

**THE LIVED EXPERIENCE OF THE POST-TERMINATION PERIOD OF
LONG-TERM PSYCHOTHERAPY**

A thesis submitted in partial fulfilment of the
requirements for the degree of

MASTER OF ARTS IN COUNSELLING PSYCHOLOGY

of

RHODES UNIVERSITY

by

JEANETTE GWENDOLINE STEENKAMP

March 2016

ABSTRACT

This study aimed to gain insight and understanding into adult clients' personal lived experiences of the post-termination period of long-term psychotherapy. International research which examines the post-termination phase of psychotherapy has found that this particular lived experience can have both positive and negative consequences for clients' psychosocial wellbeing. Few recent studies focusing on adult clients' personal experiences of the post-termination phase could be located and none of these studies were conducted in a non-Western context. The study's aim was to address this gap in the existing literature by using interpretative-phenomenological analysis (IPA) to explore the lived experience of the post-termination period of long-term psychotherapy for two South African adult clients. Data were collected via individual in-depth semi-structured interviews. Analysis of the data yielded the following themes: Therapy remembered as amazing, but hard work, Vivid memories of therapy retained post-termination, Seeing the therapist differently, Keeping the therapist alive, Being different after therapy, "I started losing all my ground I had gained", and Resuming the external journey. These findings corroborated and expanded upon existing research in the area.

TABLE OF CONTENTS

Abstract	ii
Acknowledgements	v
Chapter 1: Introduction	1
Chapter 2: Literature review and theoretical framework	3
2.1 Introduction	3
2.2 Long-term psychotherapy defined	3
2.3 The psychotherapy relationship	3
2.4 The termination phase of psychotherapy	4
2.5 Defining the post-termination phase of psychotherapy	5
2.6 Lived experiences of the post-termination phase of psychotherapy	6
2.6.1 Mourning the loss of the therapist	7
2.6.2 Internalisation of the therapist and therapeutic relationship	10
2.6.3 Self-analysis and other self-reflective activities	13
2.6.4 Other post-therapy changes	17
2.6.5 Post-termination contact with the therapist	21
2.7 Conclusion	22
2.8 Theoretical framework	23
Chapter 3: Research methodology	27
3.1 Aim / research question	27
3.2 Design	27
3.3 Participants	27
3.4 Data collection	28
3.5 Mechanisms to ensure trustworthiness	29
3.6 Reflexivity	30
3.7 Data analysis	30
3.8 Ethical considerations	31
Chapter 4: Results	32
4.1 Therapy remembered as amazing, but hard work	33
4.2 Vivid memories of therapy retained post-termination	37

4.3 Seeing the therapist differently	39
4.4 Keeping the therapist alive	43
4.5 Being different after therapy	46
4.6 “I started losing all my ground I had gained”	51
4.7 Resuming the external journey	54
Chapter 5: Discussion and conclusion	58
5.1 Results linked to existing literature	58
5.1.1 Therapy remembered	58
5.1.2 Seeing the therapist differently	60
5.1.3 Keeping the therapist alive	61
5.1.4 Being different after therapy	62
5.1.5 “I started losing all my ground I had gained”	64
5.1.6 Resuming the external journey	65
5.2 Significant aspects in existing literature not included in results	66
5.2.1 Mourning the loss of the therapist	66
5.2.2 Self-analysis and other self-reflective activities	67
5.3 Limitations	67
5.4 Recommendations for future research	69
5.5 Personal reflections	69
5.6 Conclusion	71
References	72
Appendices	78
Appendix A: Information provided to potential participants	78
Appendix B: Consent form	79
Appendix C: Interview schedule	81

ACKNOWLEDGEMENTS

First and foremost I would like to thank my supervisor, Professor Michael Guilfoyle, for his invaluable guidance and support.

I would also like to extend thanks to my research participants for partaking in the present research and for providing me with such useful data.

Finally, I would like to thank my friends, colleagues, and family for their support. In particular I would like to thank Carolyn Ford, Jessica Van't Hof, Nicola Wannenburg, and my parents, Dr Johan and Lynette Steenkamp for their support throughout.

CHAPTER 1

INTRODUCTION

The termination phase of psychotherapy receives focused attention in the existing research literature (Etherington & Bridges, 2011; Råbu, Binder, & Haavind, 2013; Roe, Dekel, Harel, Fenning, & Fenning, 2006). Clients' personal experiences after termination of psychotherapy however appears to be somewhat neglected. Rangell (1980) describes the post-termination phase of psychotherapy as a continuation of the psychotherapeutic process after termination, which could continue for many years. After termination, significant positive change may occur or serious difficulties may be experienced (Craigie, 2002).

Firstly, the loss of the psychotherapist and the therapeutic setting needs to be worked through (Parres & Ramirez, 1966 as cited in Garcia-Lawson & Lane, 1997). Craigie (2002) found that those who engaged in psychotherapeutic encounters for a longer term experienced the loss as more painful and felt more uncertain about their ability to function independently after termination. Clients often internalise those aspects of the therapist and therapeutic relationship that satisfy their needs (Arnold, Farber, & Geller, 2004). As such, both cognitive and affective aspects are internalised. These internalised representations support the client in continued self-analysis, a process which requires self-observation, self-reflection, and self-inquiry (Busch, 2010; Craigie, 2002). During the post-termination period, clients may also experience improvement in symptoms, subjective internal individual changes, or subjective relational changes (Oliveira et al., 2010). Lastly, clients may come into contact with their ex-therapists post-termination, an encounter which may impact positively or negatively upon the client (Schlachter, Martin, Gundle, & O'Neil, 1997).

Few studies surrounding the personal lived experience of the post-termination period of psychotherapy could be located, with none of the located studies conducted outside of a Western first world context (Bernard & Drob, 1989; Conway, 1999; Craigie, 2002; Falkenström, Grant, Broberg, & Sandell, 2007; Kantrowitz, 2012; Stanicke, 2011). The present study aimed to address this gap in the existing literature by gaining insight and understanding into the lived experience of the post-termination period of long-term psychotherapy for South African adult

clients. To this end, Interpretative Phenomenological Analysis (IPA) was employed as theoretical framework.

A significant limitation to the present study was the difficulties encountered in recruiting research participants. As a result, only two mature white English South African adults were interviewed. Although the study sample is not representative of the South African population, the present research sets the stage for further research into the present topic in a non-Western context. During the review of the literature, it was noted that there is paucity in literature regarding the post-termination phase of psychotherapies which are not psychoanalytically orientated (Bernard & Drob, 1989; Knox et al., 2011). Therefore, even though the aim of the present study was to explore the post-termination period of long-term therapy as a global phenomenon, the study also happened to expand the research literature on the post-termination phase of psychotherapies which are not psychoanalytically orientated.

The present study consists of five chapters, including the present introductory chapter. Chapter 2 provides a review of the relevant literature as well as an overview of the theoretical framework used. The research methodology and research results are presented in Chapters 3 and 4 respectively. Lastly, Chapter 5 provides a discussion of the themes that emerged as well as the absence of aspects that received significant attention in the existing literature. Also included in Chapter 5 are the study's limitations, recommendations for future research, some personal reflections and a concluding summary of the research findings.

CHAPTER 2

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

The aim of the present study was to gain insight and understanding into adult clients' lived experiences of the post-termination period of long-term psychotherapy. In the following review of the literature, long-term psychotherapy will firstly be defined. Thereafter, in aid of situating the post-termination period of psychotherapy better, the significance of the psychotherapeutic relationship and the termination of this relationship at the end of therapy will be discussed in more detail. Finally, after briefly defining the post-termination period, different aspects of the post-termination period of psychotherapy will be explored by reviewing the existing literature pertaining to lived experiences. Through a review of these aspects, it will become evident that the post-termination period of psychotherapy is a significant human lived experience with particular consequences for psychosocial wellbeing.

2.2 Long-term psychotherapy defined

Psychotherapy can be short-term or long-term in duration, varying from one session only to a number of years (Karon & Widener, 1995). There is no specified duration linked to any clinical practice theory. For instance, brief psychoanalytic therapy typically encompasses 50 sessions, but very brief psychoanalytic treatments of less than 12 sessions are also performed. At the extreme end, in psychoanalysis, typical duration is two to five years, with at least three sessions per week. Limited guidance appears to be available regarding the minimum required duration of a therapeutic encounter in order to be classified as long-term (Lemma, Target, & Fonagy, 2011). In the literature on psychoanalytic psychotherapy, duration of 18 months or longer is regarded as long-term (Lemma et al., 2011). This available guidance was taken into consideration. However, in order to facilitate the recruitment of participants, 12 months or longer will be used in the present study to define long-term.

2.3 The psychotherapy relationship

It is generally agreed upon that the therapeutic process consists of three phases, namely an initial phase, a middle phase during which the client's problems are worked through, and finally the

termination phase (Trad, 1991). During the initial phase the therapeutic relationship is established between the therapist and client (Trad, 1991). The psychotherapy relationship refers to "the feelings and attitudes that counselling participants have toward one another, and the manner in which these are expressed" (Gelso & Carter, 1985, p. 159, cited in Gelso & Carter, 1994). It has been proposed that in all forms of psychotherapy this psychotherapy relationship consists of three components, namely a working alliance, a transference configuration, and a real relationship (Gelso & Carter, 1994). In particular, the significance of this "real relationship" component will be explored at present. Genuineness and realistic perceptions define the real relationship. Genuineness is "the ability and willingness to be what one truly is in the relationship—to be authentic, open, and honest" (Gelso & Carter, 1994, p. 297) Realistic perceptions entail that the client and therapist see each other accurately without distortions caused by transference and other defenses. This real relationship between client and therapist deepens as therapy progresses (Gelso & Carter, 1994). In the later stages of therapy, the client starts to care more about and to be more interested in the therapist as a human being, particularly in long-term therapy.

Many psychotherapy relationships between therapists and adult clients have the potential to develop the features representative of an attachment bond (Mallinckrodt, 2010). The therapist is often regarded as stronger and wiser. The client seeks proximity to the therapist in terms of emotional connection and relies upon the therapist as a "safe haven" (p. 264) when feeling psychologically threatened (Mallinckrodt, 2010). The therapist provides the client with a sense of feeling secure which facilitates psychological exploration and growth. Lastly, because of the attachment bond formed the client experiences separation anxiety when the therapist is temporarily unavailable during therapy and when the end of the psychotherapy relationship is anticipated during the termination phase. The termination phase of psychotherapy is therefore a significant lived experience in itself as it entails the anticipation of the loss of the psychotherapeutic relationship.

2.4 The termination phase of psychotherapy

Råbu et al. (2013) explored the ending process in 12 cases of long-term psychotherapy lasting between 7 and 43 months. In these cases, several clinical theories were utilised and all cases

were regarded as useful psychotherapeutic interventions. During the termination phase both therapist and client were considerate about each other's feelings and reactions, regulating each other's affect. Clients considered it as negative if their therapist was to initiate termination, because it would feel like being "thrown out" of therapy (Råbu et al., 2013, p. 287). Separation from their therapists at the end of therapy evoked powerful emotions. One participant described the difficulty in letting go of therapy, how her therapy sessions anchored her, and how she gradually decreased sessions over a long period of time in order to avoid feelings of sudden loneliness after termination. Another participant explained that it was important to her not to view her relationship with her therapist as having ended forever as she "found goodbyes hard and unpleasant" (Råbu et al., 2013, p. 289). Similarly, a research participant attending person-centred therapy who reported that it was frightening to leave therapy, was comforted by it not being a permanently "closed door" as she could be referred for therapy again and could still occasionally write to her therapist after ending (Etherington & Bridges, 2011, p. 18).

Both positive and negative feelings were found to be present during the termination phase for a research sample of 84 clients who attended psychodynamic psychotherapy for more than two years on average (Roe et al., 2006). Clients reported feeling positive during the termination phase because they could reflect on positive gains made during therapy. Also, termination from therapy itself was positively viewed as a practice of independence. For some clients, negative feelings during termination were related to premature termination of therapy or disappointment with the outcome of therapy. Negative feelings were however most often grief and sadness felt at the loss of a meaningful relationship with the therapist. In research conducted by Etherington and Bridges (2011) among clients who attended therapy informed by humanist integrative models, one of the participants reported that ending therapy was a significant experience. She explained as follows: "... I was losing a really ... big part of my support network ..." (p.15).

2.5 Defining the post-termination phase of psychotherapy

It has been proposed that the question during the termination phase of psychotherapy is "... not how to get therapy stopped, or when to stop it, but how to terminate so that what has been happening keeps on 'going' inside of the patient" (Edelson, 1963, p. 23, as cited in Arnold, et al., 2004). Accordingly, the post-termination phase in psychotherapy is described as a continuation

of the psychotherapeutic process after termination of psychotherapy (Rangell, 1980). This phase is of unspecified duration, which could continue for many years. Conway (1999) stated that it appeared as if there was no concrete final end-point to the post-termination phase. Rangell (1980) however argues that although technically the post-termination phase could be seen to continue until the end of the person's life, the actual psychotherapeutic process which continues post-termination varies in length. For some former clients the post-termination psychotherapeutic process is very brief, while others will continue to be engaged in a psychotherapeutic process for considerably longer, for even years after termination.

In the post-termination phase, clients continue with psychological work termed "afterwork" (Bernard & Drob, 1989, p. 359). Significant positive change may occur or serious difficulties may be experienced after termination (Craige, 2002). Mander (2000) proposed that to separate from one's psychotherapist after long-term psychotherapy may be a more significant experience than terminating after short-term psychotherapy. Corroborating this, Craige (2002) found that those in longer analyses experienced the loss as more painful and felt more uncertain about being ready to stand on their own.

2.6 Lived experiences of the post-termination phase of psychotherapy

The present study focuses on the post-termination period of long-term psychotherapy informed by any clinical theory. The participants in the present study attended long-term psychotherapy in the form of Jungian therapy and cognitive therapy respectively. Unfortunately, very limited literature is available on the post-termination period of psychotherapies which are not psychoanalytically orientated (Bernard & Drob, 1989; Knox et al., 2011). As a result, most of the literature reviewed below explores the lived experiences of the post-termination period of psychoanalysis or psychoanalytic psychotherapy (Conway, 1999; Craige, 2002; Falkenström et al., 2007; Kantrowitz, 2012; Stanicke, 2011). The literature reviewed is however expected to provide insight into the post-termination period of psychotherapies informed by other clinical theories as well, including both Jungian therapy and cognitive therapy.

The main dimensions of the lived experience that were identified were: mourning the loss of the therapist (Craige, 2002), internalisation of the therapist and therapeutic relationship (Wzontek,

Geller, & Farber, 1995), self-analysis and self-reflective activities (Falkenström et al., 2007, Kantrowitz, 2012), other post-therapy changes (Stanicke, 2011), and post-termination contact with the therapist (Bernard & Drob, 1989). These aspects will be explored in more detail below. Due to an overall paucity of existing literature examining the lived experiences of the post-termination period of long-term psychotherapy, several studies have been drawn on quite extensively (Bernard & Drob, 1989; Conway, 1999; Craige, 2002; Falkenström et al., 2007; Kantrowitz, 2012; Stanicke, 2011). The psychoanalytic literature often uses the term “patient” to refer to psychotherapy clients. During the present literature review, the use of this term was restricted to only be used if it formed part of direct quotations made.

2.6.1 Mourning the loss of the therapist

Firstly, the loss of the psychotherapist and the therapeutic setting needs to be worked through during the post-termination phase (Parres & Ramirez, 1966 as cited in Garcia-Lawson & Lane, 1997). The client needs to rebalance herself/himself after the disruption of an important holding environment, with the eventual achievement of psychic equilibrium not necessarily guaranteed (Craige, 2009). Craige (2009) also found that individuals who experienced early losses were extremely vulnerable as the loss of the analyst often evokes traumatically intense feelings which could overwhelm the client’s self-regulating ability, resulting in the client losing self-confidence and doubting the successful outcome of analysis. Separating from the analyst could be experienced either as deprivation and loss or as emancipation and mastery, depending on how the client mourns the analyst (Loewald, 1962 as cited in Craige, 2002).

In a study conducted on post-termination experiences among psychoanalytic candidates, a sample of 121 participants completed questionnaires and 20 of these participants were interviewed as well (Craige, 2002). Participants’ length of psychoanalyses ranged from 1 to 16 years and it was found that a majority experienced a low-to-moderate degree of pain after termination. Results also indicated that candidates who experienced the termination phase as painful were more likely to experience the post-termination phase as painful as well. The post-termination experience of loss lasted between six months and one year on average. Similarly, Kantrowitz (2012) found that analysands who terminated therapy within the previous year mentioned how frequently they thought about their previous analyst, while none of those who

terminated therapy longer than a year ago mentioned how frequently they thought about their previous analyst. In contrast, one of the three participants in Conway's (1999) study, only consciously started missing the therapeutic setting a year after termination.

In Craige's (2002) study, analytic candidates more strongly experienced the "loss of the unique analytic relationship" (p. 516) as opposed to a general "sense of painful loss" (Craige, 2002, p. 518). Those who were interviewed intimated that they "had lost the person who listened to them, understood them, and knew them better than anyone else" (Craige, 2002, p. 525). The sense of "loss of the unique analytic relationship" (Craige, 2002, p.516) was positively correlated with an overall positive treatment experience, positive therapeutic relationship, as well as with a sense of achievement and progression in adult development after termination of therapy. Conway (1999) also found that subjects particularly mourned the loss of the "therapeutic setting and a space devoted solely to the subject" (p. 570). The therapist was however mostly missed by ex-clients during times of experiencing distress.

Kantrowitz (2012), who telephonically interviewed 23 former analysands regarding their post-termination experiences, proposed that analysands possibly deal with the loss of the therapist by evoking their image or words. For example, after analysis, one analysand would continue to say things to herself/himself that the therapist would say and another experienced the former therapist as a "comforting presence alive in my head" (Kantrowitz, 2012, p. 910). Furthermore, Craige (2002) designated "Facing mixed emotions" (p. 524) as a theme describing post-termination experiences. Participants experienced positive emotions related to a sense of achievement as well as a sense of loss and anxiety about being ready to stand on their own again. Mixed emotions experienced after termination was similarly emphasised in a study conducted by Knox et al. (2011). They researched the topic of therapy termination among 12 ex-clients who attended psychotherapy (psychoanalytic, cognitive, interpersonal, and client-centered) for periods ranging from three months to six years. One of the participants reported feeling self-confident about facing the future on her own, but still missed the "cathartic outlet" of therapy (Knox et al., 2011, p. 161).

Not all ex-clients mourn the loss of their therapists (Conway, 1999; Craige, 2002). Conway (1999) gained a deeper understanding of the experience of the post-termination phase of psychotherapy by interviewing three clients who attended either psychoanalysis or psychoanalytic psychotherapy for periods ranging from six to eight years. One of these three participants never described consciously mourning the loss of the therapist. Craige (2002) found that 24% of 121 analytic candidates surveyed, did not experience a sense of painful loss during the post-termination phase. Also, in this study, 28% of candidates were disappointed with the results of their analyses. This sense of disappointment was positively associated with a sense of painful loss.

The aforementioned finding indicates that the sense of painful loss experienced during the post-termination phase is not necessarily linked to mourning the therapist. It could also be as a result of a disappointing therapeutic experience, whereby the loss of a good analytic experience is mourned (Craige, 2002). The analytic experience may also not have been all bad, but may not have lived up to unrealistic expectations (Craige, 2002). For example, one of the participants in this study expected his analysis to “erase bad memories” and “create a new past” (Craige, 2002, p. 527). Not achieving this envisaged picture of a perfect life may contribute to an experience of loss. The sense of loss may also be linked to losing the time and personal effort invested in analysis without achieving a satisfactory outcome. As such, four interviewed participants who were highly disappointed with the results of their analysis highlighted their years of struggle with the negative aspects of the therapeutic relationship without achieving the desired outcome (Craige, 2002).

In closing, among a sample of 10 clients who attended insight-oriented therapy for periods ranging between nine months to seven years, it was noted that memories about therapists were centred on the therapist’s caring qualities rather than on insightful interpretations made by the therapist (Bernard & Drob, 1989). This possible idealisation of the therapist could indicate that the transference relationship was not fully resolved. In contrast, it was evident that other clients from this study viewed their therapists in a more balanced way post-termination. For example, one of the clients described her or his therapist as follows: “...He had his faults. He wasn’t

omniscient, but he responded to my sense of urgency that something should happen.” (Bernard & Drob, p. 365).

2.6.2 Internalisation of the therapist and therapeutic relationship

It has been proposed that mourning entails the “gradual relinquishment of a cherished relationship with another person and its internalisation” (Loewald, 1988, p. 156, as cited in Arnold et al., 2004). This means that there is an “increasing dissolution of the relationship as one with an external object . . . leading to an absorption into the very fabric of the subject” (Loewald, 1988, pp.156-157, as cited in Arnold et al., 2004). Another perspective is that internalisation is not necessarily only about mourning the loss of the relationship, but also assists an individual in maintaining a coherent sense of self despite the inevitable dissolution of meaningful human relationships throughout one’s lifetime (Arnold et al., 2004). Firstly, for the therapist and therapeutic relationship to be internalised, the relationship established during psychotherapy is required to have gratified the client’s needs. It is proposed that the client will then internalise those aspects of the therapist and therapeutic relationship that gratify their needs. As such, both cognitive and affective aspects are internalised, which often results in improved problem-solving skills as well as compassion for the self in the post-termination period (Arnold et al., 2004).

The Therapist Representation Inventory (TRI; Geller, Cooley, & Hartley, 1982, as cited in Geller & Farber, 1993) has been used widely to measure the form, function, and other phenomenological properties of internalised representations of the therapist and therapeutic relationship during the post-termination period of psychotherapy (Geller & Farber, 1993; Wzontek et al., 1995). Included in the TRI is the Therapist Embodiment Scale (TES), which measures the form of representations and consists of three factors: Imagistic, Enactive, and Conversational-Conceptual (Wzontek et al., 1995). The Imagistic factor concerns visual images of therapeutic interactions. The Enactive factor involves experiences that are kinesthetically or proprioceptively felt, e.g. experiencing certain bodily sensations. Lastly, the Conversational-Conceptual factor is comprised of items that represent either actual or imaginary conversations with the therapist. The second subscale, the Therapist Involvement Scale (TIS) measures the extent to which certain themes are reflected in internalised representations (Geller & Farber, 1993). These six themes are Sexual and Aggressive Involvement, The Wish for Reciprocity,

Continuing the Therapeutic Dialogue, Failure of Benign Internalisation, Creating a Stable Representation, and Mourning. Finally, the TRI also measures the frequency, duration, and the vividness of representations.

Geller and Farber (1993) investigated internalised representations of the therapist and therapeutic relationship among a sample of 206 clients who attended psychotherapy for three years on average. Most of these clients attended psychoanalytic psychotherapy either once or twice a week. At the time of the study, the majority of clients (140) had terminated therapy, therefore providing information on internalised representations in the post-termination period. With regards to the form of representations, participants endorsed the following statement among the 12 statements on the Therapist Embodiment Scale the most: "I imagine a particular quality to the sound of my therapist's voice" (Geller & Farber, 1993, p. 171). The third most endorsed statement was "I think of my therapist making specific statements to me" (Geller & Farber, 1993, p. 171). Both these statements represent the Conversational-Conceptual mode of evoking representations (Geller & Farber, 1993). The second most endorsed statement represented the Imagistic mode: "I imagine my therapist sitting in his/her office" (Geller & Farber, 1993, p. 171). Similarly, Wzontek et al. (1995) also found among a sample of 60 former psychotherapy clients that the Conversational-Conceptual and Imagistic modes were mostly used to evoke representations of the therapist and therapeutic relationship. Among this particular sample, a statement representing the Imagistic mode was however endorsed the most. While the majority of these former clients attended psychoanalytic therapy, 16.7% attended cognitive-behavioural therapy.

When investigating the function of internalised representations, Wzontek et al. (1995) found that the theme of Mourning was represented the most and the theme of Continuing the Therapeutic Dialogue the second most. Among the 38 items on the Therapist Involvement Scale, the following statement which represents the Continuing the Therapeutic Dialogue theme was endorsed the most: "I try to solve my problems in the way my therapist and I worked on them in psychotherapy" (Wzontek et al., 1995, p. 402). Similarly, Geller and Farber (1993) found that after the statement "I would like my therapist to be proud of me", this particular statement about continuing to problem solve outside therapy was endorsed the second most (Geller & Farber,

1993, p. 171). With regards to the phenomenological properties of representations, Wzontek et al. found that participants evoked fairly vivid representations of their therapist at an interval falling between monthly and every few months on average and that these images would last between a few seconds and a minute on average. Similarly, Geller and Farber found that former psychotherapy clients evoked fairly vivid to vivid images of their therapist between once a month and once every three months, with the images lasting between 30 and 60 seconds.

Internalised therapist representations were compared for any differences based on the period since termination of psychotherapy and the duration of psychotherapy (Geller & Farber, 1993; Wzontek et al., 1995). Wzontek et al. (1995) found that the form and themes of representations did not differ significantly between clients who terminated therapy within two years and those who terminated therapy more than two years prior to the study. Also, no significant differences were found either in the form, themes, or phenomenological properties of representations between clients who were in therapy for one year or less and those who were in therapy for more than one year. In contrast, Geller and Farber (1993) found that in former psychotherapy clients the number of sessions of therapy attended was positively correlated with both the Conversational-Conceptual mode of evoking representations and with using representations thematically to continue the therapeutic dialogue. Furthermore, the likelihood of using the Imagistic mode of evoking representations decreased as number of therapy sessions increased. These differences may be explained by sample characteristics (Wzontek et al., 1995). Participants in the study by Geller and Farber were exclusively psychotherapists and additionally 46 of the participants attended psychoanalysis (Wzontek et al., 1995). The time that psychotherapists spent in therapeutic dialogue with their own clients may have contributed to an increased use of representations of their therapists to continue the therapeutic dialogue with regards to their own problems in living (Wzontek et al., 1995). Also, the use of the Conversational-Conceptual mode rather than the Imagistic mode of evoking representations may be affected by the way that psychoanalysis is conducted (Geller & Farber, 1993). In psychoanalytic treatment, the client does not see the therapist who sits behind him or her; the client only hears the therapist's voice.

2.6.3 Self-analysis and other self-reflective activities

Internalised representations of the analyst support the client in continued self-analysis, a process requiring self-observation, self-reflection, and self-inquiry (Busch, 2010; Craige, 2002). The capacity to self-analyse is developed during psychoanalysis, with self-analysis continuing in the post-termination period. Firstly, self-observation entails the capacity to view one's thoughts as "mental events" which can be reflected upon (Busch, 2010, p. 26). Before developing the capacity for self-observation, clients would see their thoughts as directly replicating reality (Busch, 2010). Secondly, self-reflection involves the ability to recognise how a string of thoughts are related and to hold the series of thoughts in mind long enough to reflect upon them. Lastly, self-inquiry refers to a place in the mind where one can freely explore ideas privately without an audience being necessary. This private space in one's own mind needs to develop during psychoanalysis in order to facilitate continued self-analysis during the post-termination period.

Self-analysis in the post-termination period involves gaining understanding of the self which was not already achieved during treatment and using this insight to address problematic life experiences (Falkenström et al., 2007). This process involves identifying what type of emotion is experienced in the present, which event or situation may have triggered the emotion and thereby examining one's thought patterns or patterns of behavior. Although not an essential step, such observed patterns could additionally be related to childhood experiences. In Conway's (1999) study, two participants developed the capacity to self-analyse before ending therapy, while the other participant only developed this capacity after termination. For all three participants, the capacity to self-analyse assisted them in working through confusion and in decreasing their levels of anxiety during the post-termination period, when the analyst or therapist was no longer present. In line with what Falkenström et al. (2007) found, they described the self-analysis process as being in touch with their emotions, linking inner experience with external events, and thinking about and processing events.

Falkenström et al. (2007) conducted research to understand better how ex-therapy clients continue to work on their problematic areas after termination of treatment. To this end 20 ex-clients of whom 10 attended long-term psychoanalytic psychotherapy and 10 attended psychoanalysis, were interviewed approximately one year after termination, with a second

follow-up interview within one year approximately. It is proposed that psychoanalysis is distinguished from long-term psychoanalytic psychotherapy in that not only “state knowledge” increases, i.e. to know what was not known before (Busch 2010, p. 25). Instead, the focus in psychoanalysis is on the process of knowing, on achieving a way of knowing which creates the capacity for self-analysis (Busch, 2010). In Falkenström et al.’s study it was however found that participants from both psychoanalytic and long-term psychotherapy treatment groups practiced self-analysis to a similar degree and also that self-analysis was significantly associated with post-treatment improvement.

Participants were typically less afraid of emotional reactions after termination of therapy, which assisted them in employing a self-analytical stance rather than consistently trying to avoid unpleasant emotions (Falkenström et al., 2007). Participants mostly made use of conscious reflections and analysis. My understanding is that to consciously reflect and analyse means to be fully aware in one’s mind that one is busy reflecting on experience and drawing conclusions which may inform future actions. One of the study’s participants experienced that conscious self-reflection turned into an exhausting obsessional process and eventually learned to rely on unconscious processes to self-analyse (Falkenström et al., 2007). As per my understanding unconscious self-analysis means to reflect and analyse partially outside awareness in the background of one’s mind while being engaged in life’s activities. For this particular participant this kind of unconscious self-analysis was experienced as a less frantic process than conscious self-analysis (Falkenström et al., 2007). Rangell (1980) proposed that self-analysis is possibly a conscious post-termination experience for a period ranging between a few months to a few years and thereafter self-analysis becomes an unconscious process, presenting as an “analytic character trait” (p. 166) in the former client.

Kantrowitz (2012) observed among former analysands that some self-reflective activities after the ending of analysis did not necessarily meet the definition of self-analysis. As mentioned before, for self-reflective activities to be self-analysing, one is required to gain an understanding of the self which was not already achieved during treatment and use this insight to address problematic life experiences (Falkenström et al., 2007). Self-reflecting activities which did not meet this exact requirement were however still perceived as beneficial to the analysand with

regards to regulating affect (Kantrowitz, 2012). Such self-reflective activities would include reminding oneself of something one already knows and making associations in the present to previous similar distressing situations which have been resolved. It was also noted that self-analysis or self-reflection was performed with or without the input of others to varying degrees according to individual preference. For example, one analysand would turn to colleagues, his father, but mostly his wife to assist him in sorting out what lies beneath the surface for him, that which he cannot see himself. He acknowledged that after termination of analysis, he could not go to one place only any longer to freely talk and think in this new way that he learned in analysis. He had to speak to a number of people to continue to fulfil the function of the analyst. In terms of Busch's (2010) definition of self-analysis such extensive demand for input from others in the post-termination period by this participant may indicate that the capacity for self-inquiry (playing with ideas privately in one's own mind) did not fully develop prior to termination of analysis.

Also not meeting the formal definition of self-analysis, Bernard and Drob (1989) found that after termination clients found the internalisation of the therapy process more important than achieving particular insights. Some would internalise the therapist in total, taking on all the qualities of their therapist, while others would internalise only those parts that they believe fitted with their own personality style. For example, after termination of therapy, one of the participants said things the therapist would say, asked questions the same way the therapist would, and even incorporated the therapist's particular sarcasm. In contrast, another participant problem-solved like her therapist in the post-termination period, but did not behave similarly in other ways as her therapist's personality style was very different from hers. Bernard and Drob also found that clients would continue imaginary conversations with their therapists after termination and would find "substitute therapists" among their social contacts (p. 364). The aforementioned behaviours were however mostly applicable to those clients whose treatments were terminated involuntarily or to those who were in treatment for shorter periods. Those who were in treatment for longer periods and whose treatment was terminated by mutual agreement appeared to have more fully integrated the therapy process into their own selves.

Craige (2002) also found that among analytic candidates interviewed, the analytic process was integrated into the self after termination of therapy, described as "Taking over the analyst's

functions” (p. 527). Initially after termination of analysis, candidates still needed a more concrete presence of the analyst to assist them with inner dialogues. They therefore recalled the analyst’s image and imagined what the analyst would say if he/she were present. In the post-termination period, candidates needed to regulate their own affect and maintain a positive sense of self without the analyst’s assistance. It was therefore helpful for candidates to internalise both the analyst’s accepting attitude towards themselves as well as the capacity to hold themselves which was modelled to them during analysis. Similarly, Geller and Farber (1993) found that among 140 former psychotherapy clients, 28% evoked images of their therapist in the post-termination period when experiencing painful emotions and 19% did so when experiencing situations in which they needed to resolve conflict.

Self-analysis should provide some understanding which is either relieving of psychic distress or surprising if one learns something new about oneself (Busch, 2010). If the process results in understanding which is merely frightening and therefore unhelpful, then the process of self-analysis was not engaged in successfully. The danger exists that self-analysis in the post-termination period can deteriorate into “obsessive rumination, self-preoccupation, self-accusation, intellectualisation, self-admiration, or self-indulgence” (Ticho, 1967, p. 318 as cited in Barron, 2011). For example, if the analyst persistently misunderstands the analysand during analysis, it can result in depressive rumination post-termination (Barron, 2011). An analysand who was in analysis for five years reported that three years post-termination she was still obsessed with thinking about the unsuccessful analysis and had become a person filled with negativity where before she was able to experience joy. The participant explained her depressive rumination as follows:

Now it’s like I’m stuck—stuck in wondering what’s wrong and going in circles. Before I trusted my instincts, and I pretty much ended up in the right place. Now, day and night, I still ruminate over what happened in my analysis, try to figure out how it went wrong. I never get anywhere! I feel hopeless. I have completely lost my confidence and feel critical of myself all the time. (Barron, 2011, p. 295)

In conclusion, engaging in self-analysis or self-reflective activities appears to be a significant aspect of the lived experience in the post-termination phase of psychotherapy (Bernard & Drob, 1989; Falkenström et al., 2007; Kantrowitz, 2012) which could be experienced as either positive (Conway, 1999; Craige, 2002) or negative (Barron, 2011).

2.6.4 Other post-therapy changes

Several post-termination studies highlight additional post-treatment changes other than the development of the self-analytic function. Stanicke (2011) aimed to gain a deeper understanding of how change was experienced after termination of psychoanalysis. Research participants were seven analysands with whom three interviews were conducted. The second interview was conducted after a two week interval and the last interview another year later. Post-termination self-experiences were explored in terms of the presence of certain self-states. In a self-state of safety one experiences everything along a continuum of safety and threat. In the self-state of meaningfulness, a person is consistently concerned about loss of meaning in life. In this state a person will doubt the value and purpose of being alive. Sameness is a state in which one requires the presence of another person to validate one's sense of self and differences of mind between people are therefore not easily tolerated. Finally, in the self-state of knowing, one desires to understand oneself as well as one's problematic experiences in life. Stanicke found that the post-termination self-experiences of three psychoanalytic clients appeared to be influenced respectively by the psychic dimensions of safety, meaningfulness, and sameness, and not necessarily by the psychic dimension of knowing which is associated with the self-analytic function.

In psychoanalytic psychotherapy, interpretations made by the therapist based on what happens currently within the psychotherapeutic relationship are referred to as transference interpretations (Lemma, 2003). Transference is "a process in which current emotions and parts of the self are externalised into the relationship with the therapist" (Lemma, 2003, pp. 232-233). As such, internalised relationship patterns which can contain either positive feelings or hostile feelings can be projected into the relationship with the therapist (Lemma, 2003). Containment refers to the way that the therapist mentally holds the client by responding with empathy to the client's communications and also bearing what may be projected unto her/him (Lemma, 2003). The

containment provided by the therapist assists the client to later manage her/his own feelings by herself/himself.

The three research participants who displayed these self-experiences of safety, meaningfulness, and sameness did not make use of transference interpretations in research interviews to explore their own relational patterns, thereby not engaging in a process of self-analysis (Stanicke, 2011). These participants appear to have developed a containing transference as opposed to a projective transference, focusing on the containing environment provided by the therapist rather than exploring their problematic patterns via the projections they were making into the therapeutic relationship (Lemma, 2003; Stanicke, 2011). Psychic changes which result in experiencing the self in the post-termination phase along the psychic dimensions of safety, meaningfulness, and sameness may therefore indicate the development of a containing function rather than the development of a self-analytic function (Stanicke, 2011). Kantrowitz (2012) also described how one of the research participants in her study internalised the containing function of the therapist after termination of therapy, which assisted her in containing her own drives and also in providing containment to her therapy clients.

Falkenström et al. (2007) found that ex-clients used self-supporting strategies post-termination to manage internal distress. It was noted that only those who attended psychoanalysis reported these self-supporting strategies and not those who attended psychoanalytic long-term psychotherapy. Therefore, in the present study, the use of self-supporting strategies appears to be the distinguishing factor between psychoanalysis and psychoanalytic long-term psychotherapy rather than the capacity for self-analysis (Busch, 2010). These self-supporting strategies included “Use of the analyst as an internal supporting presence” (Falkenström et al., 2007, p. 644) as well as “Self-calming strategies” (Falkenström et al., 2007, p. 645). Participants described recalling either the voice of the analyst or the analyst’s office when experiencing distress. Self-calming strategies included recalling meaningful insights from analysis in times of distress or actively taking a break during situations of conflict in order to regain perspective on whether there were worthwhile reasons for continuing to assert oneself in the situation.

One of the participants asserted that the technique used in psychoanalysis of the therapist sitting behind one's back may have facilitated her ability to imagine the therapist still being present, even after termination of psychoanalytic treatment (Falkenström et al., 2007). It could also be that the voice of the analyst or the analyst's office is more ingrained in a person's mind after attending psychoanalysis because sessions are attended more regularly. For instance, in this study some of the participants who were in psychoanalysis attended sessions four times per week compared to one or two sessions attended per week by participants in long-term psychoanalytic psychotherapy (Falkenström et al., 2007). On the whole, the use of self-supporting strategies after termination may come easier to those who attended psychoanalysis, because analysands are encouraged to work out problems on their own. In psychotherapy, the client is supported with suggestions and this may inhibit the development of the client's own problem-solving strategies to be used in the post-termination period (Falkenström et al., 2007).

Research found that clients continued to work post-therapy on "problematic patterns" identified during treatment by practicing new ways of being which have been too anxiety-provoking before, for example setting limits for significant others and asserting one's own needs (Falkenström et al., 2007, p. 642). A quarter of participants in Falkenström et al. (2007) indicated such practice after termination of therapy. In the study by Bernard and Drob (1989), many clients emphasised how their perspectives changed during therapy, rather than the particular insights obtained. In one particular example, a client recalled the realisation during therapy that he was "all right" and that during the post-termination period he had worked on maintaining this perspective (Bernard & Drob, 1989, p. 363). In the Craige (2002) study, one of the participants only started to apply the attitudes of self-integrity, self-reflectiveness and empathy for the other which the therapist consistently displayed towards him in therapy in his own life after termination of therapy. From the client's narrative, it appears likely that self-integrity may mean taking responsibility for one's actions in life, applying the knowledge gained. The client reflected as follows:

. . . [Now I am] able to take responsibility, maintain this self-observation . . . I want to be a good person, to be a good father, a good husband. I want to be a good coworker, a good

boss. The analysis gave a moral responsibility to apply what I know . . . within my own life. (Craige, 2002, p. 530)

Oliveira et al. (2010) explored the lived experiences of the psychotherapeutic process in psychoanalysis and psychoanalytic psychotherapy among a sample of 13 participants who attended therapy at least once a week for periods ranging from one year and five months to seven years. Clients terminated treatment at least a year prior to the study, and experienced post-therapy changes with regards to improvement in symptoms, subjective internal individual changes, as well as subjective relational changes. Internal resources which appeared to change satisfactorily included an enhanced ability to reflect on unpleasant emotions, and an increase in both self-awareness and self-esteem. Satisfactory subjective relational changes experienced encompassed either increased closeness to or increased distance from parents or significant others. Most experienced greater satisfaction with internal as well as relational resources; some however experienced conflict evoked as a result of internal and relational changes. In terms of relational changes, one of the participants in Conway's (1999) study experienced that with the termination of therapy, she did let go of unrealistic expectations of what her family could offer her, and became more dependent on her partner.

Craige (2002) found that 11 of the 20 analytic candidates interviewed experienced that they had more of an ability to invest in personal relationships after termination of analysis. One of the participants related that energy that was invested in the analytic relationship was released and could be invested in other personal relationships. A number of participants in Craige's (2002) study also reported that energy was liberated after termination of analysis which they could use in other pursuits, such as further study, new hobbies, or previous enjoyable activities which have temporarily been set aside. In Kantrowitz's (2012) study, one of the participants also mentioned that after termination of therapy, he looked for deeper personal relationships than he used to have before therapy. Stanicke (2011) also found that participants had an increased ability to speak with others about their most personal concerns after termination of therapy. In contrast, for one of the three participants in Conway's (1999) study, separation from the therapist made her feel more alone. She feared the loss of close attachments and therefore preferred not to become too

dependent on others. She became more solitary and came to rely on herself more instead of on others.

2.6.5 Post-termination contact with the therapist

There are many different types of post-termination contact possible between clients and their therapists. For example, the therapist can initiate contact during the post-termination period, can propose a post-termination meeting during the termination phase, or the client can initiate post-termination contact. Schlachter et al. (1997) described post-termination meetings with three former analysands. It was revealed that post-termination encounters can lead to further growth, can facilitate re-engagement in analysis, but can also re-awaken the mourning of the loss of the analyst. As such, one former analysand who was tearful for a week during termination broke into tears when meeting with the analyst again post-termination. During post-termination contact the client also has the opportunity to share with the therapist changes that have taken place since termination. For instance, one former analysand shared with his analyst that he was able to self-analyse without any assistance post-termination: "...I watched how you worked. I'm not an analyst, but I do with myself now what I saw you do with me." (Schlachter et al., 1997, p. 1188). This analysand also commented on how the relationship between analyst and analysand changed. He reported that during analysis it felt like he was the student and the analyst the teacher, but post-termination he felt more like a colleague in relation to the analyst.

Bernard and Drob (1989) found that among a sample of 10 clients who attended insight-oriented therapy for periods ranging between nine months to seven years, most clients had contact with their therapists after termination of therapy, taking the form of written or telephonic communication, and even additional sessions. Except for one case, the clients all experienced their ex-therapists as responsive to their post-termination requests. It appeared that most clients exited therapy with the thought that they could seek professional help again when they needed it as opposed to believing that they needed to be entirely self-sufficient in future. In the study by Kantrowitz (2012), some participants also preferred actual contact with their therapists after termination of therapy in order to support self-exploration. Others however preferred to only evoke the therapist in their mind to assist with the working through of internal conflicts in the post-termination phase. Some deterrents from re-initiating actual contact with the therapist were

the financial expense of therapy as well as a wish to do psychological work on their own without the assistance of a therapist.

Not only post-termination contact with the therapist, but also the complete absence of such contact can influence the lived experience of the post-termination phase of psychotherapy (Schlachter et al., 1997). If the psychotherapist does not raise the possibility of post-termination contact during the termination phase, it may lead the client to doubt during the post-termination phase whether the therapist was ever truly interested in or concerned about her/him. Rangell (1980) has also described “postanalytic avoidances” (p. 169) when chance meetings between the analyst and former client are experienced as uncomfortable for either the client or the analyst or for both. There are many possible causes for this experience of unease, but it is usually believed to indicate that psychotherapy either ended negatively or was terminated prematurely.

2.7 Conclusion

The aforementioned has illustrated that the post-termination phase of psychotherapy is a significant lived experience with particular consequences for psychosocial wellbeing as it involves mourning the loss of the therapist, internalising the therapeutic relationship, self-analysing or self-reflecting, as well as experiencing other post-therapy changes (Craigie, 2009; Falkenström et al., 2007; Kantrowitz, 2012; Oliveira et al., 2010, Wzontek et al., 1995). Only a few recent studies focusing on the lived experience of the post-termination phase of psychotherapy could be located (Craigie, 2002; Falkenström et al., 2007; Kantrowitz, 2012; Stanicke, 2011). Furthermore, all of the located studies exploring the post-termination phase of psychotherapy were conducted in a first world context (Bernard & Drob, 1989; Conway, 1999; Craigie, 2002; Falkenström et al., 2007; Kantrowitz, 2012; Stanicke, 2011).

In South Africa, long-term psychotherapy is currently being practiced for many different reasons, including addressing problems such as exposure to trauma, negative racial sentiments in post-apartheid South Africa, and conflict in the workplace (Fletcher, 2008; Knight, 2013; Van Niekerk, 2012). The present study aims to contribute to the existing literature on the post-termination phase of long-term psychotherapy by exploring the lived experiences of adult clients living in South Africa. A phenomenological approach was deemed appropriate as the researcher

is interested in how the phenomenon of the post-termination period of long-term psychotherapy is personally experienced by adult clients. Lived experiences are examined in detail when employing the interpretative phenomenological analysis (IPA) research design (Smith, 2004). IPA was therefore used as theoretical framework for the current research study.

2.8 Theoretical framework

I was inspired to conduct the present research study as a result of my own personal experience of the post-termination period of long-term psychotherapy. During the first few months after exiting a three year period of psychodynamic therapy, I felt very overwhelmed. Certain experiences were so odd and frightening that I considered returning to therapy, but I never did. I wondered how others personally experienced this initial phase after exiting long-term therapy and that it may be a significant lived experience worth exploring further. This is why I chose to conduct the present study using a phenomenological framework.

Phenomenology is rooted in the philosophical views of Husserl (Creswell, 1998). According to Husserl's philosophical tenet of intentionality of consciousness, the reality of an object is linked to the meaning of it as it appears in the consciousness of an individual. Interpretative phenomenological analysis (IPA) firstly aims to gain an understanding of how individuals view, think about and experience the world from their own subjective viewpoint (Willig, 2008). The researcher is encouraged to take an "insider's perspective" by attempting to get close to the participant's subjective personal world (Smith & Osborn, 2003, p. 53). It is however acknowledged that the subjective meaning which an individual attaches to an event is influenced by interaction with others in the social world (Willig, 2008). Therefore, the second aim of IPA is to position the aforementioned account of the participant's subjective personal world within a wider social context by making use of more overtly interpretative activities (Larkin, Watts, & Clifton, 2006). The IPA approach is inductive, idiographic, interrogative, and interpretative (Smith, 2004). These four theoretical principles will be further defined below.

The IPA approach has an inductive emphasis (Smith, 2004). The research process does also involve a measure of deduction, but induction is the primary stance taken. IPA researchers therefore do not primarily attempt to confirm hypotheses based on existing theory. They rather

focus on collecting a significant amount of data to analyse in order to facilitate the development of new original themes. They achieve this by phrasing the research question in a non-specific way, which allows for maximum flexibility of data collection. Therefore, additional themes which the researcher has not even considered before can spontaneously emerge during analysis.

The IPA study is idiographic in nature as it analyses a particular instance of a lived experience in detail (Smith, Flowers, & Larkin, 2009). In the nomothetic mode of inquiry, analysis is at the level of groups and populations and therefore only facilitates probabilistic statements about individuals (Smith & Osborn, 2003). In contrast, the idiographic approach enables the researcher to make specific statements about the individual studied (Smith & Osborn, 2003). This approach prevents rich information from being lost, which may have been the case if the researcher attempted only to make general claims about the population. A more thorough understanding of the individual's particular lived experience in her or his specific context is therefore rendered possible as an outcome of the idiographic stance taken (Smith et al., 2009)

Many IPA studies have samples of 5 to 10 as it is only possible to apply the idiographic mode of inquiry to a small sample (Smith, 2004). It is even possible to conduct an IPA analysis on a single case only, in the event that you are presented with a particularly rich or compelling case. The single detailed case study assists the researcher in learning in depth about a specific individual and simultaneously it brings us closer to universal shared human experiences.

The IPA researcher usually tries to find a relatively homogenous sample, because the small sample size analysed in the idiographic approach does not facilitate random or representative sampling (Smith & Osborn, 2003). A purposive sampling strategy is rather applied, aiming to find a specific group for whom the research question will be of significance. The researcher therefore does not focus on achieving empirical generalizability, but rather reports in detail about a specific phenomenon under investigation.

Further in line with the idiographic approach, cases are analysed one by one in detail first, before comparing the cases to each other (Smith et al., 2009). In this way, the researcher is able to focus on the individual's particular experience, trying to understand the complexity of meanings for

that particular participant before categorising experiences into shared themes (Smith & Osborn, 2003). In order to retain this idiographic focus, it is recommended that the researcher should parse the account for themes that the individuals share, but also highlight the themes which are particular to a specific individual (Smith, 2004).

The results of the IPA study should be connected with the existing theoretical framework, rather than viewing the results on its own (Smith, 2004). The main aim of IPA is to interrogate or illuminate existing psychological theories. The detailed analysis in an IPA study assists in interrogating sometimes sweeping statements made in quantitative reviews. The findings from the idiographic analysis are linked to existing psychological theories in an effort to interrogate the existing nomothetic research (Smith et al., 2009). In this way, the idiographic approach supports theoretical generalizability rather than empirical generalizability (Smith & Osborn, 2003).

The IPA approach is phenomenological in the sense that it explores the life world of the individual in detail and is concerned with how the individual personally perceives and experiences a situation (Smith & Osborn, 2003). The phenomenological analysis is however inevitably influenced by the researcher's own viewpoints and by the nature of the interaction between the researcher and participant and therefore always involves a level of interpretation of the participant's personal experience (Willig, 2008).

“Hermeneutics is the theory of interpretation.” (Smith et al., 2009, p. 21). In an IPA study, a double hermeneutic is firstly employed as the participants are trying to understand their world and the researcher is trying to understand the participants who are trying to understand their world (Smith & Osborn, 2003). An additional double hermeneutic is employed in IPA by taking two different interpretative stances, a hermeneutics of empathy, and a hermeneutics of suspicion (Smith et al., 2009). The hermeneutics centred in empathy and meaning recollection is mostly used in IPA, but the hermeneutics of suspicion which asks questions is also allowed. The empathic interpretation usually comes first and then may be qualified by critical reflection and questioning (Smith, 2004).

Different levels of interpretation are possible in IPA, for instance the first level of interpretation can focus on social comparison, the second level of interpretation can focus on metaphors used and the third level of interpretation can examine temporal referents (Smith, 2004). The interpretation should however stay grounded in the text, rather than interpreting from a theoretical framework which is not located in the text.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Aim / research question

This study aimed to gain insight and understanding into adult clients' lived experiences of the post-termination period of long-term psychotherapy.

3.2 Design

Interpretative Phenomenological Analysis (IPA) was employed as theoretical framework. IPA is a qualitative research approach which focuses on examining the complex world of lived experience and the influence of socio-cultural and historical aspects on the meaning making process (Smith, 2004), which made it particularly suited for the aim of this research project. The inductive technique employed in IPA assisted in obtaining unanticipated information (Smith, 2004) which was used to construct the complete picture of adult clients' experiences of the post-termination period of long-term psychotherapy.

3.3 Participants

A purposive sampling strategy (Terre Blanche, Durrheim, & Painter, 2006) was applied as the aim was to find a homogenous sample to achieve the research aims by (Smith & Osborn, 2003). The inclusion criteria required that any individual selected for participation had to be an individual above the age of 18, fluent in English, and should not have been an inpatient at a psychiatric facility during the preceding five years. Furthermore, the individual was required to have attended outpatient psychotherapy as an adult for a minimum of 12 months during which time psychotherapy sessions were scheduled regularly. The individual was also required to have terminated the long-term psychotherapy at the time of recruitment. The aforementioned criteria were considered fulfilled, based on self-report only.

Approval for the study was obtained from the Department of Psychology's Research Project and Ethics Review Committee (RPERC), the university Registrar, and the Dean of Students at Rhodes University for the recruitment and use of students in the project. Initially, the researcher attempted to recruit research participants via psychologists practicing in the Eastern Cape and via

the Rhodes University Student Counselling Centre. The researcher contacted a large number of therapists in the Eastern Cape as well as therapists at the Student Counselling Centre. Many therapists were not willing to contact previous clients for a variety of reasons, while others did not have previous clients who fulfilled the study's initial criteria. Participants were initially required to be a minimum of 18 months in psychotherapy, to have attended therapy at a minimum once a week, and to have terminated therapy within the last 12 months. A limited number of therapists did contact previous clients, but unfortunately no potential participant contacted the researcher.

Therefore, in order to facilitate recruitment, permission was obtained from the relevant ethics committee (RPERC) to relax the initial selection criteria to those presently stated and to use snowball sampling (Terre Blanche et al., 2006) as the method of recruitment. When using the snowball sampling method, contacts and references are used in order to accumulate the required sample (Terre Blanche et al., 2006). The researcher provided participant selection criteria in writing to selected personal contacts thought to either fulfil the selection criteria themselves or who would possibly know others who fulfil the specified criteria. Recruited research participants were also invited to approach additional potential research participants on the researcher's behalf. Two mature adults were recruited and pseudonyms were used in the study to protect their identity. The first participant, Andrew, was aged 54 and was in individual therapy for two years which was terminated approximately 20 years ago. The second participant, Susan, was aged 45 and was in therapy for four and a half years, of which the last two years was mostly couple's therapy. Susan was interviewed one year and nine months after termination.

3.4 Data collection

Data were collected from participants via individual in-depth semi-structured interviews, which were audio recorded in full and transcribed verbatim in accordance with IPA guidelines (Smith & Osborn, 2003). Verbatim transcription is the "word-for-word reproduction of verbal data, where the written words are an exact replication of the audio recorded words" (Halcomb & Davidson, 2006, p. 38). The verbatim transcription of interviews allowed the researcher to get closer to the data and was therefore useful in facilitating data analysis (Halcomb & Davidson, 2006). In addition to the researcher transcribing the interviews herself, rigor in verbatim

transcription was established by listening to each passage in the audio recording multiple times and correcting errors in initial transcription until the transcription was an accurate reflection of the verbal data.

The interview schedule was distributed via e-mail to the participants beforehand to assist them in reflecting on their lived experiences prior to the interview. Furthermore, this was also done to assist in preparing them emotionally in the event that the interview content may have been experienced as slightly sensitive in nature. The questions on the interview schedule were informed by the literature review conducted in support of the research aim as stated. Interviews were conducted at the Rhodes University Psychology Department, at the Rhodes University Psychology Clinic, or in the location that the participant lived if the participant was not a local resident. Interviews were conducted in English and were 45 minutes in duration.

Semi-structured interviews were conducted in order to obtain expansive narratives in aid of exploring the research question via an inductive approach as recommended by IPA methodology (Smith, 2004; Smith & Osborn, 2003). The interview schedule therefore served mostly as a starting point only. Questions were phrased in an open-ended manner. The focus was on tracking the participants' personal experiences surrounding the post-termination period of long-term psychotherapy. Participants' experiences as shared with the researcher guided the subsequent questions asked. In this manner most of the questions from the interview schedule were eventually addressed, although in a flexible manner. Any interview schedule questions which were not addressed in the process of following the experience of the participant were asked at the end of the interview.

3.5 Mechanisms to ensure trustworthiness

The expansive narratives collected from research participants facilitated rich, thick descriptions, aiding transferability (Lincoln & Guba, 1984 as cited in Babbie & Mouton, 2005). In the present study, transferability refers to the extent to which the findings of the study can be generalized by the reader to his or her own context (Morrow, 2005). Transferability parallels to external validity (Morrow, 2005). No claims could however be made in the present research in terms of generalizability to other populations or settings due to the small sample size used (Morrow,

2005). Additionally, the use of rich, thick descriptions promoted the credibility of the research (Morrow, 2005). Credibility parallels to internal validity and entails that the researcher employs processes of rigor and communicates this adequately in order to produce both convincing and believable findings (Morrow, 2005; Terre Blanche et al., 2006).

3.6 Reflexivity

Interviews were transcribed verbatim. Audio recordings and transcripts were stored on a password protected computer. In order to aid reflexivity, the researcher's personal reflections surrounding the interview were recorded in a journal shortly after each interview was conducted. Reflexivity assists the researcher in understanding how his or her personal background affects the research process, enabling the researcher to manage his or her own subjectivities (Morrow, 2005). Through the process of bracketing, the researcher could then put aside his or her predispositions to avoid the research from being influenced unduly (Morrow, 2005).

The researcher reflected on her own personal experiences of the post-termination period of long-term psychotherapy throughout the research study. The researcher did have some significant personal experiences of her own surrounding the topic. Consequently, the researcher bracketed her own experiences of the post-termination period of long-term psychotherapy in order to conduct the present research.

3.7 Data analysis

The interview transcripts were analysed using IPA (Smith & Osborn, 2003). Each transcript was analysed from beginning to end before continuing to the next transcript (Smith & Osborn, 2003). This method facilitated the focus on each participant's experience of the post-termination period of long-term psychotherapy. Transcripts were first read in full and thereafter analysed line by line, in order to identify emergent themes in the data (Smith & Osborn, 2003).

Initially, all the possible emergent themes surrounding the meaning and experience of the post-termination period of long-term psychotherapy were recorded in chronological order for each individual participant. The themes were then further refined by clustering the themes from the initial list together based on connections made between them. The clusters of themes were given

names representing the final themes. The table of themes arrived at for each transcript was compared to each other to identify shared themes (Smith & Osborn, 2003). In the case of a theme not being significantly supported by both transcripts, the theme was still retained if it was particularly salient for the other participant. Themes not significantly supported by at least one transcript were removed. During analysis, the themes arrived at were continuously checked back to the transcripts to ensure themes remained grounded in the words of the participants.

An independent assessor, a psychology Master's graduate, checked one interview transcript against the audio recording and also checked that the emergent themes could be logically derived from the transcript. In his professional capacity as a clinical psychologist, the supervisor was reasonably familiar with the research topic and therefore also independently assessed the particular individual and shared themes arrived at. The independent assessments promoted the rigor of the study (Lincoln & Guba, 1985 as cited in Babbie & Mouton, 2005).

3.8 Ethical Considerations

Written informed consent was obtained from the research participants before data collection commenced. Each participant completed and signed both an informed consent form and a permission and release form for tape recordings and retained a counter copy of both forms. The participants were informed that they had the right to withdraw from the study at any time. Participants were informed that only the researcher, the supervisor and an independent assessor, a psychology Master's graduate, would have access to the information from the interview. Participants were informed that the report would be designed in such a way that their identity could not be identified by the general reader and that they would remain anonymous, in the event of publication. Due to the potential sensitive nature of the topic under discussion, a list with the contact information of psychological services in the Eastern Cape was provided to all participants in the event that they felt the need to receive counselling after participation in the research.

CHAPTER 4

RESULTS

The aim of this study was to gain insight and understanding into adult clients' lived experiences of the post-termination period of long-term psychotherapy. Two participants were recruited into the study. Pseudonyms were used throughout and certain identifying details omitted or altered as applicable in order to protect confidentiality.

The first participant, Andrew, attended therapy for many years with a number of different therapists. Andrew was aged 54 and in therapy again at the time of the interview. His initial reason for entering therapy for the first time at the age of 32 was to address psychological problems that have arisen as a result of how he was raised as a child. In the specific period of long-term therapy that was selected to focus on for the purpose of this study, he attended therapy for two years. He attended twice a week for approximately nine months and thereafter once a week. Andrew suspects his therapist may have been following a Jungian theoretical approach.

Andrew was interviewed approximately 20 years after this particular two year period of long-term therapy was terminated. Although termination took place long ago, this period was self-selected by Andrew. It was the first period of long-term therapy that he attended and it left such a significant impression on him that he felt he could still reflect on his personal experiences post-termination. Also, after this particular two year period, Andrew had a relatively long break from therapy for six years before entering therapy again. In the presentation of the results below Andrew's therapist is referred to as James. Andrew's last long-term therapist whom he still sees occasionally when in need of a therapy session is also mentioned sometimes and is referred to as Stephen.

The second participant, Susan, was 45 at the time of the interview. Susan decided to enter therapy as she was looking for "more direction" in her life at the age of 38. She was feeling "restless" and was looking to find something new to be passionate about. She attended psychotherapy on a weekly basis for four and a half years, of which the last two years was couples therapy. During these last two years, Susan occasionally had an individual therapy

session as well. Susan had the same therapist for individual as well as couples therapy and his theoretical approach was cognitive. Susan was interviewed one year and nine months after this four and a half year period of therapy was terminated. In the presentation of the results below Susan's therapist is referred to as Paul and her husband is referred to as Richard.

Seven themes emerged from this study and are presented below in Table 1:

Table 1 **Themes**

-
- 4.1 Therapy remembered as amazing, but hard work
 - 4.2 Vivid memories of therapy retained post-termination
 - 4.3 Seeing the therapist differently
 - 4.4 Keeping the therapist alive
 - 4.5 Being different after therapy
 - 4.6 "I started losing all my ground I had gained"
 - 4.7 Resuming the external journey
-

4.1 Therapy remembered as amazing, but hard work

Andrew particularly remembered therapy as an extremely worthwhile experience. Despite positive memories held of therapy, both participants also remembered therapy as a demanding process.

Andrew described himself as "unconscious" before seeing this particular therapist who brought him to "consciousness". Andrew remembered therapy as a worthwhile experience particularly due to this specific impact therapy had on his life. For Andrew, "consciousness" was viewed as having a "part" separate from his "ego" which enabled him to observe his thoughts. It appeared that gaining the ability to witness his thoughts and not being defined by them, made him emotionally more resilient. Having a sense of being separate from his "ego" was perhaps a way for him to distance himself from unpleasant feelings. These unpleasant feelings appeared to be experienced by the "ego" only and not by the new separate "part" of him.

... And this is what really helped me enormously. I think before I saw James I was completely unconscious. Yah, I was my ego. My ego was me. That sense of unconscious. (Interview 1, Page 3, Lines 4-10)

I was driving out of the psychiatric hospital and I suddenly had this sense of spiraling down into a very solid centre. And it was my first experience of consciousness I suppose. And then it was shortly after that, that I was able to actually stop, because I just became me instead of running from this completely solidly damaged screwed up ego you know. So, it was quite amazing. (Interview 1, Page 3, Lines 19-27)

I think he brought me to consciousness. You know that's the crucial part. Nobody else had done that. (Interview 1, Page 10, Lines 10-12) ... It's this sense of being you know an essence or a part of me that is not the ego. I can watch my own thoughts. I can observe them. I think that's closer to me and probably not definable either. And that was the experience that James brought me to when I was driving out of the psychiatric hospital in the kombi. It was I could actually watch my own thoughts and I wasn't them and then shortly after that I was in an episode that was quite embarrassing and I remember thinking to myself you know it hasn't made any difference to me. I'm still as solid as I was before. It was the ego that was "kakking" off you know. So it's fine, let it "kak" off you know, and I just carried gaily on and nothing had happened. It was great. (Interview 1, Page 10, Line 30, & Page 11, Lines 1-14)

Andrew also remembered therapy as a time of personal growth which he enjoyed immensely. He experienced the time in therapy with this particular therapist as very helpful. He however acknowledged that his therapist was perhaps not suitable to everyone. He recalled that a friend of his particularly did not like his therapist, accusing James of "gossiping" about his clients. Andrew however appeared not to allow these negative views held by others to detract from his positive experience of therapy.

He was crucial to my growing up you know to ... personal growth yah ... learning about myself. It was great, I really enjoyed it. The person I want to refer to you, she can't stand his guts. She says he was a gossip and he used to talk about patients and all the rest of it. So I don't know if that's true but for me, no, it worked. I was very happy. (Interview 1, Page 9, Lines 11-20)

Yah, there were a lot, a lot of good things. (Interview 1, Page 10, Line 7)

Finally, Andrew remembered therapy as a powerful experience. Feeling good about his life during the post-termination period made him realise how powerful therapy was in its effects. He recalled having arguments with his cousin trying to convince her to continue with her own personal therapy, wanting her to benefit from the “power of therapy” too.

... I was thinking that “Jeez this is, life’s great.” you know and it also, it actually woke me up to the power of therapy, yeah that there is a certain power in it. And I really, I ended up having arguments with my cousin who just, she didn’t push through you know, curtailed her therapy after about six months. I said to her “You’ve just got to do it and really work hard; it’s so worth it ...” (Interview 1, Page 12, Lines 9-14)

Andrew perhaps had to be “woken up to the power of therapy” because therapy was described as “evil” when he was growing up. He was maybe particularly pleasantly surprised by the powerful effect of therapy, because it contrasted so significantly with the view of therapy that was impressed upon him as a child.

The way I was raised was this whole thing of the omnipresent God. So everything you saw was, everything you did was, seen by God you know. It’s not a very healthy way of living but anyway. And what was instilled into that was that psychotherapy was evil. It was of the devil, because it was a very strong religious element attached to everything you see. (Interview 1, Page 4, Lines 9-16)

Despite therapy being remembered as an “amazing” experience, both participants also expressed that they remembered therapy as a process requiring hard work. Andrew’s sense of pride after completing therapy is perceived to be as a result of him viewing therapy as demanding. Because therapy is hard work, he was proud of himself for continuing with therapy and not missing any sessions.

... And I felt really sort-of proud of myself for having done it and been through the whole therapeutic process and completed it and having stuck it out, gone every week, twice a week, and then once a week. No missing, no excuses, no nothing ... It was hard work you know and I did that and I was very chuffed with myself. (Interview 1, Page 6, Lines 25-30)

Andrew’s perception that his cousin did not have the courage to continue with therapy for longer than six months also appeared to indicate that he viewed therapy as a demanding process.

... And then what happened was I picked up a book. In probably 91, 92, I picked up the book by Scott Peck: *A Road Less Travelled*. And my goodness me! Did the scales fall from my eyes and that got me into therapy. After I finished reading that I said to my ex-wife "That's it! I'm going into therapy." And she said "Bravo!" What was interesting was my cousin is two years younger than me and at the same time I remember phoning her up and you know showing her, telling her everything I'd realised through the book, my enlightenment, and she started to realise the same thing. It's about our childhood and blah blah and she also went into therapy, but she was chicken, she only did six months, never went back. (Interview 1, Page 4, Lines 16-30, & Page 5, Line 1)

Andrew further reflected on how much personal effort therapy entailed by also describing how hard he was working during his most recent period of long-term therapy which he was still attending at the time of the interview. Even though it tired him out, it appeared that Andrew was very motivated to work hard in therapy. He perhaps believed enough in the process of therapy that he trusted that he will gain positive results through working hard.

Even now, I mean, the therapy with Stephen was over the last six, seven years. There was enormous self-reflection going on for me. It was huge. I mean I was chewing up gigabytes of energy. You know I was quite often quite exhausted. But I was working damned hard and sort-of rewiring myself. Especially after 30 years of alcohol abuse. Again on and off, but towards the end shocking you know, I mean a bottle, a litre of vodka a day at least. That was like the minimum actually at the end. So there was a lot of rewiring to do, because there was stuff driving all of that. A huge self-destructive force and trying to get to a, the nub you know, uproot it, so there was a huge amount of self-reflection and it was all very good. (Interview 1, Page 20, Lines 10-26)

Susan's memories of therapy also indicated that she remembered therapy as a process that demanded hard work. She described in detail how hard it was for her to change one particular mindset.

... I think I used to ruminate more I mean sort-of negatively and just an example was when I grew up I felt like there was this kind of message that I wasn't really clever. I just worked hard because I worked hard at school and I got good grades but my sisters didn't you know and they were the clever ones. So it kind of means something that's you know: "I'm not clever, I just work hard." That's been a bit of my, one of my discourses if you like whatever and I remember during therapy actually then deliberately changing it and it was very hard for me to do it, to start to deliberately change to saying "I'm clever", not "I work hard because I'm clever." (Interview 2, Page 10, Lines 6-13)

Furthermore, Susan compared her period of individual therapy with her period of marital therapy and recalled marital therapy being even harder work than individual therapy.

... Funny enough I found the couple work much, much harder. I found it much harder and it was almost less intimate and meaningful and spiritual. It was like working, like it was hard work working with this relationship that was happening right now and in the room ... To actually work it out in your relationship is actually much harder (Interview 2, Page 9, Lines 24-28)

Therapy is therefore remembered as an “amazing” experience, particularly by Andrew. Simultaneously, both participants also remembered therapy as a process that required significant effort from them. Supporting this, Andrew reflected on also working hard during the subsequent long-term therapy he was attending at the time of the interview.

4.2 Vivid memories of therapy retained post-termination

Post-termination, participants appeared to retain vivid memories of certain moments in or certain aspects of therapy. Participants remembered specific statements their therapists made, the way in which they worked with their therapist on specific life problems, as well as certain emotional responses they had towards therapy. Susan, who attended therapy for four and a half years, expressed that her memories of the first year of therapy were particularly vivid.

Andrew in particular recalled several specific statements made by his therapist during therapy. He believed the statements he remembered so vividly drew his attention due their vitality, being statements full of colour.

And after three years of sobriety things that James said started coming back. I started remembering these things and the whole thing with the ego as well. (Interview 1, Page 15, Lines 29-31, & Page 16, Line 2) ... I'll probably remember more if I thought about it. It shows you how vital it was. When I say vital, you know it's like colourful as well. It stands out; it's like going back to quite a special relationship. (Interview 1, Page 16, Lines 8-10)

Andrew remembered his therapist using very symbolic speech. He vividly remembered a specific statement made by his therapist containing many symbols.

He'd tell me things like "Okay, you're in a boat and there's a lighthouse in the distance and you've got to avoid the rocks." I'll never forget that. (Interview 1, Page 2, Lines 23-25)

Andrew also specifically recalled a statement made by his therapist that he deemed very significant in his therapeutic progress as it is this conversation which resulted in him becoming "conscious" as discussed previously. In this conversation, Andrew's therapist spoke to him about his relationship with his "ego".

Yah, I was my ego. My ego was me. That sense of unconscious. And then James says to me one day: "You think that your ego is you and your ego thinks it's you. That's the whole problem with you." (Interview 1, Page 3, Lines 8-16)

Similarly, Andrew's first sense of becoming "conscious" was also remembered in detail. He remembered the motor vehicle (a "high-roof kombi") he was driving when experiencing what he called "consciousness" for the first time. He remembered that it occurred immediately after attending a psychotherapy session. Lastly, he remembered the specific sensation he experienced, feeling "solid". Andrew possibly retained vivid memories of this experience as he viewed becoming "conscious" as an extremely important outcome of his therapeutic journey.

Susan specifically remembered very well what the therapy room looked like. She also experienced the first year of her four and a half year period of therapy as a very intense process. During this time there was a large focus on imagery work. Susan remembered imagery work in particular as such a personal experience that she could not share the content with anyone else than her therapist.

Like the first year when it was a very intense process I felt incredibly dependent on him, because I mean we did a lot of work with imagery and my own sort-of spontaneous imagery that would come up and it felt almost like so personal you know that I couldn't share it with anybody else. (Interview 2, Page 6, Lines 1-4)

Susan also recalled vividly how during the first year of therapy, the therapeutic process was so intense that she often needed time after therapy to re-compose herself before driving home.

I remember, it wasn't so much him, it was more the therapy but especially in the first year when it was an extremely intense process and I would leave there and really not be able to engage. You know I'd just go in my car and I'd find a shady spot and I'd just sit for like half an hour just to kind of almost recover and process. (Interview 2, Page 5, Lines 16-20)

Lastly, Susan appeared to have detailed memories of the “ending ritual” she and her therapist performed to bring her individual therapy to a close. Susan knew long before the time that the end of therapy was approaching and therefore had a significant amount of time to plan the ending.

During the couple therapy every now and again I'd seen Paul individually and we agreed that I would have a just sort of a little ritual at the end as an ending ritual. So I bought candles and flowers and some picnic, you know, just talk about what had been meaningful.... (Interview 2, Page 4, Lines 2-5)

I mean I planned the ending and I ordered actually a picture of, online I found a which I got printed on canvas and it was actually a photo from space sort-of a swirling sort-of almost nebular or galaxy or whatever it was. I can't remember what it was but I suppose I kind of planned this. As I said I had this, because I knew when the ending was coming and it was quite important for me to sort-of plan these sort-of emotional things. (Interview 2, Page 8, Lines 20-25)

It may be that Andrew and Susan showed a preference towards different sensory modalities. Andrew appeared to mostly retain memories of auditory experiences, vividly recalling statements made by his therapist, while Susan appeared to retain vivid memories of more visual experiences.

Through the above it was illustrated that in the post-termination period both participants still retained vivid memories of their therapeutic encounters. It is particularly noteworthy that Andrew recalled vivid details of his long-term therapy with James even though he was interviewed 20 years after termination.

4.3 Seeing the therapist differently

In the post-termination period, participants recalled the way in which they viewed their therapists during therapy. They remembered certain personality characteristics or the specific way in which

their therapist spoke to them during therapy. Participants also compared their therapists to either other therapists or other people in their lives. Most importantly, participants acknowledged that they saw their therapists differently post-termination compared to how they viewed them while still in therapy.

Andrew initially briefly mentioned a few specific personality characteristics that made an impression on him during therapy: his therapist's "arrogance" and "directness", but also in contrast to that his "lighter" side. Andrew maybe excused his therapist's arrogance, because of the "lighter" side that was also present.

He was quite arrogant you know, but he was very light as well, a good sense of humour. So the other thing was his directness you know. (Interview 1, Page 9, Lines 22-25)

Andrew recalled a specific incident which demonstrated how straightforward his therapist was with him. Andrew almost appeared to appreciate his therapist's directness, perhaps because it meant that there was no ambiguity about what his therapist believed he needed to work on during therapy.

... What happened was I actually wrote down a whole stack of things that were like you know 25 points that were really bothering me. And I put it, I folded it up and put it in my top pocket and then when I got to him I took it out and I read through this list. And he said "Jeez, you know, you are so attached to your shit you actually have to write it down and keep it in your pocket." So, it's things like that, it's sort-of a directness, but at the same time making a good point you know. (Interview 1, Page 9, Lines 26-30, & Page 10, Lines 1-5)

Despite this impression of "arrogance" and "directness" (or maybe even because of it), Andrew favourably compared his therapist with subsequent therapists in terms of trustworthiness. As mentioned before, Andrew attended therapy with a number of different therapists over a long period of time. His therapist during this applicable period of long-term therapy was able to gain his trust quickly while others were not able to do this as quickly. Perhaps Andrew's therapist's directness resulted in Andrew being able to trust him easily. His therapist being straightforward may have contributed to him believing that his therapist was not hiding anything from him.

I think when I went into therapy I had quite a lot of trust issues and James very quickly got my trust so you know once the relationship was established on a trust basis, it started to go quite quickly. (Interview 1, Page 13, Lines 8-10) ... After that, I remember going to therapy with somebody's whose name I forget and I just could not trust her. (Interview 1, Page 13, Lines 16-17)

Although Andrew's therapist gained his trust quickly, the relationship between them was still quite volatile. Maybe Andrew's therapist's directness was a double edged sword, providing a sense of being trustworthy, but also causing frustration for his client. Andrew would get very angry with his therapist on several occasions to the point of leaving the therapy session. While still in therapy, Andrew viewed his therapist as providing psychotherapy for monetary reward only. Andrew was however feeling so good after therapy was completed that his therapist turned into more of a hero in his eyes in the post-termination period. He then saw his therapist as more benevolent, providing therapy because he wishes the best for people as opposed to seeing his therapist as selfish, providing therapy for monetary reward only. There is therefore a sense that Andrew may have started idealising his therapist after completion of therapy rather than during therapy.

There are a couple of times when I was in therapy when he would really piss me off you know and there was sort-of bleak answers and that sort-of thing and I'd get really frustrated and furious with him and I'd leave therapy, but after therapy I'd had a very distinct difference. I would view him more like a bloody hero you know because I felt so damn good. There was a huge difference. So while I was in therapy, it was let's say it was sort-of a more stormy relationship. But once I left therapy, I really, I think I saw him more as he was and that he was actually doing what he was doing because he wanted the best for people yeah where as I can remember when I was in therapy, yah he was doing this for the money, you bloody sod kind of thing. You know make lots of bucks and then afterwards it was like no he was a good person etcetera. So there was a difference. (Interview 1, Page 11, Lines 19-30, & Page 12, Lines 1-7)

Susan remembered her therapist's laugh very well. She also remembered specifically what he sounded like when speaking in what she called his "slight foreign accent". She particularly remembered what one of the phrases he often used during therapy sounded like in this slight foreign accent. In the way that Susan spoke about this, she appeared to fondly remember her therapist's way of speaking, even though it appeared slightly comical to her.

He'd sometimes say, there's just a phrase that he'd say "What we know is ...", you know like with, it was kind of with PTSD or something or memory systems and that kind of thing and it's just that he'd say "What we know is that such and such ..." with this kind of slight foreign accent. (Interview 2, Page 5, Lines 8-11)

Susan reflected that the unique personal characteristics that she remembered indicated to her that the therapeutic relationship was not that different from other personal relationships in her life. She recalled one behavioural tendency of her therapist which she did not appreciate, and which resembled a relationship dynamic that often played out between Susan and her father.

... If I'd come with a practical problem, he'd try to help me solve it practically but I almost didn't want that. I think that was kind of his sort of CBT kind of background you know. I think I'm a bit resistant to that anyway because my father would kind of try and give me advice to solve problems and I don't want that. (Interview 2, Page 11, Lines 22-26)

Finally, Susan also indicated that she viewed her therapist differently in the post-termination period. She recalled idealising her therapist during therapy, particularly during individual therapy rather than during marital therapy. Additionally, during the first year of individual therapy she felt very dependent on her therapist. After completing therapy, she did not idealise him any longer. She did however feel grateful towards him.

I think I probably idealised him when I was in therapy, more so then when I was in individual than in couples, because somehow couples Even though it wasn't psychodynamic, it was more cognitive, but you do end up with that, well I did, a very strong sort-of transference and sort-of almost idealisation and I was aware of it and I discussed it with him, but I did have a sense of idealising him. Whereas I don't, I mean I think of him with gratitude now, but I don't idealise him. (Interview 2, Page 5, Lines 24-29)

Both participants saw their therapists differently in the post-termination period, but the change in how they saw the therapist was nearly in opposing directions. From the above, it was interpreted that Andrew only started to idealise his therapist to a certain extent after completion of therapy. In contrast, Susan admitted to letting go of her idealisation of her therapist after terminating therapy.

4.4 Keeping the therapist alive

Both participants had little actual post-termination contact with their therapists. Despite this, both demonstrated other significant ways of keeping their therapists alive in either their personal or professional lives after completing therapy.

After completing therapy, Andrew would run into his therapist incidentally on a few occasions. He recalled being overjoyed to see him on one such occasion. On another occasion, Andrew appeared confused about whether the conversation taking place between them was still of a therapeutic nature or not. It was unclear to Andrew whether his ex-therapist was still providing him with therapeutic guidance or simply joking with him as one would with a friend. Maybe Andrew experienced this transition from therapeutic relationship to non-therapeutic relationship as slightly awkward.

I started dating a woman in town and I bumped into James. She went, she actually was seeing him at the time I met her. But we ended up dating and I bumped into James and he said “Oh, so you’re dating so and so?” So, I said “Yah”. He said “My God, there’s gonna be steam and smoke and fire and sparks and all kinds of things.” I said “What do you mean?” And he said “Just prepare yourself.” Anyway, he was right. It didn’t work. Just like “Goef!” So I don’t know if you can call that therapy. It’s just like, he was being quirky I suppose. (Interview 1, Page 25, Lines 5-19)

Although Andrew had very little post-termination contact with his previous therapist, he did try to keep his therapist alive in other ways. Firstly, when faced with a problem situation, he initiated imaginary conversations with his therapist during which he visualised his therapist in his mind and literally spoke to him.

There was a sense of missing James. Even just as a, you know somebody to bounce stuff off. But there was a definite, if I did have a problem, I’d actually go into my head and have a discussion with him. ... I could reflect inwardly like a movie you know. I’d be asking him questions and he’d reply. (Interview 1, Page 6, Lines 30-31, & Page 7, Lines 2-7)

Andrew felt that these imaginary conversations assisted him in thinking about the world differently and solving his problems accordingly. He thought that he knew his therapist well

enough that he was able to provide to himself his therapist's probable response to the problem he was facing.

If a problem came up, then it would help me to, it was a way of thinking about the world. Almost with an outside opinion because after the amount of time I've spent with him I kind of knew him quite well and I kind of, I think I thought I knew how he would answer. So there was that. Whether I was right or not is a different question. (Interview 1, Page 7, Line 30, & Page 8, Lines 1-8)

Another way in which Andrew attempted to keep his connection to the therapist was to look him up online. He sought to initiate contact with his therapist via social media, but was unable to locate him.

And even today sometimes I mean the other day I'm, not long ago, this year I found myself looking him up you know on the internet to see if he would come up, you know if there was a therapist. Because I know he went to Canada. But I couldn't, there was nothing that came up. So, I even, I tried Facebook, he wasn't there. I just thought I'd like to drop him a line. (Interview 1, Page 8, Line 27-31, & Page 9, Lines 2-3)

Finally, Andrew may also have kept the therapist alive by re-entering therapy with another therapist as he still had not fully addressed the issue of alcohol abuse during his previous long-term therapy. In the new therapeutic process, he had to reach the level of comfort that he had with his previous therapist before therapy became more effective.

But the place I went back to was actually deeper than before which was a good thing because the therapeutic process could then continue starting from a deeper level. And working quickly through what I've covered with James. (Interview 1, Page 26, Lines 11-18) ... But working from that worse space was good, because it just uncovered a lot of other stuff that I hadn't accessed when I was with James. So, so that was like slow, slow-going and then I reached a level I was at with James and things went very quick, getting through the rest of it. (Interview 1, Page 26, Lines 25-30)

From the above, it appears evident that Andrew kept the therapist alive in his personal life in particular. In contrast, interactions between Susan and her therapist were of a less personal nature. Susan initiated contact with her therapist post-termination only surrounding obtaining a reference from him for a job application. Later, her therapist initiated contact with her in order to

obtain reflections on her therapeutic experience with him. He was planning to present her therapy case material abroad.

So we've had contact, but that's really been around, he's asked me for some reflections on therapy just to use as case material. So it's been more around that. It hasn't been around my own personal stuff. (Interview 2, Page 18, Lines 9-12)

Again, in contrast to Andrew, Susan did not recall initiating any imaginary conversations with her therapist regarding personal matters. Post-termination, Susan would rather speak to either her husband or her friends of whom a couple are therapists themselves to assist her in resolving problems she may be experiencing. Susan intimated that her therapist replaced both her husband and her friends in a certain sense during the time that she was attending therapy. During the post-termination period her husband and friends however took back these roles in her life that was taken over by her therapist temporarily. Susan perhaps did not feel the need to conduct imaginary conversations with her therapist as she already had enough people in her life who enjoy having in-depth conversations about psychological matters.

... I think I've always had, I've never been somebody who had a large circle of friends but I've always had a few friends who I've been able to share my problems with. So in a way I've had those and then therapy was like friends spouse everything all rolled into one man. So maybe friends and my relationship with Richard have taken back those roles.... (Interview 2, Page 14, Lines 12-16)

Although Susan did not appear to retain a psychological connection to her therapist in her personal life, she did appear to keep the therapist alive in her professional life. Being a therapist herself, she kept her own therapist's ways of conducting therapy in mind when engaging in counselling.

I think I was counselling the wife of one of Richard's students in 2013 and 2014. So, in terms of experiencing the post-termination period I was very much like as I was sitting in the room with the client, I was very much like what would Paul do? Kind of like I had him on my shoulder sort-of, I had that sort-of model of the way he did things in my mind and that's the way I sort-of would interact. (Interview 2, Page 4, Lines 8-12)

It has been illustrated that both participants kept the therapist alive post-termination. Andrew kept his therapist alive in his personal life. In contrast, Susan kept her therapist alive mostly in the professional realm of her life.

4.5 Being different after therapy

After completing therapy, both participants experienced being different in multiple ways. For Andrew, changes took place mostly during therapy and the results were evident at the start of the post-termination period. For Susan, changes continued to take place during the post-termination period. Being different included having different views about themselves and about life than before, doing things differently, and engaging in new activities.

Andrew expressed feeling solid and independent for the first time in his life after ending therapy. He also viewed life more positively, which he viewed as a direct consequence of attending therapy.

I was thinking that “Jeez this is, life’s great.” you know and it also, it actually brought, it woke me up to the power of therapy. (Interview 1, Page 12, Lines 9-10)

Not only did his view of life improve during therapy. His view of himself also improved greatly. He recalled loathing himself before entering therapy. After the completion of therapy, he felt a measure of pride in himself as a human being for having achieved certain material milestones.

And my perception of my own self changed as well, more positively. Whereas before I’d really thought I was crap you know. I mean, I think myself and my cousin were both raised to believe that we were real shit, sort-of lower than shark shit if you want, like the gutter was too good for us. Well okay, we’ll give you the gutter you know. So we really thought we were just third class human beings. And after therapy with James I didn’t feel that anymore. I was quite proud of myself. And I’d achieved you know X, Y and Z. Sitting in a very nice whole furnished flat, had a nice, reasonably nice secondhand car. For me that was good. It was more than I thought I’d achieve. I really, I loathed myself, and then after therapy I didn’t loathe myself. (Interview 1, Page 16, Lines 23-30, & Page 17, Lines 1-13)

Andrew experienced himself as more socially confident post-termination. His increased social confidence may be linked to his improved perception of himself. As his words suggest, he may have thought for the first time that others would be interested in what he had to offer in terms of conversation.

I suppose before therapy and during therapy I was probably a little bit shy and retiring. I became far more socially confident and interpersonally that changed enormously as well. Whereas before if people were talking I'd remain quiet, I wouldn't have an opinion and I started to have an opinion. (Interview 1, Page 16, Lines 17-21)

Another way in which Andrew was acting differently was with regards to the pace he was thinking at. After completing therapy, he experienced himself to be thinking about issues more efficiently and initiated actions in his life quicker than previously as a result of this improved thinking process.

I could come to, you know before therapy and while I was in therapy if a problem came up I would spin out for days and after therapy, I'd have a resolution within a day. I'd learned how to think better I think. (Interview 1, Page 12, Lines 27-30, & Page 13, Line 1)

There wasn't so much pondering. It was more like okay this is what I want, do it you know. Then these are the things I need to do to get there and then go for it. (Interview 1, Page 19, Lines 25-28)

An example of how Andrew was thinking more clearly and initiating action quicker after therapy was when he decided to initiate divorce proceedings himself instead of waiting for his ex-wife to divorce him. Andrew possibly even changed from being passive to being active. It appears that Andrew recognised that he was different from before as he described these actions as "unusual" for him.

... I remember going to see a friend of mine and he was a lawyer, he was at university doing his final year Law. I said "Can you help me with the divorce?" and I'd actually been like really cowardly about the whole thing and said to the soon-to-be ex-wife: "I don't want to get divorced. We mustn't. It's wrong. God doesn't like it." and all sorts of funny crazy arguments and then post James... That two coincided quite closely. I'd just finished therapy with James when I thought: "To hell with this. She didn't even, doesn't like me, never mind love me. I'm fooling myself if I think it's going anywhere.

And I will actually divorce her instead of waiting for her to divorce me or try to push her to divorce me.” And I took it upon myself and did it and that was quite unusual as well. (Interview 1, Page 19, Lines 7-17)

Engaging in a new activity was another way of being different after termination of therapy. Andrew’s therapist inspired him during therapy to start studying.

It was just something I’ve never thought of before. ... It came up while I was in therapy. I seem to remember him saying “You know you’re a very intelligent person, why don’t you improve yourself and study something. You enjoy Philosophy, try Philosophy.” (Interview 1, Page 18, Lines 9-13)

As suggested by his therapist, Andrew did start studying after completing therapy. He completed Philosophy I, II, and III. After that, he continued to study Classical Civilisations. His alcohol problem however resurfaced at the stage that he was busy studying Classical Civilisations II. That was unfortunately when Andrew’s new adventure during the post-termination period came to a premature close.

Andrew acknowledged that there was one way in which he was no different after attending therapy with James. What did not change during this period of long-term therapy with James was his inability to “gauge reality” properly. He still continued to “create his own reality” via fantasy. As Andrew entered divorce proceedings shortly after completing therapy with James, it is possible that it was too difficult for him at that time to face the full “reality” of his life.

I think after James there was one thing that didn’t click and that was reality, to gauge reality as it really is. I was still inclined to create my own reality, wishful thinking, whatever. Whereas now I think I have a far clearer perception of what is without embroidering it or looking at it through rose-coloured glasses or. Because we can do that and I certainly can do that especially after a couple of beers. (Interview 1, Page 23, Lines 14-29)

Similar to Andrew, Susan also experienced being different in a number of ways after completing therapy. Firstly, she experienced being less prone to negative thinking.

... I think it did change some of my, I'll put it in CBT terms now, but some of my negative patterns thinking patterns. I think I used to ruminate more I mean sort-of negatively (Interview 2, Page 10, Lines 5-7)

Before entering therapy, Susan experienced performance anxiety to a significant degree and often experienced her mood as being low. Post-termination, she felt less anxious and less depressed than before. But she wondered whether these psychic changes resulted directly from therapy or if it were changes which would have taken place in the normal course of life, even if she did not attend therapy. For example with regards to feeling less depressed, she had difficulty knowing whether this is the effect of therapy or the effect of starting to follow a career path which she felt suited her better. She did however express that therapy played a significant role in her choosing this new career path. Therefore, it may be that this aspect of being different (being less depressed) was still as a result of therapy, even if indirectly so. With regards to being less anxious it was less clear to her whether this resulted from therapy or not.

I do feel I'm less, I felt like I was prone to sort-of some mild depression something like to the extent of that and how much is it therapy and how much is it that I'm doing more what I wanna do. I found what I wanted; I didn't know what I wanted to do. It wasn't like, but it's almost like I feel I've moved into something that's more me and how much is the result of therapy but I feel my moving into this has been the result of therapy. So you know it's hard to say, but I would say less depressed (Interview 2, Page 10, Lines 19-25)

I've kind of felt that I've been dealing with my anxiety better and I don't know if that's, well it's so hard to work out what's from therapy and what's just you know. (Interview 2, Page 10, Lines 27-29)

Susan felt that psychic changes were continuing to take place for her for a long time after terminating therapy. Susan expressed that she thought her long-term individual therapy provided her with the ability to apply theoretical knowledge gained during the post-termination period in her own life when applicable. She was therefore able to effect further psychic change (becoming more different) based on what she learned in therapy combined with theoretical insights gained during her professional training as a psychologist.

I think one of the things actually that kind of from CBT that the type 2 anxiety or type 2 depression how you know when you get depressed about being depressed or anxious about being anxious it just

kind of fuels the cycle and I think of course you know and that's not something that specifically we worked on in therapy even though Paul was a cognitive therapist, but it wasn't a focus of our therapy but because I'd had that therapy learning that in CBT made me think oh of course yes. Whereas I don't think I would have been able to effect those changes without having had the therapy. So I think that's one of the changes which, it was just that small little thing you know where in a class once that I realised that I often keep myself in an anxious cycle or because I'm anxious about being anxious or whatever you know so and I think I'm maybe already beginning to move out of that. (Interview 2, Page 11, Lines 3-15)

With regards to Susan's marital therapy, she and her husband were finally forced to work together as a couple as the therapist was no longer available to mediate for them. The couple utilised what they learned during therapy in their daily married life more so after completing therapy than while they were still in therapy. Susan and her husband therefore interacted differently with each other post-termination, which speaks to the theme of being different after therapy.

I think Richard and I was still a bit tumultuous. Even I remember our last session was still tumultuous. But yet funny enough one, so actually we might have carried on longer with him if he was still here. But funny enough, once he left, it was almost like then we had to kind of pull together. It's like, and then the fruits of therapy did kind of continue to work their way out. (Interview 2, Page 2, Lines 4-9)

Susan also experienced that she was better in upholding some boundaries between her and her husband after terminating therapy. Before entering therapy she experienced her relationship with her husband as being slightly too "enmeshed". In a sense, therapy assisted her in withdrawing from her "too close" relationship with her husband by temporarily replacing her husband with her therapist. After therapy, Susan became emotionally closer to her husband again, but this time around she felt she was managing to keep some space between them.

... I mean Richard and I have always, we've had a very close relationship but I mean you could almost say it was maybe it's been a bit enmeshed at times, being very reliant on one another and therapy almost felt like I was replacing Richard so it was actually I was replacing Richard with my therapist almost you know so it was actually quite, it was very difficult for Richard actually. It was extremely difficult for Richard. Even though he believed in therapy and he, but just because I actually withdrew quite a lot from him and I felt like I needed to withdraw from him just because it'd had almost been too close for too long and you know I tend to carry a great deal of his stuff and then I,

yah so it was, yah I really actually had to deal with this in therapy. It was quite, it was a bit of a crisis really in our marriage. I just really had to withdraw emotionally from him. Now the therapy is ended ... we're closer again I suppose. We are actually. So maybe I replaced my husband with my therapist. (Interview 2, Page 13, Lines 21-31, & Page 14, Lines 1-4) ... I think we've managed not, I hope we've learned more, when I'm beginning to feel overwhelmed with Richard's life and difficulties to actually say I can't listen anymore (Interview 2, Page 14, Lines 10-12)

In this theme it was illustrated how both participants experienced themselves as being different in many significant ways during the post-termination period of long-term therapy.

4.6 “I started losing all my ground I had gained”

Following on from the personal experience of being different after completing therapy, it emerged that later during the post-termination period one participant reverted back to his “old habits”, claiming that he temporarily “lost all the ground gained” during therapy. Later, with the assistance of additional therapy he managed to regain those changes. This particular theme is not applicable to both participants as Susan expressed that she managed to retain her therapeutic gains.

Andrew recalled that two years after terminating therapy his alcohol problem started to resurface again. He felt that he had lost everything that he had learned during therapy.

... And all kinds of things started to re-establish themselves. The old problems came back. And I sort-of forgot or couldn't see my way through. I think basically what happened was there was alcoholism throughout my family, a genetic line. And I think that started to take off at a bit of a gallop. ... After the therapy ended. ... It was probably a year, two years even, two years later, I think it started getting quite bad and I started losing all my ground I had gained. (Interview 1, Page 13, Lines 26-30, & Page 14, Lines 1-6)

Andrew regarded his subjective experience of becoming “conscious” as a major achievement during therapy. According to Andrew “consciousness” meant that a part of him was separate from his ego which enabled him to observe his own thoughts. This observing part was believed to be closer to being his “essence”. In the reverse “unconscious” would therefore be a mental state where nothing exists other than the ego. Andrew viewed his excessive use of alcohol post-termination as a sign of becoming “unconscious” again. He felt that he lost the “consciousness”

gained during therapy. In this instance being “unconscious” maybe took on a slightly different meaning for him. Perhaps it meant that he was not even lucid enough to think properly while drinking, never mind having the ability to observe his own thoughts.

I think there is one thing I'd like to say and that is that the ego is quite a bloody demon. It reasserts itself if you don't, if you're not careful. And I think what happened was I sort-of slowly became more and more and more unconscious and moving into heavier and heavier drinking. You know that's a sort-of signal of unconsciousness, you can't be more unconscious than when you drink really. ... And became unconscious and then all the same old habits that I'd resolved in therapy started coming back without me noticing. It was such a slow process of return. (Interview 1, Page 25, Lines 28-30, & Page 26, Lines 1-9)

One of the significant negative consequences of having “lost all the ground gained” was that Andrew's renewed alcohol abuse problem curtailed his studies prematurely. He was unable to complete the Classical Civilisations II course despite achieving outstanding marks up until that point.

And finally did Classical Civilisations I. And then I'd tried to do Classical Civilisations II but by then the booze got me and that was the year I wiped out completely. It was quite weird because I wrote an essay. Adam Turner set the essay and it was on Aeneas, the difference between Aeneas and the Latin guy, forgot his name but anyway, Virgil. Yah, Virgil wrote the book, but anyway I think I got something like 91%. And what's it, I'm getting blanks now, Greg Myers phoned me and said “God, I absolutely loved your essay, but you know, where are you?” And I said “I'm in the psychiatric hospital and in rehab.” (Interview 1, Page 17, Lines 22-29, & Page 18, Lines 1-3)

Initially Andrew was in denial about suffering from an alcohol abuse problem and as a result he did not address this problem immediately when he returned to therapy. This sense of denial could have been another example of how he had become “unconscious” again. Maybe he did not any longer have a separate “part” to observe his actions from the outside which could have helped him to realise that he was abusing alcohol.

Alcoholism is so subtle, you don't see it you know, everybody is, other people say “You've got, don't you have a drinking problem?” and you say “Certainly not, are you crazy?” (Interview 1, Page 14, Lines 16-18) ... “I don't have a problem. I'm okay. Life's working for me.” And then when the

drinking got quite bad, I remember saying “I’m a functional alcoholic.” And I haven’t had a drink for going on seven years and I can tell you something, looking back there was nothing functional about me. But you know we fool ourselves hey. (Interview 1, Page 14, Lines 21-27)

It was only during Andrew’s most recent period of long-term therapy that he finally addressed his alcohol problem successfully. It appeared that using alcohol was his way of coping with emotions. Andrew possibly learned other ways of enduring unpleasant emotions during this last period of long-term therapy. Perhaps he also regained the sense of being separate from his “ego” which assisted him initially in distancing himself from unpleasant emotions.

I think it was seven years ago I went and saw Stephen for the first time. And after about three or four sessions, he said to me “You don’t think you’ve got a drinking problem?” And I said “Good God no!”, but then I did go and think about it and ended up stopping drinking. It took a while, but I did stop. Stephen was crucial in that respect as well. Because I was just drinking my therapy away you know. Every time I felt an emotion I would just drink. If I felt pain, if I felt bored, if I felt sad, if I felt anything, I’d just go and drink. And Stephen nipped that in the bud. (Interview 1, Page 10, Lines 14-22)

Therefore, although Andrew felt he had “lost ground gained” during therapy during the post-termination period as a result of alcohol abuse, he managed to recover what was lost after entering sobriety again. He felt that afterwards many of the changes achieved during therapy with James remained.

I can say now that I kept a lot of them, yes, I lost them along the way, but then regained them. Yah, so they were there, they never went away, but I’ve kind of lost the ability to use what I have learned and I think that was through the drinking you know. (Interview 1, Page 15, Lines 1-8)

And after three years of sobriety things that James said started coming back. I started remembering these things and the whole thing with the ego as well. (Interview 1, Page 15, Lines 29-31, & Page 16, Line 2)

This theme illustrated that the changes achieved during long-term therapy are not necessarily permanent and that one may easily “lose the ground gained” post-termination.

4.7 Resuming the external journey

Both participants expressed that when they were attending therapy they were in a sense consumed by the inner journey and were as a result less focused on living their lives to the fullest in the external world. During the post-termination period, the inner journey however started to recede into the background and the external journey started to become more important again. This theme of renewed focus on the external journey was particularly salient for Susan.

During therapy, self-reflection was an important ingredient to the inner journey which participants were invested in. Both participants expressed self-reflecting less in the post-termination period than during therapy itself. Susan felt that after completing therapy she was more oriented towards external life rather than towards internal life.

And then in therapy of course it was this very intense time of writing and talking with my therapist. Now I've actually I mean I've done very little in the way of writing. ... I mean I'm almost wondering if I've done less self-reflection since therapy because therapy itself was so intense. ... I've wanted to get involved. I've wanted to address external issues in my life. So there's a sense almost in which I've possibly done less. (Interview 2, Page 15, Lines 2-3, 8-9, & 11-12)

Although Susan was more focused on her external journey after completion of therapy, there still remained some space for her internal life as well. She felt she had built up extensive inner resources during therapy which she could utilise when necessary and she felt that therapy had made her existing self-reflective capacity more effective. Self-reflection is therefore not an activity that takes place exclusively during therapy. Susan self-reflects before therapy and continued to self-reflect after therapy.

... Self-reflection's always been an important part of my life but I think the therapy made it so much more effective and I think now it's not that it's increased or decreased in a way. Maybe it did decrease for a while I think because it's almost like I had this bank of, I didn't need to think reflect too hard I could just pull out this insight whatever you know it just it's just deep in my own understanding of myself. (Interview 2, Page 17, Lines 21-26)

Andrew also expressed in a more indirect manner that he was more efficient when self-reflecting during the post-termination period. Therefore, as a result of more efficient self-reflection, both

participants may have gained the ability to continue with the inner journey in the background even while being more focused on their lives in the external world.

Susan experienced therapy as an “inner journey”, a time of personal “transformation”. During the post-termination period she was less focused on this “inner journey” and more interested in performing in the outside world. She contemplated whether this could be the reason for her not missing her therapist as she was no longer intensely exploring her internal world.

It was such a, I mean Paul would use the term “transformative time” internally and it’s like and I actually noted quite often I had sort-of spontaneous images of things that we would work with. But, I’m not having those at the moment. And it just feels like that sort-of internal journey is not, or inner journey is not a focus in my life at the moment. Now it’s external, it’s an external journey. And it’s busy and it’s go, go, go and it’s you know, so it’s very much an external journey at the moment which is maybe why I, whereas that was very much an internal journey. So I think maybe that’s why I almost don’t miss him because I’m not on an inner journey at the moment. (Interview 2, Page 6, Lines 26-31, & Page 7, Lines 1-2)

During the internal journey, Susan was very reliant on her therapist as her guide. Post-termination she did however not need her therapist’s guidance any longer. Her friends and family may not have been fully qualified to guide her on her inner journey, but they were more than able to provide her with the required support during her external journey.

And it’s like when I was in therapy in that inner journey I really felt like Paul was this guide for me. It wasn’t like he knew where I was going but he kind of understood the terrain and it wasn’t like he knew exactly where, but it was just like okay this would come up, this is how we deal with it. This would come up, you know, so it was like this guide. I think that was kind of the image I had of him really. So I was very grateful to have him for that. Whereas on this journey I don’t need that kind of guide anyways. ... I think the external journey I need more support from friends, family. I think that’s because it it’s not difficult to understand. (Interview 2, Page 7, Lines 12-20)

As was referred to in a previous theme, her therapist in a sense took over the roles of Susan’s husband and friends. They were however given back their respective roles in Susan’s life once the therapist was no longer there. Susan’s preference to engage more with her husband and friends instead of having imaginary conversations with her therapist could be interpreted as

being part of her renewed focus on the external journey. Post-termination she was possibly more interested in re-establishing her personal relationships which she neglected to a certain extent while being consumed by her inner journey.

Lastly, Susan described that the therapeutic inner journey also had a “transpersonal” element to it, containing several spiritual experiences which she and her therapist shared with each other. Although she found these experiences very meaningful, she was post-termination too busy on her external journey to miss this particular spiritual dimension in her life. She did however predict that there would probably come a time when she would like to reflect more on the personal meaning of these spiritual encounters for her.

I think that sort-of inner journey if you like was very meaningful and we had quite if I would say quite sort-of spiritual sort-of encounters not in, sort-of experiences sometimes which was quite profound sometimes and there's a part of me that doesn't. ... Kind of a sense of connecting with archetypes and sort-of Kundalini experiences. Paul was quite sort-of Buddhist in his thinking and I Christian I suppose but a sense of, so we had kind of different spiritual backgrounds but in a way the therapy with him helped me understand some of my earlier spiritual experiences and encounters with God and whatever. And I think I'm almost too busy at the moment to miss that. But I will, you know it's kind of like I've got this store in my mind and I find I feel like I will go back there and reflect on it and you know and need more of that again in the future to put it that way, you know, and I think in life we kind of have these ebbs and flows of whatever we need to be doing or working on and I suppose my time with him was very much internal personal but also what he would call transpersonal or sort-of more sort-of spiritual understanding whereas now as you say it's more external ... (Interview 2, Page 7, Lines 30-31, & Page 8, Lines 1-17)

Similar to Susan, Andrew noticed being consumed with the inner journey when he re-entered therapy with Stephen. He started to pay proper attention to his external life only three years into this long-term therapy. Andrew viewed it as progress that he was able to participate more fully in his life in the external world again.

... I was in therapy for three years before I actually noticed that the front wall of the park home that I'm renting was completely rotten and when the wind blew it was flopping inwards about six centimetres. So, I was so busy working on myself that I actually, I noticed it, but it was peripheral.

(Interview 1, Page 22, Lines 19-23) ... In fact Stephen noted that “Oh, you’re starting to work on the outside now.”, but it was a good sign you know. (Interview 1, Page 23, Lines 1-6)

Andrew started to study after completing therapy with James, which could also possibly be seen as him renewing his focus on the external journey. Andrew however expressed that in the immediate period after terminating therapy with James he did not yet properly address issues in his external life as he was still living in a fantasy world instead of “gauging” the external world as it is in “reality”. Resuming the external journey was therefore not as significant a part of Andrew’s experience of the post-termination period of long-term therapy as it was for Susan.

CHAPTER 5

DISCUSSION AND CONCLUSION

This study aimed to gain insight and understanding into adult clients' lived experiences of the post-termination period of long-term psychotherapy. Only a few recent studies focusing on this topic could be located (Craigie, 2002; Falkenström et al., 2007; Kantrowitz, 2012; Stanicke, 2011). Furthermore, none of the located studies were conducted outside of a Western first world context (Bernard & Drob, 1989; Conway, 1999; Craigie, 2002; Falkenström et al., 2007; Kantrowitz, 2012; Stanicke, 2011). The present study explored the lived experiences of two South African adult clients. The themes that emerged will be discussed as well as the absence of certain lived experiences that received an extensive focus in the existing literature.

5.1 Results linked to existing literature

In the present section results are linked to the existing literature organised according to the following themes: Therapy remembered, Seeing the therapist differently, Keeping the therapist alive, Being different after therapy, "I started losing all my ground I had gained", and Resuming the external journey.

5.1.1 Therapy remembered

The existing literature surrounding the post-termination period appears to explore memories of the therapist rather than memories of the therapeutic encounter itself (Bernard & Drob, 1989; Geller & Farber, 1993; Wzontek et al., 1995). In the present study, positive memories about therapy were treasured during the post-termination period, even 20 years after termination. Roe et al. (2006) found that negative feelings during termination of therapy were sometimes related to either premature termination or disappointment with therapy outcomes. These negative feelings during termination could possibly translate into tainted memories of therapy post-termination. In the present study, both participants viewed their long-term psychotherapies as successful and complete, which possibly contributed to positive memories.

Some memories about therapy centred on the personal effort that therapy entails. The hard work that participants had to engage in during therapy perhaps caught them off-guard. They may have

entered into therapy with the belief that the therapist would be doing most of the work. Remembering therapy as being hard work does not appear to receive a large focus in the existing literature surrounding the post-termination period. In Craige's (2002) study, participants however reported that energy was liberated after completion of analysis, which alludes to therapy being a process that utilises a significant amount of energy. Research specifically aimed at gaining an understanding into how clients experience the psychotherapy process in both cognitive behavioural therapy and psychodynamic therapy supports the present finding that the therapy process is viewed as hard work (Göstas, Wiberg, Neander, & Kjellin, 2012). Memories held about the therapy process may determine whether a client is willing to enter therapy again in future. Knowledge of the kind of memories held may be used to investigate which aspects of the therapy process need to be explained better in advance and to ascertain whether certain aspects of the therapy process need to be altered.

Some memories held in the post-termination period were particularly vivid. Vividly recalling specific statements made by the therapist as well as more visual memories such as remembering the therapist's office is corroborated by the existing literature (Geller & Farber, 1993; Wzontek et al., 1995). Holding vivid memories of specific incidents and remembering the intensity of the emotional response towards therapy are however aspects that could receive more of a focus in the literature. Memories not fading away quickly during the post-termination period may indicate the extent to which long-term therapy was regarded as a worthwhile experience. If the therapeutic encounter was experienced negatively, participants may have preferred not to hold onto memories of therapy.

One of the main reasons for Andrew remembering therapy as such a worthwhile experience, is because therapy brought him to "consciousness". As part of being "conscious", he experienced for the first time being able to observe his thoughts and not being fully defined by them. Busch (2010, p. 26) noted that self-observation concerns the capacity to view one's thoughts as "mental events" which can be reflected upon. As self-analysis is a process requiring self-observation, self-reflection, and self-inquiry (Busch, 2010), it appears possible that Andrew started to develop the capacity to self-analyse during therapy. Similar to participants in Falkenström et al.'s (2007) study, he may have gained the ability to employ a self-analytical stance which enabled him to

endure unpleasant emotions. It is uncertain whether Andrew gained any additional understanding of the self after completing therapy which was not already achieved during therapy (Falkenström et al., 2007). If not, his self-reflective activities during the post-termination period would not meet the formal definition of self-analysis (Falkenström et al., 2007). Upon reflection, this appears to be an aspect that could have been explored further with him.

5.1.2 Seeing the therapist differently

Participants recalled how their therapists were during therapy. Bernard and Drob (1989) found that among a sample of 10 clients who attended long-term insight-oriented therapy, they remembered the therapist's caring qualities rather than insightful interpretations made by the therapist. In the present study, possible caring qualities remembered by Andrew included his therapist being a "good person" and "wanting the best for people". The therapist was however only viewed to possess these qualities in retrospect after therapy was terminated. Results indicated that positive qualities recalled about therapists centred more on them possessing a "lighter" side. One therapist was remembered to have a good sense of humour, while the other therapist's particular way of laughing was remembered very well. Further in contrast to Bernard and Drob's findings, Andrew recalled insightful interpretations made by his therapist very well. He recalled his therapist making statements regarding him not being synonymous with his "ego", and also regarding him having to "avoid the rocks" in life's stormy waters.

Some clients from Bernard and Drob's (1989) study viewed their therapists differently post-termination, no longer idealising their caring qualities. Similarly, Susan acknowledged that although she was very dependent on her therapist during therapy, she stopped idealising him post-termination. In contrast, Andrew appeared to start idealising his therapist to a certain extent only after termination of therapy. The existing literature (Bernard & Drob, 1989; Craige, 2002) appears to address either the continued idealisation or the discontinued idealisation of the therapist after completion of therapy. The idealisation of the therapist only starting during the post-termination period therefore appears to contribute to the existing literature surrounding the post-termination period of long-term therapy. As mentioned previously, in terms of the psychoanalytic transference, the client's internalised relationship patterns which can contain either positive feelings or hostile feelings can be projected into the relationship with the therapist

(Lemma, 2003). It may therefore be argued that the apparent idealisation of the therapist post-termination was simply the resolution of a negative transference relationship, whereby the client takes back the negative emotions and parts of the self which were externalised (Lemma, 2003). Positive feelings towards his therapist however arose as a result of Andrew feeling particularly good after completing therapy, which indicates that it was more than the resolution of a negative transference relationship.

5.1.3 Keeping the therapist alive

Results indicate limited actual post-termination contact with therapists. Participants did not contact their therapists for additional professional help as was the case in Bernard and Drob's (1989) study. Similar to some participants in Kantrowitz's (2012) study, Andrew preferred to evoke the image of the therapist in his mind to assist him in working through problems during the post-termination period. Studies investigating the internalisation of the therapist and therapeutic relationship among former clients, also found that participants evoked fairly vivid representations of their therapists at a monthly to every few months' interval (Geller & Farber, 1993; Wzontek et al., 1995). Andrew reported feeling independent for the first time ever after completing therapy. This may explain why he relied on internal representations of his therapist and the therapeutic relationship rather than engaging in additional therapy. He was possibly trying to maintain his new-found sense of independence for as long as possible. After a break of six years without therapy, he did however relinquish some of his independence by entering into therapy again with a different therapist.

Susan did not have such imaginary conversations with her therapist in an attempt to solve current problems, but felt that her therapist was her role model when conducting counselling sessions. This is similar to Geller and Farber's (1993) study which found that former long-term therapy clients who are therapists themselves often evoked representations of their own therapists while conducting therapy. It appears as if research participants used different modes for internalising the therapeutic relationship. Andrew who continued having imaginary conversations possibly used the introjective mode to internalise as aspects of both him and the therapist were present (Wzontek et al., 1995). Susan possibly made use of the identificatory mode, modelling herself

after the therapist and excluding the therapist's actual presence post-termination (Wzontek et al., 1995).

Similar to findings in Schlachter et al.'s (1997) study, Andrew commented on how the interaction between him and the therapist was different post-termination. In Schlachter et al.'s study, one analysand felt that he was in a student-teacher relationship while in therapy, but viewed his analyst more like a colleague when they interacted post-termination. In the present study, Andrew noticed the change from therapeutic to non-therapeutic relationship on a chance encounter with his ex-therapist. He found his ex-therapist was "quirky" with him rather than offering therapeutic guidance. Lastly, Andrew also attempted to locate his therapist via social media approximately 20 years after termination. This highlights the role that social media could play in retaining a connection with the therapist during the post-termination period. Former clients could either contact the therapist online or could retain some sense of connection by simply following a therapist's online presence. It may also be worth researching how a therapist's online presence may affect the psychotherapeutic relationship as a result of the client having more insight into the therapist's personal life or value system than before.

5.1.4 Being different after therapy

Corresponding to the existing literature, participants experienced themselves being different after completing long-term therapy (Craig, 2002; Falkenström et al., 2007; Oliveira et al., 2010). Post-termination, Andrew felt both "solid" and proud of himself and was socially more confident. Similarly, in Bernard and Drob's (1989) study, a client realised during therapy that he was "all right" (p. 363) and maintained this view during the post-termination period. Oliveira et al. (2010) also found among a sample of 13 former clients who attended psychoanalysis or long-term psychoanalytic therapy that subjective internal individual changes, including an increase in self-esteem were reported as post-therapy changes.

Andrew started studying for the first time after termination of therapy. Participants in Craig's (2002) study also reported engaging in new pursuits such as further study and new hobbies as well as re-engaging in activities which were temporarily set aside. These new pursuits were described to be enabled by the release of energy which was previously invested in the therapeutic

process. In the present study, Andrew did not specifically mention that studying after therapy was connected to having more energy available again. In this case, Andrew was inspired by his therapist to start studying.

Lastly, Andrew experienced himself as thinking faster or more efficiently after completing therapy and that as a result he was acting quicker. Although Andrew explained initiating action quickly as a result of his improved thinking process, it also appeared that he started to take an active stance rather than a passive stance towards life. His increased self-esteem may have contributed to him feeling more confident in actively pursuing what he wants in life. These aspects of thinking more productively as well as being more pro-active have not been commented on in the existing literature surrounding the lived experience of the post-termination period of long-term therapy. Research aimed at better understanding clients' changes after psychotherapy did however find that "awareness of self-agency" and "tools to handle problems" resulted in clients being more active participants in their life contexts after psychotherapy (Göstas, Wiberg, & Kjellin, 2012, p. 376).

Susan experienced being consumed less by negative thoughts, and suffering less from symptoms of anxiety and depression after completing therapy. She offered that being less depressed may be due to entering a more satisfying career path during the post-termination period. Stanicke (2011) found that instead of the self-state of knowing associated with the self-analytic function, the psychic dimensions of meaningfulness, safety, and sameness were more dominant for some former psychoanalytic clients during the post-termination period. In the self-state of meaningfulness, a person is occupied by concerns about losing meaning in life (Stanicke, 2011). Susan specifically entered therapy in an attempt to find more meaning in her life. A reduced level of depressive symptoms linked to finding meaning in a new career path, indicate that the psychic dimension of meaningfulness was still influencing Susan greatly during the post-termination period.

Corresponding to the existing literature, Susan felt that she continued to change psychically after terminating therapy. Clients in Falkenström et al.'s (2007) study have been found to continue working post-therapy on "problematic patterns" identified during therapy (Falkenström et al.,

2007, p. 642). Similarly, Oliveira et al. (2010) found that improvement in symptoms, subjective internal individual changes, and subjective relational changes were experienced among clients who already terminated therapy at least a year prior to the study. Susan may have been particularly aware of additional psychic changes taking place during the post-termination period due to being a professional psychologist herself.

Also similar to some of the participants in Oliveira et al.'s (2010) study, Susan increased the distance between her and her significant other post-termination. It is unclear whether this relational change brought about conflict during the post-termination period as was found for some clients in Oliveira et al.'s study. Susan however attended long-term marital therapy in addition to individual therapy. This may have assisted her husband in becoming prepared for changes in their relationship.

5.1.5 "I started losing all my ground I had gained"

Andrew temporarily lost the therapeutic gains made during the post-termination period. The literature located surrounding the post-termination period of long-term psychotherapy does not appear to explore this aspect significantly. It is however well-known that psychotherapeutic gain is not necessarily retained. In follow-up results over a 10-year period of 600 clients who were treated by different psychotherapeutic methods, it was found that only 25% did not either relapse or substitute symptoms after 10 years (Eysenck, 1969). In this particular case, Andrew reported losing the changes made during therapy as a result of starting to use alcohol excessively approximately two years post-termination. During therapy, Andrew gained the sense of being separate from his "ego" which assisted him in distancing himself from unpleasant emotions. He however reported losing this sense of "consciousness" post-termination and using alcohol to drown out unpleasant emotions.

Andrew possibly failed to develop alternative strategies to regulate psychic pain post-termination. For example, Falkenström et al. (2007) found that former analysands used self-supporting strategies to manage internal distress, recalling the voice of the analyst, recalling the analyst's office, or recalling meaningful insights from analysis. Similarly, Geller and Farber (1993) found that among 140 former clients, 28% would evoke images of their therapist when

experiencing painful emotions. Participants in Craige's (2002) study regulated their own affect by internalising both the analyst's accepting attitude towards themselves as well as the capacity to hold themselves modelled to them during analysis. Self-reflective activities have also been used to regulate affect post-termination, including reminding oneself of something one already knows and making associations to previous similar distressing situations which have been resolved (Kantrowitz, 2012). Finally, the capacity to self-analyse have been found to assist in regulating affect during the post-termination period, assisting former clients to work through confusion and decrease levels of anxiety (Conway, 1999).

The finding above highlights the importance of the client learning strategies on how to regulate affect before exiting long-term therapy. In the post-termination period, the therapist is no longer available to assist in holding the client's emotions. The client suddenly needs to endure the full extent of their unpleasant emotions by themselves and should be well prepared for this change.

5.1.6 Resuming the external journey

Corresponding to the existing literature (Craige, 2002), participants were more focused on living their lives in the external world, instead of being consumed by the internal journey as they were while attending therapy. Specifically Susan was very focused on addressing issues in her external life post-termination. Upon reflection, I realised that it would have been useful to have interviewed her in more depth regarding the specific "external issues" she was attending to. As part of a renewed focus on the external journey, Susan deepened her personal relationships with her husband and her friends post-termination. Similarly, Craige (2002) found that former analysands experienced that they were more able to invest in personal relationships after termination of analysis.

Both participants expressed self-reflecting less in the post-termination period compared to during therapy itself. One of the participants in Falkenström et al's (2007) study experienced that conscious self-reflection turned into an exhausting obsessional process and eventually learned to rely on unconscious processes to self-analyse. As discussed before, unconscious self-analysis is assumed to refer to reflection and analysis partially outside awareness in the background of one's mind while being engaged in life's activities. Similar to this, perhaps participants in the present

study experienced themselves as self-reflecting less due to self-reflection being performed more unconsciously.

Lastly, Susan described that the therapeutic inner journey contained several spiritual experiences. Although she was post-termination too busy on her external journey, she expected that in the future she would reflect more on the meaning of these spiritual encounters for her. Again, upon reflection, this is an aspect that could have been explored more with her in order to better understand the nature of these spiritual encounters. This “transpersonal element” to her long-term therapy may bear an influence on Susan’s spiritual life in future. Changes in a client’s spiritual life as an outflow of long-term therapy may be a significant aspect surrounding the experience of the post-termination period of long-term therapy which may be worth exploring further.

5.2 Significant aspects in existing literature not included in results

In this section, significant aspects from the existing literature which were not included as emerging themes in the present study’s results are discussed. These aspects are mourning the loss of the therapist, and self-analysis and other self-reflective activities.

5.2.1 Mourning the loss of the therapist

Mourning the loss of the therapist is reflected in the existing literature as one of the main dimensions of the lived experience of the post-termination period of long-term psychotherapy (Craig, 2009; Kantrowitz, 2012). Mourning was however not considered an emerging theme in the present study. This may be due to the fact that clients were interviewed more than a year post-termination. In a study conducted among 121 psychoanalytic candidates, the post-termination experience of loss lasted only between six months and a year on average (Craig, 2002). Similarly, Kantrowitz (2012) found that among former analysands none of those who terminated therapy longer than a year ago mentioned how frequently they thought about their former analyst. Some of the existing literature supports that not all ex-clients necessarily mourn the loss of their therapists (Conway, 1999; Craig, 2002). In Conway’s (1999) study, one of the three former long-term therapy clients interviewed never described consciously mourning the loss of the therapist. Similarly, Craig (2002) found that 24% of 121 analytic candidates

surveyed did not experience a sense of painful loss post-termination. It was noted that Susan did significantly mourn the loss of the therapist, but prior to the post-termination phase. Susan was aware more than a year in advance that her therapist was planning to relocate. She therefore started to mourn the pending loss of her therapist long before therapy was actually terminated.

5.2.2 Self-analysis and other self-reflective activities

Self-analysis and other self-reflective activities are presented in the existing literature as another main dimension of the lived experience currently being explored (Falkenström et al., 2007; Kantrowitz, 2012). Although not considered significant enough to be a standalone theme in the present study, self-reflective activities formed part of other emerging themes. It is however uncertain whether either of the participants developed the self-analytic function in full as per Busch's (2010) definition of self-analysis. For both participants, the requirement of self-inquiry through which one can privately explore ideas in one's own mind without an audience being necessary may not have been met. It would depend for Andrew on the extent of imaginary conversations that took place with his former therapist and for Susan, the extent to which she needed to interact with her friends and her husband to assist her in exploring ideas. As already discussed, it is also uncertain whether Andrew gained any additional understanding of the self after completing therapy, which is a prerequisite for self-analysis during the post-termination period according to Falkenström et al. (2007). If the capacity to self-analyse was not fully developed, this may be due to self-analysis receiving particular focus in psychoanalysis specifically (Busch, 2010) which was not attended by either of the present study's participants. Kantrowitz (2012) however found that not necessarily all of those attending psychoanalytic treatment develop the capacity to self-analyse either. Other self-reflective activities during the post-termination period are however considered to be beneficial as well (Kantrowitz, 2012).

5.3 Limitations

A major limitation to the present study is that difficulties were experienced in recruiting research participants. As a result only two participants were recruited, while the initial aim was to recruit between five and eight participants. Furthermore, the sample recruited was unfortunately largely heterogeneous in nature. Participants differed with regards to age at time of therapy, gender, and the nature of the problem that led them to seek therapy. The format of

therapy applied was also different. A more homogenous sample would have facilitated better comparisons to be made with regards to the participants' lived experiences of the phenomenon investigated.

Additionally, participants recruited were both white English South Africans, therefore not representing the diversity of cultures present in South Africa. As discussed before, all the located studies that explore the post-termination phase of long-term psychotherapy were conducted in a Western context (Bernard & Drob, 1989; Conway, 1999; Craige, 2002; Falkenström et al., 2007; Kantrowitz, 2012; Stanicke, 2011). In future South African studies, larger samples representing a variety of cultural groups would facilitate exploration of the lived experiences of non-Western psychotherapy clients. Furthermore, more homogenous samples could also be recruited, exploring the lived experiences of only one non-Western South African cultural group (isiXhosa, isiZulu, Afrikaans Coloured etc.).

Another limitation is that one participant's long-term therapy was terminated approximately 20 years ago, possibly limiting recall of the initial lived experience post-termination. In the original participant selection criteria, the period since termination was limited to within the last 12 months. This requirement was however removed to facilitate recruitment of participants. In future research, a limit on the period since termination of therapy could be re-instated in order to facilitate rich exploration of the initial lived experience post-termination. Interviewing participants later was however beneficial in providing information on additional lived experiences which only presented later during the post-termination phase.

Upon reflection, it appears that there are some limitations present with regards to the collection of data. The researcher could have placed a greater focus during interviews in accessing richer descriptions of lived experiences. In some instances, lived experiences were described in very abstract terms, therefore not fully facilitating an "insider's perspective" (Smith & Osborn, 2003, p. 53) on the experience of the post-termination period of long-term therapy. The study could be improved by requesting more detailed stories or examples of experiences during interviews when needed. Additionally, follow-up interviews could be conducted to assist in delving deeper into the meaning of the initial data gathered.

5.4 Recommendations for future research

In the present study, participants attended long-term therapies based on different clinical theories (Cognitive and Jungian). This is not regarded as a limitation as the aim was to explore the post-termination period of long-term therapy as a global phenomenon. The existing literature could however be expanded further by exploring lived experiences of the post-termination period for specific therapeutic modalities. The existing literature mostly explores the post-termination period of psychoanalysis or psychoanalytic psychotherapy (Conway, 1999; Craige, 2002; Falkenström et al., 2007; Kantrowitz, 2012; Stanicke, 2011). It is therefore recommended that future studies should continue to explore lived experiences pertaining to other therapeutic modalities (e.g. Cognitive, Existential, and Narrative.)

During the discussion of the results several aspects were highlighted as possible areas of focus for future research. These aspects include the nature of memories retained about the therapy process itself, the idealisation of the therapist commencing post-termination, thinking more efficiently and being more pro-active, losing the therapeutic gains made, and the possibility of changes to one's spiritual life after attending therapy. Future studies also need to investigate whether any additional understanding of the self was achieved after completing therapy in order to gain further support for the development of the self-analytic function post-termination. Lastly, another interesting direction for future research is the role that social media could play in retaining a connection with the therapist during the post-termination period.

In terms of methodological considerations, interviewing participants sooner after termination could facilitate richer exploration of the initial lived experience post-termination and follow-up interviews could assist in further investigation of the meaning of initial data gathered. Most importantly, due to a paucity of literature exploring the lived experience of non-Western psychotherapy clients, future study samples should include psychotherapy clients from non-Western origins as well.

5.5 Personal reflections

As mentioned previously, I decided to conduct the present study as a result of my own personal experience of the post-termination period of long-term psychotherapy. Therefore, when

conducting the research interviews I was constantly aware that I need to bracket my own personal experiences surrounding the research topic in order not to influence participants' responses. Despite bracketing my own experiences, I still noticed feeling excited and validated when a participant's experiences connected with my own experiences. I also noticed that I was slightly disappointed when I realised that some of my own personal experiences were not present at all in the information elicited from participants. I wondered whether participants' experiences would have been more similar to my own if they also attended psychodynamic therapy or if they were interviewed sooner after the termination of therapy in order to capture the initial lived experience.

Upon reflection, there were tensions throughout the research study between using IPA as theoretical framework and being influenced by psychoanalytic thought. When reviewing the existing literature, it quickly became evident that in most instances the literature theoretically explored the post-termination phase as a phase of psychoanalytic therapy only. Taking into account the aim of the research study of exploring the actual lived experience, I was very cautious not to include literature which was solely exploring psychoanalytic theory. Despite this initial caution, I noticed that during the interpretation of the results I did occasionally draw on pre-existing psychoanalytic concepts. I suspect I may have been influenced in this regard by the existing literature surrounding the topic, my own professional training in psychoanalytic thought, as well as the psychoanalytic language used by both participants.

Although participants did not attend psychoanalytic therapy per se, they appeared to be knowledgeable regarding psychoanalytic concepts. Andrew spontaneously used terms such as "consciousness" and "unconscious". In a similar vein, Susan spoke of her own accord about "transference" and "idealisation". This possibly indicates that for both participants their personal lived experiences of the post-termination period of therapy were already mediated by psychoanalytic thought prior to me conducting the present research. In future studies it would be interesting to note to which extent the personal lived experiences of the post-termination period of long-term therapy are already mediated by clients' existing knowledge of clinical practice theories.

5.6 Conclusion

In the present study insight and understanding was gained into adult clients' lived experiences of the post-termination phase of long-term psychotherapy by conducting in-depth interviews with two South African adults. The smaller than intended sample size facilitated an idiographic focus on each participant's particular lived experiences. During the post-termination period, participants remembered therapy being an extremely rewarding experience. Therapy was however also remembered as a process that demanded hard work in order to gain positive results. Participants retained vivid memories of what their therapists said; of the way in which they worked with their therapists to address specific problems, as well as of the emotional responses they had towards therapy. They recalled how they viewed their therapists during therapy and revealed that they saw their therapists differently after completing therapy. Participants still retained a connection to their therapists in either their personal or professional lives. They experienced being different in multiple ways, including having different views about themselves and about life, doing things differently, and engaging in new activities. One of the participants lost these changes made, but managed to recover them later. Lastly, there was a renewed focus on being more involved in external life, instead of focusing on inner life only. As discussed, certain aspects of these findings correspond to the existing literature, while other aspects serve to expand the literature surrounding the lived experience of the post-termination period of long-term psychotherapy.

REFERENCES

- Arnold, E. G., Farber, B. A., & Geller, J. D. (2004). Termination, posttermination, and internalisation of therapy and the therapist: Internal representation and psychotherapy outcome. In D. P. Charman (Ed.) *Core processes in brief psychodynamic psychotherapy: Advancing effective practice*. (pp. 289-308). Mahwah, NJ: Lawrence Erlbaum Associates.
- Babbie, E., & Mouton, J. (2005). Qualitative studies. In Author (Eds.), *The practice of social research* (pp. 269-311). Cape Town, South Africa: Oxford University Press.
- Barron, G. C. (2011). Depressive rumination in an analysand after traumatic treatment. *The Psychoanalytic Quarterly*, *LXXX* (2), 287-304. Retrieved from <http://0-onlinelibrary.wiley.com/wam.seals.ac.za/doi/10.1002/j.2167-4086.2011.tb00087.x/pdf>
- Bernard, H. S., & Drob, S. (1989). "Afterwork": A clinical-phenomenological report. *Psychiatric Quarterly*, *60*(4), 359-369.
- Busch, F. (2010). Distinguishing psychoanalysis from psychotherapy. *The International Journal of Psychoanalysis*, *91*, 23-34. doi:10.1111/j.1745-8315.2009.00231.x
- Conway, P. S. (1999). When all is said . . . A phenomenological enquiry into post-termination experience. *International Journal of Psycho-Analysis*, *80*(3), 563-574.
- Craige, H. (2002). Mourning analysis: The post-termination phase. *Journal of the American Psychoanalytic Association*, *50*(2), 507-550. doi:10.1177/00030651020500021001
- Craige, H. (2009). Terminating without fatality. *Psychoanalytic Inquiry*, *29*, 101-116. doi:10.1080 /07351690802274751
- Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage.

- Etherington, K., & Bridges, N. (2011). Narrative case study research: On endings and six session reviews. *Counselling and Psychotherapy Research, 11*(1), 11-22. doi:10.1080/14733145.2011.546072
- Eysenck, H. J. (1969). Relapse and symptom substitution after different types of psychotherapy. *Behaviour Research and Therapy, 7*(3), 283-287.
- Falkenström, F., Grant, J., Broberg, J., & Sandell, R. (2007). Self-analysis and post-termination improvement after psychoanalysis and long-term psychotherapy. *Journal of the American Psychoanalytic Association, 55*(2), 629-674. doi:10.1177/00030651070550020401
- Fletcher, T. (2008). *How do psychodynamically oriented therapists understand, respond to, and work with negative racial sentiments amongst traumatised clients?* (Master's thesis, University of the Witwatersrand). Retrieved from [http://wiredspace.wits.ac.za/bitstream/handle/10539/5919/Tracy %20 Fletcher%20Research%20Report.pdf?sequence=1](http://wiredspace.wits.ac.za/bitstream/handle/10539/5919/Tracy%20Fletcher%20Research%20Report.pdf?sequence=1)
- Garcia-Lawson, K. A., & Lane, R. C. (1997). Thoughts on termination: Practical considerations. *Psychoanalytic Psychology, 14*(2), 239-257. Retrieved from <http://0-web.ebscohost.com.wam .seals.ac.za/ehost/pdfviewer/pdfviewer?sid=f2cabc6a-32b0-4670-9104-ba3dcf7fb5f6%40sessionmgr111&vid=2&hid=106>
- Geller, J. D., & Farber, B. A. (1993). Factors influencing the process of internalisation in psychotherapy. *Psychotherapy Research, 3*(3), 166-180.

- Gelso, C. J., & Carter, J. A. (1994). Components of the psychotherapy relationship: Their interaction and unfolding during treatment. *Journal of Counselling Psychology, 41*(3), 296-306. Retrieved from <http://0-web.a.ebscohost.com.wam.seals.ac.za/ehost/pdfviewer/pdfviewer?sid=43025331-94a2-4d6a-862e-c8d9c94f2a7d%40sessionmgr4005&vid=1&hid=4109>
- Göstas, M. W., Wiberg, B., & Kjellin, L. (2012). Increased participation in the life context: A qualitative study of clients' experiences of problems and changes after psychotherapy. *European Journal of Psychotherapy and Counselling, 14*(4), 365-380. doi: 10.1080/13642537.2012.734498
- Göstas, M. W., Wiberg, B., Neander, K., & Kjellin, L. (2012). 'Hard work' in a new context: Clients' experiences of psychotherapy. *Qualitative Social Work, 12*(3), 340-357. doi:10.1177/1473325011431649
- Halcomb, E. J., & Davidson, P. M. (2006). Is verbatim transcription of interview data always necessary? *Applied Nursing Research, 19*, 38-42. doi:10.1016/j.apnr.2005.06.001
- Kantrowitz, J. L. (2012). Afterward: Keeping analysis alive over time. *Psychoanalytic Quarterly Volume, 81*(4), 905-929.
- Karon, B. P., & Widener, A. J. (1995). Psychodynamic therapies in historical perspective: "Nothing human do I consider alien to me" In B. Bongar & L. E. Beutler (Eds.) *Comprehensive textbook of psychotherapy* (pp. 24-47). New York, NY: Oxford University Press.
- Knight, Z. G. (2013). Black client, white therapist: Working with race in psychoanalytic psychotherapy in South Africa. *The International Journal of Psychoanalysis, 94*, 17-31. doi:10.1111/1745-8315.12034

- Knox, S., Adrians, N., Everson, E., Hess, S., Hill, C., & Crook-Lyon, R. (2011). Clients' perspectives on therapy termination. *Psychotherapy Research, 21*(2), 154-167. doi: 10.1080/10503307.2010.534509
- Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology, 3*(2), 102-120. doi: 10.1191/1478088706qp062oa
- Lemma, A. (2003). *Introduction to the practice of psychoanalytic psychotherapy*. Chichester, United Kingdom: John Wiley & Sons.
- Lemma, A., Target, M., & Fonagy, P. (2011). Dynamic interpersonal therapy: New wine in an old bottle? In Author (Eds.), *Brief dynamic interpersonal therapy: A clinician's guide*. (pp. 1-41). doi:10.1093/acprof:oso/9780199602452.001.0001
- Mallinckrodt, B. (2010). The psychotherapy relationship as attachment: Evidence and implications. *Journal of Social and Personal Relationships, 27*(2), 262-270. doi: 10.1177/0265407509360905
- Mander, G. (2000). Beginnings, endings and outcome: A comparison of methods and goals. *Psychodynamic Counselling, 6*(3), 301-317. Retrieved from <http://0-web.ebscohost.com.wam.seals.ac.za/ehost/pdfviewer/pdfviewer?sid=c4e7d723-0f3a-46ea-9774-7b18769efe97%40sessionmgr115&vid=2&hid=106>
- Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counselling psychology. *Journal of Counselling Psychology, 52*(2), 250-260. doi:10.1037/0022-0167.52.2.250

- Oliveira, R. A., Senra, H., Dias, C. A., Oliveira, C., Nunes, C., Loureiro, L., & Oliveira, S. (2010). *Lived experiences of the psychotherapeutic process in psychoanalysis and psychoanalytic psychotherapy*. Retrieved from http://www.ipa.org.uk/Images/ResearchPapers/147466_oliveiralived.pdf
- Råbu, M., Binder, P.-E., & Haavind, H. (2013). Negotiating ending: A qualitative study of the process of ending psychotherapy. *European Journal of Psychotherapy and Counselling*, 15(3), 274-295. doi:10.1080/13642537.2013.810962
- Rangell, L. (1980). Some notes on the postanalytic phase. *International Journal of Psychoanalytic Psychotherapy*, 8, 165-170.
- Roe, D., Dekel, R., Harel, G., Fennig, S., & Fennig, S. (2006). Clients' feelings during termination of psychodynamically oriented psychotherapy. *Bulletin of the Menninger Clinic*, 70(1), 68-81. Retrieved from <http://0-web.b.ebscohost.com.wam.seals.ac.za/ehost/pdfviewer/pdfviewer?sid=d5c97cf0-6038-4ec5-894a-54d10a464303%40sessionmgr110&vid=2&hid=115>
- Schlachter, J., Martin, G. C., Gundle, M. J., & O'Neil, M. K. (1997). Clinical experience with psychoanalytic post-termination meetings. *International Journal of Psychoanalysis*, 78(6), 1183-1198.
- Smith, J. A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology*, 1, 39-54. doi:10.1191/1478088704qp004oa
- Smith, J. A., Flowers, P., & Larkin, M. (2009). The theoretical foundations of IPA. In *Interpretative phenomenological analysis: theory, method, and research* (pp. 11-39). Los Angeles, CA: Sage.

- Smith, J. A., & Osborn, M. (2003). Interpretative phenomenological analysis. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (pp. 53-80). London, United Kingdom: Sage.
- Stanicke, E. (2011). Different ways of moving ahead after analysis: Changes in experiential dimensions. *Psychoanalytic Psychology*, 28(2), 229-246. Retrieved from <http://0-web.ebscohost.com.wam.seals.ac.za/ehost/pdfviewer/pdfviewer?sid=9c03d348-d920-46bc-b61f-a2ed0865853d%40sessionmgr104&vid=2&hid=106>
- Terre Blanche, M., Durrheim, K., & Painter, D. (Eds.). (2006). *Research in practice: Applied methods for the social sciences*. Cape Town, South Africa: University of Cape Town Press.
- Trad, P. V. (1991). Applying a prospective approach to the working-through phase of psychotherapy. *Journal of Contemporary Psychotherapy*, 12(4), 231-246. Retrieved from http://0-download.springer.com.wam.seals.ac.za/static/pdf/350/art%253A10.1007%252FBF00945893.pdf?auth66=1426013372_66c0a74d559662646e9303e1fc72da14&ext=.pdf
- Van Niekerk, A. M. M. (2012). *An ethnographic exploration of intrapersonal, interpersonal and intra-group conflict management interventions in an institution of higher education*. (Doctoral dissertation, University of South Africa). Retrieved from http://uir.unisa.ac.za/bitstream/handle/10500/9365/thesis_van%20niekerk_amm.pdf?sequence=1
- Willig, C. (2008). Phenomenological methods. In *Introducing qualitative research in psychology: Adventures in theory and method* (2nd ed., pp. 52-73). Maidenhead, United Kingdom: Open University Press.
- Wzontek, N., Geller, J. D., & Farber, B. A. (1995). Patients' posttermination representations of their psychotherapists. *Journal of the American Academy of Psychoanalysis*, 23(3), 395-410.

Appendix A

Information provided to potential participants

Ms Jeanette Steenkamp is a Master's student in the Psychology Department at Rhodes University. She is currently undertaking a research project, looking at adults' personal lived experiences of the post-termination period of long-term psychotherapy. She requested my assistance in recruiting research participants.

If you are interested in participating, you will need to fulfil the following selection criteria:

- Above the age of 18
- Fluent in English
- Attended outpatient psychotherapy for a minimum of 12 months during which time psychotherapy sessions were attended regularly
- Should have attended the abovementioned long-term psychotherapy as an adult
- Should have already terminated the abovementioned long-term psychotherapy
- You should not have been an inpatient at a psychiatric facility during the preceding 5 years

Individual interviews will be conducted at either the Psychology Department at Rhodes University or the Rhodes University Psychology Clinic and will last for approximately one hour. In the event that you are not a local resident, the interview will be conducted in the location where you live, with the particular venue to be mutually agreed upon. Your participation is completely voluntary. Your identity will remain anonymous and you will have the right to withdraw from the study at any point.

Researcher contact details

If you would like to participate in this project, please contact Ms Jeanette Steenkamp at ... (cell phone) or ... (email). She will provide you with any further information about the project and what you can expect from participation so that you can make an informed decision.

Appendix B
Consent form

RHODES UNIVERSITY - DEPARTMENT OF PSYCHOLOGY

AGREEMENT BETWEEN STUDENT RESEARCHER AND RESEARCH PARTICIPANT

I, _____, agree to participate in the research project of Ms Jeanette Steenkamp on Adults' lived experiences of the post-termination period of long-term psychotherapy.

I understand that:

1. The researcher is a student conducting the research as part of the requirements for a Master's degree at Rhodes University. The researcher may be contacted on ... (cell phone) or ... (email). The research project has been approved by the relevant ethics committee, and is under the supervision of Prof Michael Guilfoyle in the Psychology Department at Rhodes University, who may be contacted on ... (email).
2. Permission has been obtained from Rhodes University (Registrar's division and Dean of Students) to select research participants from Rhodes University students. Permission has also been obtained from the head of the Rhodes University Student Counselling Centre to recruit research participants via this network.
3. The researcher is interested in finding out more about the personal experience of the post-termination period of long-term psychotherapy.
4. My participation will involve the review of an interview schedule prior to the interview to allow me to start thinking about the main focus areas of the research, and participation in a single interview session, which will last approximately one hour.
5. I agree to be interviewed at the Psychology Department at Rhodes University, the Rhodes University Psychology Clinic, or in the location where I live, according to my preference.
6. I may be asked to answer questions of a personal nature, but I can choose not to answer any questions about aspects of my life which I am not willing to disclose.
7. I am invited to voice to the researcher any concerns I have about my participation in the study, or consequences I may experience as a result of my participation, and to have these addressed to my satisfaction. If I am a Rhodes University student, the Rhodes University Student Counselling Centre may be contacted for further support on 046 603 7070. I understand that a list with the contact information of psychological services in the Eastern Cape will also be provided to me.

8. I am free to withdraw from the study at any time – however I commit myself to full participation unless some unusual circumstances occur, or I have concerns about my participation which I did not originally anticipate.
9. The report on the project may contain information about my personal experiences, attitudes and behaviours, but that the report will be designed in such a way that it will not be possible to be identified by the general reader.
10. I agree to the interview being audio recorded and understand that anonymised verbatim transcripts will be generated from the recording.
11. The people that will have access to the anonymised information from the interview, including the audio recording and transcript, are the researcher and her supervisor (Prof Michael Guilfoyle), an independent assessor, and a transcriber.
12. In the event of publication, identifying information will be removed to protect my anonymity.
13. I may request individual verbal feedback on the broad themes that emerged from my interview. If so requested, the researcher will meet with me in this regard at either the Psychology Department at Rhodes University or at the Rhodes University Psychology Clinic after finalisation of the results of the research project.

Signed on (Date): _____

Participant: _____ Researcher: _____

Appendix C

Interview schedule

Obtain demographic information

1. Age.

Background of psychotherapy

1. For how long were you in therapy?
2. How frequently did you attend sessions? (Once a week, twice a week..?)
3. What kind of therapy did you attend? (Cognitive, psychodynamic..?)
4. What made you decide to go for therapy?
5. When did you end therapy?
6. What was the reason for ending therapy at that time?

After termination of psychotherapy

1. Please tell me about how you have experienced the period after therapy ended up until now?
2. Please describe how you felt when you stopped seeing your therapist. For example, some people experience feelings of loss or feel proud of themselves for being independent again.
3. What do you remember most about your therapist?
4. How did you feel about your therapist after therapy vs when you were in therapy?
5. Do you miss being in therapy? If so, what is it (other than your therapist) that you miss from being in therapy?
6. What kind of thoughts were you thinking after ending therapy?
7. After ending therapy, did you notice anything different about your pace of thinking?
8. After ending therapy, did you think it was successful or not and why?
9. Did therapy equip you to deal with life differently than you did before? And if so, did you "keep" the changes you made during therapy, and how?
10. Did you experience any additional changes in your ways of being after therapy? If so, how did you change and how do these changes affect you?

11. People sometimes replace therapy with some other way to cope. What do you think of this?
12. In therapy there is often a lot of self-reflection. What happened for you in that regard when therapy ended?
 - a. If you still self-reflect, please tell me more about how you do it.
 - b. Do you ever involve anyone else when you self-reflect? For example, some people hold their ex-therapist present in their imagination or talk to friends or even to their ex-therapist.
 - c. What do you get out of self-reflection? Why do you think you self-reflect?
 - d. Do you reach new insights when you self-reflect? If so, please describe an example of how self-reflection after therapy resulted in a new insight.
13. After terminating long-term therapy did you ever have any contact with your therapist again? If so, please describe what kind of contact you have had.
14. We are drawing to a close. Is there any other experience about the period after therapy ended that you would still like to talk about before we end?