seen the weaning of the patient as a metaphor rather than an exact replica within the termination phase (Rangell, in Etchegoyen 1999).

The metaphor (or literal replication) of weaning implies that the patient is gradually weaned off the therapy, whereas traditionally analysis has tended to continue day-by-day, week-by-week at the same intensity until the final session. Bergmann (1997) notes that analysis, and psychotherapy, is usually the only significant human relationship which ends abruptly, except by bereavement, the ending of which therefore might place great emotional demands upon patients. Wachtel (2002), an integrative psychotherapist, records that the idea of 'tapering' sessions in ending is seen as important in experiential and cognitive-behavioural therapies

but has been controversial in psychoanalytic circles for fear of denying the reality of the ending and being complicit in the client's denial.

Given the emphasis in many psychoanalytic accounts on loss, mourning and separation anxiety it is difficult not to speculate about Murdin's (2015) assertion of a profession-wide trauma relating to endings; possible projections from the profession of psychoanalysis onto its patients; or analysts' own fears of losing patients. Some authors have written about the therapist's losses (see Viorst 1982, Buechler 2000, 2012). I will explore this further below.

There has always been a concurrent perspective that loss, is an essential part of normal psychological development. Schlesinger asserts that, 'the ability to recognise loss, to accept it and to let go, is the necessary condition for growth and maturation' (2014, p.220). Freud's (1917) original conception of mourning links loss with psychological development. Object Relations analysts developed the idea further: the ego gradually internalises the lost object as a good internal object (see Gomez 1997), a process which begins during therapy and continues after ending.

Rebirth and new beginnings

Balint (1950), emphasises the 'new beginnings' inherent in ending. The patient gradually abandons his suspicious attitude to the world and to the analyst, replacing this attitude with feelings of security and a sense of the possibility for future happiness. Balint pictures a complex mixture in ending of sorrow, mourning, a sense of liberty and re-birth, and greater security.

Quintana (1993), writing years later within the counselling psychology profession, questions what he sees as the language of 'crisis' in endings prevalent in psychoanalytic accounts. Instead, Quintana posits the possibility of termination as the transformation of relationship – with the therapist, with oneself, and with others. I see this as a key text in the development of thinking about therapeutic endings and it appears to have been influential judging by the number of citations.

Quintana summarises traditional psychoanalytic accounts as a 'termination-as-loss' model. Within this paradigm he differentiates two separate discourses: 'termination-as-crisis', and 'termination-as-development'. In an article which provides welcome relief from some of the bleak interpretations in the psychoanalytic literature, Quintana argues that psychoanalytic

commentators have over-prioritised the role and importance of both loss and crisis, in psychological development and therefore have placed too much emphasis on the likelihood of ‘crisis’ and not enough to the contribution to ‘development’ within the overall ‘termination-as-loss’ model. He bases his critique partly on contemporary empirical studies showing that clients report mostly positive experiences of ending, arguing that there is no compelling evidence to suggest that therapists and clients in these studies are colluding in their defensiveness about anxiety during endings (Quintana 1993, p. 428). At ending, clients often feel the possibility of greater independence and freedom.

Quintana agrees that the therapeutically active process in therapy is that of internalisation. The client internalises resources which continue to provide self-support and self-analysis beyond the end of therapy. Like Bergmann (1997) described above, Quintana (1993) compares the abrupt and ‘traumatic’ way that therapy often ends with the normative experience of ‘loss-and-development’ in life, in which love objects are gradually withdrawn or are gradually lost. As an alternative conceptualisation, Quintana elaborates a therapeutic process involving a continual and gradual internalisation of the therapist and/or ‘functional’ qualities such as empathy, acceptance, respect and support. Quintana thus describes development through transformation of relationships, rather than through loss of relationships. He sees development through loss as an intrinsically traumatic process whereby the internalisation of the loved object cannot fully happen except via loss. Instead, he suggests, there happens a continual and gradual internalisation through transformation of the current relationships, a progressive ‘updating’ of the client-therapist relationship (p.430). In this way, therapeutic relationships might be ‘outgrown’ rather than ‘lost’. Like others have suggested, this implies a mixture of feelings for clients at ending. Termination is still seen as a ‘critical transition’ (p.429) but is not seen as necessarily a crisis nor dominated by loss. Clients might also experience a sense of greater security and freedom to live, greater capacity to love, and a sense of accomplishment.

One obvious question about Quintana’s argument is that his interpretation is primarily based on shorter-term therapy, compared to the long-term analyses of the psychoanalytic commentators. Like some other commentators (e.g. Cummings 2008, Greenberg 2002) Quintana envisages therapy as an ongoing process of beginnings and interruptions in which clients might come and go from discrete episodes of therapy throughout life, possibly allied to unfolding developmental or maturation processes.

Endings are surely informed by both 'termination-as-loss' and 'termination-as-transformation' models which are 'complementary' (Graybar & Leonard 2008). Schlesinger (2014, p.168) writes about the nuanced, complex and conflicting feelings and desires which many clients experience when considering ending longer-term therapy:

- Loss vs gain
- Loss vs 'alone at last'
- Feeling abandoned vs enjoying being alone (and guilt at this unworthy pleasure)
- Independence vs dependency
- Loss of entitlement vs discovery of independence
- Reality vs illusion
- Reality vs fantasy
- Disillusionment vs reality

In conclusion, endings are intense, critical transitions for both therapist and client, which commonly arouse experiences of anxiety, loss, sadness and grief whilst also offering a sense of development and accomplishment and the possibility of new beginnings.

Who does the work of ending anyway?

In much of the traditional psychoanalytic literature, it is the therapist who helps the patient to 'do the work of ending', typically of mourning. Theories of ending have developed, naturally, from a concern about the meanings and impact of ending upon patients and how therapists can help patients to end. This means an underlying assumption that the therapist is skilled, whose job and expertise it is to facilitate an appropriate ending phase, and that the success or otherwise of the ending phase and therefore of the therapy depends upon such skill, awareness, judgement and experience of the therapist. A second related original assumption is that it is the patient who needs to do the inner work of ending and who has the problems with ending.

Research has highlighted the overwhelming influence of client factors upon the experience and value of therapy (Bohart 2000), suggesting that the experience of ending therapy will also be greatly affected by client variables as well as therapist and relationship variables (Gelso & Woodhouse 2002). It is still largely seen as the work of the therapist to facilitate 'ending work' for the client. And, in a sense, this is right – therapists have a responsibility to

train and practise bringing the work to a close. However, there have long been acknowledgements that the 'work of termination' is the emotional experience of both patient and therapist in ending (Firestein 1977). More recently, alongside the development of theories of intersubjectivity, exploration of the therapist's subjectivity, struggles and anxieties in ending, and of the role of the dyad, has expanded, particularly in clinical accounts (e.g. Salberg 2010a, Buechler 2013). It is these theoretical and empirical developments which I draw on in this study and which I shall now explore.

Relational developments

In recent decades, clinical literature on endings has moved towards greater consideration of the uniqueness of each client's needs; of the uniqueness and complexity of relational patterns involved in endings; of the 'co-created' nature of therapeutic relationships; and of the therapist's subjectivity. Murdin (2015 p.56) states:

> If psychoanalytic theory has any validity, the therapist must be subject to its power just as much as the patient. If we follow this train of thought to its conclusion, we have to accept that the experience of endings of all sorts will be present for the therapist and will affect how she approaches and deals with the endings that her patients need to investigate and experience.

Decades earlier, Firestein (1977) acknowledged the importance of accommodating the idiosyncrasy of the patient in ending. More recently, Gabbard (2009) argues that we need no one single model of ending but a multiplicity. Davies (2005) writes about the multiple 'self-states' of both patient and therapist, which re-enact multiple object relations in ending. Frank (2009) argues that a flexible, case-by-case approach is needed. Research by Craige (2009) suggests the importance of both client and therapist expressing feelings of loss and the meaningfulness of the relationship and that this is linked to a more satisfying post-ending experience.

These developments appear to map on to the development of relationally-orientated therapies across the spectrum, all of which show interest in the mutuality and co-creation of the therapeutic relationship. Developments include relational psychoanalysis (Mitchell 1999) and intersubjective psychoanalysis (Stolorow *et al* 1995); dialogical Gestalt therapy (Hycner 1991); and the emphasis on relational depth in person-centred therapy (Mearns & Cooper 2005). Exploration of therapist self-disclosure within the consulting room (Maroda 2002) has

been part of this movement.

The therapist's struggles

Murdin (2015) and Schlesinger (2014) explore therapists' subjective psychological difficulties which may cause difficulties enabling the client to express their true feelings in ending or result in premature endings. These can be counter-transferential in the sense of a response to the client's transference or result from the therapist's transference. Therapists might envy their patients or defend against feeling hurt by the patient's derision or by simply not being needed. Commonly, therapists experience a transference to the patient as a loved infant, Murdin (2015) argues. This mirrors the patient's transferential needs but is a subjective response on the part of the therapist to the ending of the therapeutic situation. The therapist is likely to experience – just like the patient – a mixture of conflicted emotions about letting the patient go.

Salberg (2010a) has compiled reflective and clinical case studies based in significant experiences that therapists have had with particular clients (e.g. Silverman 2010, Grand 2010, Davies 2005, Cooper 2009). These reflective pieces involve consideration of how the therapist's own relational and maturational needs, interact with the client's needs, co-creating unique transferential situations and relational scenarios in the ending. These experiences have, sometimes profoundly, influenced the therapist's approach to endings, and their overall practice, as well as their relationship with their psychological issues. The timing of these endings also seems significant within the therapists' professional lives and careers and their personal lives.

The therapist's loss

My immersion in the literature on endings leads me to an intuitive understanding that much of the literature serves to avoid the pain of endings, particularly the therapist's loss. It does so by putting forward ideas about a perfect or complete therapy, and a technically perfect ending, and/or by employing technical language. In this, I find myself in agreement with Gabbard (2009, p.575) who states that, 'a wish for idealized versions of termination underlies much of what has been written' and Buechler (2013), whose general theme is the difficulty therapists experience in letting go of clients and mourning the losses of ending. One recent publication seeks to re-frame the 'termination phase' as the 'consolidation phase' (Maples & Walker 2014), thus coming close to denying the ending altogether in my

estimation.

Buechler (2000, 2013) writes sensitively about the therapist's struggles with loss in ending. The therapeutic situation, its culture and practices, inhibit usual mourning processes following the loss (or death) of a patient, by implicitly framing which, and how far, emotional reactions are deemed appropriate and acceptable for therapists and how much involvement seems excessive within the culture of therapy. There is an inevitability about the therapist's subjective feelings towards her patients. Losses for the therapist, even in a well-planned ending, include the 'loss of a partner in a significant relationship; an economic loss; and the loss of a reflection (someone who can help the therapist assess his professional progress)' (Buechler 2000, p.85) as well as the loss of the person one might have become in relationship with the client (Buechler 2013). Viorst (1982, p.416), in an interesting qualitative study of psychoanalysts, states that ending involves many kinds of losses for the therapist:

> …the loss of a whole real object; the loss of some identified-with part of the object; the loss of a healing symbiotic relatedness; the loss of an especially pleasing role; the loss of a host of professional and therapeutic ambitions; and the loss of the analyst's dream of his or her own perfection.

Murdin (2015, p.53) asserts that 'therapists have to face their fear of death and decline every time a patient leaves', grounded in defences against acknowledging death: professional death and death of the body.

Enactments

There appears to be consensus that in ending, both client and therapist might unconsciously act out relational scenarios from earlier life or from other relationships – a transference 'enactment'. Schlesinger (2014), states that there is a greater likelihood of enactments in endings, and Salberg (2010c, p.111) states, 'terminations are processes often primed for enactment' for both the analyst and the patient. Holmes (2010) goes further, asserting that endings are, by definition, enactments.

The concept of the 'enactment' will figure later in this thesis, especially in Christina's narrative (Chapter Six) and I shall return to it there in context of an example. Alongside the development of relational psychoanalysis (e.g. Mitchell 1999) greater emphasis has been placed upon the concept of transference enactment to understand the joint creation of

unconscious, affectively-driven behaviour in therapy. The American Psychoanalytical Association has defined ‘enactment’ as:

> …interactional behavior which has unconscious meaning. That behavior engages both the analyst and the patient. Enactments begin as a patient attempts to achieve transference gratification, but it is the response of the analyst and the patient's behavior together which create the enactment (McLaughlin & Johan 1992, p.828).

Maroda (2002) extends the concept and introduces more emphasis on the mutuality of the patient’s and the therapist’s responses: Enactments are ‘a jointly created interaction, fuelled by unconscious psychic forces in both patient and analyst’ (p.122), involving a repetition of past events.

Summary of the literature

This review of developments in theory within the relational paradigm suggests that endings are complex, and that flexibility is needed. Therapists often struggle with their psychological responses to endings and their own loss.

Salberg (2010b, p.20) calls for work to explore more fully therapists’ personal subjectivity regarding endings:

> It is my contention that the ending of treatment is a struggle for analysts as well as patients, and one that we do not necessarily have a high-ground perspective on… Without a fuller exploration of the subjectivity of the analyst, the view and elucidation of how one terminates a treatment remains unidimensional, focused exclusively on the patient.

Empirical research into endings

Within psychotherapy and counselling research interest in the process and timing of ending therapy developed during the 1970s alongside explorations into time-limited therapies (e.g. Malan 1976, Mann 1973). There has been a steady accumulation of empirical research into endings since then, mostly, but not entirely, within the American counselling psychology tradition. Overall, a gloomy, mourning-laden depiction of the ending of therapy has not been borne out by empirical research (Gelso & Woodhouse 2002). Where research has been

undertaken, many positives have been taken by clients from choosing to end therapy and of the experience of ending.

Quantitative studies by Marx & Gelso (1987) and Roe *et al* (2006) found that clients often express positive feelings relating to the ending phase of counselling. Knox *et al* (2011) studied clients' perspectives on therapy termination in the context of open-ended therapy and situations in which the client instigated termination. They noted the link between a positive experience of ending with a strong therapeutic relationship and positive outcomes of therapy as a whole; conversely problematic or negative experience of ending was linked to a mixed therapeutic relationship and low gains of therapy, which sounds intuitively true.

This builds on research by Quintana & Holahan (1992) about the differing amount and nature of 'termination work' done by therapists. 'Termination work' is defined as such practices as reviewing the course of therapy, looking at options post-therapy, and attending to the therapeutic relationship. Quintana & Holahan found that in successful cases of therapy – where the client appears to have made progress – therapists undertook significantly more termination work than in unsuccessful cases. Again, this seems intuitively likely.

Research into therapists' experience of endings

The work of Baum (2006, 2007) illuminates the emotional stress experienced by trainees in bringing a fixed period of therapy to a close, including common feelings of sadness, regret, frustration, guilt (at leaving once a therapeutic relationship was established), concerns about the 'untimeliness' or prematurity of the ending, and feelings of abandoning the client. A sense of responsibility comes through strongly as does the potential emotional toll on the therapist of managing these endings.

I have already referred to Viorst's (1982) qualitative study, which explored psychoanalysts' countertransference struggles to let go of the patient and showed how these were bound up with unresolved wishes or fantasies regarding the patient or therapeutic relationship. The analysts generally reported being able to identify and work through their responses using supervision, to help the patient end well, and this also resulted in the analyst working something through. In a quantitative study, Boyer & Hoffman (1993) found that greater past and present grief reactions in relation to loss history was linked to counsellors' greater anxiety during the ending phase of therapy. Only past (not present) grief reactions were linked to counsellors' greater depression during the ending phase. They also found that

perceived client sensitivity to loss was a significant predictor of counsellor anxiety during the ending phase (after counsellor loss history is accounted for). Interestingly, these correlations did not adversely impact upon counsellors' satisfaction with therapy during the ending phase. A similar link was made by Brady *et al* (1996). These findings point to the relative emotional toll of endings experienced by some therapists more than others, of the relevance of the therapist's subjectivity to understanding endings, and the relative histories of the two people in the therapeutic relationship when ending.

Fragkiadaki & Strauss's (2012) grounded theory study of therapists' experience of ending, mentioned in the Introduction, identified several categories of experience in ending: therapist as a person; awareness of termination; development of the therapeutic relationship; working through termination; and the aftermath or post-termination phase. The study also shows the importance of understanding and working consciously with an ending phase where possible. Later, in Chapter Nine, I explore more fully the category of 'therapist as a person' in relation to research findings.

Conclusion

There seems ample evidence that endings are emotionally charged; that sadness is common; that endings are often fraught with perceived risk, and anxiety. At the same time, endings often bring a sense of mastery, accomplishment, and of moving on to new beginnings. Ending is an actual step out of the relationship, out of therapy, and as such is a part of life and not a part of the therapy, analogous to death being not a part of life but the end of life. Endings are, as Holmes (2010) says, *real*.

Conceptual paradigms have shifted over time towards a more balanced account of losses and potential gains. There have been shifts in the way endings are seen resulting from the relational turn, towards theorising an intersubjective field and greater interest in understanding the unique needs and processes involved in each therapeutic pairing as they end. There is greater interest in the subjectivity of the therapist in ending, alongside a greater acceptance of the need for clients to find their own unique way to end. Research into therapists' experience of endings often speaks to the intensity of emotional work involved in ending. Experience of endings seems to be affected by therapists' personal history and psychological patterns.

In the next chapter I specify research questions, position the literature review in context of methodologies, and reason for the adoption of psycho-social methodology.

Chapter Three: Methodology

Positioning the literature review

This chapter is devoted to expounding the psycho-social methodological basis for the study, which is based in the employment of psychoanalytic concepts including free association and the 'defended subject' and the use of embodied counter-transference as a research tool.

In the literature review I moved into discussing recent conceptualisations of endings, particularly what the therapist, uniquely and subjectively, brings to the therapeutic encounter and its ending. The review is anchored in the question: what is each therapist's unique relationship to therapeutic endings?

What kind of questions can we ask to produce this kind of knowledge? The aim is to contribute to a deeper understanding of therapists' experience of ending. The main research question is therefore:

How is this particular therapeutic ending, significant for this particular therapist?

Sub-questions:

1. Working with the assumption that therapists might experience considerable emotional intensity during and following endings, what shape might this take in each case?
2. How far does the timing – in the therapist's career or life – of the particular ending account for its significance? What, if anything, can be said about this?
3. What have therapists learned, professionally and personally, from their experiences of these endings and how far does learning play a role in the significance of these endings?

The object of study is the subjectivity of therapists – personal biography, emotion and meanings – and how this affects their clinical work and vice versa in relation to endings. The wider object of study is the community of therapists (people), within the profession of therapy (structures, customs and practices, governance, theory, popular discourse, guidelines and codes of conduct).

Which method?

The literature review is grounded in a curiosity about getting to the heart of therapists' experience of working with endings. What methods will produce insight into therapists' meanings? Various qualitative methods are available. A phenomenological analysis (Smith & Osborn 2008) might offer ways to interpret, the 'essence' of people's lived experience. The literature review is positioned quite well for grounded theory (Charmaz 2014), a way to develop theory from the 'ground up', because of grounded theory's emphasis on avoiding setting out with an established theoretical framework then using the research to test that framework. My literature review points towards a fairly open exploration of therapists' experience.

The subject matter – endings – points towards a narrative study. The conventional way that we describe endings is in the form of narrative making a natural link to this methodology. Narrative enquiry is distinguished by its concern with biography; with 'understanding actions, events and objects as a meaningful whole' and connecting actions and events over time (Chase 2011, p.421). It privileges the 'whole' rather than seeking to 'break down and build up' text into categories of experience (Andrews *et al* 2013). The research questions invite exploration of and the making of connections to, participants' personal historical and situational context, something inherent within the narrative approach. Narrative interviewing therefore offers an appropriate epistemological basis for the study.

Situating the methodology: The Psycho-Social

One exciting development in qualitative research within social science over the past twenty years is the development of so-called 'psycho-social' analysis (see Hollway & Jefferson 2000, Clarke 2002, Clarke & Hoggett 2009a) and many notable examples of psychosocial research are positioned within narrative study (e.g. Hollway & Jefferson 2005, Frosh & Emerson 2005).

Frosh, states that the psychosocial is situated in interpretative work of some kind 'whether psychoanalysis, feminist, social constructionist, or phenomenological' and is concerned with 'an effort to recover or construct meanings' (2003, p.1556). Debates continue about the unifying characteristics of psychosocial research (see Redman 2016, Frosh 2010). Redman (2016) argues that the most familiar and most useful way in which the psychosocial is defined is as an attempt to combine the psychological and the social as seamlessly as

possible, according to the assumption that both are embedded in and constituted of, each other. The subject is seen as constituted both by the social, linguistic, discursive world and by internal and biographical processes and motivations and needs to be understood as such.

One further important feature of psychosocial research is the central role that emotion often plays in research into subjectivity (see Day Sclater *et al* 2009). Rustin (2009), describes a historical split during the European enlightenment in which emotions began to be seen as outside the domain of reason, and therefore outside the domain of legitimate scholarship. This legacy, Rustin argues, continued to delimit what was considered legitimate in fields of enquiry in the human sciences until fairly recently. The sphere of emotions, he argues, was separated into the world of artistic expression. Rustin claims that the psychosocial is one contemporary movement which has begun to address this split: 'The earlier split between the rich descriptive explorations of emotional states in imaginative works of art and the thin abstractions of social scientific discourse has thus been diminished' (2009, p.26).

Using psychoanalytic concepts within research

One major endeavour within psychosocial studies is in the application of psychoanalytic concepts to psychological and social research (see Frosh & Baraitser 2008, Hollway & Jefferson 2013, Hollway 2009, Clarke & Hoggett 2009a). Psychosocial researchers argue that interpretation in psychoanalytically-informed research is concerned with trying to understand the way in which the interviewee thought, felt and behaved (spoke) in this particular situation which is socially constituted, given what is known of their personal biography and current circumstances and the 'relational unconscious' – unconscious communication which seems to emerge within the research encounter. Psychoanalytic concepts can be used to illuminate the interpersonal dynamics of the research encounter and the interviewee's way of relating to others.

Many schools of psychoanalysis use slightly different definitions for common clinical concepts, for example, transference and countertransference, and the nature of the unconscious. As I explained in the Literature Review, in this study I adopt an Object Relations approach to psychoanalysis (see Gomez 1997) alongside the complementary Depth Hermeneutic Method derived from the work of Alfred Lorenzer (Hollway & Volmerg 2010). Hollway & Jefferson (2013) point out that all versions of psychoanalysis hold the

central pre-supposition that human beings process experience unconsciously, that such process is based in earlier life experience and that earlier experience is ‘transferred’ to create (or co-create) present interactions and relationships. All schools of psychoanalysis work with the concept of a dynamic unconscious that defends against anxiety, and therefore which influences actions and relations with others. These pre-suppositions are the main conceptual basis for psychoanalytic-based research.

The defended subject

Hollway & Jefferson (2013) problematise the assumption, prevalent as they see it in social science qualitative research, that participants are able to ‘tell it like it is’. This concept of the ‘defended subject’ claims that we are motivated at least partly, by a need to speak and act to defend ourselves from anxiety. We will present a story which makes sense of our experience and our emotions and which keeps anxiety at bay. This will take place at different levels or in different domains, from acting on infantile, pre-symbolic fears and phantasies, to more accessible constructions of experience within the symbolic realm, and positioning ourselves within invested cultural discourses (Boydell 2009). We might act to defend our perception of ourselves, ways of relating to others, identity, or values, out of anxieties at how we might be perceived or judged, or because of internal conflicts between different ‘parts’ of ourselves.

Within a research setting this theory pre-supposes that the interviewee might be anxious about how he is presenting himself and how he will be re-presented. Participants might use language more or less consciously, to hide parts of themselves which they deem less acceptable to the other or to the supposed task at hand. We will consciously or unconsciously, avoid certain topics, or words. Certain emotions are culturally-sanctioned, particularly according to gender and social class (Rustin 2009), and therefore people might defend against feeling or expressing various emotions accordingly. Hence a psychoanalytic-based approach takes the view that the respondent may present with what Hollway & Jefferson (2013) call the ‘well-worn story’ and that therefore an account can be treated as potentially expressing internal conflicts, to some degree, and a ‘hermeneutics of suspicion’ (Josselson 2004) brought to bear on the narrative to look ‘beneath the surface’ (Clarke & Hoggett 2009a).

The Free Association Narrative Interview

How might we get ‘beneath the surface’ of respondents’ accounts? Hollway & Jefferson

(2000, 2013) developed the Free Association Narrative Interview (FANI) as an attempt to do so.

Drawing on the concept of the defended subject, the FANI encourages a kind of free association from the participant. ‘Free Association’ is a method pioneered within psychoanalysis (Kahn 2002). It involves the analyst inviting the patient to say whatever comes to mind, no matter how embarrassing or seemingly irrelevant, by following their train of ‘associations’ in the mind. In so doing, the patient inevitably reaches an impasse where her associations dry up, perhaps because of inhibition and embarrassment at sharing her spontaneous thoughts. Freud and others argued that this method permitted a way into the unconscious conflicts within the patient’s mind. By noticing where the gaps happen and asking questions or offering an interpretation, the analyst would hope to make conscious something of the unconscious conflict.

The main interest in free association as a data-producing tool is that it focuses on the omissions, pauses, changes of subject, sequencing, repetition, imagery and misspoken words – so-called ‘Freudian slips’ (Kahn 2002) – of the participant’s narrative, the theory being, that such phenomena can offer possible insight into the meanings of the participant’s narrative. Such phenomena are given a central place in the analysis. Their relationship to one another is considered important in terms of timing, sequencing and content. Sentences which exemplify seemingly different ‘themes’ are not separated and isolated from one another, as happens in research methods which seek to ‘break down’ and then ‘build up’ material to identify themes, but instead are seen as inherently linked, related through juxtaposition.

According to the FANI model, research participants are allowed and encouraged to continue their narrative in whichever way they want. The time and space allow for pauses, omissions and changes of subject to emerge, as well as the introduction of new material, which might be superficially a change of subject and which is highly relevant to the participant’s story, but which would not emerge in a more structured interview. Questions from the researcher are kept to a minimum to avoid imposing the researcher’s own ‘system of relevancy’ (Wengraf 2001) on to the narrative.

The Gestalt

The FANI method draws from the earlier Biographical Narrative Interview Method (BNIM)

(Wengraf 2001) the idea of the emergent ‘Gestalt’ of the interview. Hollway & Jefferson describe the gestalt as ‘a whole that is greater than the sum of its parts, an order or hidden agenda’ (2013, p.32). It is the interviewer’s job to attempt to elicit this gestalt and not miss it by following their own agenda. This relies on the interviewer displaying ‘reticence’ and recognising the importance of ‘ensuring that each story is finished uninterrupted’ (p.39). Hollway & Jefferson (2013) refer to one of their interviews where ‘disciplined reticence’ resulted in ‘another extraordinary revelation’ from the interviewee. The ‘key’ to the gestalt can be described as the underlying or pivotal concern, anxiety, scene or identity position apparently central to the overall narrative. The idea of the gestalt supports the psychoanalytic emphasis on making links between seemingly unconnected phenomena. The gestalt also mirrors Gadamer’s (1975) description of hermeneutics as the process of understanding the whole in its context; and in relation to its parts. The parts are determined by the whole, and themselves also determine the whole (p.291).

To facilitate narratives, and to allow the gestalt to emerge, BNIM researchers use four principles which the FANI method has adopted (Hollway & Jefferson 2013). These are: to elicit stories; use open-ended questions; avoid ‘why’ questions; and use participants’ ordering and phrasing when following up. A story ensures that an account is based on events that have actually happened. What the storyteller emphasises, the morals she draws, are choices and as such constitute the fabric of the data. In this, the FANI method shares concerns with other narrative methods namely, that the story reveals more than the storyteller’s intentions (Riessman 2008). Using a prompt such as ‘tell me about...’ rather than an actual question is a good way to elicit stories.

The use of open-ended questions seeks to avoid curtailing answers or leading participants to answer in a particular (limited) way. It encourages personal meanings and unique, biographical experiences to emerge. ‘Why’ questions can invite answers based on abstract reasoning, intellectualisation or rationalisation and invite moves away from personal imaginative-affective-biographical experience on which the study is focusing. Following up using the participant’s own ordering and phrasing aims to ‘respect and retain the interviewee’s meaning-frames’ (Hollway & Jefferson 2013, p.33).

Intersubjectivity

The intersubjective stance acknowledges that the relationship between researcher and

participant will affect the data produced. To begin with, this happens at the level of social cues, perceptions, assumptions and cultural expectations. For instance, how might a researcher from a university be perceived by someone who left school at sixteen, who has had no contact throughout their life with academic discourse and who has little interest in academic knowledge? And vice versa? This is one level of recognition of the effect of difference, or perceived difference, on the production of interview narratives, which might fall under the rubric of 'reflexivity' (Finlay & Gough 2003) – awareness of one's position as researcher in the research encounter, and of the relative social situations of researcher and participant and relevant cultural discourses relating to these positions.

Intersubjectivity is more personal than this kind of reflexivity. It is a recognition of the effect of interpersonal dynamics and unconscious communication on data production within the research interview setting. It is a recognition that the respective relational styles and needs, and personal biographies, of both interviewer and interviewee within cultural context, will create an environment, consciously and unconsciously, in which a particular story is produced.

Transference and counter-transference in research

Unconscious relating is understood to play a role in production of the data, in the form and content of the participant's narrative. Drawing on an Object Relations-based conceptualisation of transference (Gomez 1997), we can consider in what ways researcher and participant take up 'mutual unconscious positioning' (Hollway & Jefferson 2013, p.47). For instance, Wendy Hollway recounts a research meeting in which she understood herself to be positioned by the participant, and found herself positioning herself, in a 'mother' role relative to the participant's 'daughter' role (Hollway & Jefferson 2013). Hollway's understanding arose from a combination of her own emotional response to the participant (countertransference), the realisation that the participant had disclosed material to her which the participant had never disclosed to anyone other than her mother, and a recognition of her (Hollway's) own actions within the interview namely, certain things she said which she later realised positioned herself as an older female speaking from experience and offering reassurance. Such interactions can be considered 'transferential' – the participant and the researcher both 'transferring' or enacting expectations and resonances from their own biographical experience – and thus an understanding of the possible transference dynamics will form part of the understanding of how the data is produced and analysed, drawing on

what is known of the respective biographies and personalities of both parties.

Hollway & Jefferson (2013, p.159) define transference and counter-transference in these terms:

> ...everybody has their own feelings, more or less available to conscious awareness, when confronted with emotionally redolent situations that trigger previous experiences (transference). These may be projected on to others as an ongoing part of everyday unconscious intersubjective dynamics where they may be felt and identified, or disidentified, with (countertransference).

It is held that each one of us tends to invite similar responses from others, across varying situations, and also that certain situations or types of people repeatedly evoke a similar pattern or enactment of personal emotional responses and expectations. Hence intersubjectivity in this usage acknowledges both a ‘one-person psychology’ in which it is accepted that there is something personal and ‘owned’ about our responses and behaviours in a given situation, and at the same time a ‘two-person psychology’ in which it is acknowledged that both parties influence one another to shape a particular encounter. And, the encounter occurs within social and cultural discourses which both shape and are shaped by, our encounters.

One implication is that taking field notes relating to the researcher’s own subjective responses to the participant and the meeting becomes important (Hollway & Jefferson 2013). Feelings, fantasies, imagery, spontaneous thoughts, associations to the participant’s manner, personality and language, and overall impressions all contribute to data production and analysis.

Counter-transference as a research tool

Counter-transference has entered therapeutic discourse defined as a way of knowing another through one’s own internal resonances. In the early decades of psychoanalysis countertransference was seen as the analyst’s automatic reactions to the patient’s transferential projections and viewed as inherently unhelpful to the clinical relationship. It was thought that, ideally, the clinician needed to be fully analysed so that he no longer experienced such unwitting reactions to transferential material (‘counter-transference’) and

could therefore relate freely to the patient.

In the 1950s a shift took place (Racker 1957), headed by Heimann (1950) and others, who began to see the therapeutic and insightful possibilities of countertransference. Instead of being seen as an impediment to engagement with the patient, the analyst's feeling-states, images and spontaneous thoughts could be used as potentially useful material about the patient, to aid understanding and as a valuable means to gain insight into the patient's reality. Counter-transference began to be described in terms of the totality of the analyst's responses to the patient: feelings, emotion, spontaneous thoughts, images and bodily sensations.

Therefore, I might hope to understand something of how another person is feeling through my own, embodied feeling responses, my own spontaneous image and thought responses to what the patient says or his observed behaviour. In short, I feel and think something of what they feel and think. Racker (1957), in an influential article re-printed by the same journal in 2007, describes his understanding of the creative and illuminating possibilities of his 'spontaneous thoughts' about his patients:

> How much confidence should we place in countertransference as a guide to understanding the patient? I think it certainly a mistake to find in countertransference reactions an oracle, with blind faith to expect of them the pure truth about the psychological situations of the analysand. It is plain that our unconscious is a very personal 'receiver' and 'transmitter,' and we must reckon with frequent distortions of objective reality. But it is also true that our unconscious is nevertheless 'the best we have of its kind.' His own analysis and some analytic experience enable the analyst, as a rule, to be conscious of this personal factor and know his 'personal equation.' According to my experience, the danger of exaggerated faith in the messages of one's own unconscious is, even when they refer to very 'personal' reactions, less than the danger of repressing them and denying them any objective value (Racker 1957 p.774).

He goes on to claim: 'Whatever the analyst experiences emotionally, his reactions always bear some relation to processes in the patient' (Racker 1957 p.775).

As Frosh (2010; Frosh & Baraitser 2008) argues, counter-transference as a concept

developed within the clinic which is a boundaried, framed situation in which intense confidential intimacy and trust can develop. Care needs to be taken, therefore, when using such concepts in other situations. Having said this, counter-transference is already established as an applied method outside of the consulting room in related contexts, as a way of understanding another's world and of understanding what the researcher or practitioner might themselves be bringing, emotionally and interpersonally, to the encounter. There is an established tradition of clinical group supervision in psychiatry which uses group members' counter-transference responses to offer an interpretation of the patient's world and the relationship between doctor and patient, known as 'Balint Groups' after Michael Balint, the psychoanalyst and doctor who established them (Sackin & Salinsky 2012). Psychotherapeutic supervisor Shohet (2008) bases his entire approach to clinical supervision on the use of group members' embodied counter-transference and projective identification. Within social and psychological research, the use of counter-transference as a research tool appears to have begun in the 1960s with Georges Devereux (Marks & Mönnich-Marks 2003).

It is salient that counter-transference has become established in use 'one step removed' from the actual person-to-person encounter in the moment and is used by third parties to illuminate the experience of the two protagonists in an encounter. Hence the researcher will have counter-transference responses to the participant, the setting and the transcript, and colleagues reading the transcripts will have counter-transference responses to the scene evoked therein as well as to the researcher's spoken account of the interview.

The Hermeneutic Circle

In using the concepts of transference and counter-transference there is a continual 'feedback loop' within the research process. The researcher's initial counter-transferential responses are complicit in the production of the narrative from step one and later inform the analysis. They also feedback into future interviews. In a sense, the production and analysis of data are 'as one'. This has similarities with Heidegger's 'hermeneutic circle' (Gadamer 1975). The hermeneutic circle is an interpretative methodology, in which the subject is understood to construct an account within the particular situation of a research interview, and within a certain relational matrix with the particular researcher, and which is relevant to their personal biography and inclination. And I, the researcher, construct an interpretation of the encounter and of the person's narrative, based on my own pre-conceived theoretical

framework (in part) and my subjective biographical situation. Hence there is a ‘double hermeneutic’ (Gadamer 1975).

Gadamer claims that ‘the initial meaning emerges only because [the reader] is reading the text with particular expectations in regard to a certain meaning’ (1975, p.267). Meanings emerge through the subjective responses I bring to the research interview and later, upon reading the transcript. The work of understanding is a process of ‘working out this fore-projection which is constantly revised in terms of what emerges’ and ‘being prepared for [the text] to tell me something’ (p.269). It is a process of developing interpretation through immersion, of understanding my initial meanings, revising those meanings in light of further immersion, and crucially, remaining open to new possibilities. Specifically, in this case it requires asking, ‘why is this important?’ and, ‘what might this suggest about the therapist’s relationship to this ending/client?’

Alfred Lorenzer and ‘scenic understanding’

Recently, Wendy Hollway and Lynn Froggett (Froggett & Hollway 2010, Hollway & Froggett 2012) have begun using the theory of the German psychoanalyst and social theorist Alfred Lorenzer in combination with complementary concepts from post-Kleinian and Object Relations psychoanalysis. Alfred Lorenzer is a major figure in German thought in the second half of the twentieth century (Redman *et al* 2010) yet most of his work has so far, not been translated into English. There exists in English a growing number of articles about Lorenzer’s work and its application to research written by German, Scandinavian and British social scientists or psychoanalysts interested in bringing together psychoanalysis and social science (e.g. Bohleber 2016, Leithauser 2012, Bereswill *et al* 2010, Morgenroth 2010, Redman *et al* 2010).

Lorenzer’s theoretical ideas are inherently psychosocial. For Lorenzer, personality development and the development of internal psychological processes is an interactive process between social and cultural norms and internal desires and needs (Redman *et al* 2010). Lorenzer theorises that ‘forms of interaction’ emerge between mother and baby beginning in the womb and continuing after birth (Bohleber 2016). These forms of interaction become patterns for social relationships. They are a product of the baby’s desires and needs in combination with the mother’s ways of being. The baby experiences ‘scenes’ which are

mini-dramas and interactions based in sensorimotor experience.

So far, so psychological, not dissimilar to certain other psychoanalytic theories, for instance, Stern's (1998) idea of 'RIGs' (Representations of Interactions which are Generalized). However, for Lorenzer, societal values and rules exert a profound influence on development in early childhood (Leithauser 2012). Social and cultural norms are practised and enacted by the mother ('mother' also stands as a 'social composition' of adults) and are inseparably a part of the forms of interaction emerging between mother and baby:

> Conflicts arising at the subjective level might therefore be subjectively suffered, but are always produced in relation with others and therefore never without a sociocultural dimension or free from the contradictions of society at large (Kruger 2017, p.51).

As language acquisition occurs, the infant's sensorimotor reactions must be 'subordinated to a collectively agreed system of norms' (Bohleber 2016 p.1395). Through 'socialisation' the infant's scenic experiences come to be overlain with language and therefore symbolic forms of interaction based on language come into being. There is a 'twofold registration' of experience and an interplay between sensory experience (pre-language scenes) and language-based (symbolic) systems (Bohleber 2016).

The Depth-Hermeneutic Method

What is interesting about Lorenzer's work, from a research perspective, is his interest in, and commitment to, taking psychoanalytic hermeneutics out of the consulting room and into text interpretation, what Lorenzer calls 'cultural analysis' (Bohleber 2016, Kruger 2017). Cultural or textual analysis does not constitute a psychoanalysis of the author, or of the text. Leithauser suggests that the aim is 'the working out of typical interaction forms' and the working out of unconscious social patterns. He argues for 'the understanding of typical "scenes", and not, as in psychoanalysis, the individual scenes found in personal history' (2012, paragraph 38).

Leithauser (2012) suggests that the area of interest in textual analysis is the conflict between unconscious wishes and the values valid within society. He suggests the question to ask is:

‘What sort of conflict is this?’

I understand this to mean, what conflict is apparent in the participant’s account, from what we know of the cultural environment and the participant’s personal biography? Interpretation takes places at Lorenzer’s intersection of ‘biographically and dispositionally specific interactive patterns particular to the individual..., cultural patterns [e.g. therapeutic culture]... and the manifest forms of cultural life [e.g. structures of therapeutic practice]’ (Froggett & Hollway 2010 p.283).

Lorenzer identifies three layers of personality (Bohleber 2016):

1. The primary sensorimotor layer;
2. Direct, sensory symbolism, a combination of sensorimotor ‘figures of praxis’ and sensory-symbolic ‘forms of interaction’. Symbols of art, dreams and the individual’s meanings of these images also belong to this layer;
3. Forms of interaction embedded in language.

In my understanding, textual or cultural analysis aims to work at the third layer and to some extent at the second layer through working with the imagery and associations of researchers. Interpretation is possible at the intersection of personal subjective responses and theoretical elaboration (Hollway & Volmerg 2010).

The Depth Hermeneutic Method (DHM) is a specific form of psychosocial textual analysis originating in Germany, based on Lorenzer’s cultural-psychoanalytic approach (Hollway & Jefferson 2013). Within British psychosocial studies it is also known as the ‘Dubrovnik method’ because of its regular use by psychosocial researchers at an annual gathering in Dubrovnik. The practical steps of the Depth Hermeneutic Method are shown in Appendix One and are elaborated later in this chapter.

Analysis is conducted in groups mostly, as Hollway & Volmerg (2010) state, because ‘The availability of different perspectives through the group members provides a form of triangulation with the text’ (p.1), offering some safeguard against the dangers of ‘wild analysis’ (Clarke 2002). Interpretation groups can, ‘help the observer think about an experience that is emotionally demanding, therefore supporting the reflexive use of subjectivity as an instrument of knowing’ (Hollway & Froggett 2012, paragraph 4). The group members need to ‘objectify intuition with evidence’ (Urwin 2007, p.245) by referring their

subjective responses to the text.

The work required of the researcher and the interpretation group members is of allowing oneself to use, and to have used, one's embodied countertransference: to 'become emotionally involved in the contents of the text and to express their own feelings' (Hollway & Volmerg 2010, p.3). Miller (in Hollway & Froggett 2012, paragraph 7) suggests 'allowing the experience to make its own impact' so that 'emotional truths' are given credence. I see it as allowing the evocation or 'provocation' (Bereswill *et al* 2010) of feeling-states and imagery.

Bohleber (2016 p.1397) articulates that vertical (or 'depth') hermeneutics requires 'immediate participation in the drama'. 'Joining-in-the-action' and 'understanding' must come together so that the scene can be understood. In this way, 'scenic understanding' can emerge. According to Morgenroth (2010, p.267), 'scenic understanding refers to the process by which emotional and bodily reactions experienced by interpretation panels can be said to provide valuable insights into research data.'

My methodological journey: Bringing together the FANI and the Depth Hermeneutic Method

As I began this study, I conducted several interviews and attempted to analyse them using the FANI approach, using supervisory support. However, I struggled to find enough conceptual clarity and direction about the themes or questions I wanted to take back to my participants in the second interview. I felt the lack of a clear step-wise method. In their landmark books Hollway & Jefferson (2000, 2013) offer a reasoned argument for an overall approach and several general concepts to apply to the data, but no step-wise method.

Alongside this challenge I also found my concerns about triangulation of the analysis growing: The problem of how to enhance the trustworthiness of the analysis when using concepts such as transference, which carry obvious challenges of knowing to whom the feeling or thought 'belongs'. Using my subjectivity as a research tool means such questions become prominent. Such challenges are acknowledged by Hollway & Jefferson (2013).

The example of Garfield *et al* (2010) is instructive here. Garfield's article, based on her PhD research, highlights the dangers of subjectivity-based analysis when conducted by one person only. Garfield sought intensive supervisory input from two supervisors, to help

triangulate her counter-transferential responses to the material. The supervision highlighted that she was seeing something in the text and in the recording, which her supervisors simply weren't seeing. Through a courageous and creative process of dialogue, Garfield realised that her perception related to certain unresolved personal issues of her own. In this case the subject matter was, as Garfield states, 'toxic', and potentially activating of traumatic states. Even so, Garfield's article highlights the challenges inherent in this kind of analysis. Psychosocial researchers have often worked in pairs (e.g. Hollway & Jefferson 2005, Froggett & Hollway 2012) to balance these dangers. Another option is to seek frequent supervision and to have considerable support, and time, to reflect (Hollway & Jefferson 2013).

I began to look around for alternative narrative methods still retaining the same focus on the integrity of the 'whole' of the interview and its meaning. I explored a range of narrative methods (see Riessman 2008, Andrews *et al* 2013), looking for a method which seemed to offer clearer steps for a relatively inexperienced, solo researcher. I came across notable examples of narrative approaches, such as Gee's (1991) structural approach, and Williams' (1984) thematic narrative approach, both of which offer genuinely insightful findings and engaging analyses. Whilst in the process of considering options, I was introduced to the Depth Hermeneutic Method by Jo Whitehouse-Hart. I suggest that the use of a group for interpretation in the Depth Hermeneutic Method is key for triangulation, offering a grounding of interpretation in several viewpoints and allowing for the expression and exploration of different emotional and imaginative responses to the transcript.

From FANI I established the methodological basis for producing interview material and the concepts for its analysis - the defended subject, free association, transference and counter-transference, the gestalt, and the rhetorical use of narrative. Effectively, I have used the Depth Hermeneutic Method as a group method for analysing material collected along FANI lines. Conceptually and methodologically, there is no conflict between using the FANI approach in tandem with the Depth Hermeneutic Method to analyse material. Froggett & Hollway (2010) draw out the continuity between Object Relations and post-Kleinian concepts, and Lorenzer's scenic understanding.

Psychoanalytically-informed methods: controversy and criticism

Psychoanalytically-informed methods have been criticised for being a 'top-down' approach in

which pre-selected psychoanalytic concepts are imposed upon people's accounts and behaviours according to the researcher's preconceptions, for instance, the idea of the 'defended subject'. It is seen as a self-fulfilling process in which everything can be explained using psychoanalytic concepts and the data and reality can be made to fit the concepts and the interpretation can never be proven wrong. Selected 'facts' of the participants' biography are used by the researcher to support their interpretation. This is a criticism which has been levelled at psychoanalysis as a whole since its beginnings.

In her critique of Hollway & Jefferson's (2005) paper on 'Vince', Wetherell (2005) questions the validity of Hollway & Jefferson's claims that Vince experiences unconscious conflict. She argues that the evidence of the research interviews does not automatically lead to this conclusion and that other explanatory frameworks are possible or in fact, more likely and plausible. Frosh & Saville Young (2008), two proponents of Lacanian psychoanalytic-based methods, also acknowledge that Hollway & Jefferson's attempt to look 'under the surface' by focusing on free associations and markers within the narrative such as pauses, hesitations and omissions 'still leaves the move from the surface to the proposed depth unanchored' (p.115).

The participant is seen as subject to 'expert' analysis and might end up being portrayed with a character that they do not recognise or accept. Wetherell again (2005, p.171):

> Vince's words become acontextual and psychologised; he becomes a one trick pony, everything he says is leading towards his one true story, and that story is seen as automatically definitive and revealing of his character.

Likewise, Parker (in Saville Young 2008, p.116) offers a general critique:

> [FANI is] individualising, essentialising, pathologizing and disempowering… it is organised around a pre-set discourse that imposes an expert account on the research participant in a typical… 'researcher knows best' set of moves.

Responses to criticism

I place psychoanalytically-informed methods within a 'critical realist' rather than a 'social constructionist' epistemology (Ponterotto 2005), because there is an attempt to interpret participants' subjective experience 'beneath' or behind the constructive and performative

element of language, but not as any kind of fixed psychodynamic personality. I understand this to be consistent with Bohleber's (2016) statement that Lorenzer's 'scenic understanding' is a critical-hermeneutic endeavour. I also locate this research broadly within Denzin & Lincoln's (2018) 'naturalistic/humanistic' epistemological tradition, which draws on interpretative work based on the concept that there exists an inner world of the human subject which can be articulated, and which looks to produce knowledge to enrich and deepen our understanding, insight and compassion for the human condition.

According to Redman (2016) and Hollway & Jefferson (2013), the psychosocial represents an alternative to 'oversocialised' accounts of the subject to be found within social constructionism, which leave the individual with, apparently, little or no 'inner life'. This is my own estimation also: psychoanalytic-based accounts can offer a sense of greater agency in the person interviewed. This might seem ironic given the criticisms above, however the critique in the other direction is of the deterministic tendency of discourse.

To illustrate this point, I use the example provided by Frosh & Emerson (2005) who offer both a psychoanalytic-based and a discourse-based analysis of the same set of interviews with a 12-year-old boy, whom they name 'Oliver', through which the authors explore notions of masculinity.

The constructionist (discursive) analysis is impressive in many ways. Oliver's speech is shown to adapt and appropriate alternative masculinities to create identity positions for himself. Oliver positions himself as a friend of the girls in his school unlike other boys who prefer football. Oliver defends his alternative identity as a 'boy' (his identity position) through skilful use of language. This analysis offers an insightful critique of the ways in which social expectations and language-based discourses constitute social and psychological reality and define and restrict social possibility as well as attaching emotions (e.g. shame) to non-dominant behaviour. The analysis asks questions of the ways in which people's realities are constituted by prevalent discourses, and of the options available to boys such as 'Oliver' in terms of pressure to conform to prevailing discourses and ways of constructing alternative discourses.

By contrast, the psychoanalytically-informed analysis of Oliver's speech constructs an interpretation around his possible internal conflicts around sexual anxieties. The analysis points to Oliver's manifest behaviour and his interactions with one girl in school to construct this interpretation, as well as his speech about other girls' behaviour. The interpretation

highlights apparently contradictory or conflicting behaviours and speech in relation to the girls at school and uses these to posit an underlying emotional conflict.

The psychoanalytically-informed account offers something that the discursive account fails to offer, in my estimation, which is potential insight into the inner or emotional world of the interviewee. Motivations, conflicts and emotions within the world of the interviewee's relationships are plausibly interpreted and referenced with Oliver's speech. Although the analysis paints Oliver as anxious and conflicted, and suggests he is being teased by one of the girls, the analysis also, curiously, offers greater hope of agency than does the discursive account, perhaps by locating conflicts partially within the subject. It also offers, I believe, possibility for greater compassion for Oliver. This interpretation is, of course, based on experiences which are not observable, and as such, it needs to be offered tentatively. By contrast, in the discursive analysis there is little or no account of any psychological motivation, conflict, or emotional life-world of the interviewee. For all its superb criticality of the linguistically-constructed world it somehow and curiously, offers little criticality of the subject.

Hollway & Jefferson (2013) respond to the critique of 'over-interpretation' of data through the top-down application of psychoanalytic concepts by referencing the idea of 'unconscious defences' as an epistemological cornerstone of their method. With this concept in place, the idea of the 'defended subject' and of interpretation, is 'an inevitable consequence' (p.153). They argue that there is 'dialogue' between the theoretical constructs they use, and the data, and that the use of psychoanalytically-informed research methods is an ongoing exploration and dialogue (2013, p.149). The question seems to be, whether there is 'room for doubt' in the analysis, or whether the authors are certain and convinced of their insight. The advantage of using these concepts, as Hollway & Jefferson (2013, p.154) argue, is the possibility for making links and connections which might be missed in an analysis based on the idea of a rational subject which takes accounts at 'face value'. Hollway & Jefferson note that a lot of disagreement hinges on what is meant by 'the unconscious'. This is apparent to anyone following these debates: Much depends upon one's acceptance or not of the validity of 'the unconscious' as a category of human experience, *and*, upon one's acceptance or not that methods are available which might enable interpretation of such unconscious experience.

Bereswill *et al* (2010) argue that Lorenzer's intention is precisely to avoid a 'top-down'

imposition of concepts, by ‘attending to the ways in which a text works on or plays with the reader’s subjective experience (unconscious and otherwise)’ (p.5), thus allowing meaning to emerge. My own position is that there is some validity in the critique that these methods are ‘top-down’ in their analysis. However, I would argue that this does not preclude the methods from use or validity. Despite criticisms, for many researchers and readers, psychoanalytic concepts introduce something engaging, human and potentially illuminating to otherwise sterile research endeavours.

Ethics

Hollway & Jefferson (2013) argue for an ongoing ethical relationship with participants. I adopted this approach which I see as positioned within the traditions of ‘virtue ethics’ and ‘ethics of care’ (Haverkamp 2005). Virtue ethics places emphasis on the responsibility of the researcher to act in a virtuous manner throughout the research enterprise. In this way ethics is located within the researcher’s character and is central to the enterprise rather than located in an abstracted set of rules. Virtue ethics is similar to a feminist-based ‘ethics of care’, which locates ethical decision-making within the relationship between researcher and participant. Throughout, I was mindful of participants’ apparent support structure in place and the likely impact of any historic ending processes (e.g. separation, bereavement).

Working within these ethical traditions provides a full commitment to the principles of the BPS *Code of Human Research Ethics* (BPS 2014):

- Respect for the autonomy and dignity of persons
- Scientific value
- Social responsibility
- Maximising benefit and minimising harm.

I explored the issue of whether my analysis should be offered back to participants (this also speaks to questions of the trustworthiness of the interpretation). Wetherell (2005) queries the ethics of analysing the participant’s ‘character’ and not sharing this analysis with the participant. However, it is not necessarily ethical to share such analysis with the participant, as noted by Hollway & Jefferson (2013). Neither is it necessarily unproblematic: Hoggett *et al* (2010) describe how the boundary between therapy and research became blurred when they undertook dialogue with participants about the analysis. Chase (2011) makes the point

that in narrative-based methods there is a greater risk of participant vulnerability and exposure because the research text will tend to use longer excerpts from interviews than is the case with other methods. She argues that it is good practice to return to participants and ask again for consent once the final shape of the text is known.

Given my participants' experience of processes of self-reflection during professional training and practice, a presumed commitment to ongoing self-learning, and supervisory support, I considered that the arguments for sharing the analysis with my participants were strong. Also, I instinctively favoured what I perceived as the greater transparency and equity in this position. My original intention was to invite dialogue about my interpretations, but it became apparent that this was not straightforward. There proved a methodological challenge in inviting dialogue having precluded dialogue from the bulk of the first interview (having asked participants to narrate an ending without me asking questions). Initially, I envisaged offering participants my interpretation in advance of the second interview. In reality, it was simpler and felt more engaging to share my (and the group's) analytic ideas, responses and potential insights within the second interview.

I sent a draft of the final case study to each participant inviting comments and offering an opportunity to request changes or omissions or to withdraw the material entirely if they wanted. All four participants continued to give informed consent for the material to be included in the thesis.

In terms of concrete ethical steps, I aimed to:

- Be clear about the background, aims and method of the project in communication to participants
- Seek informed consent throughout
- Provide contact details of research supervisor and university to participants
- Take all reasonable steps to ensure confidentiality, by keeping recordings, transcriptions and notes secure in a locked cabinet and ensuring that recordings are heard only by me
- Destroy transcripts and recordings once project and viva are complete
- Make all efforts to anonymise participants.

Research Design

Sampling

I recruited qualified practitioners with at least five years' post-qualifying experience. This speaks to both the welfare of the participants and the integrity of the research data. Endings can engender intense feelings, and I reasoned that experienced practitioners would likely be better able than recently qualified practitioners to work with the potentially emotive material which participation might bring up. Less experienced practitioners might be more defensive around their practice. I also reasoned that experienced practitioners would be more likely to have engaged in reflective practice over a number of years and would be better able to put their experiences into meaningful personal context. Therefore, they would be more likely to offer accounts which would provide rich material with greater contextual depth.

Following my own experience, described on Page 1, initially the focus of the study was on therapists' experience of pre-planned endings. It proved very difficult to find participants, whilst several therapists showed interest in exploring the endings of their open-ended therapeutic contracts. After consideration and consultation, I shifted the focus to open-ended therapeutic contracts.

I wanted therapists to speak about endings of therapeutic processes of some duration, reasoning that the experience of the ending would likely be of greater subjective significance to the therapist either professionally or personally, or both. However, I held lightly the assumption that a therapy of longer duration would necessarily lead to a deepening of the interpersonal process between therapist and client and would necessarily produce richer material. In the end I chose to leave this decision to the participant. Anyone agreeing to participate, I reasoned, will already feel that they have something to say about the ending of a piece of client work, and be experienced enough to have a good range of experiences to draw upon.

The research is aiming for idiographic knowledge with each case study an exploration of an idiosyncratic narrative, hence there is no rationale for recruiting a homogeneous sample. I suggest that individual difference will likely enrich the analysis of the material. I initially planned to recruit around six participants. I advertised for participants in my local area. I emailed (or asked others to email a flyer on my behalf) around several counsellors' and psychotherapists' distribution lists, including lists of counsellors at two counselling agencies

and a list of therapists in private practice in the region. I asked therapists, especially those more established therapists, to recommend colleagues who might be interested or willing to participate.

I provided participants with a Participant Information Sheet (PIS) (Appendix Two) detailing the aims and procedure of the research and what will happen to the data. Interestingly, the text of the Participant Information Sheet shows, understandably given my relative inexperience, some uncertainty about how the research process would unfold: My understanding deepened as the study progressed. There is an omission in the PIS, resulting from an oversight on my part to amend the text having incorporated the group interpretation element into my method. The PIS should have included a statement to the effect that a short section of the narrative will be interpreted within a group including me, to triangulate and aid my interpretation. I offered a third, 'ending meeting' to participants to model the subject matter of the study (no-one took up the offer). I asked participants to sign a declaration of consent.

Participants

In all, I met ten participants. Participant 1, I interviewed about a 'pre-planned' ending, before re-formulating the study. Participant 2 did not wish to proceed to further participation. I proceeded to interview participants 3, 4 and 5 twice about endings in open-ended therapeutic contracts, trying to analyse the interviews using the FANI framework (as described above). Following my adoption of the Depth Hermeneutic Method I reasoned that it would be methodologically unsound to re-interpret these participants' narratives using the Depth Hermeneutic Method after I had already returned to the participants for a second interview. Therefore, I followed the methods as described in this chapter, with Participants 6 through 10 and four of these accounts are presented in the study. Participant 7 was unavailable for a second interview for health reasons. I have therefore presented narrative analyses of Participants 6, 8, 9 & 10. Of these four, all are female and white, two are British, and two originated from English-speaking countries outside the UK and have been resident in the UK for many years.

Of these four participants, Participant 6 ('Mary') was reluctant to offer a second interview. She never said 'no' but did not respond to email requests for a second interview, and later did not respond to my suggestion of an email dialogue instead of an interview. At this point I

accepted that she did not want any further interview dialogue. I have decided to present the analysis of Mary's one narrative interview anyway, with her informed consent gained through her response to my email offering her the final draft of my interpretation. There is precedent for the use of a single interview in psychosocial narrative analysis (see Bereswill *et al* 2010, Frosh & Saville Young 2008). Frosh & Saville Young (2008) talk of the importance of grounding the analysis in enough biographical material to make the analysis plausible and trustworthy. In my view, the interview meets this criterion. Our one interview yielded a significant amount of biographical material. I believe that the analysis represents a very good example of the use of the group interpretation method.

Interview strategy

Interviews took place either at the participant's home or practice room. I recorded the interviews using a digital voice recorder (DVR). The recording was uploaded to a PC using the DVR software and transcribed by me. During the interviews I made notes about my expectations, anxieties, emotional responses, thoughts, ideas and images which came to mind at certain points. Transcribing the interviews was another opportunity to hear back the recording and listen for tone of voice and style of communication between the participant and me.

I asked participants one open question: 'please tell me about the ending of one piece of client work which feels significant'. I asked them to talk about this for as long or short as they wanted, starting and finishing where they wanted. I explained that I would not ask questions during their narrative, except to prompt or ask if there is anything else that they want to say. They were free to include whatever felt relevant to the story. I explained the reason for my lack of questions being an intent to not interrupt whatever felt relevant to them with my own ideas and the basis of the methods being to elicit a 'whole' narrative. Once participants had come to the end of the sequential narrative about the ending, I asked two further questions: 'Does this ending resonate with any other endings in your life?' and 'What, if anything, do you feel you learned from this experience?'

Each participant was interviewed twice, except, as previously stated, Mary. The time between first and second interviews was roughly one year in each case. In advance of the second interview I sent each participant a copy of the transcript of our first interview.

Data analysis

Following the first interview and its transcription, I identified one section as a 'core narrative' (Frosh & Saville Young 2008). This section was taken to the interpretation group and ideas and themes emerging from the group informed my wider analysis of the whole interview. I returned to participants for a second interview with questions based on the emergent interpretation. I analysed each narrative separately, on its own terms, with its own gestalt and meaning-frame relevant to the meaning-world of the participant in relation to the research interview setting.

The 'core narrative'

The Depth Hermeneutic Method suggests using one section of interview material of between one and 1.5 pages in length, on the grounds that anything longer will be too long for the group to process in the necessary detail whilst attending to different group members' responses. It is suggested that the researcher use a section with which he is struggling, or which evokes a strong emotional response, however, there is nothing to suggest that the method can only be used with such sections. For the sake of consistency, I chose as the core narrative the section of transcript in which the participant describes the final therapeutic session and/or the actual moments of ending.

The Interpretation Groups

I recruited qualified psychotherapists or academic psychosocial researchers to populate the interpretation groups on the basis that their training and experience would likely enhance their willingness and skill at applying their emotional, imaginative and intuitive responses to the transcript. I found participants from within my network of colleagues. I was careful to ensure that none of them would have a connection with the participant whose interview they were interpreting. I asked careful questions to establish that there was no connection, based on the professional circles and geographical areas in which they are involved. I was able to recruit group members from different training backgrounds, practice networks and/or geographical locations to my participants.

The interpretation group was given no information about other parts of the narrative, and minimal information about the therapist. The intention was to ensure as far as possible, that the group member's responses to the material were grounded in their reading of the text

rather than in pre-conceived ideas about the 'type of person' they thought was the narrator.

The Depth Hermeneutic Method: Steps of analysis

The first step in the Depth Hermeneutic Method (Appendix One) is the question: 'What is said?' This step aims to identify the manifest meaning of the text (a 'horizontal' hermeneutic). The second step is the question: 'How is it said?' This has two elements. One is, 'how is it said to the researcher?' 'What is the "meta-communicative" meaning in what is said to the researcher in the context of this part of the interview?' The second element is, 'what is the key feeling tone of each unit of text as it expresses the speaker's relationship to the people she is talking about?' This step of 'how is it said?' brings in the embodied counter-transference of the interpretation group members relative to each other, to the researcher and to the speaker of the interview text.

The interpretation group works through the core narrative line by line, identifying perceived feeling tones, position of self in relation to others past and present (including possible transference dynamics with me, the researcher), notable use of vocabulary or expressions, repetitions, pauses, avoidances, tone of claims and sequencing or juxtaposition of statements. The process involves continually asking questions of the text.

Line-by-line reading helps illuminate points at which:

- the narrative doesn't quite follow or switches from one subject to the next
- it is unclear exactly what the narrator is saying (which might have relevance)
- the narrator uses particular terminology
- the narrator doesn't elaborate, about matters which sound important or relevant
- the narrator's knowledge is unaccounted for (i.e. the process by which she knows something is unexplained)

The third step aims to interpret possible unconscious meanings more fully, yet still tentatively. The question now is, 'why is it said in this way?' Hollway & Volmerg (2010 p.3) again suggest two elements, the first being the manifest or straightforward meaning, and the second being possible unconscious meanings or strategies to the speech, potentially available to understanding through being:

> …aware of our feelings and wishes regarding our own transference and

countertransference reactions; regarding the scenes portrayed by the interviewee and regarding the interpretation group itself.

The method aims to question, ‘What does it mean to the narrator that this happened?’ ‘Why is it important?’ ‘How does the narrator's understanding of this event connect to other experiences, beliefs or feelings as the narrator has described them?’ What purpose might it serve to narrate this event in this way?’ Overall, the aim is to offer tentative latent meanings, based usually in the possible anxieties or conflicts of the narrator in context of the current situation, their biographical history and cultural context. It is based in the text insofar as it draws on information from the stepwise analysis.

Following the group interpretation, I applied the same stepwise interpretation procedure to the whole of the participant’s narrative, linking to, and building on, the group’s analysis. Out of this overall process emerged questions and hypotheses to take back to the participant in the second interview, to check their potential insight or to request further information. The final step is to write up the process into an interpretation of the participant’s experience and relationship to the therapeutic ending. Each narrative interpretation was offered to the participant for comments and to continue with informed consent. Two participants responded, briefly (Mary and Christina).

To bring together the four case studies and discuss the findings, I use ‘naturalistic generalisations’ (Stake 1978). I elaborate this process at the beginning of the discussion in Chapter Nine.

Summary

To explore and understand therapists’ subjectivity in significant endings I have asked participants to narrate a significant ending. I have argued for the use of narrative-based psychosocial methodology incorporating the use of embodied countertransference and analysis triangulated using an interpretation group. In Chapters Five to Eight, I present four case studies of participants’ narratives. Next, I offer an Introduction to the case studies.

Chapter Four: Introduction to the case studies

Chapters Five to Eight present four case studies of therapists' narratives of a significant therapeutic ending. Participants were asked to narrate an ending which feels significant to them, starting and finishing where they liked, with minimal prompts or questions from me and were asked two further questions: does this ending remind you of any other endings in your life: and, what, if anything, have you learned from this ending? Narratives were transcribed then interpreted within a group applying the Depth Hermeneutic Method to the core narrative and using the free association narrative interview concepts of the 'key to the gestalt' and the 'defended subject'.

The format of each case study runs as follows. I offer a précis and summarise the participant's original narrative. I then elaborate analytic ideas which emerged from my experience in the interview, the reading of the core narrative in the interpretation group and my reading of the whole narrative. I elaborate how these ideas developed through dialogue in the second interview (except in Mary's case). I work towards identifying a 'key to the gestalt' of each narrative and interpretations of possible underlying meanings in the narrative.

Throughout, I aim to make clear my thought processes and to ground my interpretations in the transcript, illustrating with verbatim quotes, to enhance the trustworthiness of the interpretation (Stiles 1993). I aim to show how imagery and subjective responses in the interpretation group were used in the interpretation. My interpretations are tentative and are only one possible interpretation.

Verbatim quotes are prefaced using initials 'I' or 'II' to designate Interview One or Interview Two (except in Mary's chapter), followed by line numbers. The use of a full-stop in quotes indicates one second's pause, hence '…' indicates a pause of three seconds. Where necessary, I have inserted my simultaneous speech into the participant's speech, or clarified meaning, using [brackets].

Overview of the findings

The interpretations emphasise the meaning of the endings found in echoes, replications or re-enactments of specific relationships, or relational patterns, in therapists' personal lives; specifically, within the close family (respectively sister; brother; children; mother). There

appears a depth of emotional involvement, investment and meaning bound up in these endings and therapeutic relationships. In one of the case studies, a transference enactment is clearly identified.

Uncertainty and anxiety about the ‘rules’ of therapy, especially around ending, is prominent in three, perhaps four, of the case studies. Each therapist varies in her approach to endings, her beliefs about endings and her way of making sense of the client’s ending. The personal and professional impact of the ending varies for each therapist. Two therapists take broadly positive feelings and meanings from the ending whereas two therapists are left with generally unhappy feelings and negative meanings.

Chapter Five: Mary's narrative

'Mary' is an experienced humanistic and body psychotherapist with 25 years' experience. I knew Mary before our interview as a fellow therapist. During a conversation, Mary offered to participate.

Précis

Mary presented a story of providing therapy to a woman with PTSD following a traumatic and abusive childhood who had then developed a terminal illness and died. Mary had continued to see the client right up until two days before the client's death. The key motifs in this interpretation are: the dramatic quality of the narrative; the possible religious association of the narrative; rhetoric; Mary's possible identification with and parallel processes with the client; and Mary's possible needs and anxieties in conjunction with my needs and anxieties. The significance of the ending seems to be based in Mary's historical wish to 'save' people that she believes she has let go of because of this ending.

The narrative

Mary's narrative of the ending of the therapeutic relationship winds its way through shocking peripeteia and runs like this:

A client comes to see Mary with a background of extremely traumatic experience (principally sexual abuse). The client starts therapy, works hard and therapy appears to be helping. Events take an unexpected turn for the worse when the client's sister is diagnosed with cancer. The client's therapeutic progress stalls. The client's sister dies.

Later, the client herself is diagnosed with the same illness. Lengthy treatment follows. The client begins to recover and enters remission. However, upon returning from a summer break, the therapist learns that the client has now been diagnosed with another illness, which is terminal. After further medical treatment the client dies, not long after diagnosis.

During the client's final illness, Mary continues to see the client, in hospital, and at the client's home. Therapeutic boundaries gradually become blurred. The therapist plays a therapeutic role within the client's supportive friendship group. Mary sees the client for the last time two days before the client's death.

Mary attends the funeral and hears from the client's friend about a death-bed cathartic experience of the client. For Mary this information is significant, and she relates this to the client having a 'good death'.

Mary reflects that her expectations about therapy have shifted and now include helping a client to achieve a good death. She reports that she asked the client whether it had been worth spending so much time and money in therapy and the client had denied any regrets about her use of therapy. Mary speaks of learning from the experience to let go of the meanings and purposes of therapy.

Mary reflects that it is helpful to tell the story one year on. She goes on to reveal that her sister died of the same illness as the client. Mary contrasts the client's 'good death' with her own sister's not 'particularly good or easy… death'.

Mary describes her realisation that as a therapist she had always recognised a desire to make everything better for others, or 'save' people, despite knowing at a cognitive level that this isn't possible. This ending, Mary says, has helped her to let go of such hopes.

Emergent interpretations

The interpretation group members and I read the 'core narrative' and, in my case, the whole transcript, identifying: Feeling tones inferred from the text and experienced in relation to the text; associations; notable use of language; the way the narrator appears to position herself in relation to others; and sequencing. Initial responses to reading the core narrative included: noticing the quality of a fairy story, with a happy ending; and feeling unsure of a response. A mixture of feelings and thoughts were evoked, from scepticism about some of the perspectives in Mary's account, through to anger, grief and fear.

Rhetoric

The group members interpreted that Mary's narrative uses quite a lot of rhetorical style speech. Rhetoric is described in the Chambers dictionary as: 'the art of using language to persuade others' and 'the theory and practice of eloquence'.

For example, Mary uses a list, a rhetorical device, with the 'punchline' of a 'fantastic death':

> Lines 199-201: she may have had a terrible life, with the childhood sexual

> abuse, with the violence, she may have had a very unhappy love life with abusive and violent men, but she had a fantastic death.

Mary continues, again with a rhetorical feel to it, persuading the listener:

> 201-204: And, um, all the love that she felt she didn't get – the love and protection and support that she didn't get in her early life from her family, she got it from her friends at the end

Embodiment

The narrative seems to construct and elaborate a partly rhetorical account of the aims or hopes of therapy, therapeutic change processes and Mary's philosophy of health and illness. This is bound up with the concept of 'embodiment'. My understanding is that 'embodiment' describes consciousness incorporating (literally embodying) our emotional (affective) experience and our somatic experience. It describes a congruence between our emotional (affective) states, bodily sensations, thoughts and expression (e.g. see Joyce & Sills 2014). Embodiment represents an epistemology grounded in subjectivity and pluralist viewpoints broadly situated within postmodern and feminist theories. Anecdotally, 'embodiment' appears to be a growing discourse within counselling and psychotherapy and wider culture.

Mary's perspective appears to be that illness is often, though not exclusively, a result of living in a 'disembodied' state. From the narrative, I understand this to mean a belief that emotions like anger and rage, if not experienced and expressed, will inevitably express themselves within the body in a destructive way and will contribute towards, or manifest outright, as physical illness.

For example, when Mary describes her reaction to hearing of her client's terminal illness:

> 111-117: it brought up all kinds of things of... irrational as they were, all kinds of things about a failure on my part, that the treatment for her PTSD had not worked, that um... that I'd been un.. unable to um... um.. help her to be *embodied* enough to.. um... to prevent her getting, developing illness. So there was no doubt in either of our minds that in this particular case, it, there was something there about 'cancer was her father'. It was the same annihilating energy that he had had

Mary's hesitancy in this paragraph is noteworthy, as it is different to her usual clear, confident articulation. At this point of introducing the concept of embodiment and her whole way of making sense of the client's illness, might Mary be anxious about how this will be received by me, and perhaps by a readership of the research, hence her hesitancy?

Again, when narrating her anxiety over whether the client regretted spending money and time in therapy, 'embodiment' is Mary's marker of the value of therapy:

> 286-295: Mary: …I did ask her if she regretted spending so much time and money in therapy
>
> Andrew: ah ha, you did
>
> M: you know, considering that it did not help her to live a long and happy and fulfilled life. It didn't succeed in healing her. And she said she had no regrets. That she was more embodied and less anxious then she had been before.. and that my support had meant a great deal to her
>
> A: mmhmmm
>
> M: ...and um...she thanked me

Embodiment seems central to Mary's narrative of this ending. Why is embodiment so important in the narrative to Mary? This stance identifies Mary with the client and with the client's friendship group, as we will see below, possibly heightening Mary's sense of belonging. This itself might be significant for Mary both personally and professionally. Another speculation is that Mary uses the narrative interview to explore, explain and identify with her values and assumptions about therapy, when speaking with a fellow therapist.

The centrepiece of the narrative: Key to the gestalt

Mary's narrative most fully expresses the notion of therapeutic action as embodiment in her narration of a conversation with one of the client's close friends at the funeral, which I see as the centrepiece of Mary's narrative of the ending. The relevant passage runs thus:

> 208-248: Mary: um, so I saw her on the Saturday. She died very early on the Monday morning. And, one of her close friends was there, one of her few

men friends was there, with her at the very end

Andrew: mmm

Mary: And at her funeral he told me something very, something that meant quite a *lot* to me. And that I felt was really important. In her therapy, she had ne- she'd become more embodied through the work that we had done, but she'd never been able to get to the point of being angry at how her father had treated her. She'd been able to come to a more adult place, a more embodied place, but she never was able to feel outrage at

A: mmmm

Mary: how she'd been treated.

A: mm

M: At the very end in the last night of her life her friend described to me a process she went through of complete catharsis.

A: mm

M: She went into a place of complete rage. She was thrashing around,

A: wow

M: she was making as much sound as she could, and he held her hand through all of that and he encouraged and supported her through all of that.

A: mmm

M: And, then he described that she then went into a very peaceful, very deep place.... after the release of all the anger and rage. And then she really went deeply unconscious and, er, and died,

A: mm

M: in the early morning of that night. So, um,

A: mmhmm

M: for me that really.. um.. I almost cried with relief when I heard that,

A: sure

M: because that – I had realised that, that, that was a problem, that she had never been able to feel the rage and feel the outrage

A: mm

M: about, about the abuse.

A: mmm

M: And, she was never able to mobilise that life energy to come out of the victim place completely.

A: mmm

L: And it was just, was such a relief to hear, that even though it was right at the very end, she had managed to do it.

At the end of the client's life, Mary reports, she had 'managed to do it': 'It' being, to fully feel and release anger, rage and outrage at her father.

Catharsis

For me, the narration hinges on this funeral scene – Mary's conversation with the client's friend, and what it meant to Mary. This section most fully expresses the notion of embodiment as the goal of therapy. In this narrative, not only has the client succeeded in becoming more embodied, by 'feeling the feelings' but she has gone a step further, by 'expressing and releasing the feelings', or catharsis.

In the narrative Mary says this conversation was a key moment for her. The way in which it is woven into the narrative, I believe, suggests it is the key to the Gestalt of the narrative, encapsulating Mary's experience of the ending and its significance. As such it bears enquiring into.

The ending in this case is both the Ending of Therapy (two days before the client's death) and the Ending of Life. In her story Mary explicitly claims that therapeutic process continued for the client until her last moments. The client's cathartic expression of anger is seen as

therapeutic and linked in Mary's mind to the aims and goals of therapy, bound up as they are with the capacity to feel and to release anger and rage:

> 214-232 excerpts: she'd become more embodied through the work that we had done, [*progress in the client's bodily experience of affect*] but she'd never been able to get to the point of being angry at how her father had treated her [*the therapeutic goal*]... she went into a place of complete rage [*catharsis*]... she then went into a very peaceful, very deep place.... after the release of all the anger and rage [*healing*]

Questions about the centrepiece scene

The narrative raises some interesting questions here. Mary narrates the client's catharsis from information which she was told by a friend of the client's, rather than witnessed herself. This again gives the narrative a rhetorical flavour. It also leaves the reader wondering how such a conversation might have come about, how the client's behaviour was described to Mary and how she made sense of it.

Why would one of the client's friends relay this information, in this way? Did the friend use the language that Mary relays (e.g. 'a process... of complete catharsis')? Or, did Mary construct her meaning from other words used? If the client was thrashing around, how did the friend know that this was an expression of rage, rather than, for instance, of pain? Mary doesn't report the friend linking the client's rage to the client's father, but Mary does explicitly make this connection. How can she be so sure? Of course, much more might have been said than that which is relayed by Mary – but this itself is interesting and forms part of the constructed narrative.

This section of narrative suggests to me that this conversation was held between two people who already shared a good degree of mutual understanding and information. My assumption is that there must have been prior conversations between Mary and the friend about the client, that the client's friend had a good deal of knowledge about the client's personal history and therapeutic journey, and, importantly, holds that knowledge in a broadly similar frame of reference and way of making sense of it, as does Mary. In other words, it suggests an unspoken, already existing shared understanding that much of the client's difficulties (or illness) stem from being unable to feel rage; that to do so and express it is inherently therapeutic and liberating; and that the client's death-bed behaviour was an example of

catharsis in this sense. Without applying this assumption to the narrative, the alternative would be to question altogether how Mary has understood the friend's information.

Mary herself explicitly ascribes central importance to this information from the friend. It represents both a belief and a relief that the client went into death released of something very negative, having achieved greater peace as a result. For the client, Mary feels, quite naturally, tremendous relief at – she understands – a good degree of liberation before death.

This information from the friend also represents a vindication of Mary as a therapist, might diminish her fear of having failed the client, and as such likely carries meaning in the ending for Mary:

> 265-270: M: when a client dies, you know, there's all kinds of stuff rational and irrational that comes up about what you might have done to
>
> A: mmhmm
>
> M: or what you did, what you did, what you didn't do um, that might have made a difference to their life force, that might have helped them stay well, and stay alive.

Redemption

This scene as narrated by Mary evoked imaginative and emotional responses related to the spiritual dimension of human life from three members of the interpretation group. One group member imagined Mary in the scene ministering to the dying person – a priest figure; or a nun. To me, the scene evokes images of religious art. Three group members experienced a response that the scene represented the client being 'saved' at the last and experiencing redemption; the client dies at home, surrounded by loved ones, rage and anger gone. Such 'scenic understanding' (Morgenroth 2010) aims to offer potential insight into cultural and personal meanings in the story.

Later in the interview, the following passage occurs:

> 430-441: M: I think it's helped me to see that you cannot save people
>
> A: okay

> M: you know, even though I thought, emotionally, and psychologically I *knew* that I couldn't save people, there was still some part of me that.. um....didn't want to believe that
>
> A: sure
>
> M: or, I was still coming from my childhood place of trying to make everybody all better
>
> A: yeah
>
> M: and, my idea of making people all better has completely changed. And it's much more inclusive of the death process, the end of life process, and um, and, and, the person's spirituality

To me, Mary's narration of the ending of therapy and of the client's life is told in language evocative of the client being 'saved'. Instead of letting go of the need to save, I suggest that the ending has given new meaning to, Mary's pattern of saving. Instead of 'making someone better', saving evokes a quasi-religious scene: the saving of the client's soul.

Whose redemption?

Beyond the client's redemption lies, perhaps, also Mary's redemption? Or so it was thought by three members of the interpretation group: the redemption comes across as 'belonging' to Mary. Mary's narrative is not only a therapist's concern for her client, neither is it entirely a therapist's relief at therapy having helped the client, though both these sentiments are apparent. Beyond these dimensions, Mary's narrative suggests an identification with the client's process. This, in my interpretation of this narrative, is the primary motif and meaning: it represents Mary's redemption; her own sense of being saved. This narrative describes a quest, tragic but ultimately heroic, for both the client and the therapist.

Why is this ending as important as it is? Perhaps, because it allowed Mary's 'interaction form' (Leithauser 2012) – of 'saving' people – to be played out in a renewed form; subtly changed, so that people might be saved in death, and saved through others' dying. There emerges in Mary's narrative a further, personal and poignant resonance.

Later in the interview Mary reveals that her sister died of a similar terminal illness which resulted in the client's death. However, Mary seems at pains to make clear that her sister's

death was ‘completely different’ for her sister and for Mary, compared to the client’s death. The words ‘difference’ or ‘different’ are repeated often in the narrative. The difference seems to begin in Mary’s explanation for the illness. This introduces a further layer of complexity and re-casts the client’s death in a new light.

Consider this passage of the narrative:

> 364-374: Mary: ...there is a lot of sadness about my sister because she was a very troubled woman.
>
> Andrew: Okay
>
> M: she was very troubled and she had a very big shadow, and she’d been quite an abusive and difficult mother for my nieces to have.
>
> A: right, mm
>
> M: and, um, because we came from a very troubled family, she and I. And um, you know, I did see the cancer as a manifestation of her shadow which she’d never been able to face, and, um, she didn’t die alone but she didn’t die with lots of love and care and support around her.

During the interview Mary does not elaborate about the details of the ‘troubled family’ she and her sister grew up in. Mary draws a comparison between the client’s journey into illness, and ultimately towards death, and her own sister’s journey into illness, and towards death. When Mary goes on to describe a little of her own sister’s terminal illness and death, Mary’s sister’s illness is explained as a direct manifestation of the sister’s own ‘shadow’ aspects.

What is meant by ‘shadow’? It is a word coined by Carl Jung and used across psychotherapy. Jung describes it in various ways, and notably for my reading of Mary’s narrative, his meanings included religious terminology. For Jung, the shadow is:

> …that dark half of the psyche which we invariably get rid of by means of projection: either by burdening our neighbours... with all the faults which we obviously have ourselves, or by casting our sins upon a divine mediator (1993, p.571)

Jung’s discussion of the shadow is presented within religious language, resonating with the

religious imagery produced in Mary's narrative. Mary describes 'shadow' as 'all of [my sister's] darkness and anger' (387).

By contrast, the client's illness is different. It is felt by the client herself to be a manifestation of her abusive father. In the client's mind (according to Mary), her illness and her father had become 'enmeshed'. This enmeshment begins even before the client's illness begins, when the client's sister becomes ill:

> 62-76: Mary: there was a sense of um.... that their father, had, was, from beyond the grave, their father was still killing them.
>
> Andrew: mm
>
> M: The um, so.. the abuse kind of merged with cancer, with, with the illness.
>
> A: mmhmm
>
> M: even at the stage of when it was just her sister that was terminally ill.
>
> A: mm
>
> M: So.. we did a lot of work that was based on Peter Levine [trauma theorist]. That we did a lot of trauma work, a lot of um affirmations about this is her body, she belonged to herself not to anyone else and all of that was very relevant to what she'd experienced as a child and, it did work for her to a certain degree. But when her sister got ill and died that's when there was a merging of the abuse, and the cancer. And it was very hard for her to separate the two, even at that stage, when she wasn't ill.

Despite her efforts otherwise, Mary cannot dissuade the client from this interpretation, probably because it tallies essentially with Mary's own interpretation:

> 111-125: Mary: it brought up all kinds of things of... irrational as they were, all kinds of things about a failure on my part, that the treatment for her PTSD had not worked, that um... I'd been un.. unable to um... um.. help her to be *embodied* enough to.. um... to prevent her getting, developing illness. So there was no doubt in either of our minds that in this particular case, it, there was something there about 'cancer was her father'. It was the same

annihilating energy that he had had

Andrew: mmm

M: and the same *effect* on her.

A: mm

M: …of course I don't believe that all illness is caused, you know that it was just a somatic symptom, um, very far from that but, in this case I think we both recognised, that, this merged quality between her father's brutality and cancer and even cancer treatment which was quite brutal.

Mary's account, as we have seen earlier, explains and explores her own perspective on physical illness and about what it means to be a healthy human being. In this case, Mary's philosophy fits with the client's own philosophy and so Mary found it difficult to draw the client away from interpreting her illness as literally, her father.

There is a tension in Mary's interpretation. Illness can perhaps theoretically be avoided, by being 'embodied', and Mary still feels in some way responsible for failing to help the client achieve this state and therefore stay well. Illness is not seen as a piece of bad luck, genetic disposition, environmental carcinogenic agents, or otherwise. However, Mary also acknowledges, 'I don't believe that all illness is caused, you know that it was just a somatic symptom, um, very far from that'.

Parallels

Tentatively, it is possible to make links and parallels. In one instance (the client) terminal illness is directly attributed to an intrusion, or expression of, parental abusive force. In the other instance, (Mary's sister), terminal illness is directly associated with the sister's own shadow. Mary explains that their family have had a 'troubled history' but doesn't elaborate. This suggests a difficult upbringing for Mary and her sister yet no possibility of causation by inter-generational trauma is applied to the sister's illness. Why might this be?

Perhaps the answer lies somewhere in Mary's wish to 'save' people. She was not able to save her sister, perhaps, but somehow feels saved by the client. I speculate here that for Mary there are two axes. First, the client's death offers a new model of dying, and as such offers some relief or even, redemption. Perhaps, Mary felt powerless to 'save' her sister or to

make it better? – I am remembering Mary's childhood wishes. The client's death somehow relieves Mary of the need to make it better. Instead there is a new way of making it better. Through assisting the client's dying redemption Mary experiences a sense of redemption for herself.

Second, Mary seems to identify with the client. Both have had sisters die of terminal illness. Both – perhaps – feel/felt a sense of responsibility for their sisters. This identification is more than personal because it is also located on the cultural plane. Mary's narrative is built around the often-rhetorical use of therapeutic language to explain a model of health, illness and therapeutic aims which seems implicitly shared by both the client and Mary (and, as we have seen, by the client's friend at the funeral).

The therapist's anxieties?

I have suggested that part of the reason why Mary articulates the narrative in rather a rhetorical way might be bound up with the narrative being a touchstone for her philosophy of health and illness, and therapeutic practice. Might there be more personal reasons? If so, which anxieties might it appease? To offer a speculative interpretation: might Mary have felt anxious about being judged for allowing therapeutic boundaries to disappear? Therapeutic boundaries went out of the window, gradually. Questions arise from the text: how did Mary come to realise that there was no point keeping confidentiality from the client's friends? Presumably there must have been some sharing of information in the first place, for Mary to realise how much the friends already knew. Throughout, there is a tension between the role of therapist, and being a human being. One can imagine that Mary might have felt uncertain as she followed this process to its conclusion. Mary says that the therapeutic relationship became a friendship and she appears to have become a kind of therapist to the friendship group. She could genuinely be of help – unlike to her parents and sister? There might have been something reparative in this for Mary – a deeply affective process in relationship – which she might have felt anxious about being revealed. It would have been easy for Mary to project a judgemental attitude on to me, heightened by my saying little during the narrative, which allows transference to build. In truth, I do have a judgemental side to my character, which might have helped Mary's projections along.

The relational dynamic and the interpretation

I am convinced of the value of the concept of embodiment in which Mary's narrative is

grounded, yet I am here uncertain about the value of another concept, catharsis. I suggest that co-creation might lie partly in a combination of my ambivalence and questioning mind, with Mary's certainty and her wish to express the life-changing experience of this ending. I wonder whether any scepticism on my part was felt unconsciously by Mary and therefore might have encouraged her rhetorical style, and her wish to emphasise the cathartic aspects of the client's experience. I appreciated Mary's willingness to offer her experience and was impressed by the genuine liberation she seemed to take from the client's death.

Mary responded to the draft of my interpretation (sent via email) commenting that it was very interesting to read my interpretations and wishing me good luck with the thesis. She added that she is not sure I understand body-oriented trauma therapy. She might be right. I understand Mary to mean that I have misunderstood the value or the reality of the client's catharsis as a release of rage. I have invited further dialogue with Mary at time of writing. I acknowledge here, the potential value of a second interview which would have allowed more dialogue. At this point, my response is that Mary may very well be right that the client experienced a healing catharsis at the end, but that my interpretation is primarily concerned with possible personal meanings for Mary in the hearing of it.

Conclusion

What I have presented are tentative interpretations of a narrative interview. Some of it is speculative. All of it is, as I have shown, grounded in Mary's narrative. It concerns questions of relational patterns and specific relationships, concepts of therapy, and personal beliefs. It is a remarkably interesting and rich narrative and I hope I have done it some small justice.

Chapter Six: Christina's narrative

'Christina', is a counsellor in private practice, qualified for five years. I knew Christina a little, professionally, before the research interviews. During a conversation Christina offered to participate. Christina is a white, female therapist in her 40s, non-native to the UK though settled here for many years.

Précis

This chapter explores the impact and meaning of a therapeutic ending with a client with whom Christina felt a 'very close connection'. 'Authenticity' appears important to Christina. The pivotal moment in the story is identified as a transference enactment in the final session, and deeper meanings of her side of this enactment, concerning similarities with Christina's relationship with her brother, are drawn out. In this piece my concern is solely with the counsellor's role in the enactment. Further working through of Christina's feelings related to this unresolved ending appears to take place during the second interview, and she relates the ending to a wider relational pattern in her life.

The narrative

Christina begins by stating that she felt a 'very close connection' with this client. The client ended suddenly, and Christina felt his departure as a great loss. Christina reflects on the weirdness of the therapeutic relationship in which you can go to 'deep levels' but it's not a friendship.

Christina comes to a stop at this point. This is a very brief account and no real temporal narrative. I have little option but to prompt. I ask Christina if she can remember the actual ending itself. Christina recalls that the client gave her two weeks' notice of finishing. She agonised over whether to give him a gift, and in the end she did – an artefact in the shape of an object meaningful to the client's work. Christina describes, with some difficulty, what the gift represented for her. The client gave her a poem. She describes, haltingly, the process of exchanging these gifts.

Again, there is a long pause. I ask Christina if she learned anything from this client or the way in which it ended. Christina describes her impression of the client as being willing to take a risk to share and to love. I ask about his poem and this prompts Christina to elaborate

a little about the client's creative work.

Following another pause I ask Christina if the ending seems to connect to any other endings that she has experienced. Christina connects the ending to her relationship with her brother – a brother who, she explains, had suddenly stopped returning her calls three and a half years ago. Christina goes on to say that the sense of loss following the client's departure is still there, though it has lessened. It left her struggling with the feeling that she would no longer be a part of his journey and was no longer needed.

Emergent interpretations: Positioning in relation to others; feeling states; imagery

Christina's style of speech during our first interview contained many half-finished sentences and the meaning of many sentences is unclear. After an initial reading through the core narrative three members of the interpretation group felt 'puzzled' or 'confused'. Group members wondered whether Christina's manner of speech reflected something unresolved in her experience of this ending.

Christina positions herself in relation to others in the narrative in something of a vulnerable way, having experienced a 'close connection' and then experienced a 'massive loss'. She appears to be more in a 'client' than a 'therapist' role at times. For example,

> Interview I, Lines 1-3: I felt like I had a very close connection with him… he was somebody that I could think 'oh he could be a soul friend';
>
> (I.16) ...there was a lot of 'do you, do you not see, what we've got' [response to client's decision to finish];
>
> ...there was a great loss for me… (I.25); I almost feel it was harder for me to let go than it was for him (I.37-38).

Christina expresses her opinion of the client or of the therapeutic relationship in a way which has an idealising ring to it. For example,

> I.50-51: somebody [client] can bring something of themselves to such depth;
>
> I.77: it felt such a gift what he gave;

> I.93-94: what a gift it was for him to be able to share so deeply;
>
> he was very courageous (I.102)… he was willing to take a risk (I.105)… it was almost like take a risk of love and sharing (I.108)

The most noticeable feelings in the core narrative, as interpreted within the group, were sadness, loss, and feeling bereft. Also interpreted were: longing, wistfulness, shock, surprise, disappointment, love, courage, and anger. These perceived feelings were congruent with Christina's stated feelings at the level of symbolised experience.

Two group members imagined Christina left 'holding' or 'carrying' something by the client's sudden departure. This evocative image potentially spoke to a scenic understanding of Christina's experience. This also raised questions of whether Christina might have 'carried' something for me in the research interview. It also linked with the question – always present in these interviews – of why Christina chose to participate and to narrate this ending.

One group member associated Christina's account to the play *A Doll's House* by Henrik Ibsen. She wondered about Christina experiencing a dilemma with the two men in her narrative – client and brother – and associated a sense of repression and 'everything kept in'. In the play, Nora finds herself in a dilemma with her husband and her husband's colleague, from whom she has secretly and illegally, borrowed money to save her husband's career and status. Was Christina 'carrying something' for two men in a similar way to Nora? The interpretation group considered the cultural context of discourses of traditional gender roles and my male gender as the interviewer.

The relational dynamic in the interview

The group members noted how hard it seemed for Christina to share with me and speculated on her anxiety about sharing too much – her apparent wish for connection with the client and perhaps with me, alongside her possible anxiety about intimacy. Was I Christina's 'client' or 'brother' again? The group members noted my 'hesitancy' at times, wondering how this might exacerbate Christina's anxiety around connection and sharing. The style of narrative interviewing, asking the participant to be forthcoming with a narrative coupled with my personal style which can be described as withheld to some degree, co-creates potential for the participant to feel anxious. These speculations proved prescient, as will be shown later, when Christina's possible underlying interaction forms are tentatively

interpreted.

The group members had the sense that the client had been ‘in control’ of the situation, not Christina. In listening back to the recording, I had the sense that I sounded ‘in charge’ of the interview despite the group members’ identification of my hesitancy. Perhaps these two experiences are linked, through the enactment of traditional gender roles with the men ‘in charge’.

Analytic questions

Christina’s confused speech might reflect her unresolved feelings and difficulty making sense of this ending. Christina’s half-finished sentences might also be read as self-censorship – coming forward, then turning back; frightened, then withdrawing, in context of an interview situation which might engender anxiety.

The manifest meaning is that Christina felt close to this client only to feel bereft, and confused, when he suddenly left, not dissimilar to her feelings about her brother. There are pointers to possible deeper latent meaning. Christina says about her brother: ‘I’m still not sure what I’ve done wrong’ [to cause him to stop contact] (I.P38). Might she entertain the same question in relation to the client? She does not say so explicitly in the narrative, but it seemed an obvious question to hold in mind. I identified a key moment in Christina’s narrative which I argue indicates a transference enactment, which I will explore later. The pointers in the text are: the strength of Christina’s feelings for both the client and her brother; her apparent conflation of the two; and the stated similarities between her brother and the client.

Although Christina seems to idealise the client for being able to ‘take a risk’ (I.105) for love, I wondered whether Christina herself had in fact taken a risk with this client, had made herself emotionally vulnerable, and had lost out. If so, what might be going on to make herself vulnerable again in the interview? There was something seemingly incongruent about Christina’s admiration for the client alongside his sudden departure. Early in the first interview, Christina uses the word ‘tantalising’ (I.19) to describe the client’s presentation. She was left with the sense that ‘there could be something more’ (I.21), and of something ‘he never voiced’ (I.15 & 24). Something seemed unconnected here: How did the client’s depth or ‘willingness to take a risk’ fit with his ‘tantalising’ presence?

What was the meaning of Christina's gift to the client? Christina struggles to explain her reasons. Again, it leaves a question: Here is a client who suddenly and inexplicably (to Christina's mind) leaves, leaving Christina feeling bereft and confused, so why give him a gift? These questions were taken into the second interview.

Approaching the second interview

In the remainder of this interpretation I will describe the process of my bringing back to Christina some of the points and questions raised during the initial interpretation. I will explore what I interpret to be one key moment in Christina's initial narrative, which identifies her part in a transference enactment, which I argue illuminates Christina's underlying confusion related to this client ending. I will go on to show how further exploration within the second interview of points raised in the initial interpretation helps Christina work through some of her feelings about this ending and contributes to a richer interpretation based in Christina's relational needs and patterns.

In the second interview a clearer relational dynamic emerged in my mind, partly assisted by the wider material Christina presented and partly because of a development in our way of relating. I felt something of a sibling connection with Christina. We are – I am guessing – of a similar age, and roughly speaking, at a similar stage in our professional work with clients, having qualified (from different training routes) within a few years of each other. Christina's personality mirrors my sister's personality somewhat, in her willingness to allow her frustration or anger to show, a trait which I admire, and which also makes me slightly wary. There is something exciting about Christina's presence, which at the same time brings a little edge of anxiety. My sibling resonance aligns with the material brought by Christina to the interviews, as we will see as this interpretation unfolds.

Authenticity

Both interviews contain numerous references which, when taken together, can be considered a trope of 'authenticity'. This manifest meaning constitutes part of the significance of the ending for Christina. There are numerous references to related phrases or words including 'authenticity', 'taking a risk', 'vulnerability' and 'deep knowing'. For example, in the first interview, Christina explains what she learned from the client:

> I.105: and I think… he was willing to take a risk;
>
> I.107-108: so I came away, yeah, I felt, yeah it was something about yeah 'take a risk'. It was almost like, 'take a risk of love and sharing'.

Christina appears to link 'taking a risk' with the ability to make a deep connection with others:

> I.5-6: ...the sessions were… sort of like a deeper knowing, so there was this connection

During the second interview Christina's valuing of authenticity emerges more clearly:

> II.172-174: what he wrestled with a lot was how, living authentically [ah], and that, that risking to….to have those deep connections with people. He made, would make himself vulnerable.

and,

> II.179-180: that vulnerability, is something. And also the knowing – there's almost something about him *knowing*.. the depth,

Christina's values are mirrored in her own experience of having been a counselling client herself. About her own counsellor Christina says,

> II.518-519: ...what I really really loved about her was, she was transparent,

and,

> II.542-543: it wasn't like any, being a professional and all.. you know, it was 'this is me'.

Christina's admiration and aspiration for authenticity comes across. Therefore, the significance of the ending for Christina, at one level, relates to her desire for authenticity and 'deeper knowing' (I.6) and her feeling that the client offered her such a possibility. This contributed to her bewilderment at the client's sudden decision to end and made this a painful loss for Christina. Christina's experience is reminiscent of Buechler's (2013) theory that we miss the person we are, or could become, with the client, when that person leaves.

The concept of authenticity can be associated to cultural discourses around gender roles.

The female role is traditionally associated with emotion and emotional availability, which might be connected to the idea of being 'authentic'. The female role is also associated with a sense of responsibility for relationships with others. Returning to the play *A Doll's House*, the protagonist Nora's sense of duty or responsibility towards others is so great that in the end, she decides that she must leave her husband and family to 'learn to be herself', that is, she realises the impossibility of being herself and being dutiful as culturally-required at the same time. Hence Christina's feeling of responsibility for the breakdown of her relationship with her brother in interview one (I.183-184): 'I'm not quite sure what I've done wrong?' can be placed in a gendered cultural context.

What counsellors should do

Christina describes anxiety about how a counsellor 'should be'. She is hesitant about giving the client a gift, perhaps partly aware that there might be emotional meaning in the act which she doesn't fully understand, but also because of her internal questioning:

> II.267: 'is this what counsellors should do?';
>
> II.269-271: It's this: 'what does this say?' … so in one way I was.. okay with it [giving a gift] but another, even now, I'll start thinking 'will I be hauled up!'

Uncertainty or anxiety about the 'rules' or boundaries of therapy is common to at least three of my participants. I interpret Christina's anxiety partly in terms of confusion between 'observing the rules' (whatever they might be) and 'being authentic'.

In my experience of humanistic and integrative therapeutic modalities, on training courses and in the literature, much is made of counsellors' aspirations towards 'authenticity', also known as 'congruence', one of the core conditions of person-centred counselling (Mearns & Thorne 2013). Counsellors expect to, and are expected to, 'be authentic' and there is some debate and I expect, some confusion about what is really meant by this term. I speculate that this cultural discourse might mesh with Christina's (and other counsellors') psychological needs and desires for connection and intimacy with ourselves and others.

Enactment: Acting not saying

A transference-countertransference enactment (McLaughlin & Johan 1992) can be thought of as a mutual, unconscious playing out of relational patterns learned in earlier relationships.

Christina's core narrative around the actual moments of ending seems to hinge on a noticeable enactment. I understand this to be the 'key to the gestalt'. Christina describes her struggle over her wish to give the client a gift:

> I.68-71: ...I remember thinking very hard because I wanted to give, um, I wanted to give him something that said something of his process, which I don't normally do, is give gifts, but I did in this instance just to say something.

She continues,

> I.73-76: I remember thinking very very hard about whether or not I should do that or not, um, but it felt important to me. I'm not quite sure why that is, 'cos I've never done it before.

Christina seems to say that she offered the gift as a way of saying thank you to the client for what he himself gave, of himself – perhaps his authenticity – though in her interview she struggles to articulate her reasons:

> I.73: ...Um, just to say 'this is what it felt like you gave'…

and,

> I.76-78: I wonder if it was something about, it felt such a gift what he gave, that I'd wanted to give something back

In the end, Christina gave the client the gift. Christina's difficulty in articulating in the interview what the gift represented for her, and what the client represented for her, speaks to possible unsymbolised or partly symbolised experience, in Lorenzer's terms (Bohleber 2016). This mirrors Christina's apparent difficulty in articulating her feelings in the actual final session with the client. She acknowledges,

> I.81-82: …and I probably couldn't quite, didn't know quite how to voice it so probably put it in a, in that sort of way [as a gift].

This sounds like 'acting in' in old-fashioned psychotherapeutic language, or a mutual 'enactment' in modern terminology, in which one acts or behaves a certain way because

feelings cannot be felt, and spoken about, consciously and safely enough.

Enactment: Client and brother

Later in the first interview, the contextual nature of the enactment for Christina becomes clearer. I ask Christina whether this ending seems to connect to any other endings she has experienced. Christina responds:

> I.169-170: he *kind* of um, he *kind* of reminded, certain aspects, of my brother (Christina's emphases).

It seems discernible from this statement that Christina sounds circumspect about this link, or perhaps she is anxious about revealing family secrets to me (holding in mind my role in co-creating these meanings). Christina continues, exploring commonalities in the respective personalities of her brother and the client. She then shares,

> I.177-181: Yeah I don't quite understand it, um, and er, I was *very* close to him growing up and um, through you know (inaudible) crap in our family that's happened and he kind of, it kind of brought us together in a bit and all of a sudden he's just cut me off and I haven't spoken to him for three and a half years

So, like the client, here is another man with whom Christina felt close, a much stronger presence than the client, who suddenly and inexplicably left her. I am aware of my presence as a man. In response, I suggest that maybe it 'felt a bit like a parallel thing' (the client's departure paralleled the way her brother had departed), to which Christina responds,

> I.192-193: They were parallel, they kind of met. It was a para- but they kind of things met

I suggest that this statement is very significant. Christina is saying that the endings, or ruptures, with her client and brother were more than parallel processes: client and brother 'met'. In my understanding, this means to that some extent, client and brother became the same person in Christina's mind, a conflation. This suggests a transference enactment, in which the 'as if' quality is missing, and instead the client *really was* the brother in those moments. This illustrates the deeper nature of Christina's part in the enactment. We cannot know the client's part in it and it is not within the remit of this study to understand the client's

role.

Christina realised the connection with her brother at the time the client left:

> I.197-198: I knew there were things which were touching on with my brother

She also acknowledges, early in Interview Two, having read the transcript of Interview One,

> …some sort of transference-countertransference whatever, which one it is, was going on for me (II.31-33).

Brother-client: Further exploration

In our first interview Christina says,

> I.183-187: He [brother] doesn't want to talk to me. And I'm not quite sure what I've done wrong. I have inklings but I'm not sure. Um, I'm – I wonder if there was that sort of, um, I wonder if there was parts of that sort of my relationship with my client that, what I – it was like I had got my brother a bit.

Christina sees the connection but seems a little cautious about making too much of it. Had Christina also wondered what she had done wrong with the client? I had planned to ask this question in our second interview, but Christina beat me to it by introducing the thought herself, if only to partially deny it:

> II.121-124: I thought, you know, we were very close, me and my brother, so what, it's almost like 'what have I done wrong?' Um, and I'm not 100 per cent sure whether or not the client touched the 'what have I done wrong?'

The circumstances and relationships are obviously not identical. Still, the client left Christina with the same unanswered question of 'why are you leaving?' Reading back our dialogue, it seems that I nudge Christina towards accepting the same feeling about the client, and that she resists my nudging.

In our first interview, Christina says nothing about how her gift is received by the client, nor had I asked, an omission on my part which was noted in the interpretation group. Christina describes her reasons for giving the gift. In our second interview I asked Christina how the client received her gift. She doesn't answer directly. She again describes herself holding the

gift, then she pauses for eight seconds, then describes what she said to him about the gift, and what the gift represented on her behalf. I then prompt her a second time about how he received the gift, and Christina responds in a tighter, higher voice than usual:

> II.237-241: Yeah he didn't really say a lot [okay] but it felt like he didn't, he didn't say um (pause 8 seconds). He did seem to (*quieter*) yeah he did seem to.. yeah it felt like an honouring or a you know, sort of like, it wasn't like 'oh what's this all about?' It did feel like he, there was a sense of, I don't know actually.

This sounds sad. Although Christina says, 'it felt like an honouring', she is tentative, and she ends up at, 'I don't know actually'. She has given a gift, which means something to her, yet is unable to remember any response from the client. The image which came to my mind at this point during the interview was of the client discarding the gift, uninterested. My anxiety at hurting Christina meant that I did not share this image with her in the moment, though of course she will likely read the finished account. The image of the client discarding Christina's gift mirrors her brother's unwillingness to accept anything from her at this point. Perhaps between us something is becoming symbolised at this point.

New meaning-making

Bearing in mind the evocative image which emerged in the interpretation group, in the second interview I asked Christina whether she felt that the client had left her 'holding' or 'carrying' something after he left. After a long pause of nearly thirty seconds broken only by a soft sub-vocalisation, Christina responds,

> (II.417-426) Christina: …the only thing I can link it to – it's the loss, it's like 'this is it.. there you go, there it is, but I'm going now', so
>
> Andrew: So left you with the loss.
>
> C: Yeah, and I suppose 'carrying' - if I felt I was holding something would be holding the… this could… 'yeah I'm not going to show you everything' almost. 'I'll give you a taster'…
>
> A: That's what *he* was doing?

> C: Yeah like, 'I'll give you a taster but actually… that's all you're getting'

Christina seems to be moving into sadder, but more solid ground. At this point I ventured,

> II.427: Maybe that's what he does with, other people?

And,

> II.429-431: Maybe for him it was too… risky to get in deeper, longer, in a therapeutic relationship with you. Too scary maybe.

Christina finds my speculation helpful:

> (II.434-438) Christina: Which actually would make sense – actually when you say that, that might, ac- that actually does quite make sense [mm]. Cos it did feel like, 'why are you going?'
>
> Andrew: 'I'll give you a bit – just enough to, to really'
>
> Christina: 'Hook you';

And,

> (II.445-446) Christina: Actually that makes a lot of sense, actually, 'cos that's what it felt like actually

I suggest that this exchange represents some working through, some new meaning-making for Christina about this ending. The position that she has held since the client ended is one in which the client is idealised as someone who is willing to be vulnerable, who lives authentically and who can truly live a deep connection with others, a commitment to which she herself aspires. Now, Christina begins to feel that the client 'gave her a taster' and then left. She begins to consider the possibility that the client might have experienced a fear of deeper connection with others and thus fled. Christina begins to see the client as more human and less idealised. She moves towards a more grounded appraisal of the client and the ending.

A wider scene

The exchange above leads Christina to disclose a wider pattern in her life and relationships. During the exchange above, she introduces the phrase 'hook you' in a decisive voice,

suggestive of its significance to her. Christina then uses this word to reflect on her own process:

> II.447-451: And I get hooked, [mm], actually, that says a lot [mm], because that's where people hook me. They offer, something, and they go 'oh I'll offer you this' and I go 'yeh yeh yeh' and then it's not, it's either a lie.. or they go

I understand this to be Christina's interaction form underlying her interaction with the client in this ending and perhaps also with me, being voiced, and her disclosure came as something of a surprise. The client, and ending, activated Christina into a repetitive experience of hope and expectation of others – a wish for deeper connection – followed by an experience of feeling 'hooked' and then either abandoned or deceived. The scenic, dramatic quality of this script was evoked in the interpretation group through reading Christina's transcript. This allowed me to bring it back to the second interview which in turn allowed Christina to reflect, disclose this significant pattern and find deeper meaning in her ending experience, and it gives greater depth to our understanding of Christina's experience of the ending.

Conclusion

Christina seems to wrestle with the challenges of living and practising authentically. This ending is bound up with Christina's relational pattern of feeling 'hooked' by a perceived promise of deeper connection, only to feel abandoned or deceived. The process of the research interview appeared to help Christina to move forward in working through her confusion. Christina's interaction forms can be placed within a context of cultural discourses around gender roles and a sense of responsibility in relationships, and in the aspiration towards 'authenticity' within humanistic counselling.

I emailed Christina a draft of this chapter. She gave informed consent for the following text of her reply to be included, which can be categorised as 'testimonial validity' (Stiles 1993):

Thank you for sending this to me. I found it very interesting. It is so fascinating seeing someone's analysis of what is going on for me. What really struck me was holding the responsibility for a relationship especially with men- I think I do this with women as well but probably to a lesser degree. I am also wondering with my desire to make myself vulnerable is a way of me trying to lure others in as well to get a deeper connection. (In the same way I can feel lured by others). I wonder if there is something about boundaries, holding them for

myself and allowing others to have theirs doesn't necessarily mean loss of connection.

With regards to my hesitancy, I think there was definitely a trying to figure it out but also 'is this ok to say this?'- making myself very vulnerable. I think there is definitely something about vulnerability, connection, authenticity, boundaries that are all mixed up.

The loss as well feels like a rejection- I have offered something of my vulnerability and you have turned your back on it, rejected me. Interestingly with this client, that is how he felt with his relationship that he brought to counselling.

Chapter Seven: Jane's narrative

'Jane' is an experienced, white, British counsellor and supervisor in her 60s whom I had not met before the research interviews.

Précis

Jane offers a narrative of her work and ending with a client with complex needs. Jane's account focuses on her internal challenge and anxiety when negotiating a tapered ending. This interpretation of Jane's narrative draws out possible significance of feelings of love and care for the client, and Jane's experience of different 'self-states' in negotiating and narrating this ending.

The narrative

Jane begins by stating that she has chosen to talk about an unusual ending, one that she thinks would be seen as controversial, and says that she still has questions herself around the ending.

Jane describes what she calls the client's 'massive complexity' and the challenges of the therapeutic relationship. The client often confronted her over something she had said the week before which caused Jane anxiety. Jane often felt that she wasn't doing something right. Jane then describes some of the client's challenges and her feelings of being 'let down' by people.

After about a year and a half of therapy, about six months before the actual ending, Jane and the client started talking about ending and discussed the client's possible future resources beyond therapy. Jane describes the client's 'shock' following the sudden end of weekly sessions with her former therapist. Jane acknowledges her fear of being on the receiving end of the client's wrath and wonders if this fear had some bearing on her decision about how to end. At different points in the narrative, Jane muses on the pros and cons of the different ways that endings are arranged and on her experience of using flexible endings, and the dangers of such flexibility.

Jane states that the client came to express appreciation for the therapy, particularly so when Jane was willing to offer a boundaried telephone call. Jane realised that 'ending was going to

be a massive thing' for the client. Jane says she went with her 'gut instinct' to agree a flexible ending with the client, in which she agreed to space sessions out progressively further and further apart. They arranged to meet fortnightly, then monthly.

Jane reflects on feeling like a parent figure to the client and compares this feeling to her relationship with her own young adult children. Jane describes how the client asked for a three-month gap before the next session and Jane worried about whether she should be doing this, and if she did, whether she could answer for why. Jane agreed a three-month gap. At the subsequent session, Jane says, the client felt overwhelmed by the 'love, care and flexibility' of this agreement.

Jane returns to describing some of the challenges she faced in working with this client. After the three-month gap, Jane and the client agreed that Jane would be available for another session any time within the next six months. If the client hadn't made contact within six months, she (the client) would consider the ending to be ended. The client had not made contact, more than one year later.

Jane then describes how she and the client had addressed issues around ending such as the uncertainty of Jane's ability to guarantee to be available in six months' time. Jane states that she thinks this type of ending wouldn't work for every client. Jane concludes the narrative by stating, 'the minute you contacted me I thought of her' and how risky it feels to talk about 'something where you go outside your textbook'. She admits that she can't know how it was for the client.

I ask Jane what she feels she has learned from this experience, and she describes her supervisor's praise for her skill in assessing when to go outside boundaries. Jane also describes her 'family script' of 'did I do it wrong?' which is ever-present in her anxieties about her decisions.

Emergent interpretations

Throughout, the narrative is characterised by Jane's stated anxiety about going 'outside the textbook' by agreeing to this kind of ending which she sees as unconventional, and her fear of being judged for it. Perhaps consequently, the narrative has a somewhat justificatory tone overall. The narrative comes across as controlled, and prepared.

Members of the interpretation group experienced differing emotional embodied initial responses to reading the core narrative. One person wondered, ‘what’s the issue, what’s the problem?’ Another felt ‘detached’ and felt little emotion. A third felt ‘really warm and affectionate’ in response. One member suggested there was some ‘tension’ between Jane and me.

Feeling tones

Much of Jane’s core narrative is not particularly expressive of feelings, neither explicitly named by Jane nor subjectively perceived by the interpretation group members. Jane admits to some fear in relation to the client’s anger:

> I.76-81: on one hand I had quite a fragile placid type of person and on the other hand I had some um, anger and upset and I think let down in the counselling room… suddenly out of the woodwork came this sort of discontent with something I’d said the week before.

In my reading, the most noticeable language in Jane’s narrative regarding feelings, is her use of the words: ‘love’, ‘care’ and ‘overwhelm’ in one place. When describing the client’s response to meeting again after an arranged three-month gap, Jane says,

> I.308-311: but... this word ‘overwhelmed’, she [client] was overwhelmed by the flexibility of boundary and um, the love and care that had been put into us talking about the ending and what was right and wasn't right.

During the interview I made a note of my surprise at Jane’s words at this point. Upon reading the transcript I realised that this is the only time in the narrative that Jane uses these words and therefore I bore them in mind as being potentially significant in context.

Overwhelmed

The question was raised in the interpretation group about whether Jane herself felt overwhelmed at the final session, as well as the client, which might account for Jane’s apparent emotion when describing it. One group member offered their sense that the word ‘overwhelmed’ feels as though it ‘comes from nowhere’ in the narrative. Jane ‘can’t find words to describe’ this final session:

> I.314-316: ...she [client] said it had been an extremely healing time [the

> three-month gap] um, and that she'd so appreciated—I can't find words to describe this as I'm saying it actually.

Jane says of the client: ‘it was bigger for her than ever I can describe’ (I.317-318). Might the client’s return after the three-month gap have been ‘big’ for the therapist, as well? This interpretation is based on a sense of Jane’s seeming feelings of anxiety, joy, pride and appreciation at the client’s return.

If so, why it might have been ‘big’ for Jane? Also, what might have happened if the client had not returned? Would Jane have contacted the client? Jane’s uncertainty in her account is interesting given her years of experience and her status as an established supervisor. We can hold in mind the question about why this might be so.

Vocabulary and language use

Much of Jane’s narrative consists of thoughtful formulations of the client’s therapeutic needs and the tasks of therapy, which contrasts with Jane’s expression of feelings around the final session. For example:

> I.70-72: so what I er, increasingly became aware of in the therapy is a pattern of anger and upset um, with systems, um, individuals and workplaces… massive complexity...

> I.130-132: so we talked about resources and what there was around her that would be um, a good grounding for her to feel more confidence and to be able to launch her from a good anchor...

> I.156-158: and in many ways, as we know, those can be really good transferential feelings that can be dealt with and a lot can be done in endings for, for the advantage of the client.

> I.244-247: because of the complexities in the relationship, it sort of felt almost part of the progress, um, of the therapy, um, that she was having to deal with this herself with the resources that we’d carefully put in place...

Self in relation to others: ‘Did I do it wrong?’

One manifest meaning within the narrative is what Jane refers to as her ‘family script’ of ‘did

I do it wrong?' and the anxiety created around this script in relation to 'going outside the textbook' by offering to space out sessions progressively further apart as they worked towards an ending:

> I.302-306: ...I was thinking 'oh, you know, am I meant to be doing this [agreeing to a three-month gap]? Should I be doing this?' I mean, I'm an experienced therapist and in a way, as long as I can answer for why I'm doing something then, that's fine [mm], but I suppose that ate into my own history of 'shoulds' and 'oughts' and er, needing to obey authority;

And later,

> I.536-537: I guess there'll be a side of me underneath, a side of Jane that'll always think 'oh did I do it wrong?' I mean that's a real family script;
>
> I.558-562: ...I guess if we can't follow textbook we lay ourselves open rightly so, to, you know, a sort of.. you know; we have to be.. answer to ourselves and, at worst the complaints board (laughs) if anything went wrong as to why we've done something.

Wachtel (2002) notes the different attitudes in different modalities to 'tapering' sessions. It is often seen as important in experiential and cognitive-behavioural therapy but has been controversial in psychoanalytic circles for fear of denying the reality of the ending and being complicit in the client's denial. What seems important here is not so much Jane's position regarding these debates, but the emotive conflict engendered by her belief that she was 'going outside the textbook'.

Self in relation to others: Parent-child dynamic

A parent-child dynamic appears both explicitly and implicitly in Jane's narrative. About the client Jane says:

> I.277-279: I think what I ended up feeling is that I was er, a parent um with maybe a bit of an elastic between her and I;
>
> I.510-511: it felt like there was a young person inside [the client], um, wanting a parent.

At one point, Jane's narrative moves directly from describing her feeling of inhabiting a

parental role with the client to describing her experience of mothering her own adolescent/young adult children:

> I.280-291: I reflect on my children when they were adolescents and, and still now actually, even though they're in their twenties – I've got three (chuckles) – um, that lots of people feel that when their children go to university or leave home then that's their job done, but my view is that the attachment is even more profound at that time as they're becoming young adults... I personally feel it's it's a really important time to remain, to keep that attachment there and many parents also talk about feeling used at that time, where children come and go and use them as a bed and breakfast and then turn up as they want to (laughs), and I feel it's an absolute privilege to do that, to be used in that way.

Through sequence in the narrative, Jane draws a comparison implicitly, almost explicitly, between her parenting of her children and her 'parenting' with this client. Like with her own now-adult children, Jane is willing to 'be used' by allowing the client to 'come and go' as she likes, by arranging incrementally longer gaps between sessions and eventually agreeing to a period wherein the client may or may not come back.

Interestingly, two members of the interpretation group imagined a strong attachment to the client on Jane's part. Scenic images perceived by these group members were: the therapist as a child with her own parents; the therapist standing by the window longingly looking out; and the therapist standing with a stretched umbilical cord not knowing where the client is at the other end. Given this imagery, I held in mind that Jane might experience some depth of attachment feelings for the client and might experience anxiety at their expression in a research interview.

Self-states

One emergent interpretation was that the significance of this client ending for Jane is related to the interplay of different 'self-states'. Self-states co-exist with different agendas, feelings and needs, and are defined by the relational psychoanalyst Jody Messler Davies in terms of:

> unique internal self-organizations, the meanings created by these organizations, and the varieties of engagement with significant others that

> have the potential to emerge and solidify from within them (Davies 2005, p.783).

In more emotive language they are, ‘developmentally embedded voices that speak to us from earlier and more troubled times in our own lives’ (Davies 2005, p.797). Davies describes her own ‘littler, younger Jodys’ and ‘older, wiser more temperate parts’ (p.801)

Jane has described her ‘rule-bound child’ self-state (‘did I do it wrong?’), the part of her which is anxious about her decision to end therapy ‘outside the textbook’ and feels uncertain about how her account might be received by me. Jane also describes a maternal self-state, manifest as her willingness to work with a parent-child transferential situation in the therapy, her positioning of herself as a mother keen to allow adult children to come and go, and, possibly, strong attachment feelings to the client.

Jane’s anxiety about ‘what counsellors should do’; what are the ‘rules’ and where are the ‘boundaries’; and where exactly does authority lie, is seemingly present amongst at least three of my participants. It appears that Jane’s self-state expresses not only a family ‘script’ but is possibly connected to common professional anxieties: psychological and cultural forms permeating and constituting each other.

The relational dynamic in the interview

I felt surprise at Jane’s anxiety given her level of experience and my impression of her, but it is understandable given her anxiety about ‘doing it right’ and the research interview setting. I wondered what Jane imagined would be my opinion of her actions (Jane asked me this towards the end of Interview Two, as I describe later). Mirroring this, I experienced some anxiety about being judged by Jane. Would I come up to scratch? Was I wasting her time? Did I know what I was doing? Jane seemed professional, prepared, and organised. Partly, of course, this spoke to my insecurities as a novice researcher. It may also have represented a co-created dynamic based in a felt need to justify ourselves on the part of both Jane and me.

During the first interview, and whilst transcribing and analysing, I found myself judging whether I agreed with Jane’s choices and what I might have done in the same situation. Hence, in one aspect of our relating, I was either the judge or the judged. I know myself to have a judgemental side so, unconsciously, I was a willing participant in a mutual, justificatory dynamic between our respective, anxious self-states around the issue of

judgement. I was both a ‘parent’ scrutinising and a ‘child’ able to come and go as I please, like Jane’s children, but fearing scrutiny at the same time.

The second interview: Further self-states

I spoke about these ideas in the second interview with Jane: Jane’s unique statement of ‘love and care’; the possible strength of her attachment to the client; Jane’s different self-states of rule-bound child and mother; and her anxiety at narrating this ending and how it might be received by me. Jane introduced another part of her: the ‘rebellious child’ which wants to rebel against the perceived authority:

> II.55-59: ...so I've always got this sort of conscience on my mind about how we should be doing things, but sort of the other part of Jane is quite erm, determined not to abide by the law er, not out of negligence but there is a bit of a rebellious side in me that says ‘well why can't we do it like this?’ So the two go on in my head...
>
> II.217-218: ...I think there's a bit of a, a, a child, you know the rebellious child...

Jane also returns to her ‘motherly’ side in the second interview:

> II.166-167: ...I'm also aware that I can um give off quite maternal vibes to people, *very* maternal vibes...

Interestingly at this point, rather than elaborating further on her maternal side, Jane immediately segues into something related but slightly different—a reflection on her perceived tendency towards being ‘friendly’ with clients:

> II.167-172: ...Um, so, and I have to be aware of that bit, I think it, I think it's the bit that, people gain from, both men and women I would have said, and teenagers, but, but I'm also aware that sometimes people might experience that as something else.
>
> Andrew: Mm. Something else being? Um,
>
> Jane: Ummm, friendship

We are entitled to ask, is there any meaning in Jane’s quick narrative move from the

maternal to friendship? One tentative interpretation is that it might suggest underlying anxieties about Jane's maternal feelings for clients. This would certainly fit with the interpretation group's speculations about the strength of Jane's maternal attachment to the client.

I speculate that Jane's anxieties might lie in how her experience and expression of loving, maternal and friendly feelings towards the client might be received and accepted by fellow therapists. According to Buechler (2000), therapists' emotional reactions are judged within the profession according to implicit, shared cultural values. This is, in my reading, the 'key to the gestalt' of Jane's narrative.

Love and care: the key to the gestalt

I suggest that the deeper significance of this ending for Jane might be related to anxiety about her 'love and care' for the client being acceptable. As I described earlier, 'love and care' nestle almost hidden in the narrative amidst Jane's thoughtful formulations about the client and the tasks and progress of therapy.

In the second interview, Jane's feelings of love and care become clearer. Following our first interview, the group had wondered whether Jane herself had felt 'overwhelmed' during the final session, and Jane's response in the second interview shows just how much love and care she felt for the client:

> II.99-103: Yeah I think um, *she* was very tearful on our last session in fact the two sessions before when we'd been talking about it and um, it was tearful and overwhelm, um that I'd offered, um, actually I'm feeling quite tearful even talking about it and I haven't really thought about this, client for a long long while

We can imagine Jane's complex feelings of love and care for this client who presented with complex needs, was sometimes confrontational and angry and who provoked fear.

Why does Jane narrate this ending?

Jane says in our first interview (I.364), 'the minute you contacted me I thought of her'. In our second interview, I asked Jane why she chose to narrate this ending when it brings up anxiety about being judged to have 'done it wrong?' I wondered if it was a statement of

confidence in herself. Jane replies,

> II.209-219. Jane: Yes.. feels a bit risky as well though…
>
> Andrew: And it feels a bit risky.
>
> J: ...Isn't that crazy because I've got quite a bit of experience behind me and yet I, I think it's, I think it's the, I think it's one, because we never really know as therapists whether we've got it right or not.
>
> A: Yeah I suppose, yeah.
>
> J: Um, and I think that's the right way to be, is is, a bit humble or questioning about something, but, but also I think there's a bit of a, a, a child, you know the rebellious child but the child that wants reassurance, probably as well within, in me. Um, and it *did* feel risky to bring

Jane continues,

> II.236-243: ...the insecure child side would say, you know.. 'was it, was it all right? You know, what do [mm] you think?' So it would be search, I mean I'm,
>
> Andrew: Searching?
>
> Jane: I'm not conscious of this on the surface but it would be a bit about.. 'was it, was it all right? [mm] Would you do the same?' I'm not asking you that but just um [mm] um.... you know it, I suppose it, it raises well 'what would you think of me?' [mm] That stuff which is all family script stuff. Never goes away does it? (laughs).

For Jane there is an element of wanting reassurance that her way of ending is accepted by another therapist.

Conclusion

Jane's stated anxiety in speaking about this ending hinges on her anxiety about 'breaking the rules' of therapeutic work, and in so doing, opening herself up to the danger of complaints if anything were to go wrong. Jane's anxiety seems rooted in the needs of her

conflicting self-states of ‘rebellious child’ and ‘rule-bound child’. The interplay between internal and external, psychological and cultural forms, is apparent. I have interpreted a possible deeper level of significance in Jane’s possible anxiety about maternal and friendly feelings in context of implicit professional rules about the place of such feelings in therapy.

Chapter Eight: Laura's narrative

'Laura' is an integrative counsellor qualified for around five years at the time of our first interview. She is white, British, middle-class and middle-aged. At the time of our first interview Laura was working part time as a counsellor privately and in both a paid and voluntary capacity at an agency. Laura was known to me through a mutual friend and offered to participate.

Précis

Laura narrates a sequence of three episodes of counselling (two at a low-cost counselling agency and one privately) and three endings with the same client. Laura is 'torn' between wanting to help and fearing that the client will never leave. Ambivalence towards the client and the counselling profession features in Laura's narrative. Between our first and second interviews Laura decided to stop counselling work altogether, at least for the time being. The significance of this ending is seen at three levels: Laura's difficulties with this particular client; Laura's relationship with the profession of counselling; and the timing of Laura's care for her mother and her bereavement. Laura's narrative is unusual of the four, in that I have interpreted no obvious 'key to the gestalt', except, perhaps, the dominant presence of caring for her mother and mourning her mother's death.

The narrative

Laura states that she will talk about her work with a traumatised, potentially suicidal client at a low-cost counselling agency. Laura describes how the client often talked about flashbacks and other trauma symptoms as well as difficult things in her week and seemed to find this reassuring.

The counselling ended after one year according to the agency's policy and the ending brought up feelings of nervousness and guilt for Laura. The client wanted to continue seeing Laura, privately. Two supervisors advised Laura against seeing the client privately, nor was Laura set up in private practice. Laura felt 'torn' between not wanting to abandon the client and relief at ending. Later, encouraged by knowing that the client was keen to see her, Laura set up in private practice, and later still, the client found her. Laura agreed to see the client privately.

Laura describes the way she tried to help the client focus on what she had learned or gained as they ended their year of counselling at the agency. Laura describes it being difficult to talk about the client's trauma.

The client couldn't afford to continue private sessions so they had only a small number of sessions. Laura 'left the door open' for the client to come back to the agency for more low-cost counselling. The client approached the agency to request further counselling with Laura, the agency agreed, and so began a third period of counselling.

Counselling was 'difficult'. There came a therapeutic rupture which needed a lot of work to repair. Laura reflects on how she understands the client's traumatised states of mind near the end of their third period of counselling. Laura feels that the client was just as vulnerable as she had been at the beginning of counselling more than three years earlier. This time Laura knew it was an ending, definitely, even though the agency might have agreed to extend counselling. Laura tried to work towards the ending. She describes other support the client could access at that time. In the final session the client and Laura had tea and cake together, following a supervisor's suggestion. It was a 'light-hearted' ending.

Laura had been apprehensive approaching the ending. She feared that the client wouldn't allow her to end, perhaps by threatening suicide or 'totally freezing', but this didn't happen. The client was quite 'matter-of-fact' about it in the end.

Laura returns to the first ending and explains that the client had wanted to see her socially. Laura had felt very awkward saying no and explaining why. She had found herself questioning the therapeutic contract. With hindsight Laura agrees with her supervisors' advice to not see the client privately. She states that she has learned from this ending the importance of clear boundaries. She felt she was a bit 'meek' and could have been clearer. She realises that she is not there to fix people and has maybe learned what not *to do.*

The relational dynamic in the first interview

Laura is pleasant and accommodating, seems uncertain, and says she is unprepared. She expresses uncertainty that she will be able to offer as much as she expects I will need from her, in terms of time (in the event the interview was of a similar length to others). She seems anxious about doing it right and comes across as somewhat compliant. I intervene on several occasions, partly in response to Laura's requests for guidance. Who is making

decisions about how she should narrate the ending? Is it her, or me? This dynamic replicates Laura's desire for clarity and her uncertainty about making decisions in the therapy, as I describe below.

Emergent interpretations

Feeling tones

Most striking, was Laura's ambivalence about working with the client. Laura refers to feeling 'torn':

> I.97-99: ...And I, I was torn between um, wanting to offer that [further therapy], what she wanted, and feeling, um, that I really wanted to end, for myself;

> I.107-109: ...so I was feeling very um, torn really, between those two positions of um, not wanting to abandon her but also just wanting to end and.. not have to.. carry on with her.

The client wants to keep seeing Laura and clearly needs help, and Laura feels guilty at the thought of letting her down:

> I.89-92: ...[the end of the first episode of counselling] brought up feelings of um, nervousness about ending, um, guilt, er, letting her down… um, yes, kind of fed by her, in her comments, um, needing the counselling

(Later, in the second interview I checked out Laura's sense of duty. She responds,

> II.71-73: ...I think it was the sense of duty that that kind of, kind of, felt stronger than, than the advice from supervisors [to not offer further counselling] cos I knew her, I'd obviously spent all that time with her and they didn't know her.)

Other feelings interpreted from the core narrative by members of the interpretation group cohered around a feeling of deep care for the client, and a sense of uncertainty about what Laura was trying to say about the work and the ending.

Vocabulary, phrasing and repetition

Laura repeats several times in the narrative, the statement, ‘it felt difficult’, referring to the work with the client. For example:

> I.74: ...And it was always very difficult talking about the endings,
>
> I.173-174: ...there were times when we would talk about it [the client’s traumatic experience] and um, it would, you know, it was very very difficult
>
> I.202-203: ...so, the second lot of [agency] counselling was um, was difficult.

Following a rupture with the client:

> I.243-244: ...And so, she did, finally explain what had happened. Um, yep, so it.. ah, yeah, it was very difficult...

And as the final (third) ending approached:

> I.281-284: ...it was difficult because.. it had been this long period of time… and it felt like she was just, just as vulnerable then as she had been at the beginning.

I wondered what ‘difficult’ really meant for Laura, because she never elaborates. There was also a relational process in my experience of Laura’s words, which I will explore later.

Imagery

Laura’s description of the final session as a ‘tea party’ (I.307) provoked striking imagery and strong associations within the interpretation group. The final session occurs after a very difficult therapy for the counsellor, alongside likely feelings of abandonment in the client. Laura says that the client bakes a ‘massive cake’ to share (I.318). All the group members wondered whether this interaction might be symbolic of avoiding very difficult, perhaps very dark and frightening, feelings related to the ending – perhaps a sense of loss; terror or dread; or rage. Given what we know of Laura’s ‘torn’ feeling, her guilt, her fear of letting the client down, and the client’s fear of abandonment, it seems reasonable to wonder. One image offered by one group member was that of a sugary-sweet cake with razor blades inside it, the blades representing the darker feelings or dangers present in the ending, or a

'gift' to the abandoning counsellor.

An alternative perspective also raised in the group is that, perhaps in the face of feelings which were frankly impossible to work with consciously for either therapist or client, this was the best, or only, ending possible. Consciously, or unconsciously, this helped both parties keep it all 'contained' and to 'end well'.

Self in relation to others: Uncertainty

In her narrative Laura rarely describes the therapeutic basis on which she makes decisions about the work. I speculate that this suggests some uncertainty about her own sense of authority as a counsellor. I introduce this motif because it links with Laura's own stated uncertainty and ambivalence about counselling practice and about herself as a counsellor, which I explore later.

I offer two specific examples. First, Laura describes no clear rationale based in therapeutic process for offering further counselling following the end of the first period of counselling. Her decision is based in a sense of duty, and partly, in an interest in setting up in private practice knowing that the client is keen to see her privately. Second, Laura's decision to suggest making the final session a 'social' (I.304) comes from her supervisor and Laura offers little rationale for introducing it. Laura feels a sense of closure but does not attempt to articulate the process by which this might have occurred:

> I.318-321: ...I think it was the right thing to do. It felt like more of a closure. You know I can remember that session and hopefully she can, as an ending so I can see the point of that

Ambivalence about counselling

Laura's narrative suggests ambivalence with counselling deeper than her struggle with this particular client. Laura expresses her discomfort with the expected boundaries in counselling practice. Describing the third and final ending of the counselling, Laura states that she felt very 'awkward' (I.351) about holding a boundary not to meet the client socially. Laura goes on to say,

> I.353-354: It, it, yeah, it sort of made me, it did make me question the whole therapeutic contract;

> [356-359]...I was thinking yeah on a human to human level, that seems, does seem very harsh that I will never see you again. But I, I did manage to stick to that and, and I wouldn't have ever agreed to see her outside

The point was raised by two members of the interpretation group that the agency offers a limited number of sessions to someone who clearly needs long-term therapy which puts the counsellor, and client, in a difficult position. However, Laura is ambivalent about these feelings. Later in the interview, in response to my question, Laura says that she has learned from these endings,

> I.408: Well, I think the importance of, um, very clear boundaries.

In the second interview Laura's discomfort with counselling practice becomes clearer, and she describes her pattern of career progression, contextualising her uncertainty and ambivalence about her identity as a counsellor.

Approaching the second interview

My initial interpretation cohered around a picture of Laura's ambivalence and uncertainty. Material Laura subsequently disclosed in the second interview, and in advance of it, opened up new dimensions. When I approached Laura to ask for a second interview I received a reply agreeing to an interview and informing me that she had now given up counselling work. We arranged to meet, and when we did so, the first question I asked Laura seemed the obvious one: Had her experience of this client work and her difficulty in ending contributed to her decision to stop counselling? Laura:

> II.9: It did actually;
>
> II.29-38: ...I did feel that even though I'd seen her over that long period, longer than I would normally see an [agency] client, I wasn't.. sure that she was in a better place at the end of it, so it did feel quite dispiriting...
>
> Andrew: So, so it kind of.. knocked your, spirits, it was a bit dispiriting?
>
> Laura: And confidence.

Laura did say how some feedback from the client 'was quite positive, so I kind of felt like I'd done something to help progress' (II.51-52).

The significance of this ending for Laura can be seen on one level, as the culmination of a process which contributed to Laura losing confidence in her abilities as a counsellor or her willingness to offer counselling. However, other factors within Laura's personal biography seemed to contribute to Laura's decision.

Career patterns

Laura's positioning of herself in relation to the counselling profession apparently constitutes part of the significance of this client ending for her. Early in the second interview, Laura explains why in her mind, she chose to go against the advice from her supervisors and offer further work to the client, above and beyond her sense of duty:

> II.74-76: ...and also I just think it was a personal pattern of mine, to do that. I was reflecting on that today actually, about endings of work periods, you know...

Laura describes how, earlier in life, she had trained and practised in one profession despite her father, himself a practitioner in the profession, and her schoolteachers, advising that she might not be suited to it. Later in life, Laura decided to stop practising that profession and trained to become a counsellor. She then developed doubts about her suitability for counselling based on her perception of others' opinions. Laura says,

> II.83: so I was trying to *prove* something personally. I did it… [qualified and practised in the first profession];
>
> II.85-90: [I was practising] twenty-three years on and off… ...and then I, sort of made the definite decision that, it wasn't right for me and so looking back I could say 'yeah okay they gave me the right advice and I, didn't follow it' um, and then with counselling, um, that was a complete shift;
>
> II.91-92: but when I was doing my diploma, I just got a sense from some of the tutors that maybe it wasn't the right thing for me;
>
> II.96-99: so it felt like quite a struggle, to get through, and, at the end my marks were sort of average and I asked for feedback from the tutor and she met up with me and I just, got the sense that she, just didn't think I was one of the best students;

> II.101-102: but that didn't stop me, wanting to do it, I just kind of wanted to.. succeed in it.

Laura has articulated a biographical pattern: choosing career paths to which those around her are not sure she is well suited, wanting to do it anyway and to succeed despite others' advice. Laura's ambivalence both towards the client and towards holding boundaries, can be seen in this context. Laura herself notes:

> II.105-108: ...I wondered if there was a sort of, there was a, a repeat of, a kind of pattern, going on? And maybe the same thing was happening with the client as well. That's what I *tend* to do.

I think Laura is saying that she persevered with the client partly because she wanted to succeed, despite (or because of) others' suggestions that it might not be the right thing for her to do. Overall, the emotional toll of the work with this client, successive struggles to end, in context of Laura's ambivalence about counselling, contributed to Laura's decision to give up counselling work altogether. Although, as we will see, this is far from the whole picture.

Further ambivalence about counselling

In our second interview Laura describes her anxiety about 'holding' this potentially suicidal client and her frustration at what she perceives as the lack of clarity in the framework of counselling:

> II.162-167: ...this is a difficult situation and I don't really know how to handle it and there was this kind of iss-, ab-, issue really about what you do when someone is so suicidal. You know, who do you call, what, what are we supposed to do. You know, never very clear. I've always found that in counselling, it's never really clear;

> II.169-172: compared to, you know [in the NHS] it is really clear what you do, you know, you just follow these procedures but in counselling it isn't [no], um, and even when you take it to supervision, it isn't, you know

Empathy fatigue

At this point, I want to return to Laura's repeated phrase, 'it felt difficult' in the first interview, which I described earlier. At the time, my subjective response was frustration about the

vagueness of its meaning, and I noticed my judgement that ‘counsellors should try to open that up... she should try to be clearer’! I imagine that there is a transferential element to my judgement, considering my experience of a father who I perceive to be vague in speech, leaving things unsaid. At this point, I am concerned with drawing out Laura’s meanings underneath the phrase.

In our second interview, I asked Laura if it was possible to unpack the meaning of ‘difficult’ a little. Interestingly, I found myself offering her three or four possible meanings, thus foreclosing the possibility of an authentic answer and imposing my own meaning on to Laura’s words. Laura replies that it means ‘a bit of all of those’ (II.244). Laura elaborates her answer, describing her ‘annoyance’ at the client’s husband (II.244-245), who she had felt ought to be more supportive of the client:

> II.250-251: I mean her husband did sound like he was very um, could be quite antagonistic or, just not, caring and;
>
> II.252-253: I just thought I, I couldn’t get my head around that, really.

Laura also describes her frustration with the client for her way of relating to her husband and wider family which to Laura’s mind failed to accept responsibility in relation to others:

> II.265-267: ...she sort of reverted to this kind of childlike um, you know, position of, you know, everyone’s against me and people are being horrible to me.

Laura then acknowledges,

> II.280-286: ...I kind of wasn’t willing to empathise with her um, and, and that also sometimes extended in, in, you know, with other clients. I just, where I didn't, I couldn’t understand how they were um, reacting or behaving or thinking… so I just, felt like I wasn’t very good at empathising cos I, I found it hard to um, be, with somebody, you know, really supportive when I, completely disagreed with how they were formulating something.

The picture becomes one of Laura ‘holding’ the client partly out of fear that the client’s spouse was either unwilling or unable to do so, thus contributing to Laura’s sense of duty, and growing frustrated with the client’s behaviour which she thought was making the

situation worse, resulting in Laura finding it difficult to empathise.

We could speculate about Laura's possible anxiety at being judged for her frustration and empathy fatigue hence her use of the vaguer word 'difficult'. Or, it might be simply part of Laura's speech idiom. We could explore further the relational dynamic including my frustration and judgement of Laura and her uncertainty and ambivalence about counselling. However, the main point is that my noticing Laura's repetition of the word 'difficult' in her narrative, and being enabled by the method to follow my subjective response or 'suspicion' (Josselson 2004) that something might lie underneath it, enabled an insightful line of enquiry, uncovering strong feelings which Laura experienced which have relevance to Laura's meanings of the ending.

I am sure every therapist can empathise with Laura's struggle to find enough clarity, spaciousness and positive regard to stay empathic in such a therapeutic relationship. However, another, stronger factor influenced Laura's struggle with this client.

A deeper current

In Interview Two, immediately following the dialogue above, Laura returns to my initial question:

> II.311-312: ...yeah, going back to your sort of original question I think it [this client work] part, possibly did contribute to me stopping doing counselling.

She then discloses,

> II.323-326: Um, I mean another reason [for stopping counselling] was, was having my mother living here as well for those three, the last three years so a lot of my caring kind of focus was going, to her, um, and then sort of seeing her through, you know, to dying.

Laura finished working with the client around the same time as her mother died. Not only so, but Laura cared for her mother during the three years leading up to her mother's death, mostly coterminous with her work with this client.

The timeline runs as follows:

Year One		
October	Laura begins working with the client at the agency.	
Year Two		
Summer		Laura's mother moves in; Laura is her carer
Year Three		
January	Counselling finishes at the agency. The client requests to see Laura privately (not possible as Laura is not set up for private work).	
Year Four		
March	Informally, the client is advised by someone at the agency that Laura is now practising privately. Laura agrees to see the client as a private client.	
April	The client is unable to afford ongoing private sessions and ends private counselling with Laura after eight sessions.	
May	The client approaches the agency to ask for further sessions with Laura; the agency agree to ask Laura; Laura agrees.	
Year Five		
Spring	Final (third) ending at the agency.	Laura's mother dies.
Year Six		
March	First research interview	
September	Laura stops counselling altogether	
Year Seven		
May	Second research interview	

Laura explicitly links her decision to stop counselling to the impact of caring for her mother in her final years and her bereavement. Laura reflects that following her mother's death she

had failed to appreciate the impact on her emotional availability for clients:

> II.335-340: ...I think I should have taken a longer break as well ‘cos I didn’t really take into account my own grieving process, and just thought ‘oh I’ll be fine’, you know, sort of, a natural death and it all happened kind of well, it was a good death and de de de de, and but I kind of went back too soon and re- and just didn’t really care too much, enough you know, for for the client work, the clients.

It seems small wonder that Laura found it increasingly difficult to empathise with clients at this time. Perhaps Laura is now taking the break from counselling that she needed following her mother’s death, or perhaps she is moving on again in line with her pattern of career progression. Her account suggests that her decision to stop counselling was the right one, whether temporary or permanent, given her difficulty in empathising with clients. I contacted Laura after our interviews to offer to help her find therapeutic help to work with feelings which might have been re-activated because of our interviews. Laura assured me that she is able to find such help herself if necessary.

I am left with a sad feeling about Laura’s narrative. I still hold some hope that the process of being interviewed and reading this account might help Laura in some way to put this client work and its ending in perspective.

Conclusion

Overall, this interpretation highlights two underlying processes of significance for Laura related to this ending: Laura’s caring for her mother and her bereavement, and her pattern of career choices. Laura’s narrative highlights the challenges therapists face in coping with personal loss and grief whilst seeing clients and the crucial importance of identifying, and acting upon, our own emotional needs and state of mind, considering whether one is in a good enough state to practise and when to take a break.

Chapter Nine: Discussion

This study asked the following question: How is this particular therapeutic ending, significant for this particular therapist?

Related questions were:

1. Working with the assumption that therapists might experience considerable emotional intensity during and following endings, what shape might this take in each case?
2. How far does the timing – in the therapist's career or life – of the particular ending account for its significance? What, if anything, can be said about this?
3. What have therapists learned, professionally and personally, from their experiences of these endings and how far does learning play a role in the significance of these endings?

I set out to answer these questions by asking therapists to narrate an ending and interpreting those narratives using a research method based in embodied counter-transference. The discrete tools of the method include using a group interpretation panel to triangulate subjective responses; considering the relational dynamic in the interview; allowing the voice of feelings and emotions; and asking questions of the text in a certain way – noticing omissions, repetitions, sequencing, vocabulary use, tone, metaphor, imagery and claims made.

I have asked questions about possible unconscious processes, and explored how these endings of therapeutic relationships, and their narration to me, might have held meaning for each therapist 'beneath' the manifest meaning. In the analysis chapters I tentatively interpreted a 'key' to the gestalt in each therapist's narrative.

Overall, my interpretations of the therapists' stories highlight the influence and power of the therapists' personal (family) relationships in their experience of these endings. There appears considerable emotional investment in the therapeutic relationship and/or the manner of the ending. The concept of the enactment is useful in understanding these endings. Anxiety about the 'rules' and boundaries of therapy also figures strongly in these accounts. The therapist's work in endings, therefore, seems to be to attend closely to working with counter-transference (or own transference) issues in therapeutic relationships

in which the therapist is significantly emotionally invested.

In this discussion I draw together the findings. I do this by means of three ‘naturalistic generalisations’ (Stake 1978) of the case studies: therapists’ emotional investment and depth of personal involvement in the therapeutic relationship (comparing and contrasting); enactments in endings; and anxiety around therapeutic boundaries. Before presenting the generalisations, I explain the process of developing ‘naturalistic generalisations’ and provide an overview of the findings. I explore each case study in relation to the existing literature on endings in psychotherapy and counselling. In the section which follows – ‘the therapist’s work in ending’ – I develop ideas about the implications of the findings. I then reflect on the use of the method: contributions, practical applications and limitations of the research; and directions for future enquiry.

Naturalistic generalisations

‘Naturalistic generalisations’, as opposed to ‘statistical generalisations’ (Yin 2006),

> develop within a person as a product of experience… [by] recognizing the similarities of objects and issues in and out of context and by sensing the natural covariations of happenings (Stake 1978, p.6).

This process is both intuitive and empirical, relying on immersion, reflection and empathy. It uses ‘abduction’ involving ‘an empathic or intuitive leap’ (Timulak & Elliott 2019, p.11) on the part of the researcher and the reader. Timulak & Elliott (2019, p.11) state that abduction, ‘must ultimately resonate with the researcher’s and audience’s own experience and be assessed by them in their careful reading of their data or the examples given (“deduction”).’

Stake (1978) argues that the aims of case study research are: ‘understanding; extension of experience; and increase in conviction in that which is known’ (p.6). Stake refers to ‘understanding’ as defined by von Wright (1971, p.6) who paraphrases the nineteenth-century German philosopher Georg Simmel:

> Simmel… thought that understanding as a method characteristic of the humanities is a form of empathy… or re-creation in the mind of the scholar of the mental atmosphere, the thoughts and feelings and motivations, of the objects of his [sic] study

The analysis and discussion offer my ‘empathetic re-creation’; giving expression to ‘tacit’

(Stake 1978) awareness coupled with conceptual knowledge and critical reasoning. The other side of the method is to invite the reader to do the same as the researcher: to notice her emotional, imaginative and empathetic responses to the interpretation of the data as presented, alongside her critical faculty, and to use the two together in the way that I, and my co-researchers in the interpretation groups, have attempted to do. The reader begins to extend the knowledge to their own experience. Stake suggests: ‘As readers recognize essential similarities to cases of interest to them, they establish the basis for naturalistic generalization’ (1978, p.7).

The hope is that the reader will find in her emotional and empathetic responses useful insights for therapeutic practice and wider understanding of therapists’ experience. I suggest that this will happen mainly by the reader’s experiential knowledge becoming clarified and focused by empathy with the therapists in the study. Most likely, this process will involve a comparison with some quite personal aspects of the reader’s experience of working life and critical evaluation of the therapists’ decisions and justifications. Of course, different readers may well find different knowledge in the interpretations and discussion.

Overview of the findings

All four accounts show multi-layered personal, professional and theoretical meanings, feelings and motivations in the endings. All four accounts are deeply embedded in the personal biography of the therapist. There are, in each account, replications or re-enactments of other significant endings in the therapist’s life, in each case with close family members as well as others.

Each therapist in the study invested considerable professional energy and commitment, and significant personal emotion and effort, into their therapeutic work. It is this investment which seems to give these endings their emotional salience and significance. All four respondents were particularly affected by the ending that they narrated. Two accounts (Christina, Laura) show an especially difficult process of ending. Two accounts (Mary, Jane) appear more positive. All four respondents referred to their ideas of the ‘rules’ around therapeutic boundaries in relation to ending, and/or to the boundaries of therapy more generally.

Baum’s (2006) study found that the ‘way in which therapy is terminated and its perceived efficacy are closely associated with the therapist’s feelings at the end of treatment’ (p.102). This finding is supported by this study. All four participants’ accounts suggest an association

between the therapist's perception of the therapy's success or otherwise, the way it ends, and their own feelings following the ending. Those therapists who saw the therapy as successful (Mary and Jane), and who experienced a process of ending which seemed to be meaningful for the client and for themselves, experienced more positive feelings associated with the ending. Conversely, Christina and Laura saw the therapy as, respectively, incomplete and unsuccessful, and experienced more negative feelings.

The research findings suggest that endings, can indeed be experienced by the therapist as periods of unusually intense affect, and as difficult, painful, and anxiety-provoking experiences. This can be seen in the experiences of Laura, Christina, and to a lesser extent, Jane in their interviews. Whether this can be considered a period of 'crisis' (Quintana 1993) is less clear.

In relation to the third sub-question, 'What have therapists learned, professionally and personally, from their experiences of these endings and how far does learning play a role in the significance of these endings?', my interpretations have emphasised the significance of the connection with other endings in the therapists' personal lives over questions of learning. In terms of learning, Mary claims to have learned to let go of trying to save others, and Jane appears to have learned to trust her instincts in shaping an ending to the client's needs. These claims both suggest important learning from the ending, which is experiential, personal-professional, a maturing or growth of wisdom, not conceptual or theoretical learning. Laura says that she has learned the importance of boundaries but appears ambivalent about being willing to work within them, and Christina says that she learned to 'take a risk in love and sharing' but realises later, perhaps with some bitterness, that this was a hope rather than a real experience.

Perhaps, the method was not fully set up to answer the question about learning. The participants gave answers, but the methods did not push the enquiry in that direction. Possibly, the question was not an entirely fair one for the participants. They had to come up with something 'in the moment' unless they had reflected seriously upon it previously. Again, the question of 'saying the right thing' as a therapist might not have been far from participants' minds.

Emotional investment and the personal biography of the therapist

Each therapist in the study appears to invest significantly in the client relationship. Indeed,

each ending appears significant in part, because of the strength and shape of the emotional investment by the therapist.

My interpretation suggests that there is depth to Mary's emotional investment in the client and in the ending process and that such investment relates to her personal biography; in my view Mary's relationship with her late sister gives the process its full significance. Mary invested in the client's dying process; she found meaning partly because her therapist role became merged with her self as a person. This was new territory for Mary in terms of the loosening of boundaries and the sharing of 'care' and 'therapy' with the client's friendship group. Later, Mary appears to invest in the client showing her a 'good death'. In my view, it is a deeply personal account of finding some working through, even personal redemption, in the client's death. The personal is also shown in Mary's relationship with wishing to 'save' other people, which is both a professional and a personal trait. Through her investment in the client relationship, Mary feels able to move away from this wish to some extent even if, as I suggest in my analysis, the wish to save might still be there but is changed in some way. Mary's investment in her client and the therapeutic relationship also took the form of finding a shared outlook and meaning in physical illness and psychological distress.

At first glance, unlike Mary, Christina appears to have had little investment in a shared sense of meaning with her client about the nature and meaning of physical or psychological distress. However, Christina's investment is bound up with her values and understanding of therapy and, by implication, the goals of therapy. Christina invests in the client relationship by hoping for 'authentic' relating and connection at a 'deeper level', and she hopes that her client shares a similar understanding and that he will be willing to work towards this goal.

Christina's personal investment and need is apparent: Not only does she hope that her client will share an understanding and will value connection at a deeper level, but that the client will value connection at a deeper level *with her*. It is this personal need which gives Christina's account a flavour of unrequited love. There is a sense in her account that Christina wants something from the client that the client does not want to or cannot give. Like Mary, the significance of this client ending for Christina appears bound up with her family relationships. In Christina's case, this is her painful disconnection with her brother, which repeats itself in a transference enactment with her client.

Jane appears to have had little investment in sharing her perspective on therapy, illness and wellness with the client. Jane's investment in the therapeutic relationship seems more

ambivalent. Both Mary and Christina seem to have valued or appreciated their meetings with their clients. By contrast, Jane seemingly did not, and often experienced a good deal of anxiety, stress and even some panic in her meetings with her client. Overall, Jane maintains a stricter ‘professional’ stance with her client than Mary or Christina.

Alongside her professional ‘distance’ however, Jane seemingly experiences a maternal attachment and friendliness towards her client. There seems, therefore, a significant emotional investment on Jane’s part in this regard. Jane’s maternal attachment to the client seems analogous to her maternal attachment to her own adult children, so we can see the personal significance of this client ending for Jane, rooted in her family relationships, just as we can see with Mary and Christina.

Jane’s emotional investment in the client relationship is not unproblematic for her. For Mary, her investment in the client results in a new perspective on therapy, and even on life, possibly even a sense of redemption. For Christina, her investment in the client is initially experienced as positive and hopeful; it is only the end result which Christina experiences as problematic (a profound feeling of loss and rejection). For Jane, it appears to me, her emotional investment becomes the basis of reflective practice and self-scrutiny along the lines of ‘did I do it right?’, and she experiences conflicting self-states with different agendas related to this question.

Laura is the only one of the participants whose emotional investment in the client relationship and the ending does not appear to have a direct, transferential connection to her family relationships. Laura’s emotional investment seems ‘pulled’ from her, in response to perceived encouragement and pressure from the client to continue. Laura is ‘torn’. Laura’s investment seems to come from a response to the client’s perceived needs and wishes. Of course, the client work and its ending run alongside Laura’s caring for her mother and her mother’s death. This is the underlying factor in the work and is an obvious connection. But Laura does not seem to carry the same striking emotional investment as the three other participants, who seem to have unconsciously found in the client work and its ending, emotional investment and meaning which directly replays, or replays anew, a family relationship.

Laura’s work with the client is rooted in her personal biography at the level of her repetitive pattern of career choices. She chose to undertake counsellor training despite, as she sees it, not being entirely suited to the work (although some of her reasoning seems to be based on

assumptions about others' opinions of her suitability). Hence this client came to represent a test of Laura's sense of her suitability for the work; or a test of Laura's investment in counselling as a career choice.

Perhaps there are no surprises here. Endings which feel significant to the therapists in the study are those which echo, replicate or (in Laura's case) accompany significant endings or losses in their personal lives, especially in the close family. Our understanding is deepened as we can see the actual processes in play, enabling 'extension of experience' and an 'increase in conviction in that which is known' (Stake 1978). The findings show something important which is not necessarily about endings, namely, the strength of the influence of the therapist's personal biography, family relationships, and psychological needs and desires in the therapeutic relationship: the 'therapist as a person'.

Therapists' personal relationships and needs in ending

Fragkiadaki & Strauss (2012, p.340) identified the theme of 'therapist as a person' in therapists' experience of endings:

> The therapist brings to any therapeutic relationship her personal history and life experience. She brings personal attitudes, training guidelines, previous experiences, and assumptions to the therapy process.

These findings show how prevalent and influential is therapists' 'previous experience' and 'personal history' in the therapeutic relationship at ending. Enactments happen and therapists' psychological needs emerge in endings.

As Fragkiadaki & Strauss (2012) and many others state, therapists inevitably have their own subjective psychological difficulties, which may necessitate a need to work on their own counter-transference difficulties in therapy and especially, in the ending. These findings emphasise how true and important is this. Of course, in asking about 'significant' endings I have asked for examples where there is likely to be a particularly intense emotional investment on the part of the therapist. Nevertheless, the embeddedness of therapists' personal material in these endings and decision-making raises interesting and troubling questions about claims to therapeutic expertise which might or might not be made by therapists. How far do the meanings the therapists make of these endings serve their psychological needs? Are these therapists and by extension, other therapists, merely acting out their personal biographical patterns in ending? How much evidence is there of therapists'

'use of the self' (Rowan & Jacobs 2002) in these interviews in a way which involves conscious expertise?

The four therapists in this study vary in the way that they account for their work and acknowledge their personal material, and their ability to hold their personal material, or childlike 'self-states', in awareness whilst not allowing it to 'run the show', in Davies' (2005) metaphor. The therapists with greater experience (Mary and Jane) evidence greater clarity in their accountability, greater coherence in their model and application of their model, and greater confidence in knowing their personal material and narrating it whilst giving the impression that they were not overwhelmed by their own material. The two less experienced therapists (Christina and Laura) show a lesser capacity to hold, or contain, their emotional and biographical material within their client relationships and endings.

Enactments in significant endings

In the Literature Review, I noted the current consensus that there is a greater likelihood of transference enactments in endings (see Schlesinger 2014, Salberg, 2010c). Possibly, all four of these significant endings can be understood as transference-countertransference enactments. Certainly, all the accounts suggest a process between the client and the therapist which re-enacts other relationships in the therapist's life. I have explicitly drawn on the concept of enactment in the interpretation of Christina's account, which is verified by the participant. Laura re-enacted a pattern in her working life and in her responsible caring for her mother. Jane re-enacted her mothering pattern with her client, allowing the client to 'come and go' as do her adult children. Mary enacted a 'wish to save' her client, which was, in the end, possibly resolved differently through the manner of the client's death.

This research therefore supports the view that there is a greater likelihood of enactments in endings. It also appears to support Maroda's (2002) contention that enactments have as much to do with the therapist's, as with the client's, unconscious material. The therapist is a subjective being, interacting from and within her own biographical and more or less unconscious material in relation to a client who is a suitable partner in this unconscious game or invitation.

Endings and therapeutic boundaries

Questions about the 'rules' around ending, and/or questions about therapeutic boundaries and 'what counsellors should do', figure in each participant's narrative. Each respondent,

except perhaps Mary, expresses anxiety and uncertainty about 'doing it right' or the 'rules' of therapy. Even Mary discusses therapeutic boundaries related to attending to her dying client. Christina agonised over whether to give her client a gift; Jane worried about going 'outside the textbook' to offer infrequent sessions as the ending approached even though some authors (e.g. Greenberg 2002) advocate tapering sessions; and Laura, found therapeutic boundaries tough to maintain and found the lack of certainty from her supervisors unnerving regarding her client's suicidality. Bond (2018) describes counsellors' 'wish for certainty', describing his experience revising the BACP ethical framework. Some therapists, he writes, perceive the framework to be overly directive and controlling every aspect of therapists' work. Other therapists perceive the framework to be too loose – it doesn't tell them what to do in any given situation. In this light, the research findings suggest that there is an issue at the professional level around uncertainty about the 'rules' and boundaries of therapy. This issue seems to come to a head in endings in these accounts.

The way that each therapist worked with these questions varied, as did their relative confidence and the theoretical grounds for their decision-making. Each, in some way, struggled to identify her professional role and distinguish it from a more personal role. Some anxiety seems to relate to struggles to differentiate personal feelings and motives from professional role. More or less consciously, Jane locates herself as a therapist and as a mother; Mary and Laura locate themselves as a therapist and a friend; and Christina locates herself as a therapist and as a friend or possible lover. I speculate that conscious or unconscious anxiety about the confluence of personal and professional roles and their attendant feelings lies behind the participants' anxieties about boundaries. Speculatively, I also wonder whether anxiety about 'doing it right' and fear of professional consequences masks a deeper fear? Perhaps, as Baum (2006) suggests, the anxiety masks a fear of hurting or damaging the client and of feeling hurt and suffering loss oneself. Baum suggests the question might be, 'How do I separate and avoid pain?'

The case studies and the endings literature

Mary: ending-as-transformation

In Mary's narrative, there was no planned termination phase due to the client's death though there was a phase when, due to the client's prognosis, both therapist and client knew it was ending. Mary claims personal 'transformation' (Quintana 1993) through the ending, particularly through the confirmatory knowledge of the client's catharsis shortly before death

and a sense of the client's 'good death'. Mary claims explicitly, that her experience allowed her to let go of attempts to 'save' clients, and rather to help people to work towards a good death. My analysis of Mary's interview sees it somewhat differently and argues instead that Mary feels some sense of redemption for herself as well as for her client. An alternative interpretation might emphasise more strongly Mary's professed change of letting go of the need to save others. Whichever interpretation the reader prefers, the ending has a transformative aspect for Mary.

Interestingly, there is little suggestion of loss and mourning the client's death in Mary's narrative. By becoming a friend to the client and the client's friendship group Mary can share her experience of the dead person with others. Sharing one's experience of the deceased person with others who knew them is an important part of the process of mourning and one which is usually inaccessible to therapists leading to difficulties in mourning (Buechler 2000).

Mary attempts to evaluate the client's process in therapy, using different language to that used in much of the psychoanalytic and counselling psychology literature which speaks of 'internalisations' during therapy (of either the therapist-object or qualities embodied by the therapist and inherent in the relationship such as empathy, resilience, acceptance and compassion). Instead, Mary sees the ends of therapy as helping the client become more embodied. We do not know how Mary would conceptualise the ending of therapy in a 'normal' therapeutic contract. It would be interesting to have Mary's narrative interpreted by someone with greater knowledge and positioning within body psychotherapy.

Christina: ending-as-loss

There is no 'ending phase' apparent in Christina's narrative because it is an account of a sudden departure of a client when the therapy was, seemingly, beginning to get going and a bond had developed. The narrative is characterised by a sense of Christina's loss and abandonment by the client: 'ending-as-loss' (Quintana 1993). Christina's experience of the client's departure appears based in an 'interaction form' (Bohleber 2016) of hoping for depth of connection and then feeling abandoned or deceived.

Christina's account seems characterised by a desire for authentic relating and some sense of trying to get these psychological needs met in the therapeutic relationship. Mearns & Thorne (2013, p.118), speaking of 'congruence', often a synonym for 'authenticity', acknowledge the danger that the counsellor's 'own needs and fears become too intimately

tied to her awareness of her client and hence confuse her congruent responses'. Murdin (2015) describes 'therapists' narcissistic needs' (p.51), noting the 'temptations' and 'vulnerabilities' of therapists in this regard and suggests that clients might flee from the therapist's need for them. Christina therefore seems to have become caught in confusion between 'authenticity' and expression of her own needs. She seems to have feared losing the patient, perhaps contributing to his premature departure. Christina, perhaps because she was somewhat preoccupied with her own needs, does not evaluate or formulate the client's process or reasons for ending.

Murdin (2015) notes that sudden, dramatic endings in which the client leaves unexpectedly, leaving the therapist trying to understand what happened, create a high level of 'wear and tear' (p.50) on the therapist, which seems borne out in Christina's experience. Baum's (2006) research found that planning, initiation and speed of ending related to therapists' feelings at the end of therapy. Unplanned endings are more likely to result in greater feelings of mourning, anger, frustration and anxiety. Endings tend to be experienced as more difficult by the therapist when the client initiates ending, and when the ending is abrupt. All this is relevant to Christina's account. We can also consider Christina's past grief reaction (Boyer & Hoffman 1993) to the emotional loss of her brother who cut himself off from her, as a potential source of heightened anxiety at her client's decision to end prematurely. The meaning Christina found in the client's leaving was negative, confirmatory of a painful relational template.

Jane: ending-as-development

Jane attempts to evaluate and formulate the client's process in relation to her therapeutic decisions. She seems at pains to explain a conscious process of an 'ending phase', including 'ending work' (Quintana & Holahan 1992), mirroring her desire to 'do it right' and to show that she has followed justifiable steps. Jane also clarifies that she does not consider the ending phase to follow an agreement that no further therapeutic gains are possible and is a definitive end of 'treatment' (Schlesinger 2014). Rather, she considers the ending to be a staging post on the client's ongoing journey (Greenberg 2002) and quite possibly, a reparative process following the abrupt ending of the client's previous episode of therapy.

Jane appears to believe that endings can be a very difficult time for clients, especially clients who are needy. Her experience of the ending both subverts and supports the traditional narrative of ending as a time fraught with anxiety and sadness. Jane describes plenty of

anxiety but also expressions of love and appreciation, suggested as beneficial in ending by Craige's (2009) research. Jane appears to experience mixed feelings following the client's departure (Murdin 2015). Her tearfulness when recalling the final session over one year later, is a poignant expression of joy not sadness, at the client's gratitude and appreciation especially perhaps, from a client who inspired fear. Yet Jane states her relief as well. Jane seems to evidence something of Murdin's (2015) theory that the therapist experiences a transference to the patient as a loved infant (a subjective response on the part of the therapist to the ending). We can see in Jane's narrative the metaphor of ending as weaning, at least in an external, behavioural sense, originating with Klein (1950): Jane experiences herself in a maternal role; the client gradually reduces the 'feed', returning for one last 'feed'.

I have emphasised aspects of Jane's narrative devoted to maternal and loving feelings towards the client and Jane's possible anxiety about judgement of her feelings by other therapists. Buechler (2000, p.82) puts it thus:

> The [therapeutic] culture dictates, sometimes in subtle ways, the emotional reactions deemed 'appropriate' and acceptable. Although we might not be able consciously to formulate all the 'rules', we could probably listen to a colleague's case presentation and agree on whether his involvement with the patient seems 'excessive'.

An alternative interpretation might have made more of exploring Jane's stated anxiety and fear in counselling sessions in counterpoint to her 'love and care', and her mixture of feelings at ending. Or, more could have been said about Jane's anxiety about 'doing it right' rather than her perceived anxiety about her feelings.

Jane's open-ness to doing something differently, trying to let the client go in a new way, has a flavour of development about it - perhaps not in the classic sense of 'development-through-loss', though there is some of that, but mostly development through 'updating' the therapeutic relationship (Quintana 1993). The meaning Jane creates from this ending is affirmation for having tried to 'meet' the client outside of her usual 'textbook' procedure and this having been received and appreciated by the client.

Laura: relief in ending

Laura faced a similar situation to that explored by Baum (2006, 2007) in that she saw her client in a time-limited therapy service. Laura experienced the same feelings and concerns

Baum reports her participants experienced upon ending time-limited therapy: anxiety, frustration, guilt, a sense of abandoning the client, and concerns about ending prematurely.

A closer reading reveals that Laura experienced such feelings and concerns at the first time of ending with the client at the agency and my inference is that such feelings played a role in persuading Laura to see the client privately. By the time of the third and final ending my impression is that Laura felt disheartened by the lack of progress and simply wanted to stop. Laura's feelings of guilt and concern for the client seem to have been replaced by empathy fatigue. Baum's (2007) study found, unsurprisingly, that more negative emotions at ending correlated with perceptions of less successful therapy. In Laura's case, this correlation seems apparent.

Laura's experience suggests that time-limited therapy in agencies might be protective of relatively inexperienced therapists in 'holding' complex clients. Laura sees it as unwise to have re-engaged with the client after the first episode of counselling at the agency had come to an end. It is easy to empathise with her motives to see the client privately: a sense of duty; the feeling of abandoning a person in need; discomfort with the reality of lack of any further contact with the client (Baum 2006); and a wish to attract private clients. Yet in so doing, Laura went against two supervisors' clear advice. Later in her narrative, Laura expresses frustration and anxiety at a perceived lack of clarity within counselling regarding risk yet, she chose to disregard clear advice from two supervisors and in so doing placed herself in the position of 'holding' a risky client outside of the supportive context of the agency, at a difficult time of her own life. Laura struggled to hold to Murdin's (2000) injunction in time-limited work: to be prepared and work for an ending right from the beginning, or risk giving the message to the client that she cannot manage without the therapist. To make an 'empathic leap' (Timulak & Elliot 2019), Laura seems to feel let down by others, by the profession, and angry. My intuitive response is mixed: I can understand why she feels this way, yet I can also see that her choices contributed to her difficulties.

Laura's account 'ticks the boxes' of Boyer & Hoffman's (1993) study linking counsellors' past and present grief reactions to counsellors' greater anxiety during the ending phase. Whilst there is no quantitative measure of Laura's anxiety it is reasonable to suppose that her grief reaction following her mother's death affected her ability to manage the client ending confidently. Laura also perceived her client to be sensitive to loss, another factor linked to counsellor anxiety during the ending phase. It also seems likely, that Laura experienced

what Murdin (2015, p.61) describes as ‘an unconscious expectation of gratitude from the patient who did not know of her sacrifice’ – Laura’s sacrifice being continued emotional availability to the client whilst caring for her mother and having lost her mother.

My interpretation focuses on Laura’s care for her mother, her loss of her mother and her career pattern. Alternative interpretations are of course possible although it is difficult to see how interpretations might focus elsewhere and retain plausibility. The main meaning Laura makes from this ending is her question that maybe, she is not suited to counselling, which she links to her pattern of career choices (it is not clear how far Laura’s perception is influenced by counselling’s perceived lack of clarity and her ambivalence about therapeutic boundaries).

The therapist’s work in ending

These case studies show the unique relational patterns of the therapist involved in each ending. I have not been able to explore the client’s patterns, but we can safely reason that both people in the dyad will jointly enact a relational pattern, though not, presumably, always in the same highly charged manner.

Frank’s (2009) argument for a flexible case-by-case approach to ending is essentially the same as Firestein’s (1977) conclusion many years ago, except that there is greater consideration of the uniqueness of the dyad rather than the uniqueness of the client. The findings provide empirical support for the maxim of working on a case-by-case basis, working with the unique relationship which emerges in each therapeutic dyad.

In these case studies, ending is seen as a partly unconscious process based in the more-or-less unconscious behaviour of both client and therapist. Hence, planning an ending sensitive to the client’s unique psychological needs and relational history as well as considering the needs and ability of the therapist, might easily be taken over by enacting an ending based in unconscious motives and emotions. In this sense, Frank’s (2009) argument for a case-by-case approach is a truism and an aspiration. Working towards an ending of a therapeutic relationship in which the therapist has made considerable emotional investment requires sensitivity, honesty, courage, willingness to understand one’s own struggles as a therapist and as a person in ending, and good support.

If it really be the case that each therapist’s relational patterns and needs contain the seed of how the ending might go, what then is our capacity to do something differently? Jane was

able to work with her implicit template of the 'rule-bound child' fearful of punishment, and change her habitual way of doing therapy, to negotiate an ending which was different for her as a therapist. The value and impact of this experience upon Jane (we cannot know the post-ending impact upon the client) appears significant. For Mary, the client's dying faced her with a situation which all but required her to drop her usual considerations of the practice of ending and which resulted in her being able to change her meaning of the ending of therapy (to save people).

This study shows the necessity for the therapist to do his own work of ending. It suggests that the therapist is required to be active in imagining how the therapy is likely to end, for both client and therapist. This might be through using one's intuitive, subjective sense, such as the research methods have used in this study, to connect with partly-symbolised experience on the edge of awareness which might be instructive about one's own hopes and needs within the therapeutic relationship. One needs to try to imagine how the ending might play out *with this particular client at this time.* Work can be done both in self-reflection and supervision to understand what work needs to be done in the therapy. This is additional to developing general self-awareness around how we usually experience endings and behave in endings.

The findings clearly reinforce the importance of good supervision. Both supervisor and therapist need to be aware and alert to the need for support and reflection where there is emotional investment and/or entanglement in the therapeutic relationship. Such a process requires awareness, courage and honesty.

Reflections on the study

Goals and contributions

Levitt *et al* (2017, p.4) list six recommended goals for qualitative research in psychology: concept clarification; theory development; hypothesis generation; promotion of social justice; social transformation; and practical applications. Having struggled at the beginning to clearly define the research question and goals, I here retroactively apply Levitt *et al*'s goals to the study. The study is quite an open exploration of the experience of ending, motivated by curiosity about what to make of therapeutic endings, and a suspicion that the distinction between the personal and the professional as a therapist is tricky in practice.

Probably the biggest strength of the study is its practical application to reflective practice. It

speaks to therapists' private interest and curiosity about how others manage or struggle to manage, endings, related to one's own experience and practice. The subject is universal to all therapists professionally and personally and is a powerful area for many.

The study contributes towards theory development in deepening our understanding of the concept of 'therapist as a person' developed in Fragkiadaki & Strauss's (2012) study. It supports the concept by demonstrating how strongly, and in what specific ways, the 'therapist as a person' can emerge in ending, particularly, through re-enacting family relationships. The study also contributes to theory development by providing empirical evidence illustrating the likelihood of transference enactments in endings, as stated in the clinical literature (Schlesinger 2014, Salberg 2010c and others).

The study makes a significant contribution to the area of research methods. Whatever the critiques of psychosocial methods and the use of counter-transference in research, it seems clear to me that the study affords insight into the participants' emotional and relational worlds in these endings. The study is a clear indicator of the potential power of countertransference in research. As stated in the methodology chapter, Rustin (2009) speaks about the potential for psychosocial methods to focus on emotions in social science in a systematic way. This study has demonstrated this potential and the relevance of so doing. The 'highlights' of the method for me were the images and metaphors which emerged within the interpretation groups, which often proved insightful.

Quality and trustworthiness

Stiles (1993, p.601) suggests reliability in qualitative research is based in 'trustworthiness of observations or data' and is evidenced if the observations are repeatable. Clearly each story in the study would be told slightly differently to a different researcher at a different time, though one would expect most of the main happenings to be the same. I have supported trustworthiness in the data collection by reflecting on and questioning my role in the research interview and co-production of data, for the reader to evaluate.

Stiles (1993, p.601) suggests that 'validity' in qualitative research is found in the 'trustworthiness of interpretations or conclusions'. I think there are three components here. First, the reader needs to feel assured, within reason, that the data has been honestly produced according to the stated method. Second, the reader needs to feel assured enough that the interpretations are drawn from the data through a systematic process. Inevitably,

other interpretations of the material are possible. I have selected features of the narrative which to me, and to members of the interpretation groups, appear to link together. The reader needs to be able to see enough of the actual data – verbatim quotes – and enough of the 'workings' of the mind and method of the researcher, to feel assured of the validity of the interpretations. To support this, I have endeavoured to include as much verbatim transcript as possible within the word limit and explain my analytic thinking processes throughout. The use of the interpretation group adds to the trustworthiness of the interpretations demonstrating that they are not reliant on one researcher's subjective analysis. Third, in line with explications of case study research (Yin 2006, Stake 1978), the reader needs to evaluate the resonance of the interpretations with her own experience using empathy and critical reasoning.

Areas of contention

Timulak & Elliot's (2019) primary critique of much qualitative psychotherapy research is that of confusing the domain of investigation with the findings in a tautological way. The authors offer the following example: 'a study wants to find out what constitutes a good supervision hour (domain of investigation) and the main finding captured in the name of the main category is "a good supervision hour."' (2019, p.11). Have I 'found' my domain of investigation? The domain of investigation could be said to be 'endings' but equally could be said to be 'therapists' subjectivity'. If the former, the study has clearly avoided Timulak & Elliot's pitfall. If the latter, it is less clear. The main findings are therapists' emotional investments, personal patterns and needs, in endings, which is certainly part of 'subjectivity'. However, the findings can also be described as precise configurations of experience and meaning within the open canvas of subjectivity; idiosyncratic expressions of subjectivity.

My participants were asked an open question: 'please tell me about an ending of a therapeutic relationship which feels significant to you.' An ending which is felt to be significant is surely more likely to carry personal involvement and investment on the part of the therapist. Presumably, more 'mundane' endings might not implicate the therapists' psychological needs and patterns to such an extent.

Procedural issues

One challenge, noted earlier, was that of attempting to analyse narratives without a stepwise method. This meant that the research process was iterative: starting to analyse data, realising that the methodological tools at my disposal did not feel comprehensive enough,

going back to the basis of narrative methods, looking for alternatives or enhancements and incorporating an interpretation group into the method. This illuminates the potential need in qualitative research to adapt methodology to the changing situation of data collection and analysis. It is not always possible to establish maximum methodological clarity at the outset in this kind of research and researchers need to be alert and willing to adapt methods as the research progresses (which can create problems in having work accepted by journal reviewers who are looking for clearly-defined, usually well-established or 'branded' methods (Levitt *et al* 2017)).

One gap in methodological procedure relates to the structure of the interpretation groups. The first group was chaired by a member of the group other than me. Subsequent groups were chaired by me. This was a mistake. I think that the groups which were chaired by me had a more 'restricted' feel overall and that there was less 'interrogation' of my role in the research interview and of my responses to the participant (my understanding of certain words or phrases in context, my thoughts and feelings at certain points in the narrative), although there was still some of this in all the groups. The group not chaired by me contributed to Mary's account. This gap in procedure happened because the version of the Depth-Hermeneutic Method (Appendix One) I was introduced to does not specify which group member should chair. Only later did I become aware of Hollway & Volmerg's (2010) version, which specifies the value of the researcher not chairing. In a next study using this method I would not chair the interpretation groups for the reasons stated.

Reflections on the method

My understanding of the method and its practical application evolved throughout the research process, as I used the method and engaged with the participants. This style of narrative interviewing which asks the participant to be forthcoming with a narrative, without any dialogue, and coupled with my somewhat 'withheld' personal style, co-creates an obvious potential for anxiety for the participant. Also, I received feedback from two participants (Christina and Jane) that the knowledge that their narrative was 'analysed' was anxiety-provoking. I am convinced that it did no harm, nor did either participant claim so, and I would expect qualified counsellors and psychotherapists to be able to cope with this kind of inquiry quite easily, and indeed to find use in it. Participants' anxiety mirrors my own discomfort at 'analysing' participants. Even though the Depth-Hermeneutic Method is, explicitly, not a method for analysing the author of the text (Leithauser 2012) it was hard to

avoid the feeling that this is what I was doing, and I felt vaguely uncomfortable about this. It is difficult to see a way around this issue whilst still using the method, based as it is in constructing latent meanings.

One consideration is, whether using the method more dialogically in the first interview – for example, by asking more questions and sharing my intuitive sense and empathy within the research interview (see Hoggett *et al* 2010) – might result in less anxiety for participants in the first interview. It might also mean that analysis would start to arise more naturally within the interview situation itself resulting in less participant anxiety about being analysed and less discomfort for me as a researcher. Hoggett *et al* relay some challenges with such an approach, not least being the issue of a therapeutic element entering the research relationship. Interestingly, Christina's interview was much more dialogic than the others (her uncertainty about what to say necessitated me asking questions) and had the most 'therapeutic' feeling about it of each of the four interviews.

Of course, I did dialogue with my participants in the form of taking questions and analytic ideas back to them in the second interview. In my experience, participants differed in their desire and willingness to enter dialogue and were not always keen to share dialogue about my interpretations of their personal material. I invited comments on the write-up of each narrative and asked if there were any parts which participants would prefer to be removed or changed. Only Christina (interestingly following the most dialogic interview of the four) and Mary offered feedback.

The method invited an element of personal and professional reflection on the part of the participants. Each practitioner I interviewed, including those whose material I abandoned due to procedural issues, reflected on their personal patterns of ending and stated that the process had been of some use to them. Christina seemed able to use the interview process creatively to work through personal material.

Directions for future enquiry

What might this study have looked like had I elicited narratives of ending from the respective clients in the stories as well as the therapists (obviously this would not have been possible with Mary's client who has passed away)? What might the clients have said about their therapists and their own feelings at ending?

It seems apparent and a truism, that some therapists (here, Christina and Laura) will be, or

will make themselves, more vulnerable to difficult endings than will others. This might be a product of attachment needs, personality or other factors. Aside from attachment style (Ledwith 2011) and loss history (Boyer & Hoffman 1993), which other aspects of therapists' experience or personality might impact their experience of endings?

This research shines a light on the difficulties around how to work as a therapist as a 'job of work' whilst at the same time working in a relational way and 'using the self' in therapy (Rowan & Jacobs 2002). What is the difference? How can it be more clearly understood?

In the final chapter I summarise the findings and offer final reflections.

Chapter Ten: Conclusions and Reflections

At the heart of these case studies lies the challenge of understanding personal needs and unconscious motivations in the practice of ending therapy. The 'therapist as a person' becomes prominent in these endings and unconscious relational processes including transference enactments appear powerful. Therapists have made significant personal investments in their clients/client relationships and therapists' personal material is bound up in the experience, manner and meaning of the ending. The endings appear to re-enact family relationships and other biographical patterns. Therapists' needs for friendship and love inevitably 'intrude' into these endings at times. The findings validate the idea of client and therapist 'co-creating' endings. The therapists' emotional investment in the therapeutic relationship, and the enactment of their relational patterns and needs, happens within social and cultural matrices. I have highlighted practices, culture and theories of counselling and psychotherapy, as I understand them, and as I understand them to be understood implicitly and explicitly by the participants.

There is a clear need for supervisory processes to help untangle these emotional tangles. Consideration needs to be taken of the unique counter-transference struggles, hopes, fantasies and feelings of the therapist when ending therapeutic relationships in which they feel heavily invested. Endings are rich times of heightened affect, both of appreciation and love, and fear and anxiety; pain of separation; and of great possibility and potential for change. Endings appear to be acute times for meaning-making, times wherein our assumptions and beliefs about our self and others can be confirmed and reinforced or can be replaced by something liberating.

Final reflections

I was surprised at what I saw as the depth of the therapists' emotional investment in the therapeutic relationship and the clear evidence of re-enactments in the endings. My position moved somewhat as a result of the research, towards a position which is simultaneously more aware, and critical, of the way in which therapists' decision-making (including my own, presumably) might be overly influenced by personal needs and feelings, whilst accepting the inevitability of therapists enacting their psychological patterns and needs within therapy and still feeling empathy and respect for those of us doing this emotionally demanding work.

Dickson-Swift *et al* (2009) describe the 'emotion work' involved in researching sensitive

topics. Conducting this study forced me to reflect on my own relationship to endings and brought more clearly into focus my challenges in ending. I have been forced to face some of my own pain and anxiety around endings and to acknowledge my difficulty with emotionally significant endings. The subject matter required me to allow a significant proportion of time, energy and emotional resource in order to work through these personal as well as academic challenges. As the end of the study came into view, I needed to do 'ending work', a process of letting go: of my participants; of what could not be included; of the study as a constant 'companion' and endless analysis and interpretation; of other potential projects not done and ultimately letting go of the whole thing.

Schlesinger (2014, p.166) asserts that endings are often not about the loss of the 'real relationship' but about the loss of fantasies of the infantile relationship. When we separate, often we have no choice but to relinquish fantasy, about others, ourselves and situations, which can be painful, traumatic and/or liberating. Sometimes, we might choose to stay, or to end prematurely or in a way which avoids meeting the other, to remain within the fantasy and to avoid genuine separation where the loss of the fantasy and the pain and fear of separation is imagined to be too great to bear.

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Appendix One: Steps of the Depth-Hermeneutic Method

This appendix reproduces the text of the method as used in the interpretation groups. It is an unpublished elaboration written by Jo Whitehouse-Hart.

STAGES FOR THE DUBROVNIK METHOD OF DATA ANALYSIS.

(email address redacted)

You will need to work in groups of 4-6 people in a session of 1.5-2hours.

One member of the group will present 1 page (1, 5 pages max) of interview data from an individual or group interview.

The extract the researcher selects should be something they are struggling with, or that they had a strong emotional response to, irritating phrases, odd repetition, or something that just feels difficult. Usually the researcher instinctively chooses the extract also with a view to something that might have an impact on the interpretation group.

Three Questions Guide the session which is based on *Manifest & Latent Meanings.*

Key point – in early stages you SHOULD NOT ATTEMPT TO INTERPRET OR ANALYSE

Three points guide the stages:

(i) What is said? (manifest)
(ii) How is it said (emotional responses and imagination)
(iii) Why is it said in this particular way (or what is excluded or not said but comes through the unconscious and affective responses of the

group)? (latent, scenic, unconscious meaning)

Stages:

1. What is said ? The group reads the text aloud with group members taking roles of researcher / interviewee (s)
2. Each member of the group offers a response – NOT AN INTERPRETATION – this response should be thoughts, feelings, emotional reactions, e.g. "I didn't like this.." "I felt uncomfortable..." " I liked this." "I wanted the story to go this way…"
3. The group goes through the text LINE BY LINE to clarify meaning – particularly if the text and group are from different cultures and languages (always bear in mind what the meaning of phrase may be in the language of origin but different linguistic meanings can be useful). In this stage you are working on clarifying the linguistic and cultural meaning – but NOT INTERPETING OR ANALYSING.
4. How is it said? Looks for the key feeling tone of each unit of text, as it expresses the speaker's relationship to the objects that he or she is talking about. E.g this comes over as aggressive or this seems to be suggesting regret etc. Think about the interviewee as an object in relation to others, culture and society
5. Final stage – Why is it said in this way? – This gives us more clues to the unconscious aspects of the text, what is excluded? What else could be said? What would be the scenic quality does it suggest?
6. Draw a conclusion. The 'Scenic' quality can be suggested. As noted above at this stage you can think much more about the scenic quality and TENTATIVELY suggest reasons using theories or concepts but this should not be fixed and the aim is to let the researcher take this

away and in the spirit of Bion live with it and reserve final judgement until they have had time to process this emotionally and affectively in the days after the session.

Rationale underpinning method: Taken from unpublished account for IGPSR members

"Interpretation group method in the Dubrovnik tradition" By Wendy Hollway and Birgit Volmerg".

a) Group work: The availability of different perspectives through the group members provides a form of triangulation with the text, enabling a dynamic and creative learning process.
b) Small extract & in-depth analysis- avoids tendency to skate over surface and miss small but significant features. A potential criticism is that this process of extraction deprives the interpretation group of a larger whole, or gestalt, required to make sense of the specific extract.
c) Researcher's sample extract selection: dealing with emotional and 'difficult' extracts which when worked with may enable a breakthrough in analysis. Enables researcher to work with self and also the impact on others to aid understanding.
d) Reading aloud by group members playing a role: Readers bring their everyday cultural understanding of the meaning and significance of the transcript into their performance through intonation, emphasis etc.
e) Line by line: allows meaning to be clarified in relation to culture and language
f) Final stage, draw a conclusion & tentatively apply some conceptual tools and theories: we can reflect on the utility of psychosocial and psychoanalytically informed analysis.
g) What is said, How is it said and in what way ? – (Relate to Lorenzer see

below)- relates to different levels of human understanding and speech. "What is said' corresponds to the propositional meaning, 'how is it said' (to you) corresponds to the meta-communicative meaning and 'how is it said about what' to the pragmatic meaning. 'Why is it said in this particular way' addresses the intentional meaning. The first two questions -what and how -provide a focus on the sequence of sentences or short paragraph (whatever units of meaning appear relevant for making sense of the extract) to inform the detailed sequential analysis. The third question -why -brings together the parts with the whole extract" (Hollway and Volmerg unpublished) .

- Useful references see:
- Froggett, L., & Hollway, W. (2010). Psychosocial research analysis and scenic understanding. *Psychoanalysis, Culture and Society*, *15*(3), 281-301.
- Bereswill, M., P. Morgenroth and P. Redman (2010) 'Alfred Lorenzer and the depth-hermeneutic method', *Psychoanalysis, Culture and Society*, 15(3): 214-211.
- Whitehouse-Hart, J (2012) Surrendering to the Dream: An Account of the Unconscious Dynamics of a Research Relationship *Journal of Research Practice* Volume 8, Issue 2, Article M5, 2012 *Published by AU Press, Canada Journal of Research Practice*

Appendix Two: Participant Information Sheet

Participant Information Sheet

January 2017, version 4

The title of the research study is:

"Therapists' experience of endings in psychological therapy"

Invitation to take part

You are being invited to take part in a research study. Before you decide to participate it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

Thank you for reading.

The purpose of the study

The purpose of the study is to explore the factors are relevant to therapists' experience of endings with clients. These factors might be professional, social and/or psychological. In turn, the study is aiming to contribute to a better understanding of the process of ending for therapists. The study focuses on endings which are significant to the therapist.

The study is based within the existing literature and theory on endings in psychological therapy. Research suggests that certain themes emerge in therapists' experience in the ending phase and following the ending. Research points to the importance of the therapist's subjective experience in the process of ending therapy. The study aims to explore this further. The study is concerned with the process of the ending of therapy as therapists experience it. The study is concerned with therapists' direct, lived experience of the ending of therapy, and the meanings that therapists make of their experience. It is also concerned with the aims and goals which therapists understand constitute an ending to the therapeutic process (what are the "ends" of therapy). It is not concerned very much with trying to understand objectively what might be going on for clients in the ending phase.

Why have I been chosen?

You have responded to a request for participants. You fit the criteria for inclusion in the study if you are a qualified counsellor, psychotherapist or counselling psychologist with five years' experience since qualifying.

Do I have to take part?

No. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason.

What do I have to do and what will happen to me if I take part?

The study requires that you be interviewed twice. The interviews will each last about 45 minutes, and will likely be a few weeks apart. A third, ending meeting, is optional, and can be as short or as long as necessary. You will be invited to comment on the analysis of your first interview if you wish though this is not required. You can be interviewed at home or elsewhere if you prefer.

In the first interview you will be invited to talk freely about your experience of one ending in psychological therapy with a client or patient which feels to you significant. I will offer only prompts or minimal questions to encourage you to continue your narrative. The interview will be recorded, and then transcribed.

Before the second interview I will offer you an interpretation of the way I make sense of your story as I heard it in the first interview. In the second interview I will ask a small number of set questions as well as following up on any themes from your initial narrative which seem significant. Once the two interviews have been completed I will complete an interpretation of our two interviews.

I am using a narrative analysis method based on psycho-social research methods. This will include tentative ideas about possible unconscious processes, both yours and mine. The account will acknowledge that the interview process is a joint endeavour in which my (the researcher) own personal subjectivity and social position helps to co-create the overall story.

Once I have completed the analysis of a number of narratives, I will attempt to draw out any common "shapes" or common processes across the narratives in the hope that my

interpretation might contribute to our overall understanding of ending processes in therapy. It is possible that one or two direct quotes from your interview will be placed in the final research paper. At this point we can arrange an ending meeting if you want one.

What are the possible disadvantages and risks of taking part?

There are minimal risks in taking part. The main risk might be the potential that you would become distressed in some way during the interview process if you reflect on painful endings. If this were to happen, I would offer to pause or terminate the interview should you not wish to proceed.

I suggest that you do not agree to participate if you have recently experienced an important bereavement, loss, or separation.

What are the possible benefits of taking part?

The research methods consider that research material is jointly created by both researcher and participant. With this in mind, you will be invited to read and comment on my analysis of your interview material. Your perspective can be accommodated within the analysis of the material if you wish. This means that you might feel a sense of active participation rather than being a passive participant.

Participation in the research might be an opportunity to gain further insight into your own experience of endings as it relates to your therapy practice, and to reflect on the personal and professional issues involved. Participation will hopefully be an interesting and potentially valuable experience of reflective practice.

You will be helping to increase the understanding of endings in therapy and to raise the profile of this important process, which is likely to be of general benefit to the profession.

Will my taking part in this study be kept confidential?

At all stages in the process of analysis and writing up, real names and details will be protected and I will make every effort to anonymise each individual participant’s material.

Confidentiality will be maintained by keeping recordings, transcripts and notes secure in a locked cabinet when not being used. Recordings will be heard only by me with the possibility that short sections might be heard by a peer researcher and the research supervisor (though this is unlikely). Transcripts can be password protected if requested. Upon completion of the

research transcripts and recordings will be destroyed. Notes, memos and analytic ideas will be retained for use by other researchers should they want to critique the research. Such notes and memos will not contain any identifiable names or places.

Please note that in order to ensure quality assurance and equity this project may be selected for audit by a designated member of the committee at Metanoia Institute/Middlesex University. This means that the designated member can request to see signed consent forms. However, if this is the case your signed consent form will only be accessed by the designated auditor or member of the audit team.

All data will be stored, analysed and reported in compliance with the Data Protection Act 1998 which covers the United Kingdom. This sets out your rights to know what information is being held about you, the purposes for which it is being used, to whom it might be disclosed, and your rights to have this information communicated to you.

What will happen to the results of the research study?

The research will be published as part of a postgraduate dissertation. The results are likely to be published in spring/summer 2018. I can give you a copy of the published study if you would like one.

Who has reviewed the study?

The Metanoia Research Ethics Committee has reviewed the study. This committee is based at Metanoia Institute, 13 North Common Road, Ealing, London, W5 2QB.

Contacts for further information

My name (the researcher) and contact details are:

Andrew Dale,

(address redacted)

Phone: (redacted)

Email: (redacted)

The research supervisor's name and contact details are:

Dr Werner Prall,

c/o Metanoia Institute,

13 North Common Road,

Ealing,

London,

W5 2QB

Phone: 020 8579 2505

Email: (redacted)

Thank you for considering taking part in the study. If you choose to participate you will be given a copy of this information sheet and a signed consent form to keep.