

**TERMINATION OF PSYCHOTHERAPY:  
A PHENOMENOLOGICAL EXPLORATION OF  
THE THERAPIST'S AND THE PATIENT'S EXPERIENCE**

MICHELLE INGRID SCHLODDER

Submitted in partial fulfilment of the requirements for the  
degree of Doctor of Philosophy (in Psychotherapy), Rhodes University.

Rhodes University  
Grahamstown

November 1997

## ACKNOWLEDGEMENTS

The real voyage of discovery consists not in seeking new landscapes but in having new eyes. Marcel Proust.

I would like gratefully to thank my parents for their unfailing support in my academic endeavours.

I would like to acknowledge the pivotal role played by Prof. Dreyer Kruger in helping my understanding of and love for phenomenology and existentialism.

I would like to thank Prof. Eddie Higgins, who was my sociology lecturer, for imparting to me an understanding of the context in which we find ourselves in a way that has constantly guided my thinking in psychology. I would also like to express my gratitude to him for his on-going friendship and encouragement of my work.

I would like to thank my supervisor Prof. Chris Stones for his assistance.

I would like to thank all my friends, who know who they are, for bearing with me during the writing of this thesis and for their constant support of me.

To the participants who gave of their time and experience and made this study possible, I would like to thank them for the honest way in which they were able to discuss a very private matter.

# CONTENTS

ABSTRACT	ii
ACKNOWLEDGEMENTS	v
<b>CHAPTER 1 INTRODUCTION</b>	<b>1</b>
<b>1.1 AIM</b>	<b>1</b>
<b>1.2 RATIONALE</b>	<b>5</b>
<b>1.3 SCOPE AND LIMITATIONS OF THE PRESENT STUDY</b>	<b>12</b>
<b>1.4 SUMMARY</b>	<b>15</b>
<b>1.5 OUTLINE OF THIS THESIS</b>	<b>15</b>
<b>CHAPTER 2 LITERATURE REVIEW TERMINATION:                   THE PSYCHOANLYTIC PERSPECTIVE</b>	<b>18</b>
<b>2.1 INTRODUCTION</b>	<b>18</b>
<b>2.2 ADUMBRATION OF TERMINATION CRITERIA</b>	<b>21</b>
2.2.1 TERMINATION CRITERIA FROM A STRUCTURAL VIEWPOINT	21
2.2.2 SYMPTOM ABATEMENT AS A TERMINATION CRITERION	24
2.2.3 ASSESSMENT OF TRANSFERENCE RESOLUTION AS A TERMINATION CRITERION	25
2.2.4 COUNTER-TRANSFERENCE CONSIDERATIONS IN DETERMINING TERMINATION	26

<b>2.3 ANALYTIC TECHNIQUE AS IT RELATES TO TERMINATION</b>	29
<b>2.4 PSYCHOLOGICAL PHENOMENA OF TERMINATION</b>	34
2.4.1 THE RETURN OF SYMPTOMS	34
2.4.2 THE EXPERIENCE OF SEPARATION	36
2.4.3 THE MOURNING PROCESS	39
2.4.4 FANTASIES OF TERMINATION	39
<b>2.5 SYNOPSIS OF THE LITERATURE REVIEW</b>	42
<b>2.6 “ANALYSIS TERMINABLE AND INTERMINABLE”</b>	44
<b>CHAPTER 3 RESEARCH PROCESS: TOWARDS METHODOLOGY</b>	54
<b>3.1 A RELEVANT METHODOLOGY FOR INVESTIGATING TERMINATION</b>	54
<b>3.2 RECRUITMENT AND SELECTION OF PARTICIPANTS</b>	57
3.2.1 THERAPIST RECRUITMENT	57
3.2.2 EX-PATIENT RECRUITMENT	58
3.2.3 ORDER OF INTERVIEWS	59
3.2.4 ETHICAL CONCERNS AND MORAL DILEMMAS	59
<b>3.3 GATHERING THE DATA</b>	62
<b>3.4 RESEARCH METHODOLOGY EMPLOYED IN THE PRESENT STUDY</b>	65
<b>3.5 ANALYSIS OF THE DATA</b>	66

3.5.1 STAGES OF THE RESEARCH METHODOLOGY	67
3.5.2 STEPS FOLLOWED IN THE ANALYSIS OF THE RESEARCH DATA	68
3.5.2.1 STEP1: ORGANIZATION AND REDUCTION OF THE DATA	68
3.5.2.2 STEP2: DESCRIPTION OF THE EXPERIENCE OF TERMINATION	69
3.5.2.3 STEP 3: ESSENTIAL DESCRIPTION OF THE EXPERIENCE OF TERMINATION	70
3.5.2.4 STEP 4: QUESTIONING THE DATA	70
<b>3.6 SUMMARY</b>	71
<b>CHAPTER 4 RESULTS</b>	72
<b>4.1 INTRODUCTION</b>	72
<b>4.2 PATIENT A</b>	74
4.2.1 INTRODUCTION	74
4.2.2 THE THERAPEUTIC RELATIONSHIP	75
4.2.3 THE TERMINATION OF THE THERAPEUTIC RELATIONSHIP	81
4.2.4 THE EXPERIENCE OF THE INTERVIEWER	82
<b>4.3 THERAPIST A</b>	85
4.3.1 INTRODUCTION	85
4.3.2 THE THERAPEUTIC RELATIONSHIP	88

4.3.3 THE TERMINATION OF THE THERAPEUTIC RELATIONSHIP	90
<b>4.4 PATIENT B</b>	92
4.4.1 INTRODUCTION	92
4.4.2 THE THERAPEUTIC RELATIONSHIP	94
4.4.3 THE TERMINATION OF THE THERAPEUTIC RELATIONSHIP	97
4.4.4 THE EXPERIENCE OF THE INTERVIEWER	99
<b>4.5 THERAPIST B</b>	100
4.5.1 INTRODUCTION	100
4.5.2 THE THERAPEUTIC RELATIONSHIP	102
4.5.3 THE TERMINATION OF THE THERAPEUTIC RELATIONSHIP	104
<b>4.6 PATIENT C</b>	107
4.6.1 INTRODUCTION	107
4.6.2 THE THERAPEUTIC RELATIONSHIP	108
4.6.3 THE TERMINATION OF THE THERAPEUTIC RELATIONSHIP	109
4.6.4 THE EXPERIENCE OF THE INTERVIEWER	115
<b>4.7 THERAPIST C</b>	118
4.7.1 INTRODUCTION	118
4.7.2 THE THERAPEUTIC RELATIONSHIP	119
4.7.3 THE TERMINATION OF THE THERAPEUTIC RELATIONSHIP	122

<b>4.8 PRESENTATION OF THE DATA</b>	127
<b>4.9 GENERAL FEATURES OF THE ESSENTIAL DESCRIPTION OF THE THERAPEUTIC RELATIONSHIP AS EXPERIENCED BY THE EX-PATIENT GROUP</b>	128
4.9.1 SUMMARY OF THE THERAPEUTIC RELATIONSHIP AS EXPERIENCED BY THE EX-PATIENT GROUP	130
<b>4.10 GENERAL FEATURES OF THE ESSENTIAL DESCRIPTION OF TERMINATION AS EXPERIENCED BY THE EX-PATIENT GROUP</b>	131
4.10.1 SUMMARY OF THE EXPERIENCE OF TERMINATION BY THE EX-PATIENT GROUP	133
<b>4.11 GENERAL FEATURES OF THE INTERVIEW SITUATION AS EXPERIENCED BY THE EX-PATIENT GROUP</b>	134
4.11.1 SUMMARY OF THE INTERVIEW SITUATION AS EXPERIENCED WITH THE EX-PATIENT GROUP	136
<b>4.12 GENERAL FEATURES OF THE ESSENTIAL DESCRIPTION OF THE THERAPEUTIC RELATIONSHIP AS EXPERIENCED BY THE THERAPIST GROUP</b>	137
4.12.1 SUMMARY OF THE THERAPEUTIC RELATIONSHIP AS EXPERIENCED BY THE THERAPIST GROUP	138
<b>4.13 GENERAL FEATURES OF THE ESSENTIAL DESCRIPTION OF TERMINATION AS EXPERIENCED BY THE THERAPIST GROUP</b>	138
4.13.1 SUMMARY OF THE EXPERIENCE OF	

TERMINATION BY THE THERAPIST GROUP	141
<b>CHAPTER 5 COMMENTS ON THE CONTEXTUAL DATA</b>	144
<b>5.1 INTRODUCTION</b>	144
<b>5.2 THE PATIENT/THERAPIST RELATIONSHIP: A BRIEF REVIEW OF THE PSYCHOANALYTIC LITERATURE</b>	146
<b>5.3 THE PATIENT/THERAPIST RELATIONSHIP AS DESCRIBED BY THE PARTICIPANTS IN THIS STUDY AND WHAT IS EXPERIENCED AS A LOSS BY THE EX-PATIENT GROUP</b>	152
<b>CHAPTER 6 DISCUSSION</b>	159
<b>CHAPTER 7 CONCLUSION</b>	178
<b>REFERENCES</b>	191

# **ADDENDUM TO PhD THESIS; TERMINATION OF PSYCHOTHERAPY: A PHENOMENOLOGICAL EXPLORATION OF THE THERAPIST'S AND THE PATIENT'S EXPERIENCE**

## **Introduction**

The six respondents were all asked to submit a written protocol in reply to the following request; Describe in detail and as fully as possible what the end of the therapeutic relationship meant to you, what led up to it, how it occurred and how you and your therapist dealt with it. Of the six respondents, only two of the therapeutic couples, namely couples A and B submitted written protocols, and couple C did not submit written protocols. These protocols were read often and they were used initially to inform the interview process. It was found by the researcher that using the protocols to inform the interview process created a somewhat artificial atmosphere, and when respondents said that they had not been able to convey adequately their experience of termination in the written work, it was decided to abandon the use of the protocols to structure the interviews. As this only happened once the interview process had been started, and because, they did inform some interviews the material is provided for the sake of inclusion.

The interviews with all six respondents were tape-recorded and then transcribed almost immediately afterwards. The interviews were not all conducted in the same room. Two of the therapists were interviewed in their offices. One ex-patient and one therapist were interviewed in the researcher's office, and two of the ex-patients were interviewed at their homes. The transcriptions of the interviews are included in an essentially verbatim way,

although some omissions have been made where data would be identifying or where there has been repetition. This constitutes the first phenomenological reduction of the data. Although this had necessitated a certain tidying of the transcripts, the speaking style of the respondent has been retained. It is in this area that the confidentiality of this information is most sensitive, not only because of the content, but because it is impossible to hide certain idiosyncratic ways of speaking from the interview material while remaining as true to the data as possible. It is with respect that I would ask anyone using this material to be mindful of the sensitive and confidential nature of the material presented here.

The "I" used in the interview transcript stands for the interviewer and "R" for the respondent. Where respondents have placed emphasis on a word, this has been written in italics. Where it has been necessary to comment on the material to render it intelligible this has been put in brackets.

### **Written protocol therapist A**

The therapy had been broken by about six weeks, due to her being away followed by my being on vacation. We terminated two sessions after we resumed regular sessions. I feel that the break was an important factor. After the break she felt that she had coped quite well without therapy in spite of very trying circumstances. She came back after the break with a strongly formed wish to terminate.

I felt that the therapy had been beneficial to her, although I also felt that many of the issues we were working on had need of more and deeper exploration. In a way a lot of the groundwork that had been laid in the therapy by building a trusting relationship

between us, could have been more fully used and more fruitful had she continued in therapy. There were a host of issues which we kept on touching on that never got worked through (the therapist had written up this case for examination purposes and had dealt with this aspect thoroughly in the write-up, he notes this point here although the case study write-up was not used in this research). However, I felt then and I feel now, that she got what she needed for the time being. I was prepared to accept her wish to terminate not as resistance or defence, but as an authentic wish to cope on her own, without need of what she saw as professional assistance. I have a somewhat different perspective to what she seemed to have in that I do not see therapy as a crutch or the need for therapy as a weakness, which I felt that she did. I had ambivalent feelings about her wish to terminate. I felt that her termination was premature and that there was much therapeutic work ahead of us. I would go so far as to say that we were time-wise not even halfway through the therapy. I feel now that had she been a middle class woman who had time and money to spend on therapy, that she might have continued. However, this patient lives a very stressed existence. She is a single parent, floundering in her attempts to bring up a difficult child and she is constantly under financial stress. Life is a struggle for her and she is pleased when she copes. She wasn't in therapy because she wanted to grow or anything like that, but because she couldn't cope. At the end of therapy either through what she had gained in therapy or through fortuitous circumstances, she was in a position where she felt that she could do without therapy. My feeling is that it was aspects of both of these factors, that moved her towards her decision to terminate. I also felt that it was a courageous decision for her and felt the need to respect this move on her part. I felt that it was truly the most affirmative thing which I could do for her. I am not saying that all she got out of therapy was a supportive environment which she could forgo once circumstances were favourable. However, there certainly was this aspect to therapy. She is also not very bright and I think that had she

been intellectually more gifted, or stimulated by the idea of therapy, that she might have continued in therapy for reasons of personal growth. The fact is her reasons for coming into therapy had been more or less met. She wasn't coping previously and now she felt that she had the resources to continue on her own.

My thoughts about what transpired in the depth psychotherapy sense are contained in the case study, which is a fairly honest reflection about what I saw to be the main issues with which we were engaged through the entire therapeutic process. This aspect of the therapy was foreshortened through the termination. (The case study was written near the end of the break that preceded termination.)

I felt throughout the therapy that the patient had the experience of not wanting to be in therapy. This was a therapeutic issue which we often touched on, but we never really got anywhere with it. She originally came to therapy ostensibly because of problems in her relationship with her son. He was also in therapy, with someone else. She didn't like to see herself as needing therapy; cf. case study: "Her "improvement" poses a threat to the ongoing work of psychotherapy. Her commitment to psychotherapy has from the beginning been infused with an ambivalence in relation to the degree to which she is willing to accept that she needs therapy. While we have certainly made progress, and she acknowledges this, each step forward strengthens her resistance. When she feels happy, she feels that she does not need therapy. Each good feeling is clung to, like the dream-purse to her chest, and diminishes the motivation for further and deeper exploration" (Quoted from the case study, p.56).

She didn't like to think of herself as needing therapy and she didn't particularly enjoy therapy, which often evoked a lot of pain, and she was frequently deeply upset during

sessions. Needing therapy was a sign of not being O.K. Hence she jumped at the opportunity to terminate. It was an act of assertion on her part and it was an important act. I recognised it as such and we terminated.

To a certain extent the relationship problems abated during the course of therapy, and I think, given the support of the therapeutic relationship, she was able to leave a problematic and conflict-ridden relationship. The issue of her son seemed to have got a little better although it was by no means overcome.

All of the above might create the impression that I had a sense of being sure about what I was doing in relation to the termination. However, I did experience a feeling of uncertainty about how to handle the issue of termination. It was a new issue and I was unsure about what was going on, but experienced her as strongly motivated to terminate and decided to respect this desire of hers.

Considering my own interest in the therapy, I was quite relieved when she expressed her wish to terminate. She could not afford to see me and had been paying Clinic fees. The father of her son had refused maintenance and she was financially severely pressed. I was prepared to continue to see her and explained this to her, but I must confess that I was quite pleased that I could replace her with a paying patient. On the other hand the therapy was 70 sessions underway and I felt that there was valuable experience to be gained in continuing with the therapy, so I had some ambivalence on this level as well.

I did not discourage her from terminating and we attempted to understand, as far as I remember, the different possibilities and what they meant in terms of the issues which were central to the therapy. I thought that she had made substantial progress in therapy.

My thinking this was evidenced by what was happening in her life and particularly the sorts of interactions she was beginning to have with people and also the changing nature of her interaction with me. (This is all described in the case study). I felt much more able to discuss things with her, without the intrusion of the strange and confused misunderstandings, which had been a part of our earlier conversations. She had become much more direct, less threatened and more able to listen and conduct a dialogue with me. My contributions were increasingly being allowed to have significance in the conversation and I was feeling more relaxed in her presence; in other words, more tolerant of being myself, without having to watch my every word, lest it threaten her. My experience of this aspect of the relationship was central to the entire therapy and fully elaborated in the case study.

We discussed the possibility of her seeing me once a week instead of twice a week, but she opted to terminate therapy, feeling that she could cope on her own. I felt that she was relieved when termination was discussed, because she had felt that she should continue in therapy as if I wanted her to be in therapy. There had been some reality to this perception that may or may not have informed her view. The reality is that she knew that I might be writing a case study on the therapy and she may have felt obligated to continue for this reason. This was actually discussed on a number of occasions in the first year of therapy and I had explained that what was important was whether she felt she needed therapy. I had explained to her that I was not forced to use this particular therapy as a case study. When she terminated I made it clear that we were terminating therapy and that the finality of the termination was not contingent upon how well she was coping in a few weeks time.

However, the possibility that she might be in therapy at some later point in her life was also discussed. I remember making it explicit that we were in fact terminating and that

she should not think of this as a trial run to see how she coped. At a later stage, perhaps about five months later, I bumped into her in a store and she told me that she had been wondering whether she should go back into therapy with me. I remember thinking that she was a little presumptuous to imagine that I would be prepared to take her back into therapy, and wondering whether she imagined I would be prepared to see her for the R5.00 a session she was previously paying.

I have a fairly cordial and relaxed relationship to the patient when I see her in the street. There is much more mutuality in the conversation than there was in the therapy.

### **Written protocol ex-patient A**

I was in therapy twice a week for about ten months except for the vac (the University vacation). It felt quite intensive and all pervading. I terminated in the first half of December last year (1989). I found therapy stimulating, inspiring and fascinating. I was able to work through many painful memories. I find I can think about these past experiences more objectively now without the usual distress and depression getting in the way.

One of the reasons for stopping therapy was I began to feel increasingly impatient with being one of the walking wounded. I needed to try and manage on my own, especially with my new outlook on life. Therapist A said that if I needed to continue therapy at any stage it would be possible and this was very reassuring. I preferred to stop therapy while he was still in town for this reason. I found for the first three months from time to time that this assurance helped me to cope. Then I began to feel increasingly comfortable working through problems on my own. I don't feel so hurt anymore.

The availability of further therapy was rather healing in itself because one of the central issues in therapy was learning to accept someone being there for me. This experience remains with me somehow.

Having someone being accepting of my feelings and thoughts without being judgmental has helped me to be more accepting of my thoughts and feelings and therefore more in touch with them than before. My relationship with my child has improved steadily since therapy. I find that my taste in people has changed.

It was a very important year for me. Life seems much more pleasant these days.

### **Written protocol therapist B**

I ended therapy with B over 16 months ago. I am therefore not very present to the experience of the end of the relationship. I have just seen B within the last month when he visited X (the town in which B studied). I was very interested to hear how things had been since therapy and remembered that it felt fine to end therapy even though we had a short time together (six months). At the moment I just have some general feelings that have been left with me after all this time. I remember B fondly as a real truth-seeker and as an "outsider" that I could empathise with. I also remember him as a person who valued his independence. The lasting impression of our therapy was that it was O.K. to end because, although he could have benefited from further therapy, he had got something out of the therapy and was ready for a less introspective phase.

In order to get some specifics about our end phase, I will refer to my notes and try to elaborate on these.

B knew from the beginning that we would only have six months together. We saw each other twice a week. Looking at it in retrospect I think B needed to have an experience of another person who wasn't trying to tie him down too much and could value him when he wasn't trying to live up to any expectations. I remember feeling a desire to want to align myself with him against dehumanising forces, which were asking him to account and justify himself. Although there were times when he felt trapped by me, there were other times when he felt permission to simply be in a more natural way, even if this meant withdrawing psychologically from me and the world.

Towards the end of the therapy B expressed increasing enthusiasm about moving into the future. His desire for adventure was strong. The image that I had of him that helped me understand the "termination issues" was this: he had been "held back" for too long and had at times felt discouraged about whether he had the power to confirm his own way. He made me feel really good, like I had something good and powerful that he would like to inherit from me. At one point in therapy we developed an image of a "kingdom" which had to become his. I felt that the termination issue for B was: "does someone believe in me and my way or am I totally alone and therefore always have to fight for the right to be? The desire for independence and adventure is so strong -- but I need my courage and capabilities confirmed".

I often experienced my task as therapist was to bear witness to B's desire for independent self-expression. I can't remember specific ways that we dealt with the ending of therapy. I think that he expressed in some ways that he would lose a true witness to important parts of himself and was nervous of his ability to remember himself in the way both of us had done together. However, he was equally committed to finding his own "kingdom" and I believe he finally saw me not as someone who could give him something, but as

someone who had faith in his own abilities.

At the time of termination I felt that we were "kindred spirits". I felt that B's further growth had to do with coming into his own "inheritance" through further struggle and adventure and that some phases of this would involve a dimension of being alone in this struggle and testing out important values for himself. I felt it was a pity that we did not have longer time together to consolidate our work further. However, I felt, having understood the dynamics, that this further time would most optimally be after a period on his own. In this regard I have the image of King Arthur's knights who would come back to meet at the round table at Pentecost and "touch base", refreshed to go out again.

### **Written protocol ex-patient B**

In terms of an initial contextualization within which to situate my termination experience, the following points;

- \* B, my therapist was well known to me prior to my commencing therapy; we had worked together fairly closely in an academic setting in a supervisor/supervisee relationship. He was therefore more to me than just a therapist; rather I knew him as a person.
- \* at the beginning of therapy, I felt very ready or "ripe" for the experience. I felt positive about my therapist as I believed that given his background and style, he would be able to be of benefit to me.
- \* I really enjoyed my therapy and felt that I had made much progress. It had been an energising and invigorating experience -- not painful and "heavy".

Reflecting back on my experience of termination in particular, the first thought that

comes to mind is that it had felt appropriate. (B and I had set a termination date during the early stages of therapy based on the fact that he was leaving town). Upon terminating, I was left with a feeling of deep satisfaction, of having worked hard and having achieved something worthwhile. I often refer to this period as my "true birth" -- he had in a sense been a midwife.

I recall having felt fascinated at how my psyche had been "guided" by some "deeper" force which had allowed me to increasingly "let go" during the course of therapy, and then, in the final stages, had invited me to drift to the "surface" again after my journey in the "underworld". It was as if my psyche had been guided by an internal clock which had known exactly when the termination date was due.

Upon terminating, I therefore felt whole again -- all the pieces had been put together again and I was ready to move on. My feelings towards B were of appreciation and warmth. In our sessions we had travelled to many places and I had enjoyed and appreciated his support and company during my journey. I felt close to him -- it was as if there was a shyness between the two of us when it all ended -- as if we didn't quite know how to be with one another back in the "mundane" world after our rich journey.

I presented B with a small present during our last session and left with a happy-sadness in my heart.

\*\*\*\*\*

Those are all the written protocols that were submitted. They are transcribed as they were originally written by the respondents. The transcripts of the taped interviews with

the respondents follow, and are given as the first phenomenological reduction of the data.

### **Transcript of interview with therapist A**

I As you know I'm looking at the phenomenon of termination, how it comes about in the therapy, how it's dealt with and what feelings arise in you as the therapist during that time, and I wonder if we can just use that as a starting point, but you can talk about whatever you feel is relevant in relationship to that.

R Ja, I think I'd like to possibly start with the first time I saw her. I can also say this quite clearly, and that it was something that was true throughout the relationship, although there were strong fluctuations in the relationship, but I had a real general feeling of affection towards her. I found something about her life, - she leads a kind of border line existence - but by that I don't mean in the sense of border line pathology, rather at the limits. That there she is, living in a little back yard, she hasn't got a driver's license, she hasn't got a car, she battles financially through each month, she's bringing up a difficult child, she's getting progressively more depressed in her situation, and there was just something about her existence that I find it difficult to describe the feeling, but a sense of real warmth towards her in a strange sort of way. I also find her an attractive woman and when you meet her you may also notice that she has an engaging laugh so that when she laughs she draws you in, and I had a sense of that, although at times other times I felt intensely irritated with her and frustrated with the therapy as well.

I I'm wondering how this feeling of empathy towards her and her life style influenced you in your relationship to her?

R I think the one thing that it strongly did, I don't know if it's good or bad or whatever, but I felt quite supportive of her and very supportive of her decisions, and I think that had a lot to do with the termination. I was very supportive of her desire to terminate because of a little kind of brave feeling in her. I think it could also have been interpreted or seen as defensive in some kind of way, but I was getting the feeling that she doesn't need therapy, that she can cope and that she'd really picked herself up. There was also a sense in which she was also always doing that, picking herself up. I mean but I felt supportive that at the termination I didn't want to interpret too much because I felt the best thing I could do for her was to actually support her in something that she was most thoroughly engaged in at the time. At the time she had the feeling that she had put her life together and that she could cope without me.

I Had you found her to be quite dependant in the relationships?

R Not actually, because I think she was deeply ambivalent about our relationship - throughout the therapy it was a strong feature. You see throughout her life, in her experience, life was just a series of failed relationships. She would often come into therapy and report some kind of breakdown (of a relationship), and every relationship seemed to be fraught with problems, and she couldn't cope with the failure of relationships, and this was very central to the therapy. We had very much brought up the relationship to a point where I think there was an increasing degree of trust, and I think it would have been good in the long term for her to experience that our relationship stays alive, and that she really sees that our relationship can endure through depressive phases. I think that had happened in the therapy in the way that I imagined that she could hold onto our relationship in some way within herself as a kind of success story, and I think - perhaps I think this is in defense of my letting her go - but for me, that letting her go was

a real instance of what relationships can be like. It wasn't a failure, there wasn't an argument, it was just a real act of her's, and I heard her saying; "I can cope now, I want to go." Again this might be defensive, but I definitely thought at the time that keeping her in therapy would actually undermine something fundamental about our relationship, and that the sense of really being heard by me, and that our relationship could survive her being herself and her wanting to walk away, I thought was very important. I think her previous relationships, in terms of her relationship with her father, her ex-husband, and numerous others, had always ended traumatically.

I Given her experience of relationships, did you find it difficult to build up a sense of continuity of relationship with her that could endure who it is that she is?

R It's funny, because I would have to say yes and no. On the one hand she's very easy to relate to, like she has a sort of drinking-in laugh that established an almost sexual intimacy. I imagine that it is more like that with men than women, but I think she can be like that, really engaging and invitational with a real emerging closeness, but on the other hand, I would sort of be thrown against times with her when there was a strange defensive detachedness, and she was then very defensive, very suspicious of the words that I used, kind of like, "What are you saying?", you know, "How do you understand what I am saying to you?". So, although it was easy to relate to her in someways, there was also a lot of mistrust at the same time, and that these two attitudes lay side by side is one of the strongest things that I remember about her. There were these two actually very different experiences that almost contradicted themselves and yet she was very strong in each position. I think of an example when she said in discussing a certain man, how it is that she really wanted to sleep with him. We spoke a lot about her sexual relationships in the therapy, and she went into some detail describing her attraction to him, how she

wanted to sleep with him, what it would be like etc. then in the next session she would talk about the same incident from an entirely different perspective, and would say no, she hadn't wanted to have sex with him at all, she just wanted to lay with him, and she didn't always see the almost contradictory position that she held in relationship to others.

I saw this as a kind of vertical splitting that would lay side by side, so our relationship was a bit like that as well in that there were different kinds of ways that we engaged, and progressively I think, that as I said, that a kind of stable relationship or trusting relationship began to develop with me. Over time I think she realized that I wasn't just some inconspicuous being, and that she had to trust me in a way, so that there was a gradual move away from the vertical split to a greater sense of consistency.

I I was just wondering if your being able to hear her, as you were mentioning earlier, perhaps didn't help develop that sense of consistency in the relationship with you. Could you perhaps comment on that?

R The aspect of continuity was a very strong aspect of the therapy. I carried on seeing her during a time of the year when it is actually quite difficult to see patients. I saw her twice a week and I carried on, I think throughout the year. I don't think there was a break except the one towards the end of the year, and in that sense seeing each other even during a time when it was difficult, as she was otherwise occupied at that time, contributed towards the sense of continuity. I also had to make an effort to come to the therapy with her during that time, and that also in a practical sense brought about a sense of continuity. I also kept a very strong sense of frame. Our relationship was a success story. I have this feeling that she's warm towards me, that she appreciates me, that she like me as a person, and that that gives her a sense of faith in men.

I So, are you saying that the sense of continuity that she was able to experience with you helped her alter the kind of way that she would relate to men outside of the therapy?

R Yes, you see there were certainly instances of it. She was starting to relate to people in a way that she could assert herself, and yet the relationship survived. That was very clear, and it showed that there was a kind of mixing of these two positions she'd previously held. There was a beautiful dream that she had, which I won't go into, of mixing good and bad, and evil and health, and that the kind of sense of relationship that was important or that could continue, tolerated different feelings. She terminated the three-year relationship that she'd been in during the course of the therapy, and I think that that was one of the biggest things that happened for her in the therapy. This relationship that she terminated came about just like that (snaps fingers), and it confused her in a sense, each time she came she would come with a different feeling about her having ended that relationship. I pointed out to her that each feeling seemed like a whole world, and the therapy had to do with almost like having a memory of good feelings in a way that she could actually remember good feelings about herself. I mean she would sometimes feel terrible and rotten, and remembering that her feeling changed and that she felt otherwise at other times seemed very important to her, and also evolved during the process of the therapy.

I It seems then that she came to a position where she was able to understand that continuity didn't just mean one thing, and that it was also something that encompassed change.

R Yes, I think that she came to realize that the growing oneness of the relationship is an acceptance, in fact, a required acceptance of the changing nature of relationships. In

other words it became okay for her to hate herself, whereas previously she couldn't live with that. For example, in hating her son she would forget that she also loved and cared for him. She began to eventually see that these things can exist side by side, and that she has many feelings, and many colours, and that it was an important aspect of her nature that needed to be increased not decreased. The awareness of the changingness of other people, which increased with her range of tolerance for her own range of feelings and her own badness, was central to her being able to change the types of relationships she had with people outside of the therapy.

I I'm interested about how the break came about in the therapy, given the centrality of the whole issue of continuity?

R I went away on a three-week holiday, and she went away on holiday, so altogether there was quite a break between the two of us in a sort of practical way. I had gone away first, and had mentioned to her that I would be away for three weeks. We had discussed that in the therapy, and as far as I remember, the arrangement was that she would phone me when she returned from her holiday. I think what then happened was that after she had come back from her holiday she didn't phone me for a couple of weeks, so it was only after that that the therapy resumed. The holiday, which involved seeing her father, had been quite disastrous. I wasn't, at that time, expecting to terminate because, she'd gone on holiday, because, she was going to stay with her father, and also because, to some extent it was like a big test. As it turned out, it was an atrocious holiday, disastrous in many respects, and I seem to remember, that although it had been atrocious she had come through it and survived it, and I think that made her feel that it hadn't been a total disaster.

I Can you remember how she reacted when you told her that you were going away on holiday?

R You see, the thing is, I imagine that she was actually quite relieved because, therapy for her was a bit of a burden in a sense. She's not one of those people who like being in therapy you know, who can't wait until their next session, she wasn't in therapy for those reasons. Basically she was in therapy because her friend had been in therapy and had been helped by it, but for her it was a sign that she wasn't okay, so she was quite scared of being in therapy. So when I went away or anything, I certainly wouldn't have said to her; "I think we should stop therapy." Because I was in a way almost keeping her in therapy until I was ready to let her go, but I also didn't particularly want to go on seeing her. I thought it would be sort of interesting, but I needed money, and I was charging her a very low rate, and for many other reasons I didn't mind giving her up as a patient. When she came back from the holiday, she had formed this idea that she wanted to terminate therapy.

This might also sound strange, but, although I was charging her a low rate, the therapy for her was actually quite a financial burden, so when she came back and felt that she had coped, I think that she definitely made the move in terms of wanting to terminate. Right from the very beginning of the therapy she had always had the attitude of not wanting to be in therapy, she wanted it to sort of peter out, all she wanted was to sort out her relationship and when it came to the point that I would no longer interpret it or perhaps interpret is not the right word, but when I stopped working with her in the same way as what I had perhaps had been, she saw that as a time to leave. I must say I would be fascinated to know what her experience was like during this time.

She's not a psychologically naïve person in the sense that she's been in a group for a year and stuff like that, but in another she was, she is, very psychologically naïve, and had a very different view of therapy from what I had, and had also been in a more behaviourally directed therapy previously. She didn't have the depth kind of view, the view that says I need to understand what I'm going through, and although we had started to talk like that in the therapy, definitely, she normally became very uncomfortable with that.

I So are you saying that she sort of said; 'Here's my problem, you're the expert, you fix it up, and then I can go? '

R Yes, that was there all the time, so when she seemed to be coping, she took the gap. I thought that when she terminated, that well she can always go back into therapy, there's always the clinic there, and you can at any point get relatively reasonable therapy. I remember when we were terminated I thought that, and I kept it to myself, for me the termination wasn't going away to see if you could cope, and then coming back in two or three weeks time because she wasn't. I remember when she started speaking about her need to terminate that I kept this aspect of her perhaps returning to therapy at some later point in time a bit ambiguous. I don't remember explicitly saying that "you're not coming back to therapy with me", but suggesting that if she terminated therapy with me now, that it was indeed a termination, but I also eventually said that there was always the possibility that at some later point in time she might well need to return to therapy.

I In your protocol you say that you met her about five months after the therapy had terminated at a shop in town, and that she had said that she wondered about going back into therapy, and that you felt that there was perhaps still some confusion as to whether

that would or wouldn't be with you. I wonder if you could explain that a bit?

R I remember that conversation. I bumped into her and said; 'how are you?' and she mentioned going back into therapy, and my feeling at the time was, "don't presume I'm going to take you back", but I didn't express that to her, and I don't think that she explicitly said that she wanted to come back to therapy with me. In fact I have a hunch that she would feel quite uncomfortable about coming back into therapy with me. I think she really knew that she couldn't come back to me, but that she would chance it.

I Are you saying that she would chance trying to come back to you in therapy, but not actually saying that explicitly?

R I think that would be an overestimation of her involvement with me. I know she likes me, I feel sure about that, and in a sense we could even have an affair, because I find her very sensual, but what you say implies a certain underlying lastingness to our relationship, and you see, I think she could walk out without feeling too sad about not ever seeing me again. I went to a group for meditation once, and she was there, and I decided not to stay because there was something awkward about our interaction (this was while the therapy was ongoing, and therapist A was trying to say that his experience of her once therapy had terminated was different). I never really understood that experience. I think she could become friends with me more than I could become friends with her. I can certainly relate to some of her interests and stuff like that, but I'm also not into those things anymore so she doesn't interest me like that, but I think I interest her. I had a sense that evening that she was there with a guy that she'd entered into a relationship with, and I think she would have enjoyed an interaction with me. She lived relatively near me, and in one instance I was building a tree house, and she came and sat

under the tree while her child was playing around, and that was almost like a continuation of the therapy in a way. There was a sense that what we were working towards a point in the therapy where we could each do our own thing in a related way, but without being related. There was a strong theme in the therapy about her relationships with her boyfriends, but often when she spoke to them (about things in the relationship that were bothering her), things would get very intense, and that they would start to not understand or lose their temper, and I think we really worked at her being able to appreciate that she could speak to people about her needs or feelings without getting heavy, and I feel that that was really established in the therapy. At later times when we met on the street there was really a nice sense to our relationship. It's funny we obviously care about each other, but in a way that, well, almost sort of more like compassion, and I really mean "how's it going?", when I say that to her, and she might even ask how I am, and I tell her what's happening in my life, and we walk away with a sense that to me is a real walking away at that point.

I I suppose I'm struck by that fact, that there seems to have consistently throughout being two sort of positions in relationship to the patient. Of being able to be separate and walk away, and yet also quite a sort of stickiness to the relationship in a sense. I wonder if you can comment on that?

R Definitely, there were very sticky patches in the therapy, and it was particularly difficult at the beginning, within each session, but as we progressed with the therapy we used to be able to speak about even that, and endings became clearer. I don't know how this quite happened but a friend of mine was helping her to move, and I went with him to her house, and it meant that I could go into her house (her dogs nearly killed me), and it was a funny sort of thing, it wasn't really difficult, and I didn't feel, "I don't want to be

here", but it's just that we can't actually relate as people, and I don't really know why that is, it's something that I am toying with at the moment, but even in sessions that I do with other patients I find that for myself I really need that safety of the therapeutic frame. It became clear to me in sessions, and this is increasingly so in my work, that when things become a little more like social chit chat, that the interpretations that I made came more from myself, rather than from what was needed for the patient, and I realized that outside of the frame there's something that exists that needs to be left out in terms of the work of therapy.

I How did the actual termination come about, I mean how did she start talking about it?

R Okay, there was the brake when we went away over Christmas as I said, and she went away over the same period of time, but I seem to remember that she didn't contact me until after a couple of weeks after I had expected that she would already be back. I think in terms of date wise, there was about a six-week break. She'd had quite a traumatic holiday and we'd actually spoken about it, that she was going to stay with her father and was going to have a big family type Christmas with her sister and everything, and this big get-together, and she was anticipating that there would be a lot of issues that we had spoken about in therapy that were going to be tested during this time. For example, she had an incredibly ambivalent relationship towards her father. She would draw close, and he'd be insensitive - and in general he does seem to be quite an insensitive person - for example, he would become scorning and mocking of her and want to know what she's doing with her life, and you know, how she's really going to cope, so he was really able to hurt her, and we had discussed that in the therapy in terms of her going back to this sort of family holiday, and what it is that she would be exposed to. So I was a bit surprised that she only contacted me a couple of weeks after she'd got back, and we then

had a session, and in that session I don't think that she articulated it as explicitly as, "I want to terminate," but I recall that she was coping. That she'd had this holiday that it had in fact been terrible, but that she had dealt with it in a way that she felt she had remained intact.

I At the time when she suggested or implied that she was coping, and could therefore terminate the therapy; did you make that more explicate?

R Yes, I did. Before I would have tended to put it in such a way that I really could avoid discussing that she wanted to end, but I kind of turned it in a way, reframed it in a way to make it a positive experience of this feeling of her wanting to end. Basically she'd been through a hell of a holiday, all the terrible things that we'd spoken about had happened to some extent, and she felt pretty okay, and was saying to me; "Well maybe it's time to end therapy," plus there was the financial thing, and so we decided this is something she can do. We had also, prior to the break, decided that when she came back we would renegotiate the therapy, in other words, we'd sort of been carrying on indefinitely, then this break had come and we kind of worked towards that break. Then when she came back we were going to say; "What form does the therapy need to take now?" When she came back after the holiday she had a very strong sense that she had gone through the test of the holiday and that maybe it was now time to end, and I decided it was more confirming of her, and all the work we'd done that her sense of coping and being okay was established enough (to end). Also, within the context of our relationship, for me to say, "Yes, I hear you, you want to walk away and that's okay". There was just a confirmation in me letting her go, and it might sound strange, but she also had that sense in the therapy of also being there for me. So I felt it was very important to say, "you may go".

Why I say that she was there for me was that during the therapy I had chosen to write this case study up for my end of year exam, and we'd discussed that in the therapy for me to get her consent, and it had come up on a number of occasions where termination had been an issue previously, and I felt that often she had stayed in the therapy because of this case study, although I had made it clear to her that I could write up the case study (as it was at the time) or another one whether she chose to terminate at that point in time or not. I also felt that there was a way that her staying in the therapy for me was a kind of game, a bit of that, and I wanted her (now) to take responsibility for wanting to leave the therapy and leave the relationship, so when she came back from the break with the strongly formulated wish to terminate I felt the most appropriate and affirming that that I could do was to support that in her. We had another session obviously after that where we discussed termination and what it meant, and it was quite clear this was the end of therapy, but as I mentioned before, there was this thing where I think there was still a little bit of ambivalence in certain areas, and particularly in the area about whether she could come back to therapy with me. We discussed the possibility that if at a later stage she would like to go back into therapy then that was available to her, but I certainly didn't make myself available, but I probably left that as a bit of a question mark.

I You seem to be saying that in confirming her desire to go that you were confident of her going. Can you remember the last session?

R I honestly can't. I felt good about the therapy. I felt we'd got somewhere. I was under no sort of illusion that she'd got *there*, you know, that she'd reached a point of termination that was inevitable. I can't deny that there was a sense of ambivalence about it, but I thought it was more important to confirm her, knowing that the possibility of going back into therapy with somebody else at a later stage was there, (to confirm)that

she had pulled her life together to the point where she was actually handling it, and she felt a whole lot more secure about all that we'd worked out. So I felt that she could consolidate with this and develop a sense of coping more on her own. That was important, because she had a strange idea about therapy, because for her being in therapy was an acknowledgement that she wasn't okay, and that she wasn't coping. Although it perhaps suggests an issue, that she thought being in therapy meant that she wasn't coping, and that made her less than competent in some kind of respect, but I still thought that it was more important for her to have a sense of her coping with her own life rather than to have gotten somewhere deeper in the therapy.

I When you had this last session after her bringing up the issue of termination, how did you actually handle that, what did you discuss?

R Ja, I don't have the sense that we actually discussed the seventy five sessions of therapy, or tried to sum the whole thing up, because by then it was pretty clear to both of us that there were some fundamental issues that were basic to the therapy. Something's like I've mentioned before, her needs in relationship to other people, she always had a lot of questions about that, there'd been a lot of uncertainty about not having the ability to express her needs and that she hadn't got it. Strategy she had to deal with her son's problems, but certainly there was a sense that she was more certain about herself, and therefore could deal with things better that were previously worrying her tremendously. So no, we didn't discuss particular things in that final session, but what had been established in the course of a trusting relationship wasn't important in a sense in the last session. We didn't also cover any new ground or anything, it was just like a kind of buffer so that we didn't end as soon as she mentioned it. All I can say about that last session is that my stance towards her was one of goodwill, in the sense I felt it was her

life, and it was up to her now, and that I was out of her life in terms of helping her, and I would like to have a kind of sense of wanting to send her on her way with my best wishes. I didn't experience any feelings of sadness or of missing her, it's a funny thing knowing a person well, and then having to part from the therapy, and have her going away. There's something just unlike everyday life in that. At the same time I feel there's something very special in that sort of thing, it's almost a kind of transcendental feeling, more compassion, like a kind of clearing the way of fear, and I think the therapy worked towards that. Actually there was quite a central sense of, I knew her, I listened to her, and I really listened to her, and I knew the way she wanted to move, and I didn't interfere with that. I didn't try and keep her (in therapy) that way, there was a very subtle way of being with her in that (wanting to let her go as a confirmation of his being able to hear her).

I At the end of your protocol you say that when you bumped into her in the street after sometime, that you felt that there was more mutuality between the two of you than there had been in the therapy. I wonder if you could just comment on that please?

R Okay, I thought that I had a sense now that I was more able to relate to her you know, in a more spontaneous kind of way, rather than watching how I responded, because of the therapeutic relationship and having to conform to the therapeutic relationship. I could say "how are you?", and "you know we've actually just moved house", genuine responses like when somebody's interested, but still, it's not as if it was someone else. There's still the sense of having a slight anxiety on our part. A sort of sense of being careful in this relationship, I can't blunder in this relationship as I might want to so there's two sides to it, both careful in a sense of being awake and aware, but also *careful*, full of care, for that person and in everyday interactions I'm far less careful, and it felt more like that with her

then, but at times when I've seen her there's been an element of that, and I suppose there is something quite special in the relationship in that sense, in that I feel caring in the careful sense towards her, but at the same time there is a kind of sense of freedom, because I don't have to care for her. I don't mean that in the sense that I don't give a damn, but that I was free not to be involved in her life anymore as her therapist. I never said it (during the therapy to her), but I would feel wonderful when she got her act together, her job, for example, which we'd discussed a lot in the therapy, and I was pleased that she was in a reliable job, that she was coping, handling her affairs well, but in terms of the therapy terminating, what I felt was relief, I felt relief that I don't have to live in that life even though it was only once a week, it was a relief to me also that she could begin to say; "I can carry this life", and it was like a sense that the world doesn't owe me (the patient) anything, and I don't owe the world anything. There's a much more giving or freer kind of relationship to the world where you appreciate things, and you get back and you know a sense of debt is less. I think that that is the clearest that I can get about the termination. I don't think that I would be able to get it any clearer, but I think how I've been able to get to today has been clearer, and it's got to the point, because of my speaking about it, as I speak I get closer and closer, and it's almost like you peel something away, you know. In speaking about her I think I've got closer to the experience of being in relationship to her, because in the written protocol certainly there isn't that sense at all.

### **Transcript of interview with ex-patient A**

I I'm not sure if you remember the request for the written protocol (respondent nods), but I'm basically trying to understand the termination of therapy from an experiential point of view.

R Well, I went to therapy, because I was trapped in a bad relationship and I couldn't get out of it, and I felt completely helpless, so I went there (the Psychology Clinic) for help. I was just lucky that they put me with someone that I was so compatible with. I didn't know anything about him, but I could just sense that he was into Zen, and perhaps a little meditation, perhaps vegetarian, I don't know. I just liked him from the beginning. I would have found it very threatening if I had been with someone more materialistic. I, to this day, don't exactly know what his interests are, but I rather appreciated that angle, that I was in harmony with him.

R So you felt there was some sort...

I (Interrupting), but it took quite a while, I went quite a few times before I realised that we were on the same waveband, because I think that everyone is so different from me in any case, I would have found it very threatening if he had also been very different from me. In the beginning though I felt rather foolish, like I was pampering myself, and that there are so many other people who are really in trouble and struggling, that I felt that I was being over indulgent. I kept thinking that I didn't really need it as much as other people did, and that I was just making a big thing of it, and here I had this almost qualified therapist (the therapist was already qualified and was then involved in completing a PhD) dealing with my petty problems. I just couldn't feel important enough to warrant all this attention. I know I had an inferiority complex about that and in the beginning I found it very difficult to speak freely, so I held a lot of stuff back and I filtered and censored a lot of the stuff I was saying. I was really worried about other people knowing about my therapy and it took me quite a while to build up that trust, and to realise that he wasn't going to repeat everything that I said. You have to get used to that, because you can't talk to any one else like that in the whole world. I still miss that,

because now I still find that if I do open up and share something with someone else, at the back of my mind I always think, "Should I say, please don't repeat this", or is there really any point, because they could say to the next one, "Please don't repeat this," and it would just carry on. I really enjoyed that ability to share stuff with someone else and not have it repeated. It was nice to talk to someone who is really so intelligent, so sensitive and so subtle, that it really put me in touch with my own sensitivity, which over the years had become blunted and deadened in a way. I realised that there was a lot of me that I had just sort of pushed aside or forgotten about, that had just been squelched or something, and it was just amazing to be able to say whatever I wanted to someone who was just listening, who wasn't judging. It was amazing to just be able to say anything to someone and be totally open in a way that I had never experienced with anyone else before, there's always something that you can't say, because if you said everything that you wanted to they would probably think you're mad. It's not really acceptable to just say anything that you feel like. (Pauses) I seem to have dried up.

I You seem to be saying that you developed a trusting relationship with your therapist over time, and that this was substantially influenced by the confidential nature of your relationship to him, and that you could say whatever you liked in therapy, did this come about by itself or because of specific things that you discussed?

R I can't remember any specific things that we spoke about, except that when I'd experienced some sort of breakthrough or realisation, then I'd start to think that this was worth it. I'd begin to feel that I wasn't so bad like a schizophrenic or child beater or something and that this is doing me good and that I need it. I started to relax then and feel less silly around A, because I used to feel so embarrassed that I used to sit there and feel so ridiculous. It's a pity that I never knew that you would be talking to me about this,

because I would have kept a diary or something, it's quite difficult to think about it now after all this time. The therapy just seemed to have a magical effect on outer life, it was like things just changed without having to change it, it was wonderful.

R Are you saying that for you to have been with someone who understood you (R interrupts to say "respected") gave you a confidence that just spread to outside the therapy?

I I guess so. He just gave me the impression that he accepted anything that I said no matter how zany or perverse, he just heard me. To be accepted like that was a completely new experience for me, I'd had a friendship that was a bit like that, but it wasn't the same, because the therapist has got much more knowledge and suss, so it was a very different type of relationship. He could also, he had the ability to keep you on track. (Long pause)

R (After waiting for some time) When you say, kept you on track, do you ...

I (Interrupts) Well, I find that when I talk to people when I'm trying to work something out with someone you tend to just go off the main point, you keep getting sidetracked with stupid things, you forget sometimes what the main issue is. It wasn't always like that, sometimes we'd just flow and just talk, and it didn't even matter if I didn't finish the sentence. With the more serious stuff, well not really serious stuff, but sometimes I just had the ability to just really go into something deep. Most people aren't that interested to just let you go on and on, and let you just say that's what's under there. I've always had this difficulty, I still have it today, that I'm aware that I have these subconscious thoughts that are conscious, but I'm not really in touch with them. I can think them, but have no real access to them, which sounds crazy, but in therapy I used to know. You know like in

another type of relationship, it's like you know that something is bothering you and you get that intuition that if you just sat down and thought about it that you would know what you were feeling, but you never sit down to think about it, so all you have is this horrible confusion and unhappiness. I found in therapy that I could get in touch with those feelings (of confusion and unhappiness) and I find it a lot easier today to know what is phasing me straight away, that seems to be the outcome.

I Are you saying that therapy has helped you to understand your deeper feelings so that you don't feel confused or unhappy?

R Well, that was sort of different. What I'm talking about is when you'd start talking about a specific time in your life where there was a bit of pain, but you don't know why or why you felt so uncomfortable, but that the more you spoke about it, the more you seemed to kind of get into it, the more you were digging up this stuff the more you discovered about it. I tend to just push things away, because it hurt, but this other way I'd try to work out why I felt angry or hurt or something, before I would just feel hurt or whatever and not know why. I'm realising in this relationship (R kept changing the tense in which she was speaking, so she means here the therapy, although there was also a way in which she was talking about the interview situation as well. It was also interesting that she would often revert to the third person when talking about herself) that I do know what it is even if it is silly. He always used to say to me, "Just say it, even if you think it's stupid or silly", and I would do that and then I realised that I did know what was bothering me even if it was totally stupid. I get hassled about a lot of silly things in relationships, and have a lot of really silly expectations and stupid things like that, but I think I learnt to just accept these absurd thoughts, no matter where they came from, they were just there and that was okay.

I (Child walks in to complain of sore throat. Mother - the R- gets up to deal with it and returns shortly) You were talking about what your experience had been like in therapy and I was wondering how, if at all, this has been affected by the termination?

R I have quite a complicated thing about that. (It seemed as if the R did not understand the question, and perhaps she had found it a bit complicated, but I had this experience often throughout the interview). I found that I was, that I felt very close to A in the beginning. I really admired him as a person, and as a man I thought that I would like to find someone just like him. It was funny, but the other relationship that I was in that I thought I would never get away from, just sort of broke up. It took about six months, and started happening after I'd been in therapy for about two months, so we just drifted apart and when we finally broke up it was okay, and we're still friends, sort of. What I'm saying is that I realised that I was able to communicate with a man in a different way, I'm glad it was a man (therapist), so that I couldn't accept this other relationship any more, it was just so empty by comparison, and funnily enough I've just met such nice people since then. I can't settle for what I used to be satisfied with before, and I think that's also from therapy, not just something of the moment, because before the people that I used to know and think were really different I just couldn't handle any more, and the people I've met and got closer to lately are just completely different to the people I knew before. I heard about this projection thing from someone who did psychology, and it seems you have to fall in love with your therapist and then you have to kind of go through that, and then break away, and then ... I don't know what's supposed to happen after that. There was a time when I was totally in love with him, but not actually *him*, just the person that he is, but I knew that he was married and that was a barrier that I could respect, because I think I would have grown far too attached to him, but it wasn't really him, because I don't know him at all, but it's somehow helped in other relationships.

I What you've just said made me wonder if the relationship with the therapist influenced your ability to ... (Child interrupts to say that there is someone at the door).

I (Continues after R has explained that there was a beggar at the door) You had been talking about your relationship to your therapist, and that during the therapy you were able to end the destructive (a word used previously by the R to describe this relationship) relationship that you had been in, and that you now find yourself in relationship to people that are different to the people that you were attracted to before. Would you say that the relational aspect of the therapy was a central focus in the therapy?

R There were a lot of things that we worked with, but because I went there with that object in mind, to work on a relationship that was giving me a lot of pain, and a lot of hassle, I found the relationship with the therapist helped and that was very important to me. It's just that once you've experienced that type of communication with someone, you can't really settle for anything really heavy. You just think, "what for?" I didn't realise how you could actually communicate with a guy. I had had so many terrible trips that I just didn't know that there were men like that. Before I don't think I had enough feeling of self-worth really. I never really believed that someone would listen to me with such attention and not get bored with me. I used to always be very eager in relationships to please and do everything, and give everyone what they needed, because I was too scared that if I didn't that I would be rejected. I specially felt like that with men, I always felt that I had to be available. In fact I would end up doing almost nothing, I felt so threatened. Now I feel definitely more natural. (R goes into a sort of reverie and then looks at I as if to prompt her).

I You had been talking about how you had been in relationships before your experience

of a different relationship in therapy.

R Oh, ja, I was always giving, I was just endlessly cooking suppers, being constantly charming and loving you know, just so in love. I'm sure I was also quite a pain as well, because I was very needy, sometimes quite jealous and insecure, and I used to be very doubting, so I just had these terrible relationships. I think there are still residues of that stuff obviously, it certainly wasn't a 100% cure.

I What made you decide to end the therapy?

R Ja, now how did that work? I was kind of curious to know whether I was okay on my own. I just suddenly felt tired of being helped, and I needed to know at that stage that I could stand on my own two feet. I had worked through a lot in therapy of still being such a child, and always wanting to be helped and supported. I felt a lot stronger and also I found therapy quite intense, twice a week. It was quite, not exhausting (sighs), but it seemed to fill my whole life. I was always thinking about it, wondering about it, getting all nervous before the next appointment, it was just all pervading. It was like going on holiday, being able to stop (laughs). I really enjoyed it.

I You say it was like going on holiday, you mentioned in the protocol that there had also been a break in the therapy.

R We worked through one holiday and then had a break at Xmas. I think my therapist went away twice that year, but the last holiday (before termination) was a very traumatic time for me, and I was kind of worried about stopping therapy, but it's settled down a lot now. I'm not sure what the other reasons were for me stopping, but I think one of them

was that A (the therapist) was going to leave town, he was staying here for another year and then leaving and I didn't wasn't to stop when he left. I wanted the opportunity that if I felt that I wasn't coping that I could go back or have the chance to go back and work it out, and I think that that was quite an influencing factor in my stopping therapy when I did. Anyway, after I stopped, he went into private practice and then I felt very embarrassed about going to see him as an outpatient, I mean as a Clinic patient as I thought that would be taking advantage of him. He was a hell of a good therapist, well I thought he was a very good therapist and I would never have got him otherwise (if not through the Clinic), but then I couldn't go back, I just didn't feel right about it.

I Since terminating the therapy and after this realisation that you could not go back to him, have you ever thought of going back into therapy again?

R I feel the need now (laughs). I mean just in talking about this now, there's something about talking to someone that makes me feel now that I would love to go and unburden myself to someone. I'd love to do it, because well, life goes on and all sorts of strange things happen and it's just so nice to talk to someone and sort out how to handle things. I mean this relationship that I'm in now has been going for about three months and it has its ups and downs, and I would like to have someone to talk to, because there are things that you cannot talk to a man about. They just seem to be so sensitive about your freakouts and about your psychological needs, about your hangups, that they just don't want to hear about them, and it would be nice to have a place to go to where I talk.

I You seem to be saying that you would like a space to go and talk about your relationship with this person so that you could bring back what you had found in therapy to it.

R It's about better communication in a way, there are so many things you want to talk about and I'm not sure if that's a good or a bad thing.

I I had understood you to say that you felt that being in relationship to the therapist had helped you to relate in a different way, are you saying that there is still something else that you need?

R I still find that you can't talk to men the way you can to females, although in other ways the communication is a lot better, there are just certain things that you can't talk about to men.

I If you went back to therapy again, would you prefer to see a man or a woman?

R I think, although I might be wrong, because I'm not 100% sure, but I think I would like to be in therapy with a man, because I have more problems with men, although thinking about it, my communication with women isn't very good at the moment either. Perhaps if I was feeling adventurous (laughs) I would go into it (therapy) with a woman (laughs again - the drinking in type laugh described by the therapist). Ja, it might be nice to talk to a woman for a change, because I think they understand the female psyche (said as saik) better. Ja, I miss talking to women too, all my female friends seem to have left X (town) at the moment and there's no-one that I'm very, very close to, and I miss that. It would be nice to sit and natter away with a woman, especially when it is someone you can trust as well.

I Could you tell me what the last session was like for you?

R Well, I didn't feel any great longing or anything like that, to me we weren't actually separated. We actually bumped into each other outside of therapy, and although I couldn't speak to him as a real friend, we liked each other and it was quite comfortable. I didn't feel that it was the end at that stage anyway, this seems to be a bit muddled up, the last time I went to see him... (pauses in thought for some time)... I went to tell him that, oh, ja, that my maintenance had been stopped so I wouldn't be able to go on anyway... so the last session... we didn't really have a last session, just told him about the maintenance, we never actually had a last session.

I I don't have anything more to ask you, is there anything that you would like to add?

R Do you think it will be of any use?

I Yes.

R I thought that when you went to therapy that they would lead you and give advice and just sort of sort out your problems, but they are actually more like a friend really, like a kind of medium, impersonal.

### **Transcript of interview with therapist B**

I As you know I'm investigating the phenomenon of termination and how it comes about in the therapeutic process. Just before we get on to that though, I was wondering if you could tell me if the person you saw being a student as well as a patient, affected your therapeutic relationship in any way?

R It might have, you see. Just to harp on about this having happened some time ago, the problem that I have is that I think what might have been useful for you is actually to remember, or for me to remember very specific situations. What I said, what you (therapist meant "he", the patient) said, and all that. I can't remember much of that, so what you going to get is very much what I'm now left with and what I'm now left with, what my interpretations and understandings, are now in retrospect. I don't know how useful that will be for you, but having said that he *was* a student of mine, but I'd known B for quite a while when he was in the M1 (first year of the Clinical Masters programme) and M2 (second year) here. Then I took him on because I had nothing to do with him in the M2 year, otherwise I wouldn't have. It was also a limited therapy of a couple of months, and I felt that it was okay. What it did mean on the positive side, was that I think that he had a lot of trust in me and a lot of faith in what I am, and I didn't know if it hadn't, if I hadn't known him whether he wouldn't have experienced much more freedom, because I think my impression was that he thought very highly of me and therefore maybe idealised me to some degree and I wondered that therefor, he was at times trying to please me. What I have just said is quiet speculative and I don't have any conclusive ideas about it, but in spite of that I think, it was quite relevant that he was able to trust me and that was important enough for him. I remember at times in therapy that he would get quite into his inadequate side, he would really expose his inadequate side to me, and his feeling of inadequacy and I don't think he often felt free to do that with people. I think he had an idea that people don't easily understand him because he is an outsider, so I think he is the kind of person who would always be very careful in choosing a therapist. He's very vigilant about what he, about who he imagines will be able to understand him, and who won't, because he doesn't believe that many people will understand him, so it is kind of those two things balance each other out.

I Can you remember what it was like seeing him for the first time as a patient?

R (long pause) It was different from the way I normally see patients who I haven't known before, because he came into my office and nothing he said very much surprised me, because I already had quite a degree of insight into what he was talking about. It was almost like it wasn't a very clear beginning, there was almost a kind of sense of continuity. What did happen is that from my perspective the change in me was that my empathy for him deepened, where as before I was understanding him in a way from a kind of outsider point of view, so that it was more kind of objective, a more critical understanding of him, and in the therapy almost from the first session I sort of opened myself up to him empathetically much more and took a different stance in relation to him, because I was free from having to be in a more kind of evaluative teacher role, and more interested in learning about what it was like for him to live his life as a whole. Therefore, the thing that changed the most was I saw the same things but in a different way. It was the same things seen in a more empathic way, because I wasn't concerned with trying to fit him into anything, and I think that is what I remember the most about my first session with him.

I You were saying in the protocol that from the very beginning B knew that there was only a certain amount of time for the two of you in therapy. Did you feel that setting of the termination date almost from the beginning influenced the therapy in any way?

R I think it was very important. I had known for about four years that I was going on sabbatical on a particular date, so with all the cases that I was taking on at that time I was very careful to inform patients of this fact. I've always been very careful, because of my previous experience in private practice, that the termination is a very crucial time. I've

always sort of laid very high value on the importance of that, in that it should be a different experience from most experiences of endings in life, and I believe that most experiences of ending in our life, are very unpredictable, they often don't happen in a very nice way, they usually happen in a lousy way, and one of the important features of therapy I believe is that it must happen in a different way. The way I believe it made a difference here is that it gave a certain intensity and urgency to the therapy because B really wanted to get down to it. He knew that he had this time, but he also knew that and I think that this was very important to B, because he can get so easily owned by people and people easily don't give him his freedom. I think that beginning in a way knowing that he would end, that I wouldn't somehow be around wanting to shape him, and be the endless mother was, I think, was very important to him. So in his case the termination date was set at the beginning of therapy, focusing I think, in a way that was important for him. He wanted to feel that he has the courage to go off on his own and that is important, as he had a very high need for independence. I think that fact, that he knew from the beginning when the termination would be, made him feel a bit more good about himself, and he wasn't being too dependant, just collapsing into a dependant state which is particularly important for him to feel that he could do that, you know.

I So in a way the setting of the termination date from the beginning actually gave him the freedom to work more fruitfully in this therapy than he might have, say in an unlimited therapy.

R Ja, I think B took quite a lot of risks in the therapy. He really pushed the limits of the therapy sessions, really exploring and exposing some quite difficult aspects of himself in the therapy, and I think it had to do with it, it had to do with the limits and that kind of safety was there.

I When you were approaching this end, now seeing that you knew about it from the beginning did either of you mention it, or was it just accepted?

R I'm trying to remember this now, but the immediate experience is that we both knew and that it wasn't something that came either as a surprise or a shock, or anything like that, or that had to be brought up in an incredibly discontinuous way. If it was brought up, it was just very natural and what I would have done with him, which is what I do with everybody with whom I terminate, is that when it's coming towards the end, say we've got two months or twelve sessions left, I'll say that, and say; "I'm wondering how you feel about that". I believe that it is unrealistic to ever expect therapy to be the finish of anything there is, always there is something that has occurred to which the person has responded to, and there is also something that is unfinished. I believe that it is helpful to help the person say what is unfinished, and what I remember is that B at a certain point, at about half way through the therapy said something like "I'm beginning to realise that therapy isn't magical" in that his whole life is not suddenly going to change. In other words, I think B went through a period of disappointment in that he realised that therapy wouldn't produce as big a change as he had thought. I think he was looking for something magical both in himself and in me and also in therapy, because as a therapist himself, he was hoping that therapy could be magical, and I think he went through a period of disillusionment. Therapy in other words did not give him as much as he had fantasised or hoped it would, and I think we had to deal with that in terms of the termination issues, sort of half way through therapy so that at that point he dealt with the limitations of therapy, and that by the end of therapy he wouldn't have transformed completely. I remember that happened in the middle of the therapy and didn't happen as much at the end of therapy. By the end of the therapy I think he had worked through that sense of disillusionment to some degree, as far as I could see, and towards the end he was

saying things like, that he was looking forward to the future, and looking forward to getting into some adventures, and talking about things like racing, which indicated to me that he was rearing to go.

I You said in the protocol that when B came towards the end of the therapy that he had an almost enthusiastic outlook about the future, and perceived the future as something of an invitation which helped him to leave the therapy behind. I wondered if this was something to do with the termination or whether it was just part of B's personal dynamics?

R Ja, perhaps it was a bit of both. I think partially it had to do with the ending, and particularly it had to do with B's dynamics. I think part of the dynamics that he brought to therapy was that he didn't want to be hemmed in. I think he was a bit prone to claustrophobia, so I think therapy itself could be claustrophobic for him, so I am not saying that it (the feeling excited about the future) was just a function of good therapy. I think it was also a function of his own dynamics and that is why I said that at the end of the therapy B really needed to do that, to go out for himself in the rhythmical kind of way after a bit of therapy and strut around on his own and then to come back. He really has a strong need to want to do, to want adventure and I just wanted to go along with that, and I most wanted to confirm that with him. So I had a much easier time with him, because he's that type of person, than I would have with a client who really needed to become dependent. I think particularly because of his dynamics at the end we didn't have to deal with angry, depressed or sad kind of feelings, which I have had to deal with with other patients, who feel the end of the therapy as a real wrench and as a loss, whereas encouragement and his basically needing me to say; "I'm standing behind you, you can do it," was important rather than for him to come towards me and say I need something

from you.

I You said something in the protocol about him needing to inherit his kingdom. Was he hoping to inherit that from you in a way?

R I think he was. In some ways he saw me as someone who had undertaken a journey of my own and could therefore identify with him. That I had some or a certain degree of togetherness or something like that so that he thought in the beginning, that I had something that he didn't yet have. I don't know that it was as strong as envy, we never used that word, but there was certainly that kind of lack of equality in therapy and he wanted to inherit, and he hoped that through our discussions together he would be able to, and in this way he validated his own riches the way that he thought that I would validate his riches. I think he took this, because he felt that I could validate my own, and he thought that those riches were inside himself and that he couldn't support them enough, and for a while I think he thought I could support them and that I would see to some degree that he needed that, because most people don't seem to see that in him. They didn't seem to mirror that part of him, so he was often kind of reassured as to whether there were also those feelings inside of himself, because in the past they had easily got clouded over.

I Towards the end of the therapy was he able to take that from you, and to validate those things and to know those things for himself?

R There were moments when he had good experiences like that, but I saw it was an ongoing struggle. I didn't see it as all completed. He would for example come into a session and say; "I feel very good, I've seen what I have and I was in the situation, and I

was able to affirm myself, and that really felt good for me.” That was his pattern, so he would feel quite happy just to be either on his own or sometimes with others or sometimes even just to say; “I don’t need this, I can leave this party now,” but why I think it was unfinished was because he couldn’t yet fully accept the loneliness of this position. I saw this as the growing edge for him, that he was getting more and more open to his own aloneness, and I think that if he had continued therapy, I think he would have had to really come to accept that aloneness, and become much more (convinced) feeling that it was a worth while price to pay for his self support, and his own position. I think it was also unfinished in the sense that it was not a victory for once and for all. It was like it could get clouded over, he needed to come back and be reminded that it was still there, so he came into another session saying; “something’s just happened in my life at the moment which has made me feel that I’m an alien, that I’m an outsider”” and it was that kind of oscillation. So what I would say about the end of therapy is that he had experienced the possibility, but that there was still this fight about winning that possibility in the world, and that was an ongoing thing.

I When the patient in therapy oscillated between claiming for himself that to be self-sufficient meant to be alone rather than to be an outsider and vacillated between those two positions of self sufficiency and outsider, did you feel that your relationship to him in any way changed?

R I’m not sure, this is something I’m just thinking about now, but I remember even when he was communicating his "outsiderness" to me, even then I felt a lot of empathy for him, and even then I saw the loneliness in that, whether he was experiencing that loneliness or not. Fairly early, right from the beginning I saw that and I imagined most people didn’t see that in him. I think he is a very misunderstood person in many respects, but also from

the beginning I thought that people from the outside didn't understand him as an outsider, that they could perhaps find him quite insincere in some ways. I felt that I saw him very differently from the very beginning of the therapy, so my actual feeling for B from very early on in this therapy didn't change very much. We didn't get into a lot of difficult transference issues and that's why I think he was able to use the therapy quite well even in the short term. If we had continued to see each other, I think the transference issue we would have got to more would have been one of me having something and he not, and the other which was a corollary of that, and which did sometimes occur in the therapy, was the kind of sense of shame of somehow exposing his own inadequacies and feeling very uncomfortable about that, that was the kind of transference issue that was there, and I don't think I fully got into all the implications of the fact that he generally made me feel quite good. I don't always know how good that was for him and that was something that we maybe didn't deal with as well as we could have perhaps in a longer therapy.

I In my own experience of him I must say, that I had the feeling that he would sometimes sacrifice what he had claimed to be his own positive sense of himself to make one feel good, and almost vicariously claim that back, and I had the feeling that he didn't quite own that in a sense.

R Ja, I think that would have maybe been an edge that we didn't get into.

I You were saying just now about how in the middle of the therapy you felt the patient experienced a sense of disillusionment, do you think he was preparing himself for the termination?

R I'm not sure about that. I feel that it is quite a common experience I have with people.

That as they come up against the limitations of existence that they go through an experience of disappointment, and that whenever they go through that experience all I can do is reflect that or acknowledge that, so that I can't actually save them from that, and that's how I remember it being with B. I don't know how B experienced that disappointment, but from my point of view I thought he coped with the experience well, and was able to use the therapy and work in the therapy for the remaining weeks and months in spite of that, so in other words we didn't dwell on it too long, and I don't know why, that was my only fantasy. I didn't avoid the issue, that I did face this head on, and that might have been one of the reasons why he was able to deal with it. I think the other thing was that he had the capacity to forgive life in some way which was what I feel is the resource that's asked for at that phase. He seems to me to have that capacity and I think that's what possibly helped.

I Did you experience any sense of sadness with the ending. I mean given that the patient's ability to handle that disappointment in quite an adult way might have influenced your relationship in some way. (the respondent was smiling while I asked this question which threw me quite a bit)

R Ja, I had a kind of romantic feeling with him which may have to do with the kind of friendships that I value with men, and the kind of friendships that I value with men are the kind in which both of us give each other a lot of freedom to leave, and to go and to live as you like, you know. The image that I had of the ending was very much a feeling of mutual dignity and mutual respect, the kind of warmth of dignity and respect. It's actually given by the leaving, it's not destroyed by the leaving, or taken away by the leaving. The leaving almost has to give it the kind of poignancy that it deserves, and I felt a little bit of that with him. It was almost as if we were affirming each other in something

very important and something very deep that was being proved by the leaving. I value that kind of possibility very much, so my own kind of counter-transference issues certainly came into that, and that's the kind of counter-transference that I bring into that situation. When I end with a woman patient in therapy I've often felt sadness, because there was something that we needed and that because of my position and my role, I couldn't have that from her, so I've felt more sad with women very often than I have with men.

I Can you remember how the last or the last couple of sessions went?

R I can't remember very clearly, I seem to think that the last couple of sessions were kind of very unstormy in some ways, that they were just us trying to be together, acknowledging a bit of what we've been through together, and looking a bit towards the future. Not the sense that there was something that was dying or that something was ending, because I also had this sense B and I would see each other again and that was a very good feeling. I think we had understood each other more and it meant that we had gained something. It felt good to be together, and when we left, I think we left feeling that we had done what we needed to do. I don't know how much B felt this, but I felt from my side that I didn't have this feeling that there was a hell of a lot more that we could have done in the time that was available to us, so maybe it was also nice that it was a short thing. If it had been a three-year therapy and I'd only got to the point that I have now, then I would have felt that I had failed in some way. Something more could have been done, but it was a nice feeling to feel that in those ending sessions that what we did was what we did, and it was worth while, and I felt okay about it.

I I'm just wondering to what extent in terms of accepting the limitations of the therapy, if

that didn't perhaps help sense the disappointment with the limitations of existence?

R Yes, I think it did.

I It's almost a concrete way of making that available to the person.

R Yes, I think it does actually, I think it does do that.

I Is there anything else that you would like to say or add?

R No, I'm happy with that.

### **Transcript of interview with ex-patient B**

I I am looking at the experience of termination, as you will have realised from the request for the protocol, about what happened to lead up to the termination, how the termination was experienced and what feelings you have about it now. We can use that as the basic structure for the experience I am trying to understand, but just about your protocol, I was interested in the fact that you seemed to be saying that you would not have entered therapy necessarily had you not known the therapist beforehand, and I was wondering if you could perhaps expand on that a little please.

R I think, I've never been one of those people who is absolutely hooked on psychotherapy. For me there are many ways of healing yourself and for me psychotherapy is only one tool. I don't actually go with the idea that just because you are doing M1 or M2 (for a Clinical Masters resulting in the ability to practice psychotherapy)

that you must be in therapy. That said, I have been looking for somebody quite specific whom I felt I could work with on certain issues. I believed my problem was fairly unique, perhaps arrogantly so, but with hindsight I don't think so, as I'd had the experience with two or three other therapists that I had seen, mainly in crisis situations with the breakup of relationships and so on, that I'd had a fairly standard template imposed on me. During the M1 (first year of the Clinical Masters programme) year I had seen the subtlety with which this man works and understood his meta-perspective in terms of what he thinks is happening and where we are going, so for me the choice was therapy with *him* or not at all. For me it wasn't therapy, either with him or someone else. I thought if I could ever be in therapy with him I would like that. I approached him and he accepted, so from my side I went into therapy with a very clear understanding that he would be able to pinpoint my issues, and would have the subtlety and the kind of meta-perspective to take me further than where I was, and I didn't feel that about the other people I had met before.

I It seemed to me that you had known this person for a whole year and had worked with him as a supervisor, yet it still seemed that you took a long time to decide to enter therapy.

R The way you said that didn't feel quite as if it did (take a long time). It wasn't as if I had been mulling over it for a long time and it wasn't either that I was in crisis or that I was looking for a therapist. It was more that as I got to know him the thought formed that with *him* I would like to work, so in a way it started with him rather than with me wanting therapy. It was meeting him and thinking, ja, therapy with him could work. Does that make that clear?

I Perhaps some of my confusion is arising from your writing in the protocol that you felt that you knew him as a person.

R Perhaps, to just clarify that, I said I knew him as a person, but my focus was on the person as a therapist, so that it wasn't like we went to the pub together. My knowledge of him is always in the context of psychotherapy, as a lecturer, a specific thing and yes, I do think it affected my therapy, in that right from the beginning, from the very first session, we started working, straight away, with me feeling familiar with his personal style, because I'd seen it in action again and again, and again he had a fairly vague idea about what my issues were from supervising my work. Not that there had been specific things that had come up in supervision that he could then nominate as themes for therapy, but I think that he had a feel about who I am. I think that provided a springboard from which to start the therapy rather than having to get to know his mannerisms, to feel safe with him. I think that he is someone who is quite difficult to get close to, and I can imagine for someone who doesn't know him that they might feel that he's sort of pushing them away, whereas I knew that about him, so I think that the benefit was that we started therapeutically from the very beginning, feeling quite safe with one another, and with a basic respect for one another.

I I'm interested to know whether you would do that again, go into therapy with someone where you had a fair idea about them and them you?

R I'd be very loath to go into therapy with just anybody, I'd once again go the same route of looking very carefully before I chose a therapist.

I Is there any reason why you would be so careful?

R I think I've always felt like an outsider and even been an outsider, for example being an Afrikaans speaking person at an English school, although I felt that my family was unique in bringing us up to believe that we were first people, then Afrikaans speaking and then South African, but I've always felt that other people seem to mix more readily with one another than *I* do, because I'm coming from quite a specific point. Firstly, I don't have much faith in therapists at all, most of them I'm quite weary of, particularly here (in the town where he was studying), and I can't think of anyone else whom I would have seen here other than the person I did see. I'm fussy and that's why I chose so carefully and I also hadn't been met previously, people didn't understand what I was saying and they'd apply tight clinched answers to problems which I felt were quite unique.

I I was wondering if in taking your patients to this person for supervision gave you a way of knowing and feeling confident that he would be able to meet you.

R Well, I didn't think of it as such previously, but now that you *say* it like that, yes, there was one specific patient, who was my very first patient and therefore quite meaningful to me, whose issues were very much my issues and in a way very much the therapist's issues as well. It seemed like the three of us were in a way in a circle holding hands and our issue was sort of an existential quest, rather than something like how to relate to my girlfriend or gain interpersonal skills or something as focused as that. It felt like we were all had a quest, some deep existential enquiry, so in a way we all shared that same concern. So I suppose I was vicariously sounding him out via the client and the way that he handled that.

I You also say in your protocol that you felt that you were "ripe" for therapy and found it to be an "invigorating" and "energising" experience rather than a "painful" and "heavy"

one. Could you comment on that?

R It was my expectation that therapy would be invigorating and energising, but I hear so many people say to me that their therapy is really good because it's so painful and that you're really going to the depths of where-ever because it's so grim, and I just don't see that as my path at this stage. At this stage I don't feel that my issues are my terrible childhood, but rather the invitation into the future which I see as a very positive, nice invitation rather than chains imposed on me by my horrible past.

I Can you remember what it was like seeing this person as a therapist?

R I was very excited had a lot of expectation, both as a patient and as someone training to be a clinician I was interested to see how this man used his tools. Ja, I think very excited, chomping at the bit, ready to go.

I Were these expectations met?

R Especially in the beginning, every session was very meaningful and something really *happened* in every session. I felt, "this is working, its moving", and then about two months into the therapy it kind of dried up, and that was perhaps the most meaningful of all, that was very important what happened there, and that we went through that, but even then I still felt that it was moving the whole time. I think the fact that I was so ripe and so in a psychological way of thinking that even in the dried up time I could reflect on the therapy the whole time and I felt that this dialogue was carrying on even when I wasn't in therapy and it was just so rich that it sustained me, and I don't recall ever thinking that this is not working and that I'd made a mistake.

I You were also saying that in terms of being ready for therapy that the termination had also seemed so right to you at the time. Could you expand on that a bit?

R Yes, perhaps it would be nice to clarify that, because it was difficult to try and get this all down on paper. From the start of the therapy I knew that this person was going on sabbatical at midyear, so from the beginning I knew that I had x amount of time with him, and it was also why we agreed to meet twice a week to make the most of the time we had. To me this was a fairly unique experience and it was as if on a deeper level my psyche said to me, "O.K. boytjie, you've got this time now with someone whom you feel safe with, so go for it". I did go for it, and I felt that from the beginning that there was this deeper force which allowed me to really open up and to use the time optimally and then to start pulling myself towards myself again. It was as if my psyche said to me, "Right, you've exploited this fully now, you've got what you've wanted to and the time is right now to close off again, so the last session was like doosch, spot on. That's the end".

I Do you feel that this was in any way influenced by the fact that you knew from the beginning when the therapy would terminate?

R No, not at all. I don't recall that either the therapist or I ever said something like, "We've got five sessions left now or something". It seemed, and this is what fascinated me, that I was being aided by something deeper so when the therapy dried up I didn't experience that as something that happened painfully or with disappointment or that I was going to punish him for dropping me or anything like that. I'm aware of these possibilities theoretically, but I didn't experience them. During the therapy I had often felt like asking some theoretical question, but hadn't wanted to interfere with my own process, so I never did. I wanted the experiential dimension to carry on, so my awareness

of the end being near happened pre-reflectively. In the last two or three sessions, I said something to him like, "In these last two sessions could I use you sort of academically to place this experience within a theoretical understanding as well?" We spoke about meta-perspective and why he said certain things, and about positivism and idealism, and phenomenology and how it all works. I really enjoyed having the last two sessions to actually sort of understand his meaning as well as to put it into a nice little theoretical framework, and that for me now, sitting back, was optimal too.

I Can you remember what it felt like in the dried up zone, which seems like a bit of a plateau on the journey?

R I'm trying to think of a metaphor that would fit, but it's something of; we two embarked on this journey, and we can see the city gates in the distance and we're coming home now, and we can slow down a little bit now, because just over the hill the city gates are in sight, and so there's no more urgency about anything now, so lets slow down a bit now, and it's sad, but as I said in the protocol a happy-sad, which might be a problematic term for you, but it was a feeling of richness with a slowing down and a feeling of it's coming to an end.

I Did you experience a difference in terms of the bulk of the therapy being part of a journey that seems to have allowed quite a lot of intimacy between you and the therapist, and the ending which you describe as more didactic?

R Just sort of commenting on the less didactic one, so on the bulk of the relationship, I think that 's quite a tricky one to answer, because I can say that although the style of the therapy was interactive, all along I felt very separate. I didn't and don't feel that there was

any transference/counter-transference like, "I'm so angry with you now and you remind me of my dad". None of that seemed to have happened and it was more like I was on this journey of exploration and my guardian angel, my guru, my catalyst was with me and I took courage from that.

I So although you were with this person you were also relatively alone in this journey.

R I was very alone, but I was very supported, but it was also my journey. I felt it was very much my journey and that he was there for my benefit, so that on a crude level I was paying him to conduct me through this journey, but it was *my* journey, it was *my* treat, and my exploration and my issues and my goals that fuelled the whole thing. It was a funny sense of camaraderie and togetherness, but very distinct and separate, there wasn't a feeling of merger, there were definitely two distinct bodies on this journey.

I I'm wondering how it is that you emerged from this place of your journey at the end of each session?

R (the respondent paused for some time before answering) I don't know, everything felt right. It comes back to me again how ripe it is that I felt for the experience at that time. I feel as if I'm putting this so rosily that it must sound unrealistic, but it was as if the aperture opened when I went into the session, then my behaviour was sort of session appropriate and when the time wound up, and I was pretty aware that it had wound up as well, then the aperture had closed. It was nearly as if each session was a micro-component of the whole process. As I've just told you, the psyche opened, went down, and then started lifting again and it was just one of those things. At the end of each session I wasn't aware of feeling like "I want more of the good breast", or "how can you

leave me?", or "thank God this is over, because it's getting quite boring now"; I was only aware that it felt right, it was a contract for 50 minutes and you were there for 50 minutes, and you'd digested another chunk.

I Do you feel that your therapy was both a therapeutic therapy and a training therapy and that this might have influenced your asking for a didactic ending?

R I think that because I'm also a therapist that I was interested in his style and meta-perspective so to some extent that fuelled my request. When you asked that though, to a lesser degree what I *immediately* felt though was my conviction that the better I understood the process as well as having experienced it, the better my ability to actually hold onto the *good* experience. (At this point I thought there had been a parapraxis and that the respondent had meant to say -- to a greater degree. This was an intuitive sense at the time, which I felt was supported by the respondent emphasising the "immediately" so soon after the slip. I mention this only as the way in which the respondent replied to the question makes it rather difficult to understand. This hunch seems to be borne out by his following comments and behaviour. He said, "So, if I could understand it, which is perhaps not quite right" and then laughed and continued by rephrasing what he had previously said). The feeling was that if I can understand it, I can hold onto it longer. Saying that now I realise that there must have been some fear that all the good could just slip away and I would be left with nothing. (I had the feeling that it was the coming to consciousness of this insight that had been heralded by the slip earlier, and it is this process that eventually brings to consciousness the sense of loss in the interview situation. It is difficult to convey the shift in the tone and atmosphere in the interview situation in the written word, but I think the content will alert the reader with an awareness of the issue of insight here to the process.) Whereas I felt that if I could

understand it and remember "idealism" and "realism" and the "phenomenological perspective" then perhaps I could hold it longer and continue the process in his absence and perhaps more fruitfully. That I think was for me essentially as the patient not the therapist that the didactic emphasis was there.

I Has it been your experience that that helped you to hold onto the good and continue the process outside of therapy?

R I have held onto the process, that I do know. Being able to verbalise it helped a great deal, because I was able to use close friends as sounding boards and there the theoretical concepts have helped me to keep it alive. It nearly gives me a tidy flow diagram of how it all might work and that gives me something to hold onto. I think it has to do also with my personal dynamics where control is a bit of an issue for me as I tend to get panicky and then if I tidy my desk and put it in my diary I feel better, so it has helped me, ja.

I How are you aware of your continuing the therapeutic process by yourself?

R I came to a few very important realisations that were reaffirmed and strengthened during the therapeutic process and I use these now as guidelines. It was nearly as if the process distilled into a few key points and these act like metaphors for the whole big thing. I keep in mind those key points and try to act on the rules implied by them, and all in all I feel quite successful in managing to keep that going. I'm still feeling empowered by that whole process, energised actually. I think that although there was a sense of closure in the termination, in that the relationships out there aren't the same as in here, I've managed to hold onto a sense of openness, rather than closing off again on life and a sense of integrity about being together.

I You said that you felt a certain shyness between you and your therapist towards the end of the therapy, could you expand on that a little, please?

R As I started reaching the less open, or the plateau phase as you called it, the more the shyness developed. It was almost like a function of the plateau phase. I suppose there could be many explanations for it, but when you've been through a *really meaningful* period or experience with someone, when it comes to the end there's this move from the pre-reflective to the reflective mode and you kind of think, "what now?". I have always found this person a little difficult to relate to on the social level, so for me as a therapist there was a different set of rules that applied and allowed an ease of being-togetherness that made the experience very special. When we were just two ordinary people again it became a bit more awkward, and I think the shyness came from knowing that we'd been through something special together. There was this incredible closeness, but neither of us really knew how to handle it. This is a terrible metaphor, but it's like when two adolescents kiss for the first time and get completely absorbed in the kiss and then don't quite know how to be afterwards again, like "can I hold your hand still?" Perhaps the boundary had blurred a bit and now there was some awkwardness in establishing the boundary again.

I It seemed to me that there had been a strong sense of shared intimacy between the two of you during the therapy, and then a certain awkwardness with knowing how to continue this intimacy in the new, more defined roles...

R (respondent interrupts) That's like putting it neatly, ja.

I I don't think it's unusual for patients to give their therapists gifts, but I was wondering if

you could comment on it, particularly in the light of the feelings of awkwardness/shyness?

R Besides the feelings of shyness or awkwardness, whatever, I felt that something really nice has happened and you (the therapist) were part of it and thank you. My sense of appreciation was very strong and I think that was the birth of the idea about a present, as a token of my appreciation. There were also some more subtle things that were happening, like; perhaps I was rescuing my therapist a bit. Everyone thinks he's a brilliant therapist, but sometimes I think he feels quite shaky, so I also wanted to say, "please take this as concrete proof that you are jacked (know what you are doing), and just own that for yourself and accept that you are a bloody good therapist, so don't be self-effacing or unsure about it".

I Can you remember how you felt in the last session?

R (there is a very long pause, lasting nearly five minutes) Whew! I felt sad as this was the end of the road, and he had to go home to his house and me to mine, so there was a sense of sadness at the parting, but I think also just numbness. When I try and recapture the feeling now I just have this sense of going just a little bit numb, of being a bit blunted off. There was also a component of excitement, because I had prepared a speech to convey to him my appreciation and I wanted to give him the gift as well. That part was quite self-satisfying. (The respondent seemed to be having great difficulty in talking at this time and there were constant long pauses before he would carry on with the next part of what he wanted to say. He paused here for some time again before he continued). As I walked away from the office for the last time, the only thing that comes to mind is that now it is done. I had wanted to say, "mission accomplished", but that sounds a little

clinical perhaps, but I had a real feeling of it being done. (a long pause) Even as I say it now, I can feel that it's very tight here (points to chest). (pause) I don't know, but even a sense of it being a bit panicky, even a bit bewildering for me. But, shew! , perhaps just a whole lot of feelings, just a mixture. I don't miss therapy now on an emotional level, but intellectually I know that contact with him equalled good for me.

I Do you feel that you had been able to achieve what you had wanted to achieve?

R Ja, definitely. I had gone in with a very specific presenting problem, which we explored and broadened and then came back to again with focus. It was like we had the kernel that we worked around and explored that is a very central dynamic of my functioning.

I There is nothing more I want to ask you, is there anything that you would like to add?

R No. (pauses) Actually, just that I'm quite aware of feeling quite moved having talked about it, quite sad in fact, in a way that I hadn't expected. I didn't get much of that in writing the protocol, but by actually having..., by actually interacting with someone about it, sitting here I actually feel quite sad.

### **Transcript of interview with therapist C**

I As you know I'm investigating the phenomenon of termination and I'd like to know how termination in the therapy came about, how you dealt with it and how you felt about it. Perhaps you could just comment generally initially, and we can go from there.

R Well, let me just say that initially in therapy to this person I was quite sensitive to her enormous ambivalence. (R mentions the diagnosis). I was faced with the ambivalence of someone who had incredible contempt for me, and disparaged the therapy, and refused any knowledge of dependency feelings or needs, but on the other hand I had made a very deep connection with her in the very first session or two with one or two quite deep transference interpretations. Actually she was very committed to the therapy and in fact desperately dependant. Even although she was so very ambivalent I never felt that I wanted to terminate with her. I felt myself swinging between being useless, and omnipotent, and ineffectual and so on, and as one can sometimes do with people like this (mentions diagnosis again) where you really do feel actually no connection. The ambivalence here itself spoke of deep feelings between us in its own paradoxical and ambivalent way. So I really felt for her, I actually emphasised quite deeply with her. I certainly experienced some of her experience. There were times, for example, when she was depersonalised and would feel her head to be in orbit as she said, and I found at that time I could not actually see her accurately, literally see her I mean, and would be slightly depersonalised as well, but the therapy developed, and after two years, in fact at the end of the two years, she decided to stay in X (the town in which the therapy took place) and get a job for the sole purposes of staying in psychotherapy with me, and we also agreed to move from twice a week to three times a week, which we in fact did towards the end of that second year. So she was tremendously committed to the therapy in spite of her ambivalence. By the end of the two years she'd come a long way by then as well, and I as her therapist was very committed to her psychotherapy. We had really been there, I thought by the time we got to termination. We had had, let me just check that (checks case notes), about three hundred sessions of psychotherapy during which I had been with her through a journey which had led into very deep primitive issues in relation to her mother in particular and in relation to me. I had a very strong feeling that for her we had

been through something that was irreplaceable, a bit maybe like two soldiers who'd been through a war together or parents who'd had a child, there was just something absolutely irreplaceable and precious to be remembered. (R pauses for a long time) I've had a couple of patients for three years, but I'd never had a patient that I'd seen so intensively for three years and just had so many sessions with. So in a sense the psychotherapy (she never knew this - the ex-patient commented in her interview that she thought the therapy had been a novel experience for the therapist) that the psychotherapy was professionally a new experience for me as well, which actually added to it being special. I'd like to say something which could be easily misunderstood, and that is that there is really a sense in which I really loved her. There were times certainly when I had fantasies of being her father which was quite a strong theme at one point in the therapy. I became a father that made a boundary between her and her mother and it was that kind of function that was there at times when I was a father to her, but there were certainly times when I had sexual fantasies about her. There were times when I had a sense that the rhythm of our talking and silences was really quite a lot like love making. It was as intimate as that. I feel I can really say that as I feel quite contained and comfortable, in that I don't feel like I acted that out in any inappropriate way at all, even through interpretation or anything else. I could start feeding directly into termination feelings now, would you like me to do that?

I Before you continue, I would just like to say that I am pleased that you said that you did feel a kind of love for her, because just prior to your saying that I was wondering what had helped you to be empathetic towards her, over and above the vicissitudes of her incredible ambivalence. So you saying that makes sense to me, as the deep relatedness between you in fact almost transcended that.

R I can add something to that you know, I have something, I really like wild women. I had a very wild and mad mother who had a lot of very histrionic and borderline features and so on, and I'm not frightened of wild and mad women, and have a real affection for them actually. (laughs) So there was something in that. There was one time when she came in, for example, and had previously seen a 'do not disturb' sign on my door, she came in and spoke of her fantasy of putting a gun in her mother mouth and blowing her brains out. It was so clearly a transference context, that I never felt frightened or outraged or any of the other hangups that I could have got into. It's almost perverse, but I almost felt pleasure (laughs) and a kind of humour, I have a real affection for that. There's a spark in there, you know (laughs).

I Thank you for that, would you like to lead into the termination things you were speaking of previously?

R Well, there were certain termination themes that went right through the therapy as you can imagine, right from the beginning. Would I still be there and so on, and in vocations we dealt with the same kind of issues we dealt with in termination, but by the time we got to the end of our the year (in which the therapy was to terminate) I was aware of needing to force and focus the issue of termination when she didn't yet want to. We both knew it was happening because she was leaving town, but she didn't want to own and work through the knowledge which we both knew, so I think we had quite a different perception of termination in this sense. I'm not wanting to talk about her experience here, but my experience is that there was a sense of difference about termination, because my experience was that we had really been through something quite special in my life, but absolutely life transforming in hers and that that wouldn't go away, and that I really had no doubt that that would be carried. It had been a slow profound process of

transformation which I had absolutely no doubt would last her for the rest of her life in terms of internal cohesion and self acceptance. Because I felt those sort of foundational issues were in place, it meant that I could move towards termination with confidence with a real affection and respect for this person who was going to go out into the world and make the most of it, with a sense that I would miss her, but in a way I was quite happy to do so. A real sense of missing her... that missing somebody was a way of remembering that person too, and that I would really always remember her with a really warm feeling. She would really become a warm part of my own inner sense and that that would really sustain me too. She remains as a very special person in my life and I don't need to see her often for that to be like that. I was aware of all those sort of things, but I was aware that she was approaching it with tremendous anxiety, she was at the same time involved in an affair, which had shut down on her. The man, for various reasons, said to her that it was absolutely not on, that he never wanted to see her again, and that it was absolutely and totally over. The horror for her there was not only that the relationship was over, which she could handle, but that he refused any memory of her and his body became like her mores body, a cold, hard flat place in which there was no memory. A place in which she ceased to exist, and while she was going through that experience we were also working towards termination, and given her very brutal early history, and the harshness of this relationship which was ending, she approached the termination with me in the same kind of way. She was really terrified about being forgotten, she experienced immense rage, she asked for an extra couple of sessions, which I gave her, because it was also the first time that she had ever asked for an extra session, and I was glad that despite my giving her and the generosity of that, she was still in touch with the absolute fury (laughs) that she should have to feel "thank you for these little crumbs" that are being thrown her way like scraps from the table, and the resentment and fury were still there and I was glad that I didn't undermine that (laughs) by giving her those extra sessions. By not being at

all defensive about my having given her the extra sessions she really discovered that having blown her lid over several weeks in fury, she still had incredible warm feelings towards me and that was the real integration, that her own capacity to love could survive her fury, and her destructiveness, and she really had been quite destructive quite often in her life. I had known that that would happen, so I never felt smashed by her rage which one can often do in the face of this type of rage, but in a sense I knew we knew each other too well, and I knew it would be handled and contained, so I was never frightened, even professionally frightened, perhaps of course that helped to make it what it was for her - that I was never worried. It was my... "go for it" was my implicit attitude towards her. One of the things that I was really aware of and it might be apparent although I haven't said it, is that I felt the need to be technically on the ball, so there was a lot of hard work that I did professionally at the time, I really focused on transference issues and reconstruction. Reading my notes, keeping good notes, my real sensitivity to the importance of limits, and professional tidiness did help with the termination. There were just little things, for example, not telling her that I would miss her too until the very last session, which was in fact the following year. We had a few sessions the following year before she left for a new town and it was only then that I said, "yes I'd miss her too". That sort of professional formality, and the sort of orthodox structure of therapy I was very rigorous with, and I was very aware that being as professionally sharp as I could possibly be was important, because she was going through a very rough time indeed, and I really believed that there is real wisdom I mean professional competence, is important, there is a lot of wisdom to the professional structure and therapeutic competence. If also felt that I needed to rely on that in a way that it was important to do so, because I was really involved with her and I was really aware of the temptation to say things like, for example, that she was very special, that she was really special for me too, which would have been highly destructive actually, and would have become explosive. I think it's

important not to fall into that kind of trap in fact, in that example (about being special), it appeared in one of her late dreams about six sessions before the end. It's a dream I don't think I have to discuss, but that dream led us to a real exploration of her fear of being special, and her resentment that she had been really special for me and that I was enjoying her, specially where she felt she was living more and more artificially to accommodate that. I had become like the neurotic mother who demands that her child be in a special way. I had used some of our material in something that I had written up, which of course had been with her permission at the time, so a long time previously (at the time of writing up the case material, which had been earlier in the therapy) she had felt really special at that point and I realised that trap, but it was only in fact in termination that we could deal with that. I in fact, it sound quite funny, but I just in fact reassured her that she actually wasn't a favourite patient and that she was quite ordinary (laughs) as far as my patients went, and although she was actually special to me there was also a truth in that, but it's that kind of really delicate issue which I'm sensitive to now, or when I think back on it, just how delicate the issues were, and just how necessary it was to be professionally orthodox and as competent as I could possibly be.

That leads into another part of my experience of termination, which is the real sense of professional satisfaction and competence, being something of a perfectionist and having worked damn hard at my psychotherapeutic abilities over the years, I did have quite an uncomplicated satisfaction about the whole thing.

I Are you saying that maintaining a professional and technical way of being with her towards the termination and during the termination reassured you in such a way that you could feel quite confident about focussing her on the termination?

R If I said reassured that word doesn't quite capture it, perhaps contained is better. It's like the formality of the structure helped me not to act out in all sorts of subtle ways. I do find at the end of my therapies a real temptation to act out and I certainly found it then.

I When you say act out, could you just elaborate on that a little bit.

R There are different ways of acting out, but, for example, telling her that she was really special to me too, that would have been acting out, because I would have been saying that for my need, it would have not been for her benefit and in fact it would have been laying a trip on her. Another way of acting out is to become chatty, "Lets become friends, we've done all, the professional stuff, and I really would have liked to have been your friend, so lets chat about things, and I'll tell you a bit about myself and family and the things I've done before, you've shared so much of your pathology and I've never told the things I experienced in my therapy, and I'm now going to use the opportunity to do so" (laughs). Oh dear, that's what I mean about acting out. I'd understand that far more as a containment thing. There was another thing too. That was that my patient was going to go and train as a psychotherapist, as a clinical psychologist and it is a subtle issue, but I was actually consciously aware of it, that I wanted to... let me rephrase that, I'm aware of how much we learn as therapists from our own therapies and I did want to model (laughs) that sounds a bit much, but I'm also a supervisor in a course in clinical programs, and I did want to try and model for her as best I could what I thought was good psychotherapy. (laughs) I never told her that, I never told anybody that, but that's what I thought.

I You seem to be suggesting that, in terms of termination the therapist is persuaded to either act out through becoming chatty etc, or maintain a relatively rigid theoretical and technical stance towards the end. In some of the case studies that I've been reading

patients have commented on the cruelty and the callousness of the more technical ending, I wonder if you could comment on that.

R Yes, I suppose thinking about that in regard to my patient, I was somewhere in between those two things. You know, the one thing that was really meaningful, she might not remember this now, and it's not the sort of thing I would feel guilty about, but in fact it was quite a nice moment, we had used an archetypal amplification of her transference at some point, the myth of Dionysus. Now Dionysus' mother, Semele, was dying and she was pregnant, and Dionysus father Zeus cut him out of his mother's dying body and sewed him into his own thigh, and then Zeus carried him, Dionysus, to full term until he was ready to be born. There was a sense that my patients' mother's body was like the cold dying body, and when she was starting to separate from that, she was exquisitely dependant, I mean exquisitely like she could even be sore to the touch, she was raw and I mentioned that it was like she was being sown to my leg as an image of her dependency. In the last few sessions, last few meaning somewhere like the last 10, when picking up the theme of termination again, I mentioned that it seemed to becoming time to un-sew my leg. I used that metaphor again, and she was fairly touched by that, because as she told me, she said that she realised that I would be wounded too, and would therefore feel, in a very bodily way, her separating from me, and that also I would carry the scar of the relationship, let me rephrase that, I would carry the mark of our relationship, sorry, I would carry the scar as a mark of our relationship forever, and that's how she interpreted that moment, and I was quiet happy with that.

I It seems like a strong acknowledgement of the mutuality as opposed to dependency of your relationship, having been co-constituted in a very mutual way.

R I would say that she had moved to dependency, in the first 18 months I suppose, yes, certainly and then it came and went, but in the first 18 months or so she was in a pre-relationship to me, there was no transitional sense. When she was in my presence she was either contained, or happy, or angry, or something and when she was out of it she was a kind of abysmal darkness, where there was no connection between us at all, so mostly when she was with me she would feel this exquisite dependency as she called it, exquisite meaning sensitive, she would feel that kind of dependency and a longing and an understanding, and when out of it she thought I would not remember her, she could hardly remember what I looked like, for example. She felt like absolute hell and in a black night of despair, or depersonalised where she could not even remember the sessions, so that she would defend against it. So in a sense there wasn't yet a relationship, because there was so little continuity, and that was only achieved over time, and with the continuity came the dependency, and that was only achieved after about a year to 18 months.

I Do you feel there was anything specific that helped facilitate that development of the continuity and dependency?

R Yes, I can give a very nice example. It was at the end of the first year of therapy. I had been seeing her very cheaply and I had decided that I was going to increase my fees that following year, so I told her so. I just made it as an announcement, that I was going to increase my fees, and she was very upset and very angry, and she was really..., she carried on and on about it in that session. I had told her at the beginning of the session so that we would have time to work it through and she was very, very angry, very upset. It proved to her that I didn't care and nobody cared, and at some point I commented that she was carrying on seeming to forget that she'd been paying me already. She then said yes,

she had always just taken the payment to me for that year as a kind of like, playing the game, that she had avoided the implications of paying me. So although she had mechanically done it, she hadn't owned or acknowledged at all what it had meant in terms of our relationship. I said to her, I wouldn't see you if you didn't pay me, you know, and she spun into a disorientated panic, and despair, and misery and I just said having said that I kept quiet. It was most interesting because I watched her several minutes and just watched, and noticed that something was changing and shifting in her despite all the stress, and after about 10 minutes there was a completely different atmosphere and mood in the room, and she looked relaxed and comfortable. Her face had softened and there was a kind of warmth between us, something that I felt, and experienced very strongly, and I put it to her that she was experiencing the same thing. I was experiencing a strange kind of relief, almost a deep sense of relief, like I'd just been washed, or had a shower or like rain after a dusty day. I could see her clearly and learned that she could see me clearly, we just felt separate from each other, and I commented, saying, that I'm struck... or something like there's a different atmosphere now, and I don't know if I'm imagining it but you seem to be feeling like me, something like relief. She was even a bit confused by it, because she acknowledged that, yes; she did and wondered why. Why should she be feeling relieved, given what I had said to her 10 minutes previously and I said perhaps it's because now there are two of us? She just smiled and nodded and relaxed into it, and we just sat silently with that incredible pleasure of there being two of us for the rest of the session. It was a profound moment of breakthrough.

You know while she'd not been paying me in fantasy, I had been completely under her control. I'd been seeing her, because I wanted to or something like that, it would be all part of her control, but in a way she continued to be isolated, whereas now she could really feel that there were two of us. It was a lovely moment and we referred back to that

kind of thing several times in the following year, because there were certainly times when she forgot the reality of that.

I It seems that prior to that moment the therapy had been a bit unreal (R absolutely), but that after that, after experiencing that there were in fact two people, real work could start to be done (R right).

R It was after that, that she could move into the agonies of separateness, so that the whole long period that stretched for almost a year before that, where she felt dependant with me, and needy, and away from me, in abysmal misery could begin to disappear. That was all after that incident, because now that there were two of us... she didn't yet have the experience of transitional space or time... but in that sense there was the continuity to work with, and the dependency. So in the second year, in a way, there was a move in the direction of dependency or creative dependency, and it was in the third year that the creative dependency was developed, so that she could play with the therapy in a much more creative way.

I You were saying just now that during the termination the patient was experiencing something quite traumatic for her outside of the therapy and I was wondering if that maybe detracted a little from the termination itself. Could you comment on that please?

R I was concerned about that actually. What I did was to use those other relationship to make transference interpretations, so I sort of pulled her experience back (into the therapy). I mean, you know, anything can be overdone, so without over doing it and quite successfully I tried to pull her slightly back into the therapy, which would sometimes tend to split into good and bad, like, I'm good because I understand her, and

he's bad because he said no to her, which forgets that I'm also going to be saying no to her in a few weeks time when we terminate. So it was just to pull those things together.

I'm wondering how your patient dealt with that or whether it altered your relationship in any way. Was she perhaps annoyed?

R Well I tried not to overdo it. I mean maybe you know something I don't, but my experience was that if I did overdo it, it was only once or twice and then I would back down.

I'm wondering if you could comment a bit on her irritation during the termination process.

R She was irritated because she had asked me for extra sessions. I agreed to the extra sessions within the context of this broken love affair, but that was also within weeks of terminating, so the issues were very tied up with the termination.

I Just on a practical level, there was a break and then she came back the following year for a few more sessions, have I got that correct?

R Yes, we had agreed that I would see her at the beginning of the next year for about a month, twice a week. So there were about half a dozen or eight sessions where we would just terminate. She had wanted it like that, I had asked her and she was still going to be in X (the town in which the therapy took place). We had talked fairly openly and in an appropriate way about the advantages and disadvantages of that, but she said that she would really like to do it.

I And did you find that useful?

R I can't really remember, but looking back yes. Looking back yes, maybe that's appropriate because I can't really remember, but looking back in my notes now I can see that it was actually useful.

I I'm not sure, but is there a sense that the therapy had ended the year before?

R It hadn't quite ended the year before. It was almost like it was going to be a separation, because we both knew that we were going to have another eight sessions in fact the following year, but we were working towards termination, well, *I* was working towards termination for the last 30 or 40 sessions in a sense, but not in every session.

I You were saying that you felt you needed to take a more active role during the termination and that the patient was quite reluctant to acknowledge what you both knew. Was your sense that the patient would have let it just slide?

R I don't know, she might have let it slide, but at a cost, because things would have become more split, the therapy might have become more idealised. All the difficulties from the therapy would have been acted out more in relationship to her lover. In fact we did have one session where I picked that up. While they were still involved, he'd done something rather minor, and we'd been dealing with that in the session. With the pain of termination, she'd gone out of that session and given him hell (laughs), and I immediately interpreted that maybe she was having those feeling towards me, more strongly towards me than towards him, but that it had been safer for her to attack him, that was to pull that back into therapy. So I think those might have been the kinds of problems that happened.

I must just say that she did tend to idealise the therapy in a defensive way. I mean, just to give another example, she told me in a session leading towards termination that she was terribly angry with some friends of hers and acquaintances that had gone to the beach together, because she had heard them speaking disparagingly about me, and making snide remarks about me, and she'd been terribly angry with them and defended me to the hilt. I just interpreted that some of the things that they said about me she perhaps also felt, but that maybe it was a bit painful for her to admit that they were true in her experience as well. That interpretation got me a really cold shoulder, but there was quite a lot of evidence that immediately followed, although it was vigorously denied, but evidence immediately followed in that session, and the next, that showed that the interpretation was spot on, and that she was working through it. It was about two sessions later that I simply made the same interpretation again, and then she was able to own it.

I I'm just wondering if during the termination in taking this more active role rather than just following her process as you had been doing, whether that changed your relationship with her in any way?

R Ja, it did move me into a kind of more confrontational stance sometimes. I mean, you know, the confrontation would at times be quite gentle. I would empathise with her about what we between us called "the unrelenting presence of the world" (laughs), and the phrase "the unrelenting demands of reality or the unrelenting reality of the world" was something that I did emphasise with. It's a phrase that does show that I did, and perhaps we colluded a little bit with it so there was an empathetic touch between us in that phrase, but I never apologised for it implicitly or tried to avoid it. I just said yes, it is like that, and I did have a sense that I was confronting her with "the unrelenting reality of the world" in the termination. More and more in the second half, or let's say the last third or

quarter of that third year of therapy, I'd had to confront her with that, but I'd never really let her cop out, even in her most regressed states. I had never excused that "unrelenting presence of the world", and there were times when she would act it out in a way that was quite inappropriate, and I would interpret the acting out, and pull her psychic life together so there was that shift.

I Was there anything specific that had happened that made you change your stance in relationship to the patient, or was it just something that you intuitively felt.

R I'd say that that is my clinical experience, and my training, and supervision that I have received in the past and so on, rather than an experience that I had had with her. It was certainly that I always work like that towards termination. I can remember, this is probably very relevant, I can remember the incredible depression that I went into the year after I terminated with my therapist after having moved to X (the town he was currently residing in), because termination had not been adequately dealt with, and in particular, I had really idealised my therapy at the expense of the relationship with my wife. I really acted out all the misery and anger of termination, including the relationship with my mother, who walked out on me when I was a toddler, and whom I didn't see for years, and the bad relationship with my stepmother, who never accepted me and in fact was quite positively cruel, and then I'd had this experience with a therapist whom I absolutely adored and who was there for me, but you can imagine how desperate I was to hold onto the good relationship and how terrified I was about any kind of negative feelings that I might have towards my therapist, but she never really interpreted my anger or picked up my frustrations, or worked with the transference, and the result, my very unfortunate wife got the brunt of it, and she had been very long suffering in handling a lot of acting out, so the result was that after termination I just got dumped with it all. All that rage and

disappointment just collapsed in on me. I was extremely suicidal in the first five or six months in the first year after terminating, and mostly despite the problems that there were, the therapist had given me enough to know that something was worthwhile to just hang in there. Then through reading, and being supervised further, I realised and I came to interpret my own depression in terms of the poorly worked through termination, and I think that experience has made me really sensitive to those issues with all my patients, particularly the idea that you can just be passively receptive to what is going on is to my mind not sufficient. My therapist was like that, incredibly receptive and if in looking back I had brought it up she would have handled in find, but I was absolutely paralysed by my own terror. I really needed someone to confront me with the reality of my rage, and to take the reins and be stronger than me, so I'm still very sensitive to that.

I I'm wondering if the length in terms of the times that the two of you had been in therapy with on another made a difference at all to the termination.

R I think that can happen in short term therapy as well, particularly these deeper issues, to interpret the transference, and to make the link between the experience of termination, and early abandonment, for example, even in short term work is appropriate. What I think is different in long term therapy, if I think what makes my termination with her different, is not the activity with which I worked towards termination or the links to the past, or the transference, but what made a difference was my awareness that it wasn't all that there was to the termination between us. She had also internalised an awful lot of me and I had become a presence inside her body as she had become a presence in mine, and as we miss each other we also remember each other through that missing. To me missing is a way of remembering, and that has a warm place that is so cohesive and integrating, those memories for both of us is something that will not just disappear. It is a memory of

someone who is not just good and understanding but it's a that memory that we'd both been through an extraordinary experience together which had good and bad and exquisite love and so on, confusion, terror the lot, and it's all there and contained in the sense of good, that it is good, that's a very moving experience to remember her with all those sorts of textures. I know that she remembers me like that too, because it's a way of remembering herself in her fullness, but I'm not sure that that kind of or degree of internalisation happens in short term therapy, so that for me it is what is different, and that of course has much less to do with things like interpretation than just spending time together.

I The aspect of working in the transference seems to me to be crucial to this entire aspect of termination as well as of the therapy. Could you perhaps comment on that?

R Without categorising people too much, I think that people who have disorders of the self, where there are fundamental issues of selfhood and selfhood itself is in question, it is not something in particular, like problems with men or something, but where you have got a diffuse symptom profile, diffuse loss, questions of identity and so on that the only place of healing is in fact the therapeutic relationship. There's no particular insight that is going to heal or there's no particular hermeneutic key like some oedipal interpretation that's going to be timed correctly. What heals is the acceptance, and the ability of the therapist to be undefensive in your presence. I mean it's all in the transference. In my experience the whole of the healing moment is really the transference so called, now of course that demands a lot to say that. It is the quality of the therapeutic presence in the relationship, it doesn't just mean that you go in there with good feelings about your patient. I think you need to be psychodynamically sophisticated and well trained, even if I say so myself. I made some quite insightful interpretations which really facilitated the

process, but they were interpretations which had to do much of the time with pulling her physic life into presence.

I It seems as if you saying that, although one can be technically correct, or perfectly time an interpretation, or make correct interpretations, that without an element of human presence or what some call "soul", that the therapeutic relationship as an end in itself would not be healing.

R Yes indeed. I mean I really felt for her even from the very beginning. I liked the sort of dilapidated rather wild looking depersonalised women who had a spark and a fire in her. I really just liked her you know.

I And since the therapy has ended?

R Well she's contacted me once or twice. She sometimes wrote me letters afterwards, when she was angry with her new therapist whom I'd referred her to, because therapy was not finished, I mean she wrote the letters when she was angry, and I used to just drop a note back saying it was nice hearing from her, thanks for the letter. On the other hand it's probably not the best reason to write. She was very angry (laughs) at her therapist, and I just gently, just pushed her back into that, although I did let her know that I had no particular axe to grind about her staying with that particular therapist, and that if she didn't think it would work she must certainly find another one. She did tell me recently that she never really connected with her therapist quite like she'd connected with me, and I wonder whether that is an inadequate termination in some part, but I don't think so. After about six months she wrote to me saying that something had happened in relationship with her new therapist where she really felt she was now part of that therapy,

and that if she could come back to me she wouldn't, she'd actually stay in therapy with that person. That was over a year ago now when she wrote me that letter, and I don't know if she always feels like that, but certainly I felt a real sense of closure, so that when I saw her recently here in my office, but also at a party where we bumped into each other, we were a bit like two old friends. I wouldn't like to over state that, because we can never really be two old friends, but I certainly didn't have the awkwardness or anything like that, and I was quite comfortable that she'd got another therapist, that our therapy is over, and that she wasn't seeing me because she was trying to continue the therapy in any vicarious way.

I felt that the relationship was quite uncomplicated, it was just nice to see her again, but I wouldn't go and look her up, in that sense we are not just two old friends, I'm still her former therapist.

I And I suppose something of the transference always remains.

R That's right. There was a very nice collegueial moment when we were taking about what other therapists, and psychiatrists in particular, get up to. It was nothing that I said, but I think we were both aware of the latency of playful communication.

I Perhaps, because the patient also became a psychotherapist, that collegueial moment was important and possible, but it also put the two of you on more equal ground.

R Yes, but that could only happen afterwards. At the last session before that break at the end, she came in angry. Therapy and she were no longer special, therapy was not going to make her better, she wasn't the favourite patient, and her's was not a success story.

## **Transcript of the interview with ex-patient C**

I To give you some structure to work with, I will read to you the request that was made for the written protocols; describe in detail and as fully as possible what the end of the relationship between you and your therapist meant to you, what led up to it, how it occurred and how you and your therapist dealt with it. The emphasis is on the ending of the therapeutic relationship then, and I don't mind how you would like to go about discussing that.

R Ja, okay, the only thing I would like to ask you is that for me the termination has been quite a process over time, but also for me being here (in the town where the therapy had taken place) now and seeing C (the ex-therapist) again has been like another part of the termination, and so do you want me to talk about that as well?

I I think that would probably be important as I am not clear that termination is only about the end of the therapeutic relationship.

R Ja, well for me it wasn't. Just to locate myself, I'll give a little bit of what led up to it. I think from about six months before the end of the year I knew that I would be leaving, because I had applied to A (another University in South Africa) for clinical (a Clinical Psychology Masters programme), so until then we had only spoken about it very little just as one of the possibilities about what I would be doing, but when I applied to A in June it became a reality, and it was like the shock of realising that therapy would end. This was my third year of therapy, and also it was very intensive, because I saw the therapist three times a week. It had come up before, as to whether I should apply at B (the University

where the therapist worked), and we'd spoken about that because it would mean that I would have to end therapy with C, and just have him as a supervisor, but that had been a dilemma for me, and so I applied to A instead. When I came back from the selection interviews I'd say the termination really started or we started looking at it, which was about six months before the end of the year. When I try and think about how that was dealt with it's very hard, because just so much was happening at the time, that six month period was a very, very traumatic time for me. Something just happened that was very preoccupying (the affair), and so the therapy couldn't be dealing so much with the termination as there was so much other stuff going on, so it was almost like a bit of a roller coaster towards the end. This other thing happened almost right towards the end, and so it was just working with that, and getting through that, and then I was leaving. That's how I remember it anyway, but I'm sure if C looked at his notes it would not be the exact way that it happened, but that's how I remember it. The way I feel about it is that for me the three years of therapy had just been such a progression all along that it was really that I knew in myself that I was ready to go. This had been the first time that I had applied to do a Clinical masters. I hadn't applied after Honours, nor the next year, because I just knew that I wasn't ready, I wasn't ready to leave therapy, it just wasn't right. In the third year (of therapy), even though I was seeing him three times a week, it was just so clear the growth that was happening, the work was intense, and it was a very intense (therapeutic) relationship, but even though it was so intense I felt that there was just so much strength in it for me, that I knew I could leave. There was never a time that I remember, really mourning the loss of something, it was really a feeling always that I would be taking something away with me that was really special. That was the strongest feeling at the time, so I never felt a sense of losing something. The other thing that was really nice, was that C found another therapist for me. I had a very strong feeling that I really wanted to continue and that I needed to continue soon. I'd spoken to some people,

who said that you should wait for six months, but I knew that for me that I wanted to continue that process, and I knew that it would be difficult, so it made *such* a difference that he made enquiries for me, because I wanted him to do that for me. He came back with two names, and contacted the one person for me initially and spoke to her, and felt happy with the kind of questions that she had asked him, and then he gave me her name and I phoned her, and she said that she would see me, and that made a big difference to the end as I knew that there would be a sense of continuity and that there was someone else for me to see, and in the end I only had a week's break. I went up to Y (the town where the University is where she would be doing the Master's programme), and had all the chaos of finding a new place, but I went into therapy straight away. The termination for me, because of all this chaos of leaving, and just needing C so much at the time to see me through this other thing, that the termination for me has been very much something that's happened since, and I think, as I talk about it now, that it's been very strongly like that. What's been happening is that I've given the therapist up there (in the new town) quite a hard time. I can really see that now (laughs), and I can also see that it was very good for me to carry on, but as far as being a therapist and taking on someone else's client when the therapy's been such a good one, I ... ja, it's just been very tough for her. I think what contributed to it is that she was initially reluctant to take me on twice a week, she was relatively full and it's also not her way to just take you on twice a week automatically, she wanted to know and understand why I needed that, and I was just furious with her. I've also spoken about my previous therapy with her quite a bit ... am I answering your question? You must just focus me. I think what has been interesting for me about the termination has been that I've never been angry with C about it. I think I thought that I'd go through a time afterwards of feeling angry with C, or going through a negative transference about it all, but I *never ever* have. If anything I've just appreciated the incredible specialness of the relationship, it's like it's just internalised more and more

strongly.

I Are you saying that coming back to X (the town where the therapy took place), and seeing C again, has influenced that process somehow?

R No, I think that it's actually been more difficult than I thought it would be. One of the reasons I'm here again is for some friend's anniversary. So I got back here, and the second night I was here was the party (for the anniversary), and C and his wife were there, and it was really wonderful seeing C again, and it was certainly different to if I'd seen him a year or two earlier, but it was *very* nice to see him again, and we had a brief chat and I landed up speaking to his wife for most of the evening. It was just so different to how it could have been and it was really wonderful, I felt so close to him, and that would have been fine if it had ended there. I then felt that I wanted to see him again, and tell him some of the things that had happened since then (when therapy ended), so I went to see him, and just being in that office again, that room where *so* much had happened, and sitting there with him, I realised that for me it is an incredible loss. As I said earlier, I do still carry the therapy with me, so it wasn't a loss in terms of that, but it was *the most* important relationship of my life, in terms of him being a good object, in fact the first good object of my life (laughs). My therapy with Y (the new therapist) is fine, she's highly regarded, but it doesn't come anywhere near to the relationship that I had with C, not in terms of specialness, closeness, in terms of the depth at which we worked, because I think that in the therapy with C, that I was really at a pre-verbal level a lot of the time. It feels like now, when I go back there (to the new therapist), that I will be working with a whole other level of the termination, it feels like I will only now be going to properly terminate with him, which it feels like I haven't done until now. I've always known that the relationship is over and that I carry that with me, but I've never ... I find it very hard

to cry ... I feel now that I need to go back to the therapy I'm in and have a really good cry about it. It's like having someone over there whom you just feel so close to, who is so special, I don't even know what would be an appropriate analogy, but it's like having a parent, and I also know that it was a special relationship both ways. I'll be grateful for that therapy for the rest of my life, because in some ways I feel that it saved my life.

I I'm surprised that you say that you find it hard to cry, because you seemed quite moved just then, (ex-patient interrupted with an emphatic ja), and I suppose that I'm struck by the fact that it's been quite a while since this therapy terminated, and that the strength of that emotion is only available to you now.

R Ja, it's been two years since the therapy terminated, and I don't really know why I should feel it so strongly now, but I suppose that I've had to cope with being in a new city, and I've been doing other stuff, and I'm in therapy twice a week working on other things. I've been very busy, and perhaps I've just needed time. It's as though it never hit me before, and I think why it's hit me this time is that I've been a lot more vulnerable here (in the town where the therapy took place) this time, because before when I've been back it's just been for a day or two, and I've not really allowed myself to feel what it's like to be back. I think I've allowed myself to digest everything that X (the town) meant to me or represented for me, and it's just the companionship, you know I lead a very isolated existence up there (the new town), because I'm just so busy. I think why this time has been so difficult is not just because of seeing C again, although that's been a very big part of it, it's just a sense of a general loss in terms of X (the town in which the therapy had taken place). In a way it's like the womb I was born out of, so it's been very much a reminder of how much I went through here (laughs).

I I'm wondering if there's something about returning or coming back that has made the sense of loss so apparent to you?

R I don't think so. When I think of it now, even although it's painful, it's very special, so for me what is important is that I can allow myself to feel the pain. I've never negated the therapy or not felt that I've carried it with me, because it was just too strong an experience for that, but it's like being reminded of something *so* incredibly precious that you almost just want to cry at the beauty of it all, but it's just painful you know, which is different from before. I think in going into the office again I was reminded of all that had happened there and the memories, and in a way I still find it hard to believe that it was that special, and then I think maybe I'm exaggerating or idealising it, but I know that it's something that must never be taken for granted. Sometimes I think that I still can't really appreciate the incredible richness and depth and magic, in a way, of what can happen in a very special, or as I see it, good therapy, and I feel that that is what I've been touched by again. I think it's (her sense of gratitude) also contributed to my doing this (the interview), and I feel really happy that C is supervising it (at the time the R's ex-therapist, C, was going to supervise this doctorate. As it turned out, he left the country and never supervised the thesis), because it gives me a way of expressing my gratitude to him in a way that I could never say to him, and I feel it's very nice that I'm able to do this, because I don't feel that it's a coincidence either that it's happened now. It's a bit of an issue with me generally, that I find it very difficult to express my gratitude, and when I went to talk to C we were also interrupted, so I had to leave and then go back again. I was glad for the break though, as I was able to realise other things about how I was feeling, but even when I went back again I was still not really able to articulate what I really wanted to say to him about being grateful, although I know that he knows how grateful I am, it's just very hard, so I chose to talk about other things, and what had been

happening (and so felt that she had not been able to verbalize her gratitude towards her therapist for the meaning that the therapeutic relationship had for her). Maybe I was defending myself by not showing the vulnerability that was going on, but I don't know if I could have. In a way perhaps it wouldn't have been appropriate, because I'm not in therapy with him, and that expressing that sadness and that longing would not have been okay (moved away from the point about gratitude). I know though now, that I need to go back to therapy in B (the new town), and work through that now, because I feel that it must be triggering a lot of other loss and stuff, so it feels that to go to C now and express that would be a bit like therapy, although it's not as specific as that. It feels like it's going to be so good to go back and work on it, because it feels like it just had to happen, because it's just so hard for me to really cry and mourn a loss, and it's a very real struggle for me to do that, and it feels like this interview had to happen to allow that process to move further. I feel like now I could bump into C *again*, at say another party, and it would be fine, not that it's ever completely fine, there's always other things going on, but it would really be okay, and I could handle that, it was just so difficult being in that *room* (laughs), you know. I think it's also important to say that I was here last year for Z (an annual event in the town), which was about six months after the therapy had ended, and I phoned C, and asked if I could chat to him and I did and it was fine. We chatted about the Master's course and what was going on generally, and there was *no* reaction, I don't remember feeling thrown by it at all, it was more like an affirmation really. I was carrying on doing fine and getting good feedback in the M1 (first year Clinical Master's programme for training psychologists), and it was nice to just show him that, that I was carrying on and everything was fine. It was more like a confirmation, with the implicit understanding, that this was possible, because of what had happened in the therapy. I was actually quite pissed off with him that time, because when I phoned he made some comment about charging me for the time (laughs), and I thought, "this is just a bloody

cheek", and that's what I was left with, that I thought he was going just a bit far (about paying for the time), and that I was quite pissed off with him. When I spoke to him he mentioned it, and said that he felt that boundaries needed to be kept very clear and that sort of thing, but I still think that it was a bit much, but there was no reaction like that this time, and although I mentioned it to the new therapist it wasn't an issue for me at all. It's now a year and a half later, and this time is very different, I'm still not sure what it's all about.

I Some of the literature suggests that it's not okay to interview an ex-patient too soon after the termination and certainly not before six months have passed, so it seems to me in terms of what you're saying that the time span since termination has been very important.

R Ja, if you'd interviewed me then (when she had come back to X the first time, six months after the therapy had ended) it would have been very different, not completely different, but I wouldn't have been feeling it then, it would have been much more from my head. Ja, it's interesting that, the time period.

I It seems to me that this might be true for C as well as he doesn't seem to have made any comment about fees or boundaries this time, and it seems to me that he took you into his office in a different way this time too.

R Ja, he did, it was much more equal, and we just spoke about things, and what was happening from both sides, and there wasn't a suggestion this time about fee structure or anything like that. It was just very nice to see him, and the meeting took place more at that level (equal). Something about this time span thing is that I think, although it's difficult to compare that now, as I have such an absolute feeling of carrying the good, and

that's what has been very valuable. I think it would be very different if the therapy had say ended after a year, and that hadn't been that internalised. If I think of friendships that I've had before, where things haven't been resolved, then it's been so different, because the feelings are so much more intense and you can split it more easily.

I It also seems that at the time that your therapy was ending that you didn't really have the opportunity to deal with your feelings about the therapy ending, because there was so much other stuff going on.

R Ja, and it was incredibly painful stuff. Ja, you know there really just wasn't actually that opportunity, I think it was actually quite rushed when I think about it. I only left X (the town in which the therapy had taken place) about the middle of January, but then C was on leave, I mean holiday, for about a month before that, so I think that I had just a *few* sessions when he came back from holiday to talk about the leaving, but not even going into it too much, and before that it had just been all this other stuff.

I Can you remember how you felt about that break?

R What the holiday? Let me just try and get a bit of a time span here. I'd been staying with a friend and sharing a flat, and that also ended at that time, and I moved in with another friend, so it's almost like when the first friend left, it was all happening at once, and I moved in with the other friend for the last few weeks, and all I can still remember of that time was going through this incredible pain and chaos and angst about this other drama, this other relationship that had happened. I think in terms of the break that there was just an acceptance that he was gone and that he would not be there for that time, but I remember also feeling really glad that there were those few sessions left. The timing had

been quite good though, the worst of the drama was over, and I'd managed to get through all of that before he left, so it's hard to remember this clearly, but I think that all I felt was that it (the therapy) was a little bit broken by the break, and in the last few sessions I think the termination was more clearly spoken about, but as I say, I can't be clear about that. I can't really remember what happened in the last few sessions, it would be really interesting if I could, but I can't, it was a hell of a time. I also had a dream about that time, towards the end of the therapy, that just threw me a little bit. It was a dream about a building, I went into the building, and the foundations were cracking, and I just thought, "no, this can't be", I didn't even need an interpretation for it, but it just didn't make sense in terms of how I was feeling, and I spoke about that dream a lot when I got to the new therapist, and the moment I told it to her she just said, "No, this is just so clear how ready you were to leave and to move away". I just remember that as quite a transitional dream, and it's quite interesting, but in talking to you I'm just thinking that just recently I haven't been dreaming. The whole time that I've been at A, virtually nothing, and recently I had a brother or sister dream (smiles) to the one that I had at the end of therapy. It was just the most wonderful dream, similar in some ways, but in this dream I was just walking along, and saw this building that was an *incredibly* beautiful building, and I was just so stunned by how incredibly beautiful it was. Then I walked past the building, and saw that at the back there was still scaffolding, and that they hadn't finished it yet. It's so interesting that I had this follow-up dream just recently (two years after termination), and it feels almost like things have been allowed to be worked through and come up, and that before this time that I haven't been able to ... it would have just been too painful before to allow it to come up, I just had to be functional when I first got there (the new town). Now that I'm coming to the end of my internship, I feel I can let go a little bit, so it feels like the time period is just right. It's just weird that I'm not dreaming though.

I Do you feel that you're anywhere near ending your current therapy?

R Ja. After all the fighting with her about twice a week, I've been seeing her twice a week now for two years, and I said to her, just before I left, that for the first time since I'd started therapy, I could start now for the first time thinking about going to therapy once a week next year. I might not be able to afford twice a week next year either, but I feel that I can actually think about it, and although I'm not one hundred percent sure, I'm pretty certain that I'll go once a week, whereas in the past there was absolutely no question that I needed three sessions a week, I mean I took out bank loans so that I could stay in therapy. I can actually quite strongly feel the move towards ending it, because of my involvement in body therapy. I've been thinking about the whole body therapy thing, and have been thinking, "Why?", "There must be a reason" (why she is thinking so much about the body), so in a way I feel that I'm ready to say to the therapist in B, "Look, from next year I'd like to swop and focus on making my body feel better". It feels like I've focused for so long on what has been very necessary in looking at the psychic processes, but now I feel that just by doing body work, I don't mean going to the gym, I mean actually understanding what's happening in my body, and releasing a lot of the physical block's that I have, that that will also be healing. It's a bit like Reich's concept of "body armour", I feel like there's a lot of stuff, a lot of body armour that has to go, so I can see myself in therapy for maybe another year, but I'll gradually focus more on the body, like even have someone work on my diet. If in the future I say get involved in a serious relationship and feel that I need therapy I'd always go back, because I know the value of therapy. It's nice having her there, at least I can go back now and can work through all the stuff that's happening now, lots happened here, and it's nice to know that I can go back to B and work through all this. I also know that I could do most of it myself.

I I wonder if that (feeling that she can work through what has happened in X - the town - as well as what had happened during the interview by herself, yet was also pleased that she could take it to therapy) has anything to do with what you were saying about internalisation earlier on, in that I wonder how you use what you had internalised in the previous therapy in this one?

R What do you mean?

I How does the internalisation come about for you in ... R interrupts to say "manifests" ? I responds, "Yes".

R It's a very hard thing to say, it's just knowing that there is a core of myself that cannot be swept away or lost when the intensity of my feeling alone or depressed comes back, sometimes like I used to feel long ago. Even been here in X (the town in which the therapy had taken place) now, I've felt a bit alone at times and depressed, but there hasn't been that fear or panic that I would enter into the depression again. I know that that's over, it's okay, I can allow myself to feel. That allows me to say to you that it's more than the experience of holding onto something precious, because I don't panic when I feel something, and suddenly think that I've lost something of myself. To me it (the core of herself that knows that she can allow herself to feel) was something that definitely took time to build up, so maybe it's a sense of continuity, but it's like I don't even have to remind myself, I just know that that core is there. I know that it will be okay, that I'll be okay, so I can let myself feel what I'm feeling. Ja, I think that's the difference, so it's not wanting to be fleeing. It's not an internalisation about C, and thinking to myself, "What would he say?", it's so much more than that, because the work that happened there is just so much part of me that I know that I could never lose it. I think it was Jung who said

that the disaster that you fear happened long ago or something, and it's like that, I really know that it happened long ago, and you know, I can't even think what would be the most disastrous thing that could throw me, it's really a feeling of that has already happened.

I (The R remained silent for a few minutes and the I did not say anything. The R seemed to have gone into a state of reverie, and when she looked at the I to continue, the next question was asked). Would you say that for you that what you have just described was one of the central benefits, if one can use that word, for you of being in therapy? That knowing that you would not disintegrate in the face of disaster gave you a sense of solidarity and stability that you were describing as "the core"?

R Ja, certainly that's a very important thing. I think, you see, that there's always been a very false sense of strength in myself, and I went into therapy, because I felt that I didn't have feelings, I always just knew that I was a survivor. I went into therapy feeling that I was hard and cold and couldn't feel anything, so one of the biggest things in therapy for me was realising that I could care for a lot of people, that I did have feelings, and that I was not just cold and mechanical. There are so many ways in which feeling the core, the more solid core, has changed things for me, for example, I hardly ever feel thrown or intimidated in interactions with people, and when I think of how often I used to feel that it gives me a contrast.

I It seems as if you've been saying that the realisation that you could feel has been a central experience for you and that this development seems to be ongoing. I was thinking about how you said that the first time when you came here you were not as in touch with your feelings as you are this time, so I'm assuming that you mean that the process which began in the therapy has continued after the termination, is this what you were saying?

R Ja, like even recently with the body therapy I do, it just dawned on me more and more that I'm working on these people, and that I really care about them, there are moments that are very special. I've had rare moments like this is the psychotherapy that I've been giving, but the boundaries are less strict in the body therapy, so I chat to them about their lifestyle, and they bring me a loaf of bread, and that sort of thing. Also they come into my house (for the body therapy), and some of them have commented about how peaceful it is, and how I've created such a warm home, and just having these people show appreciation for me as a caring person has been very special, it's meant *so* much to me. It's just been *such* a confirmation for me, and although I still sometimes ask myself, "Is this really me?", I am accepting more and more that it has happened, that I am a real person, and that's probably the biggest gift of therapy. Being strong and tough comes easily to me, so as I said to C, I could easily be a Kleinian therapist, just sit there, keep my distance and say very little, but it's been much more challenging for me to be real, within the framework, and to just allow the work, and although that's there I still don't know that completely.

I Did you feel that there was anything within the therapeutic relationship or the work that you did in the therapy that particularly facilitated this development?

R Oh, I'm not sure they can be separated. For me the unfailing reliability of C just always being there was *so* incredible, *so* important, it was just about more important than what I said to him in the end. Just the fact that he virtually never ever, *ever*, let me down by being late, or not being there, was just so reliable that it gave me a very reliable space that was vital to me. It was also that he could be flexible, like if I needed to change an appointment time, he would fit me in. When I spoke to him this time he said that I imagined that there was more flexibility than there had actually been, but, towards the

end I had *desperately* needed to see him for an extra session, and it had been very, very, very hard for me to ask for that session, and he was there for me and saw me. There was also the work of course, and it took a very long time to chisel away at the hard facade to see what might be behind that, so it's an absolute intermeshing of the two; first, the structure, and then what happens within that structure. I could have been with another therapist that had also always been on time and had not let me down, but I think the fact that C was so sensitive to the content was very important. At the beginning, for example, I didn't have any feelings, so I could not find the words to describe the feelings I didn't have, and so we just worked with imagery. Working with the imagery was the only way that we had of communicating, and I felt that this was very exploratory for both of us. It was just what I needed though, and I never felt that I was being forced to be too adult when I couldn't be. A lot of the work initially was pre-verbal and it was incredible that C could relate through the imagery, because it was like the images would come into my *body*, and that they were doing the talking. The two can't be separated, but that structure was vital, just, it's amazing.

I Can you remember what the last session felt like?

R Can't really remember, only that I gave C a present, something that I'd sat and painted myself. I remember that he was very appreciative, and quite touched, and that he wished me well, and I knew that he really meant that, but I can't remember anything else. I didn't feel pushed out into the world or anything; it was just that words couldn't express it, so I gave him the gift. I think that it would have been too much for me to allow myself to feel then, I can allow myself to cry about that *now*, I couldn't have then.

I Still being strong?

R Ja, and that's still an ongoing thing for me that I find it very difficult to cry in front of someone. I don't think that in the three years of therapy with C that I ever really cried, I mean there were a few tears trickling down, but never crying. Even though that's still there, and I know where it comes from, and that there's a very good reason why it is like that, I don't feel all upset about it. I think C hit the nail on the head the other day when he said, you've probably heard him say it too, seems quite excited about it, but he said that "the shadow of individuation is one's chronicity". One's just got to look at some things and see that they will always be there, that they can't be gotten rid of, and in one way that's one's chronicity, and to learn to laugh about that. I mean the one thing about being on the journey of individuation is that you have to look at the shadow, which is how chronic one is, but also to laugh at that. That's what I mean, that it's like this thing now that I've been in therapy for five years intensively, and still can't cry in front of another person, I mean not like heart-wrenching sobs, so there are aspects of the work that are also ongoing. It's such a subtle, personal thing, you know, because I could bump into friends that I haven't seen for ten years and they wouldn't think I'm any different.

I The R went quite for some time and the I said nothing, when she came back to the interview situation she started to talk about the last session again without prompting.

R I could almost ... ja, I could feel what that last session must have been like. It's really just such a mixture of feelings, a mixture of sadness and ... ja, I'm sure that's how I must have felt, a mixture of sadness and gratitude, and just like there being no words, and me just wanting to get out of there, not really wanting to go through that ending, it's not quite like other endings, it's just a bit special. Do you also want to know about the things I wrote to him?

I You mean about contact with C after the therapy?

R Ja, I wrote to him a few times after the therapy had ended, and before I saw him that first time.

I Okay.

R I can't remember exactly when it was, but I wrote to him about the time that I was having the argument with the therapist in Y (new town). I was pissed off with her about the twice a week thing, and just felt that the therapy wasn't working. I mean, she used to answer the phone during sessions! I know that quite a few therapists up there (the new town) do that sort of thing, I mean speak briefly and put the phone down, but it was too much for me, I completely confronted her about it, and said it was completely unacceptable that she do that, and she said again that we had to discuss it and that she wasn't just going not to answer the phone. Anyway, she unplugs it now at the beginning of our sessions (laughs). I wrote to C at that time, and I remember now that he had said in the last session that he would answer if I wrote to him, although it might take him a bit of time, and anyway, he did write back. I wrote about another two or three times after that, and he always wrote back, and then I never replied to his last letter and then saw him here (at the party), and then didn't (want to ask to see him at his office) in case he wanted to bloody charge me for talking to him, and now I don't feel that I really have a need to see him if I should come here again, but might just to catch up. Oh, ja, what was very special was that when he wrote back, you know he's so articulate and the letter was beautifully written, and he said some nice things, like he'd heard from other people that the therapy that I was doing was really good, and that it was really nice for him to know that I was qualified, because then he would have someone to refer to in B, and although I

know he meant all these things, what was really special for me was that his letter was the first I received when I moved into my new house, and he was also letting me know about his change of address. I felt like it was an acknowledgement of me as an adult, because he'd seen me in such a regressed state in the therapy, and here I was really separate, and felt that I was getting on with my life, and that he was just being genuinely supportive. I'm surprised when I hear myself say that I only wrote so few times, I thought that I would have written more, but he always replied. If I did see him again to just catch up on things, although it's difficult to project into the future, but I think that I would be much more realistic, it feels much more real that I should feel like this now, that I would be able to just pop in for a chat.

I I'm struck by the fact that you feel that it's taken some time for you to get to the point where you feel that your ex-therapist is as real to you as you are to him.

R The R leans forward at this point and pushes the pause button on the tape-recorder and says that she has to go to the toilet. She goes, and speaks to the friend with whom she is staying for a while before coming back.

I I was talking about the sort of real versus "transference" aspects of your experience in therapy, and how you seemed to feel that the real aspects have only become apparent to you after the termination.

R There were both real and transference type things in the therapy, although I feel that the whole thing was very real, and I'm sure C experienced it like that too. It's so difficult to find the right analogy, but like I said before, he was like a good mother to me and so in some ways he's more than a friend, like a friend and not just a friend. It's like they die to

you (the therapist at termination), so even though I know I can always write to C even if he goes overseas, which he will do, it's just knowing that he's there, and that he's alive, and I can still write to him, but not as a therapist, just as another person. I think, because the nature of the therapy was so primitive, in terms of the stuff that I was working on, that there never developed a sexualised transference or anything like that, I'm not sure what difference that makes, but it feels different to me. I think it must be very different where, besides being a good mother, the therapist is also someone that you would just love to get involved with, that must cause *chaos*, but for me in seeing C it's like knowing that he and I shared something so special and that is very, very real, and I'm absolutely certain that that was like that for him too, very moving. (R was smiling/laughing while talking about the lack of a sexualised transference in her therapy).

I I'm happy with what has been said here, is there anything that you would like to add?

R No, only there is a way in which I feel that I am part of something that is very special to him too, but I wouldn't like to mention the specifics.

# CHAPTER 1

## INTRODUCTION

### **1.1 AIM**

The central aim of this thesis is to understand the *experience* of termination. An attempt will be made to see how it is that termination affects the patient and the therapist. In other words, "How do the patient and the therapist feel during termination"? This question asks about the influence of termination as an experience on the patient and the therapist, and acknowledges that termination is located within the patient/therapist relationship as that which ends (Balint, 1950; Freud, 1937). This means that termination is not only a phase of the analysis, but has an experiential component that has not been explored. The question can be rephrased as; "What does termination mean to the participants of the therapeutic relationship?" or "What does the end of the therapeutic relationship mean to the patient and the therapist?" It is thus the aim of this thesis to ask qualitative questions about the meaning of termination and to explore the participant's responses. A qualitative question requires a qualitative procedure to answer it and it will be through the phenomenological approach that the issue of termination will be reconsidered. Phenomenology, unlike natural science that infers meaning, that is, it comes to the meaning of the phenomenon through a process of deduction, goes directly to the meaning of a phenomenon by employing a method that systematically explores or uncovers meaning (Giorgi, 1975b).

Traditionally, as will be shown, psychoanalysis has recognized termination as a phase of the analytic process. The questions psychoanalysis has asked about termination are mainly content based, rather than questions which search for

meaning, for example, "What is terminated"? , "When is the right time to terminate"? , "What behaviour should the patient be exhibiting for the analyst to consider termination"? , and "Should the analyst or the patient bring about the discussion of termination"? It is argued that this approach to the phenomenon of termination has resulted in a theoretical understanding of termination embedded in a linear conceptualization of time. By this is meant that termination is seen as a phase of the analytic process understood as having a beginning, a middle and an end. During the termination phase, the theory hypothesizes that the patient will experience certain emotions and will exhibit certain behaviours characteristic of the termination phase of analysis, based on the theory of psychoanalysis. Psychoanalysis understands that termination as a phase of the analysis exerts a certain influence on the patient that causes the patient to have certain experiences of intrinsic significance to this phase influenced primarily by the psychoanalytic understanding of anxiety, and particularly separation anxiety as central to the psychoanalytic venture.

The direction this thesis takes is different in that it focuses on the process of the participants (the patient/therapist) in the patient/therapist relationship. Termination is thus regarded as a part of the patient's and therapist's experience of therapy or analysis, without denying that termination is also part of the analytic process. Rather than looking at termination as a part of the analytic process, which it is, this study will focus on the process/experience of the therapist and the patient during termination. It is thus the aim of this thesis to probe the meaning of something that is regularly experienced in the application of psychotherapy, but about which very little is written from an experiential perspective in psychoanalytic literature.

No psychoanalytic studies could be found that had asked therapists or patients to describe their experience of termination, but in one Jungian study Auger (1986) asked 142 members of the Analytical Psychology Club of Los Angeles if the

termination experience had been a positive or a negative one for them as analysands. He found that those who reported a positive termination experience, wrote that they felt that the work of analysis was complete and that their analysts supported this feeling in them. On the other hand, those analysands who had experienced a negative termination felt that when they had introduced the possibility of being ready to terminate, that they were not validated by the analyst who used dream material or other aspects of the work to show the patient that they were not ready to terminate. It was more difficult for this group to retain what had been positively gained in the analysis and they entered a new analysis sooner than did those who had experienced a positive termination (p. 54). Auger (1986) wrote that his focus was on the participant's "perceived experience, not the objective experience of ending", but his pre-definition of the experience as positive or negative limited his findings for reaching a fuller understanding of termination (p. 53). His study highlighted, however, the importance of termination as an experience in analysis. In particular his results suggested that how the termination is *experienced* has a direct bearing on what happens once the analysis has ended. This means that how termination is experienced and dealt with by the analyst influences the patient's perception of the outcome, which is vital to how the "success" of the therapy is evaluated. In Auger's (1986) study patients and therapists had different ideas about what constituted a finished analysis.

While Auger's (1986) was the only study that could be traced on the experience of termination, post-analytic studies confirm that termination is a vital time in the analysis for the patient (Hoffs, 1972; Pfeffer, 1963; Schachter, 1990, 1992). Pfeffer (1963) stated that it is not uncommon for patients, when they begin to speak about their analysis in the follow-up interview, to return to the last experience in analysis, namely termination. He wrote that it is often with great poignancy that the ex-analysand will speak of the termination of the analysis as the last experience they remember even after several years have past. It seems that it was only in forgetting

that the patients could remember the impact of the analysis on their lives which suggested that an understanding of the experience of termination would validate the claim that this information could help the analyst to better deal with the vicissitudes of the termination phase. "This inexorable return to the last point of analysis" was also reported to be evident in patients after there had been a break in the analysis for other reasons, like a holiday (Pfeffer, 1963, p. 239). The results obtained from post-analysis studies indirectly shed light on an important feature of termination, namely that it is a significant experience that patients return to and speak about spontaneously as the last event they remember from their analysis. As studies that could enlarge on the meaning of termination, studies of the post-analysis phase are limited in their usefulness, however, as they are hamstrung by the specificity of the aim of post-analytic research, which was to assess the efficacy of analysis. What post-analytic research showed that is relevant to the study of termination though is that as an experience termination seems to have an influence on the patient that carried on long after the actual event had taken place. Although scant and indirect, current post-analytic research into the topic of termination suggested that it is an important experience, particularly for the patient, and that the essence of its meaning needs to be understood as its impact cannot be ignored.

A vast body of psychoanalytic literature exists on, around and about the topic of termination with the focus on theoretical and technical concerns. Once the idea of termination was introduced into psychoanalytic thinking, a rich debate ensued about how termination was to be defined, either from a philosophical, theoretical or technical perspective? Given certain philosophical dilemmas in deciding what constituted a cure, for example, and if this was even possible, or what could be considered health, most of the psychoanalytic writers have concentrated on the technical and theoretical aspects of termination. Discussions developed around issues like separation anxiety in termination, termination criteria, loss at termination, mourning in termination, the return of symptoms during termination,

and an intensification of resistance at termination. These debates will be discussed in the literature overview, but to achieve the aim of this research it will be necessary to first bracket all this information. Judgement, when analysing the data, about the *theory* of termination will be suspended to try to reach an understanding about the meaning of the experience of termination as it was described by the participants in this study (Giorgi, 1975b; Kruger, 1988). The bracketing of prejudice is crucial in the practice of phenomenology as it is concerned with foundational issues. MacLeod (1964) suggested that phenomenology is propaedeutic to science if it is looking for a rigorous starting point to research. One of the central arguments of this thesis is that psychoanalysis prematurely imposed a theoretical meaning on termination that neglected the human or subjective experience of termination and therefore stands on a foundation that can influence what will be attended to during termination. In Heideggerian terms, psychoanalytic theory of termination provides the analyst with a certain forestructure which can influence what it is that is seen to be the experience of termination. The impetus for this argument comes from phenomenology that enables a cogent criticism of psychoanalysis while simultaneously providing a way to re-approach the subject of termination which can feed back to the theoretical understanding.

## **1.2 RATIONALE**

Psychoanalytic theory is embedded in a particular scientific and philosophical understanding of human Being that has radically limited its metapsychology (Boss, 1963; Giorgi, 1970, 1975a, 1975b; Kruger, 1988; Smith, 1975). Metapsychology can be understood as a systematization of thought or a comprehensive theory constructed to explain the psychoanalytic process, except that in the case of termination, as will be shown in the literature overview, theory preceded or predated praxis (Holzman, 1970; Ricoeur, 1970). Also, in psychoanalysis, metapsychology is not merely the glue that holds the theory together, it is the

fundamental ground of the theory. Freud wrote in a letter to Fliess in 1896, "Far beyond these considerations (on psychopathology) lurks my ideal and problem child, metapsychology" (Jones, E., 1953, p. 294). Although Freud saw metapsychology as central to his theory, his own aversion to what he considered the unscientific nature of philosophy, blinded him to the way in which his metapsychology influenced his conceptualization of psychological phenomena. To avoid philosophy, Freud did not reflect upon the philosophical assumptions of natural science. The unreflected upon philosophy of this adopted method became the ground for a psychoanalytic construction of human experience or what Smith (1975) called "a construction of psychoanalytic reality" (p. 61). The metapsychology of psychoanalysis is thus a particular *Weltanschauung* (philosophy of life), from which perspective the concerns of psychoanalysis were formulated and in whose light the answers were sought.

Freud's antipathy towards philosophic speculation is not easily reconciled with the fact that he could play with the German language in such a profound way in writing about his patients that the only award he ever received in Germany was the Goethe Prize for Literature. At the level of interpretation Freud wrote hermeneutically and engaged in a system of meanings, yet at the level of metapsychology psychoanalysis employs a system of energies, for example his topographical, economic and dynamic points of view (Quinodoz, 1993; Smith, 1975). Freud in his discourse tried to give attention to these different levels of thought simultaneously (Mahony, 1989). The tension between Freud's rigorous adherence to natural scientific principles in his metapsychology and his exploration of the meaning of the patient's world in his case studies, for example, was held in ambivalence (Mahony, 1989; Steele, 1982). Even as the method of treatment was radically determined by a metapsychological assumption of "the underlying process", which Steele (1982) called a hermeneutic of suspicion, there was an exploration of the meaning of the lived experience of the patient as given (Smith, 1975). Freud (1974) wrote to Jung

that, "I was not at all cut out to be an inductive researcher - I was entirely meant for intuition" (letter, 17 Dec.1911, p. 523), showing Freud's juxtapositioning of the natural scientific approach with intuition. If the place of inductive reason for Freud was in his metapsychology, then the place for his intuitive understanding of the lived world of his patient was in his writing about them. Eissler (1971) commented on Freud's work that it had

"the power to observe, to judge, to draw inferences - indispensable as they were to the greatness of his work... have to take a secondary place to the genius of his language" (p. 277).

His case studies, for example, spoke with a rich understanding of his patient's inner world that enabled his reader to be empathically involved in the process of Freud's analysis (Mahony, 1989; Steele, 1982). Freud invited the reader to be an interactive and critical co-explorer, often adding his own commentary within the text (Mahony 1989). Freud drew the reader into his text through his masterly use of the German language, his wit and his capacity to write with

"a third hand and ear, responsive to unconscious processes, whose displacement and condensation led him to discern unifying patterns in the most diverse data" (Mahony 1989, p. 90).

For Freud, psychoanalysis existed in the uncomfortable paradox of a parallel discourse within itself, the natural scientific discourse of theory, and the poetic style of description. Smith (1975), in contrast to Mahony (1989), made the point that Freud could bring together divergent ideas, because of the ultimate comprehensive ground of his theory rather than through the influence of the unconscious. This would convince Freud of "the intrinsic unitary nature of the psychoanalytic endeavour even when it touched widely disparate phenomena, from therapy to theism and neurosis to novels" (p. 60). The metapsychology of psychoanalysis, however, is its unconscious, riddled with the unexplored assumptions of the natural scientific method, and it is not a question of either the metapsychology or the

intuition making this possible, but rather the coexistence of both and the capacity of Freud to hold this tension.

If this is true of psychoanalysis in general, then it is also possible that the phenomenon of termination suffered the same fate. The majority of psychoanalytic writers wrote about termination from a theoretical perspective that influenced their understanding of technique by staying true to the natural scientific aim of objectivity (Auger, 1986; Balint, 1950; Edelson, 1963; Greenson & Wexler, 1969; Nacht, 1965; Payne, 1950; Pedder, 1988; Reich, 1950, to mention a few), yet some maintain that termination is not only of technical and theoretical concern. Transference and counter-transference issues, for example, are both a technical/theoretical concern and emotional issues. Balint (1950) when he wrote of termination stated that it is

"a deeply moving experience; the general atmosphere is of taking leave for ever of something very dear, very precious..." He continued: "Usually the patient leaves after the last session happy but with tears in his [sic] eyes and, -- I think I may admit -- the analyst is in a very similar mood" (p. 197).

That termination was also an emotional as well as a technical/theoretical concern was hinted at in this way by some writers, but was never explored. The question arises about why this affective or experiential element of termination has never been elaborated upon in the psychoanalytic literature?

When Freud (1913) suggested that analysis is like a game of chess, he did so primarily to show that analysis has a beginning, a middle and an end. The criterion for the division of an analysis into phases was done exclusively from the vantage point of the analyst with a view to standardizing the analytic technique from analysis to analysis. The opening and closing phases of the analysis, Freud (1913) wrote, could be dealt with similarly across all analyses, but the middle part of the

analysis was so uniquely constituted as to defy standardization. He went into some detail in this paper, "On beginning the treatment", to describe what he thought was the appropriate stance for the analyst to adopt during the opening phase specifically to help with the flow of material, but he never, either here or in any other papers that he subsequently wrote on technique, commented on what he thought was the appropriate stance of the analyst during the termination phase (Hurn 1971). If the analogy is fleshed out, however, the natural scientific bias as well as the problematic of the technique of termination becomes apparent.

In the beginning of a game of chess each party sets out their moves with a singular objective in mind, namely to beat the opponent, so even as the parties engage they are already involved in a particular way and with a specific goal in mind, namely to win. During the middle of the game a struggle is developed and pieces are lost from both sides as this battle intensifies. At the end, both sides are diminished and the interaction often ends in a stale mate, when one is trapped or paralysed by the other. The only other possibility of the end is a win/lose situation. The end in either of these possibilities is a dead end, an end going nowhere, an end brought about by and determined by the beginning and an end that does not suggest a new beginning, rather there is the implication that one would have to start the game again. There is little or no possibility within this model to wonder about the party's feelings or even if this would be at all relevant to the aim, which is to win. If the understanding of the process of analysis as having a beginning, a middle and an end is adhered to, then the end is made inevitable by the beginning or it is understood as interminable, in which case the only ending that can be achieved is artificial or premature (Pedder, 1988). There are, however, other ways of thinking about the process of analysis that do not presuppose a linear understanding of time that can be considered.

Edith Buxbaum (1950) proposed that the important phase of termination could

rather be compared to a piece of music, she wrote

"It is like the finale in a musical movement which repeats the leading motives of the piece" (p. 190).

The beginning and the end are linked through certain themes or motifs being repeated rather than a stale mate or win/lose state being reached. The metaphor of a sonata, which also has a beginning, middle and an end, could reveal more to add to our understanding of the process of analysis. In the opening phase of a sonata the ideas, themes, variations and bits of the piece are introduced to us and each other. In the middle developmental phase, these ideas, themes and bits are explored and expanded on to their fullest. Often a big composition will go from a happy mood (major) to a sad mood (minor) and back and forth again and again, until the complexity is such that there has to be a recapitulation, which is the end. During this phase of a sonata there is a restatement of the beginning taken to its ultimate maturity through the middle phase development. The beginning and the end are again linked, only not in a linear sense, but in a way that brings about a sense of completion, resolution, and a proper ending that does not appear to be premature as there is a circular understanding of time. Being stuck in a never-ending opening would mean constantly having to face a premature ending as the development of the middle would not have taken place (Pedder, 1988). The developments of the middle also influence the nature of the end, but in such a way that the possibility of closure can be reached. The one factor that a comparison of the two analogies makes prominent is that the end of the chess match and the end of the sonata not only happen in a different way, they imply a different understanding of time.

No matter what their theoretical persuasion therapists agree that therapy or the patient/therapist relationship has a beginning, a middle and an end or termination phase (Herron & Rouslin, 1982). This holds true for long, medium and short term therapy. There is another way to understand the sequence of the different phases

in analysis that closely resembles the structure of a story, which also has a beginning, middle and an end (Schafer, 1980; White, 1980). Schafer (1980) suggested that the telling of a story with a beginning, middle and an end, arises out of the desire to have the sequence of our lives display "coherence, integrity, fullness, and closure" (p. 27). The notion of a sequence of events is the central theme that binds the two analogies given above, and shows that in the chess game, time is linear and mimics the natural scientific understanding of time; in the sonata, time is circular as it is experienced in life. (Faulconer & Williams, 1985;

Heidegger, 1962; Ricouer, 1980). These different ways of understanding time have an essential influence on our understanding of the end. If time is linear then it is a sequence of beginnings and never ends, it simply terminates. If time is circular then it permits one to see the end in the beginning and vice versa (White, 1980).

Ricoeur (1980) proposed that there is a response to time that neither places it in the "illusion of sequence" of chronology nor in the "a-chronology of models" and this is narrative time (p. 169). Narrative time is the time of analysis where patients tell their stories and the analysts listen. Ricoeur (1980) wrote;

"I take temporality to be that structure of existence that reaches language in narrativity and narrativity to be the language structure that has temporality as its ultimate referent. Their relationship is therefore reciprocal." (p. 169)

Temporality is not only reciprocally related to narrativity, but it is the bedrock of our existence (Heidegger, 1962), and the proper and productive grounding for the human sciences (Faulconer & Williams, 1985). Accepting temporality as the essence of Being, which is what Heidegger proposed, means that we encounter the world in a different way. We do not relate to things or have knowledge of them in

a static way that makes the relationship a necessity, but in an active way that creates the possibility of relationship. As such our own existence as temporal means that we are in relationship in the *ekstase* of time. In Heidegger's view (1962) it is temporality that makes possible the totality of the articulated structure of the whole of our dealing with the world in the unity of its articulation (p. 371). The realization that the temporal is that which occurs within the "totality of articulation" makes it possible that there is another way to understand termination (Faulconer & Williams, 1985, p. 1184).

### **1.3 SCOPE AND LIMITATIONS OF THE PRESENT STUDY**

The aim of this thesis is to explore the concept of termination as an inevitable reality in therapy as a lived human experience. This means that all the usual psychoanalytic concerns with termination e.g. transference/counter-transference issues, criteria for termination, the return of symptoms in the termination phase, etc. will be bracketed and their influence on the understanding of termination suspended. The study's scope and limitations are influenced by this factor.

From a psychoanalytic perspective, this study is limited in its capacity to focus on the technical understanding of termination. There are many valuable areas of study possible in this field, for example, "What is/are the dream motif(s) of the termination phase and can an understanding of them influence technique"? , or, "When is the `right' time to terminate"? , or "Should the analyst be more present to the patient during termination?", or "What is the influence of the `real' aspects of the analytic relationship on termination and technique?" This line of investigation, however, entrenches the metaphysical assumptions of Cartesian dualism so apparent in psychoanalytic theory by examining the content of the theory of termination rather than its meaning. Content based studies are soon surpassed by new

observations (Mahony, 1989). The one way in which the study could be said to make a technical contribution is by implication. Hopefully a more comprehensive affective understanding of termination and its effects on the participants' will suggest ways that therapists can reexamine or change their stance in termination. Perhaps certain themes will arise from the research that will give guidelines as to the appropriate stance of the therapist in the termination phase. In this way the limitation can become the advantage and in some way move towards Freud's capacity to embrace "similarity-in-difference" (Mahony, 1989, p. 85).

The scope of this study revolves around an attempt to move away from the subject/object split. This involved reading Freud generously to uncover the fundamentally phenomenological insights he had into termination. It is argued that this can be achieved by placing temporality at the centre of our understanding of the therapeutic or analytic endeavour. The hermeneutic approach more than adequately embraces the understanding of our situated temporality and makes this exposition possible. There are also limitations imposed by this approach in that it is contextualized, but this is accepted as realistic in this thesis. It is accepted that one does not have to presuppose the existence of an observer outside the self and that we are already in the world of temporality. Time or temporality is understood in the Heideggerian sense of *ek-stase* as arising out of my relation to things, it is the "affecting of self by self" (Merleau-Ponty, 1962, p. 425).

Atemporality implies that there is no possibility, only necessity, change is not possible, neither is the end. It is clear from Heidegger that human being is not feasible without the invitation of possibility. Faulconer & Williams (1985) make the point that

"A human event such as love derives its meaning precisely from possibility and not from mere necessity" (p. 1183).

Termination, like death, as a human event is an ever-present possibility that is

central to existence. Existential phenomenology basis its understanding of human being on the premise that existence is temporal and finite. It is the conscious awareness of our mortality that makes us human. It is an internal imperative to know that we will die and this gives meaning to life. Merleau-Ponty (1962) quoted Claudel (p. 57) as stating:

"Time is the means offered to all that is destined to be, to come into existence in order that it may no longer be" (p. 419).

The important implication of the centrality of temporality to existence, and to analysis or therapy, is that the experience is phenomenologically embodied through consciousness of the pre-objective present (Merleau-Ponty, 1962). The pre-objective present is where we find our bodily being, our social being and the pre-existence of the world where we already find ourselves at work in the world. The body is the starting point of 'explanations' in so far as they are legitimate (Merleau-Ponty, 1962, p. 433). If the body is our home in the world then perhaps the scope of this study could be extended to include a deeper understanding of the patient/therapist relationship as an embodied experience that is re-membered from the point of the termination of the relationship rather than the beginning or the middle of the analysis or therapy. It is generally accepted that the therapeutic relationship is somehow different from other relationships, but it is unclear what this difference(s) is (are).

It can be argued that the study is limited by the return to Freud when there have been so many developments in psychoanalytic theory. Freud's writing shares the philosophical limitations of its time. It is exactly these limitations that it is proposed a hermeneutic understanding of the text overcomes. We can none-the-less imagine, along with Mahony (1989), that were Freud revising the text of "Analysis Terminable and Interminable" today that he would consider the remarkable theoretical achievements of psychoanalysis to date. Freud would have to appraise

the following in bringing about any modifications or additions to the text: preoedipal and postoeidipal developmental issues, sexual and gender identity (which Freud mentions as an aside in the original paper), structural aspects of the ego (also considered in the original) and its nondefensive complexity, the manifold elements in defensive functioning, the formation and aims of the superego, differences in traumatic aetiology (which Freud commented was central to the efficacy of psychoanalysis), the role of mourning and reparation (following the Kleinian school and their understanding of a primary separation), narcissistic and borderline functioning, termination as a phase of the treatment, the pervasiveness of the negative transference, complications of the counter-transference, and so on (Mahony, 1989, p. 66-67).

#### **1.4 SUMMARY**

The aim of this thesis is to provide an understanding of termination that moves away from the technical and theoretical and back to the lived. A phenomenological and hermeneutic understanding of termination are made possible by Freud himself if he is not taken literally. It is argued that Freud is not only a hermeneutic writer and should be interpreted as such, but that his insights into human functioning reflect at heart an understanding that is essentially phenomenological.

The rationale is that Freud's work on termination subtly establishes and then collapses the tension between a theoretical (dogmatic) understanding and a poetic/metaphorical (genetic) understanding. Existential phenomenology provides the framework from which this tension becomes intelligible and hermeneutics the appropriate methodology to explicate what this tension means in terms of termination. The hope is that this will help to de-emphasize the Cartesian split that is so obvious in psychoanalytic thought. The limitations of the study pertain to

matters inherent in the approach chosen as appropriate for this study and are largely of a theoretical nature. The study is limited by the concentration on psychoanalytic theory as well. The study is expanded by both existential phenomenological insights and the capacity of the hermeneutic approach to incorporate the apparent contradiction of opposites.

## **1.5 OUTLINE OF THE THESIS**

Chapter one gives the aims of the thesis, the rationale to support the study and its scope and limitations as summarised above.

Chapter two presents a profile of the technical concerns surrounding termination. An attempt is made to place this synthesis in a developmental perspective that highlights certain areas of concern from this perspective. The major emphasis in the literature overview will be placed on the interpretation of Freud's original paper on termination, "Analysis Terminable and Interminable". The reasons for this are twofold. First, it is argued that the technical interest in termination points to themes that could be interestingly explored, but that the language of theory does not allow for this exploration. As Hegel wrote, the flux of time is killed by language and arguably requires a metaphorical or poetic language to fully comprehend the intensity of termination (Denis, 1995). Secondly, that Freud provides a phenomenological exposition of termination between the lines of his technical concerns and it is to these substrata that we need to re-turn to appreciate what is termination. Once this is understood perhaps, it will be easier to see the relevance of the meaning of termination to the analytic endeavour that is concerned with more than theory and technique.

Chapter three highlights the research process and explains the complex use of

methodology in attempting to understand a phenomenon like termination. As the participants were unable to describe termination as a discreet situated experience, the methodology of phenomenology as expounded by Giorgi (1970, 1975a, 1975b) could not be used as suggested. The experience of the patient/therapist relationship had to be described and understood before an analysis of the experience of termination could be undertaken. The methodology adopted is thus a combination of a descriptive and hermeneutic approach, that was thought to be the most appropriate for studying a multifarious phenomenon like termination, which is a relational matter.

The results are presented in chapter four. The interview situation, which was primarily used for the collection of the data is included as part of the data, as the researcher could gain useful insights into the phenomenon of termination during this process. The data is then presented in the form of the therapeutic couples interviewed and includes their descriptions of the therapeutic relationship as well as the descriptions of the experience of termination.

As it was impossible for the participants to describe the experience of termination without first giving a description of the patient/therapist relationship, this data is examined from the perspective of providing the context out of which the termination could be described. Chapter five looks briefly at some psychoanalytic literature that pertains to the analytic relationship and contrasts this with the experience of the participants in the study.

Chapter six is the discussion of the phenomenon of termination in relationship to the literature and describes the differences encountered in this study. Concluding remarks are given in chapter seven, which attempts to tie up the vast literature on the subject and highlights how it is that termination could be understood from an experiential point of view.

## **CHAPTER 2**

### **LITERATURE REVIEW**

#### **TERMINATION: THE PSYCHOANALYTIC PERSPECTIVE**

##### **2.1 INTRODUCTION**

Termination is a perennial issue in the praxis of psychotherapy that has received the most attention in the body of psychoanalytic literature. Ironically, no precise definition of the term exists and neither Laplanche and Pontilis (1973) nor Rycroft (1968) include the word "termination" in their dictionaries of psychoanalysis. "Termination" is also not used in standard texts like Fenichel (1945), and only appears in the Standard Edition under the entry "psychoanalytic treatment, termination of," where most of the references to the case of Dora are found. Freud (1905) had prematurely terminated analysis with Dora after three months when he was unable to resolve the erotic transference. This alerted Freud to the importance of the transference in treatment, but did little to help define termination.

By 1937 Freud had come to the conclusion that termination was a "practical matter" and wrote that "An analysis is ended when the analyst and the patient cease to meet each other for the analytic session" (p. 219). The practical and utilitarian definition of termination suggested by Freud (1937) seems self-evident and conclusive, but this understanding exposes the root of the problem in trying to succinctly define the concept of termination. If termination means that the patient will no longer be coming for analysis, does this mean that the patient is cured? Does it mean that the analysis is complete? Freud (1937) answered these questions by concluding that "analysis, in claiming to cure neuroses by ensuring control over instinct, is always

right in theory but not always right in practice" (p. 229). The goals of psychoanalysis are thus perfectly possible in theory but not always in practice, which means that most patients will not leave analysis either because they are cured or because their analysis is complete. The termination of an analysis primarily means then that what is ended is the meeting of the analyst and patient, namely the analytic relationship. To try to define the ending of a relationship is a highly complex if not impossible task.

Although no definition of termination was forthcoming from this debate, it raised another question as well. If it is not possible in practice to bring about a "cure" in the patient or to "complete" the analysis, then how and when does the analysis terminate? Attention in the literature was focused on the technique of termination, which provided answers to the "how" and "what" of termination. Psychoanalytic thinking about termination had, therefore, concentrated on matters like; transference/counter-transference issues as they related to the technique of termination, separation issues at termination and termination criteria. Writers also proposed that other processes like separation, loss and mourning can be used to explain what the patient experienced during termination. Analytic praxis was thus concerned with matters of technique, which is used as the basis from which to understand what happened during termination.

Technical concerns about termination reflected the theoretical sophistication of the day. For example, early writings on termination (like those of Balint, 1950; Buxbaum, 1950; Freud, 1918, 1937; Klein, 1930,1950, to name a few) accepted clinical evidence of ego strength as the most important termination criterion. Later writers (like Edelson, 1963, and Firestein, 1978, for example) showed that the development in psychoanalytic theory moved to a more sophisticated understanding of ego functioning and the acknowledgement that transference and counter-transference issues were primary considerations that effected the techniques used

during termination. From a historical perspective the issues of termination have not always been, nor have they remained a central area of concern in psychoanalytic debate. This means that the theoretical understanding of termination and the techniques appropriate to this phase of the analysis are embedded in a particular theoretical period.

In surveying the literature, one realized that the time span during which theoretical interest focused on termination ranged from roughly 1922 to the mid 1970s. Briefly, this showed the following clusters of interest in the subject of termination in the history of psychoanalysis as a whole. Ferenczi and Rank had in 1922 designated a termination phase in the analysis, but it was not until March of 1949 that the British Psycho-Analytical Society held a Symposium on the Termination of Psycho-Analytical Treatment. In April 1949 Reich read a paper on termination at the New York Psycho-Analytic Society and in October of that year Buxbaum read a paper at the Joint Meeting of the Psycho-Analytical Societies of Los Angeles and San Francisco. These papers were published the following year by the International Journal of Psycho-Analysis (1950, Vol. 31, Part III) showing the interest in termination as a phase of the analysis at the time. There had been a previous symposium in 1937 on the theory of therapeutic results that indirectly alluded to termination and in 1950 there was a symposium on the criteria for termination that looked at the specific area of criteria only.

The British school of psychoanalysis seemed not to have specifically pursued the topic of termination further. The American school in 1963 had a Panel Discussion on analyses terminable and interminable and then in 1969 a Panel Discussion was held on the termination of analysis with adult patients. In 1973 and 1974 the fate of the transference neurosis was considered after termination. Another Panel Discussion in 1965 focused on the limitations of psychoanalysis, and termination difficulties were cited as a factor influencing the satisfactory completion of an

analysis. After this time, i.e. the mid-1970s, the topic of termination has not received attention as a specific issue in analysis and only a few individual papers

on termination appeared in the psychoanalytic literature. The literature review reflects these developments in the understanding of termination as it has evolved in psychoanalytic theory.

## **2.2 ADUMBRATION OF TERMINATION CRITERIA**

It was accepted that the analysis entered the termination phase of the analysis once a termination date had been set or when one would be set in the foreseeable future. Once this theoretical stance was conceded, it became important to know what conditions should prevail at the time in the analysis when termination was discussed. Termination criteria were proposed as pointers to the time when it would be appropriate to speak about termination in the analysis. The hope expressed by Ferenczi (1927) that analysis would, given unending time, end "naturally" was customarily not adhered to by most proponents who wrote about termination as an active process, often initiated by the analyst.

### **2.2.1 Termination criteria from a structural viewpoint**

The earlier writers in keeping with the theoretical sophistication of the time, focused on ego strength as a major criterion for termination. Freud (1917) in one of his "Introductory Lectures on Psychoanalysis", cited as a criterion for health, the "capacity for enjoyment and efficiency" (p. 457). The early criteria for termination were: an overcoming of resistance, the removal of infantile amnesia, and, the unconscious being conscious ("Where id was there ego shall be" Freud, 1937). Balint (1950) pointed out that later developments in theory moved away from ego

psychology towards character analysis and object relations as they occurred in the analysis. He classified criteria under three headings, which Pedder (1988) suggested can be taken as two, namely the achievement of genital primacy, which is more complex than genital potency, and the strengthening of the ego to cope with both pain and pleasure.

Ernest Jones (1936) designated several criteria, namely, an increasing strength, confidence and sense of well being; a capacity for happiness; strengthening of the ego; a tolerant superego; unconscious affect being available to conscious reasoning; an increased capacity to handle aggression; and symptomatic improvement. Lorand (1946) added the criteria, that the patient should be more socially outgoing, that the repressed roots of the neurosis should be revealed, and that internal conflicts should be eliminated. Melanie Klein (1950) spoke of the "well-known criteria for termination", by which she meant, a capacity for potency and heterosexuality, a capacity for object relations, love and work, and increased ego strength and stability. In addition, she added her own criteria based on her theory of the paranoid-schizoid and depressive positions which were, the diminution of persecutory and depressive anxieties, an analysis of both the positive and negative aspects of the transference, and an analysis of mourning towards the end of analysis. Rickman (1950) also wrote of the capacity to mourn and added as termination criteria the ability to tolerate unemployment and the ability to tolerate aggression in oneself and others. These criteria can be summarized in two parts, firstly, the weakening of defences and resistences, and an overcoming of splits within the psyche, and secondly, the strengthening of the ego.

There had been some acknowledgement in the literature that the setting of formal termination criteria encouraged a striving towards perfection and unrealistic goals being set for the patient in the analysis. Pedder (1988) suggested that termination

criteria become more "developmental" in nature, e.g. the move from the paranoid-schizoid to the depressive position (Klein, 1946). The change in termination criteria naturally paralleled the evolution within psychoanalysis towards object relations and the primacy of the therapeutic relationship as factors influencing the outcome of analysis as well as influencing the selection of termination criteria used in deciding to terminate. Rycroft (1985) wrote that psychoanalytic treatment was not about making the unconscious conscious nor strengthening the ego, but was about "providing a setting in which healing can occur and connections with previously repressed, split-off and lost aspects of the self can be reestablished" (p. 123).

Gradually termination criteria became more grounded in the therapeutic relationship as the analyst's experience of analysis deepened. Many authors (e.g. Firestein, 1978; Novick, 1982; Siegel, 1982; Ticho, 1972) emphasized the capacity for the internalization of the therapeutic process as a termination criterion. The patient's ability for self-analysis would give the analyst a good idea as to how successful the patient has been in this respect. It seemed that Freud (1937) had already hinted at these aspects of termination when he wrote, "The business of analysis is to secure the best possible psychological conditions for the functions of the ego; with that it has discharged its task" (p. 250).

Of the thirty or so authors who had written on the subject of analytic termination criteria, different aspects of the analytic process were highlighted, but there was general accord with the following characterization of termination criteria. Symptoms had been traced to their genetic roots during the analytic process, infantile neurosis had been recognized and insight gained into the previous world of infantile amnesia. Generally, it was hoped that all symptoms would have been mitigated, illuminated, or at least made tolerable. Object relations would have been freed of transference neuroses and psychosexual functioning had reached the level of full genitality. Penis envy and castration anxieties would have been mastered.

The ego would have been strengthened and would be able to perceive reality realistically. There should be evidence of the capacity to tolerate anxiety and a marked reduction in the need to act out. The ability to tolerate frustration should also be improved and along with it the capacity to sublimate in a creative way. The ability to work was very important as a termination criterion, and many ego functions like libidinal and aggressive drive gratifications were subsumed under it.

Rickman (1950) proposed that the one concept that might help to bring the diverse field of termination criteria together was the notion of "irreversibility" as it could be applied to almost all of the above criteria (p. 200). Whatever criteria were relevant to a particular patient could be assessed in terms of there being no observed reversal of the analytic process towards termination. Although this seemed to simplify and clarify the area of termination criteria, it begged the questions about "where" or "what" was this point of irreversibility and how would the analyst recognize it? Rickman (1950) wrote that he knew of no fixed criterion, but when, at termination, there could be "sadness, no matter how poignant, without the gestalt of the analyst changing in the patient's mind", then that point had been reached (p. 201).

### 2.2.2 Symptom abatement as a termination criterion

Symptomatic improvement as a termination criterion was considered unreliable and was seldom used on its own (for example, Freud, 1937; Jones, 1936). Nunberg (1954) commented that some patients experienced symptom abatement on entering analysis, some only after the analysis was ended and some not at all. Dewald (1972) contributed the addendum that symptomatic improvement can only be considered as a valid criterion for termination when it followed the working through of significant aspects of the transference neurosis. The clinical judgement of the individual practitioner would have to be used to eliminate other factors that could

bring about symptom abatement, like "flight into health", "transference cures" and the replacement of symptoms with functional disease (Firestein, 1978, p. 225).

At a symposium on the problems of termination (Panel, 1969) many contributors (Calder, Firestein, Stock) found that most practitioners only used symptom improvement as one of multiple criteria in deciding about the termination of an analysis. Even so, the less ambitious proposal put forward by this Panel was for the acceptance of the mitigation of symptoms rather than their complete amelioration.

Waelder (1960) wrote of a "satisfactorily complete" analysis as being one where the pathology had either been dealt with or rendered controllable.

### 2.2.3 Assessment of transference resolution as a termination criterion

Resolution of the transference was something that nearly every article on termination covered (Firestein, 1978). Different emphases were placed by the various authors on aspects of the transference. Buxbaum (1950) emphasized that no specified criteria can be used as each analysis has its own unique transference nuances. Each termination should be dealt with in accord with the particular transference neurosis constituted with a particular patient, but the analyst should be able to assess when this was resolved. Ferenczi (1927) suggested that the analyst could assess the degree of resolution of the transference neurosis by observing that the patient was free of affect from the analyst. The patient should be able to exhibit a certain freedom of association and a distribution of emotion. In other words, Ferenczi (1927) was suggesting that the analyst should experience a relative degree of separateness between her(him)self and the patient. As an aid to the assessment of the state of the transference resolution, Bridger (1950) wrote that an assessment of the patient's tolerance of breaks and intervals between sessions could be used to gauge how they would deal with termination. The observation that Bridger (1950)

made was that if the patient was able to tolerate separations from the analyst during short breaks then this could indicate a readiness for termination, and was related to the criterion of the patient being able to tolerate anxiety without acting out. Firestein (1978) found that how a patient dealt with breaks was not a good indicator neither of how they would cope with termination, nor was it an accurate indicator of transference resolution. He pointed out that his study showed that many analysts still use breaks in the analysis to inform their perception of the patient's readiness for termination, a point which was endorsed by Quinodoz (1993).

Transference resolution is a difficult area to analyse as a factor influencing the analyst's decisions to terminate. The analyst, firstly, never knows that the transference neurosis has been dealt with in its entirety. It is highly unlikely that even during a lengthy analysis that every aspect of the possible ways of being would have been explored in the transference. Unfulfilled wishes, awareness and the unavailability of certain conflicts during the analysis could all influence the constitution and resolution of the transference. Freud (1937) made the point that it would be unwise to try and evoke certain conflicts which were not present at the time of the analysis in order to satisfy the analyst's need that the patient would never again need analysis. Secondly, transference resolution need not only happen in and during the analysis. Post-analysis studies have revealed that the resolution of certain aspects of the transference for the patient was only, sometimes slowly resolved, after the analysis had ended (Greenacre, 1954, 1966a, 1966b; Hoffs, 1963; Held, 1955; Kramer, M.K., 1959; Kramer, C., 1967; Kubie, 1968; Macalpine, 1950; Panel, 1969; Pfeffer, 1963; Schachter, 1990, 1992; Stone, 1961; Ticho, G., 1967).

#### 2.2.4. Counter-transference considerations in determining termination

Freud (1937) wrote that there were many factors that could influence the prospects

of analytic treatment, not the least among them being "the individuality of the analyst" (p. 247). Analysts, he continued, are not up to the standard of "psychical normality" that they would sometimes like their patients to reach and they need to be sensitive to this striving in their work. Finally, Freud concluded that the analytic relationship was based on a "love of truth" that defied sham and required that the analyst be aware of their influence in a way that demanded total honesty, a difficult or impossible goal (p. 248). As a result of this difficulty Freud (1937) recommended that analysts be analysed every five years to remain aware of their own counter-transference contributions. Of course, this meant that the analysts' own analysis became an interminable project while s(he) worked towards termination with her(his) patients. Freud (1937) concluded that the termination of analysis is a "practical matter" which ultimately took place within the context of the analyst's self-knowledge (p. 249).

Annie Reich (1950) mentioned certain counter-transference attitudes that she saw as problematic in bringing about a "clean" termination. Sometimes, and not because of reasons of expediency, analysts terminate analysis too early. The analyst's own need for success or their fear of failure may spur her (him) on to actively encourage a patient to think that they are ready for termination when this was premature for the patient's needs. Reich (1950) believed that this situation of premature termination might arise out of the narcissistic striving of the analyst to achieve quick results, or to avoid the dangerous situation that could arise through their "badly controlled homosexual urges" (p. 183), and one could add, the difficulty of resolving the erotic transference as Freud (1905) was able to acknowledge. Other analysts, she believed, are unable to give up their patients as they enjoy the dependency of the patient on themselves. She remarked that these difficulties should have been dealt with in the analysts own training analysis, but these analyses are often not long enough. This meant that analysts are in the peculiar situation of not having really experienced the termination of their own analysis in its own time,

as termination usually came about because the analytical training had ended.

Edith Buxbaum (1950), writing on the technique of termination, argued that counter-transference awareness informed the decision regarding termination more than any other factor in the analysis. "Watching one's own reaction", she wrote, was crucial at termination. Awareness of counter-transference reactions became a major part of the analytic process of termination and aided in the resolution of the transference neurosis. The analyst and the way s(he) intuitively felt about the patient and particularly the patient's need to terminate became important considerations during termination. Marion Milner (1950) described how her awareness of herself during the termination with a particular patient helped her facilitate a more complete resolution of the transference neurosis. The patient whom she had seen for two years and who had been in analysis with another analyst for three years maintained that analysis was not helping her, that a symptomatic headache remained and that she had not allowed analysis to effect her. When the patient expressed the desire to end the analysis Milner (1950) agreed to a termination and they set a date for about two months in the future. During this time Milner (1950) began to feel that she was "chucking" the patient out, but that she needed to take this risk (p. 191). The patient had resisted in both analyses any interpretation around the issue of her mother being really nasty and it was only during this time that the patient, although still resistant, seemed to take the interpretation at least partially. In retrospect Milner (1950) realised that she had, through agreeing to the termination as she had, and through carrying the projected image of the bad mother, allowed the patient for the first time "to risk having a separate existence and therefore separate standards and a morality of her own" (p. 192). The symptom went after the analysis ended and in subsequent follow-up sessions requested by the patient, and in a letter, the patient was able to acknowledge that analysis had helped her and that she had never been happier.

Hoffer (1950) acknowledged the importance of counter-transference awareness in that realm of analysis where it was important to detect, understand and confront certain resistances to analysis. An awareness on his part of the effect the patient had on him when he was making certain interpretations, enabled Hoffer to better understand his patient to help her(him).

The following is a schema of counter-transference problems that need to be under control for termination to happen with the best interests of the patient in mind. They are assembled from the references noted above and from Firestein (1978):

- 1) The analyst should not strive for perfection. In other words, her(his) therapeutic ambitions must be highly sublimated.
- 2) The analyst should not need the patient in any way at all, including financially.
- 3) Although the analyst may get satisfaction from her(his) work, these gratifications should be independent of the personality of the specific patient.
- 4) Ideally, the analyst should be distant from termination experiences of her(his) own.

### **2.3 ANALYTIC TECHNIQUE AS IT RELATES TO TERMINATION**

Technique, as it pertains to termination, is philosophically related to the argument concerning the length of analysis. There was concern that analysis was a lengthy process and it was not clear that results warranted this commitment of time. Ferenczi and Rank (1922) proposed the idea that, through employing certain techniques, the duration or length of the analysis could be shortened. They advocated that the technique of setting a termination date be employed as soon as the original relationship had been completely replaced by the transference neurosis. The rationale given for using this technique was that it was perhaps the only way that the analyst can bring the analysis to a proper end.

Freud (1937) valiantly answered the implied criticism about the length of analyses by relating the fact that he had also unilaterally announced to the Wolfman at the start of his year's analysis that this would be the last. Freud (1918) wrote that the Wolfman was "shrinking from a self-sufficient existence" (p. 11) and he felt that something was needed to jolt the patient out of his complacency. He commented on the effect of unilaterally setting a termination date on the patient:

"Under the inexorable pressure of this fixed limit his resistance and his fixation to the illness gave way and now in a disproportionately short time the analysis produced all the material which made it possible to clear up his inhibitions and remove his symptoms" (p. 11).

Freud (1937) cautioned that this type of measure can only be undertaken once. If the timing was wrong the analyst could not go back on his(her) word and must proceed with the termination. Ruth Mack Brunswick (1928), who continued with the Wolfman in analysis after Freud, wrote that the Wolfman had not achieved a great deal in analysis until a termination date was set. Only then, she claimed, did the "decisive material of the case" become available (p. 101). Nacht (1954, 1965) advised setting a termination date when all other technical measures had failed and the analysis seemed interminable. He wrote that he thought analyses became interminable when there was an absence of Oedipal or pre-Oedipal material. In setting the termination date Nacht (1954, 1965) believed that the analyst moved from a position of neutrality to one of greater presence and he advised that this had to be done with great awareness and selectivity by the analyst. Setting a termination date could be successful or not, but Nacht (1954, 1965) claimed, unlike Freud, that it was not irreversible if the timing had been wrong. Nacht either resumed analysis immediately or after a few months if the decision to terminate had been incorrect.

Orens (1955) supported the claim that setting a termination date provided an impetus to analysis. He cited the case of a patient who presented with a postpartum depression. It was only after a termination date had been set that the patient came

to the insight that for her analysis was like being in a perpetual state of pregnancy. Being able to use this metaphor of pregnancy in relationship to analysis enabled the patient to terminate with a feeling that it was "right", the time for delivery back into the world had arrived. Ideally, from a theoretical perspective, it was concluded that the termination date be arrived at by both patient and analyst participating in that process, but in reality it was often the analyst who broached the issue of termination. The technique of setting a termination date was used primarily to shorten the length of the analysis and to render it terminable.

The setting of a termination date was also thought to alter the tempo of the analysis. E. Ticho (1972) put forward the idea that knowing that the analysis would one day end was very different from having set an irrevocable termination date. One was left with the impression, Ticho suggested, that setting the termination date made the analysis real to the analysand. This changed the working alliance, usually in a positive way. Klein (1950) and Saul (1958) proposed that the termination phase should be treated as a "weaning" period. From a practical point of view this meant that there could be an alteration in the schedule of appointments, and required a certain flexibility from both patient and analyst.

Allied to the setting of a termination date was the concern with how long the termination interval should be. Most analysts agreed that it should at least be for a couple of months. Some analysts believed that it was profitable to have as long as a year to work towards a termination (Panel, 1969). Many practitioners would change the frequency of sessions during this time and some would even experiment with trial terminations. Classical analysts, and those who subscribed to the idea that the frame of the analysis was crucial, did not generally accept the changes in technique and practice that other analysts proposed. Glover (1955), for example, was one of the analysts who believed that the rule of association should remain operative until the last session. Lipton (1961) cited the example of a patient who,

in the last minute of the last hour, recovered a significant memory. He too believed that this retrieval was made possible by the strict adherence to technique, without any alteration taking place during the termination phase. Marie Cardinal (1983) in her autobiographical novel, "The Words to Say It", gives us some insight into the patient's response to the analyst's strict adherence to the basic rules of analysis. She began her description of her last visit to her analyst by once more remembering all the things she would notice on her way to his rooms. There was a certain preciseness to the vision she recalled and she described her analyst as "the enigmatic little man" (p. 212). When she arrived for her session she informed him that this would be her last session she told him that she would settle her bill as she would no longer be coming for analysis and thanked him for his help. He replied that he could have done nothing without her and that it was not necessary to thank him. Marie Cardinal then said goodbye.

"`Goodbye Madame,' he replied. `I'll be here if you need me. I will be happy to hear how you're doing if you consider it necessary to tell me.' Inviolable little man, so he's going to maintain the role to the end!" (p. 212).

The door closed behind her for the last time and she described a feeling of readiness and eagerness to enter into the world, with an appetite for life "as big as the earth itself" (p. 212). Although surprised and disappointed that her analyst had kept the "role" to the end, it appeared that she felt contained and happy when she left and that she had a certain respect for the analyst maintaining his position.

Viderman (1979) strongly supported the need to stay technically correct to the end. He believed that it is the empathic application of the basic rules that enabled the analytic space to be created. He wrote that, "otherwise we may have all kinds of therapeutic procedures, but no true psychoanalysis" (p. 279). Lipton (1961) accorded with this point of view and suggested that one reason for abandoning

technique during the termination phase was to gratify transference and counter-transference needs. To alter technique in a way that would make the analyst more present to the patient during termination Lipton (1961) argued, ignored the realisation that the analytic process and the resolution of the transference continued after the analysis had ended.

Technique during termination and the debate whether to alter it or not is complicated by the individual practitioner's conception of the analytic endeavour. Some practitioners, like Nacht (1965) wrote that it was best to alter technique during termination, because of the real aspects of the relationship that cannot be described as transference related. A rigid adherence to the basic rules could, in his opinion, result in a sado-masochistic analytic couple. Nacht's (1965) argument was founded on an aversion to the technique of neutrality, which he wrote could prolong analysis and could lead to unnecessary traumatization or the failure to de-traumatize. Freud also referred to the "real and viable" aspects of the analytic relationship that he had with Ferenczi (Jones, 1953-1957). Already in 1915 Freud had grappled with the idea of "transference love" and concluded that it was genuine. He never, however, wrote whether a change in technique was called for because of the real aspects of the relationship. Held (1955) suggested that the patient could be helped during termination to see the analyst as real, and he advocated that the patient sit up during this time. Bird (1972) also stressed the importance of the patient being able to experience the analyst as real during the termination. Hurn (1971) concluded that technique should not be altered in the search for the realness of the relationship. If the patient is to see the analyst as a real person, then it should be through the inner change experienced by the patient anyway and not an experience encouraged or facilitated by a change in technique.

Other practitioners adhered to the idea that the transference was never resolved fully and that any break away from standard technique represented some form of acting

out on the part of the analyst (Lipton, 1961). Most analysts agreed, however, that the analytic relationship is particular and peculiar to individual patients (Buxbaum, 1950). The real versus the transference aspects of the analytic relationship are an area of debate on its own, but it strongly impacted on considerations about the use of technique during the termination phase.

Technique in psychoanalysis has also been influenced by the changing nature of the type of patient seen in general practice. Different patients have different needs and this has an influence on termination, the types of criteria used and the technique employed. It might be that changes in technique shows a partial victory for the recognition of the analytic relationship as the "curative" factor in psychoanalysis or as the place in which healing can take place (e.g. Alexander, 1950; Klauber, 1976; Kupers, 1988; Nacht, 1965; Weigert, 1952). A constant concern with technique, particularly at termination, could interfere with the process and obscure any feelings, particularly new ones, that might be present (Grinberg, 1980). A change

in role, if it was necessary at termination, still did not mean a change in status for the analyst as analyst. It is clearly the responsibility of the analyst to maintain a close yet professional relationship with the patient to the end of the analysis.

## **2.4 PSYCHOLOGICAL PHENOMENA OF TERMINATION**

### **2.4.1 The return of symptoms**

There are references throughout the literature to the re-emergence of symptoms during the termination phase. The re-emergence of symptoms only happens after a termination date has been set and not simply because the analysis could hypothetically end. The symptoms that reappear during the termination phase are peculiar to the patient and not to the termination phase as a phase of the analysis.

This is an important distinction as there is confusion in the literature as to this aspect of termination. One line of argument suggested that during termination and because of the termination, the patient would experience certain feelings around the issues of separation, loss and mourning, peculiar to the termination phase. The other side of the debate stressed that every patient was an individual, that the analytic relationship was constituted uniquely out of this and that whatever the individual patient experienced during termination would be unique to that patient's life experience.

In writing about the return of symptoms during the termination phase, very few authors commented on separation, loss or mourning. For example, Laforgue (1934) in a paper read at the Paris Psycho-Analytical Society, discussed the reemergence of resistance at termination, Fenichel (1945) wrote about aggravations in the transference during termination and Saul (1958) wrote that he experienced the patient as angry during the termination and the return of symptoms as "weapons of revenge". Analysts wrote that they experienced the return of different aspects of the

analysis during the termination and some have tried to think about why it was that there should be a return of symptoms at all. Firestein (1978) suggested that symptoms return during termination, because the patient was frustrated by the prospect of termination. The frustrated patient then re-experienced the analyst as representative of the original parents and the concomitant symptoms returned.

Reich (1950) observed that the revived symptomatology was to some extent a recognition by the patient that their infantile wishes were not going to be met by the analyst. If this were true then it means of course that the patient would have to relinquish their infantile needs and undergo a change, something Reich thought was brought into focus by the reality of termination. Kohut (1971) was in accordance

with this interpretation when he wrote that during termination "the patient recathects once more with his [sic] demands for the incestuous transference objects before he finally resigns himself to the fact that they are indeed unobtainable" (p. 94). Ekstein (1965) suggested that termination was the "final adaptive act" that the patient would experience and that there was a need therefore to bring into the termination everything that had bothered the patient for a final dress rehearsal in preparation for future "adaptive behaviour" (p. 62). Brierly (1937) did not speculate on why there should be a return of symptoms during termination, but wrote that he interprets it as a good prognostic sign as it gives the patient the opportunity to understand the aetiology of her(his) symptomatology for the last time. Miller (1965) wrote that the return of symptoms during termination indicated two possibilities, namely, that the symptom had been insufficiently worked through, or that it represented an attempt on the part of the patient to preserve the infantile fantasy of omnipotence. The latter, he postulated, could only be worked through successfully during the termination phase, as had also been suggested by Freud (1937).

#### 2.4.2 The experience of separation

The understanding was that there is a fundamentally infantile dynamic operative during termination that encouraged a return of symptoms. The recathecting of the patient with her(his) infantile needs at this time meant that there had to be a separation from this infantile state and a recathecting with her(his) adult needs again. The experiences of separation and infantile functioning are closely related phenomena. Miller (1965) reminded us that what is sometimes interpreted as resistance at termination could be a re-activation of the infantile fantasy of omnipotence, present often as a defence against separation anxiety. He believed

that separation anxiety can only be finally and fully worked through at termination. It was to be expected that the patient would have to deal with separation issues throughout the analysis and it was perhaps this issue which arose at breaks rather than the breaks being able to provide the analyst with indications about how the patient would experience termination as such. Kubie (1968) interestingly reported that patients who finished their analyses with another analyst did so without the usual intensification of symptoms. It could be argued that the early infantile cathexis were not strongly present in the relationship to the "new" analyst and therefore the intensity of the separation anxiety was lessened. The lessened intensity of the separation anxiety would have been brought about by the relatively unregressed state of the patient and would have made working through old symptoms to gain mastery less relevant at termination. The issue of separation was intimately connected to a developmental understanding of human functioning, which meant that an understanding of separation could be applied in an analogous way to aiding the understanding on termination.

The idea of separation makes sense only from the perspective of a prior unity; thus separation was often discussed in the language of the mother/child unity, which the analytic relationship was said to mimic in certain ways. Mahler (1968) wrote of the mother/child unity as a symbiosis from which the infant moves as s(he) increasingly differentiates from the mother. As the infant continued to differentiate from the mother s(he) entered what Mahler called the "rapprochement sub-phase", which was characterized by "push-pull" behaviour, taxing for both mother and child (Burland, 1975). The child was caught in an uncomfortable position of conflict between the longing for the security of symbiosis on the one hand and the gratification of autonomy on the other. Analysts have used this model to try to understand the vicissitudes of the termination phase and speculated that the patient experienced the tension of wanting merger/union with the analyst and separation from the analyst almost simultaneously. In addition, following Klein (1946), the image of the

"mother/analyst" was split into the "good" mother/analyst who supported the child in its dependence and the "bad" mother/analyst who fostered separation. Klein wrote that if the analyst was sensitive to separation issues during termination then s(he) would know that the diverse needs of dependence and separation cannot be met concurrently and would hold the tension created for the patient. Ultimately, the patient must be able to tolerate the tension created by divergent needs and Klein (1946) would, in the light of separation issues, use the patient's ability to do this to determine whether the patient had worked through the separation anxiety sufficiently to consider termination.

The dynamic tension created between dependence (unity/merger) and independence (separation) was not necessarily a problematic issue in itself. Not only could it perhaps help the analyst make certain judgements, but the capacity to hold this tension was most valuable to the patient (Lachman & Beebe, 1989). They believed that the fluidity, a point they view as crucial, of the tension between union and separation was indispensable for self-realization. Ruth Strauss (1964) agreed that the dynamic of separation and its interplay with a state of union made this experience integral to the process of ego development. Separation was seen as important to human development not because it could be understood only as meaning "apart from" or as an event called separation that has to be experienced, but because it is a dynamic dance around the issues of union and separation.

The central position that union or merger plays in the process of separation are made clear by Ruth Strauss (1964) who wrote that she has "come to regard the experience of oneness or fusion, which may be looked upon as regression, as the prerequisite for any process leading to transformation" (p. 105). Regression is understood as that state in which it is possible to reach the developmental point again from which symbol formation is said to derive (Klein, 1930). Prior to the patient having reached a state of symbiosis with the analyst one cannot talk about

separation as there would only be merger. Searles (1976) suggested that when a symbiotic state had been reached in the analysis then the patient's symptoms and the transference images or symbols, become "transitional objects" for both patient and analyst alike (Winnicott, 1951). It is in this twilight zone of symbiosis that many analysts believed the real work of analysis was undertaken. Ogden (1985) made it clear that the "realness" of a thing should not be questioned at a time like this nor should the analyst encourage the patient to seek after the origin of the symbol, rather, the task would be to accept the paradoxical nature of the appearance of the symbol and to work towards a disclosure of meaning.

The dependence created during the symbiotic phase of analysis is mutually constituted by the analyst and the patient; both need each other to achieve independent existence again. The patient can feel abandoned at this time if the symbiosis and gradual separation out of this state are not dealt with effectively by the analyst (Berry-Hillman, 1982). The analyst would also need to be aware of her(his) own feelings at this vulnerable time as they could feel rejected by the patient or superfluous (Herron & Rouslin, 1982). It would seem that it is a difficult time in the analysis to reach a reasonable outcome for both participants in the relationship as the experience of separation is out of or from a position of symbiosis, that is an experienced state of being, rather than from the relationship as such (Guntrip, 1975). If there were to be a separation from a relationship, then it is one in which both parties are involved and where at least one is deeply regressed and experiencing themselves as one with the other. It is, according to Gaskill (1980), through repeated experiences of separation from a position of symbiosis that boundaries are established between self and object. The experience of separation is important to human development and the termination of the analytic relationship can be one of these experiences.

Not all affects experienced at termination are "unpleasant" or difficult to deal with

as not all termination experiences are ones of separation. Kanzer (1975) in the Panel discussion on termination reflected that there is also often a sense of great joy and an eagerness for new experiences by the patient. Not being in analysis frees up considerable time and money and when the psychological preparedness is there, patients may be keen to try out their new selves without the help of analysis. At termination, Kanzer (1975) stated that the capacity for enjoyment should be readily reflected in the life of the patient outside analysis and this alone can be "a factor that mitigates against the traumatic aspects of separation" (p. 172).

#### 2.4.3 The mourning process

Another allied process that was evoked to understand certain aspects of the termination is the mourning process. Loewald (1962) described the end of analysis as a "long-drawn-out leave-taking", which can be compared to a process of mourning. Miller (1965) also commented on the similarity of certain experiences during termination with the mourning process. Using the mourning process to better understand termination is a complex undertaking. It is difficult to write about the mourning process without including a number of related topics like; internalization (Gaarder, 1965; Loewald, 1962,1973), loss (Pedder, 1985), separation anxiety (Loewald, 1962), object constancy, symbiosis (Buxbaum, 1950), the separation-individuation process (Mahler, 1972) and super-ego involvement in the process of mourning (Loewald, 1962). The intricate area of projective identification was also considered in its relationship to mourning (Steiner, 1993).

Freud (1917) in his paper "Mourning and Melancholia" described the mourning process. He described how initially after a bereavement that there is an identification with the lost object, followed by a denial of the loss. Freud (1917) emphasized the importance of facing reality if the loss is to be worked through. In mourning it is the reality of the loss and the acceptance of this fact that is so hard

to achieve. This is made even more problematic in the termination of an analysis, when the object has yet to be lost (Gaarder, 1965). Mourning, according to Freud, not only involved the relinquishment of the lost object, it also involved the internalization of the object and there was thus a shift from object cathexis to narcissistic cathexis, which is problematic in analysis as what was internalized has happened in the presence of the object. Freud (1917) commented that there was always a simultaneous disavowal of the loss and an acceptance of the reality of the loss on the part of the bereaved. At the termination of the analysis the patient will be left to complete the mourning process on their own and it is not clear whether the internalization process continued after analysis similarly to what one would expect in the mourning process. The application of the mourning process to termination in this regard is limited to the internalized representation in the presence of the object, or at best, that aspect of the representation in the absence of the object which expects or anticipates the presence at other times (Freud, 1917). Gaarder (1965) argued that this was the very crux of mourning which the mourner is called to tackle and that is the task of de-cathecting that aspect of "the internalized representation of the object which requires the presence of the object" (p. 300). While this task is clear when one is talking about a situation of loss brought about by death, it is not clear that one can literally apply this understanding to the termination of an analysis. This is complicated by the fact that not every patient will go through a process similar to the mourning process at or during the termination of analysis (Arlow, 1971). Internalization of the object is also not the same as identification with the object and Edelson (1963) pointed out that for mourning to take place, the identification has to be overcome. Identification can be a vital process which enriches psychic life, but only if there was an emancipation from the object (Loewald, 1973). The mourning process analogy might be appropriate to certain facets of the termination process, but it cannot account for either the actual experience of termination or what might happen after the analysis has ended.

#### 2.4.4 Fantasies of termination

Analysts reported that some patients present with fantasies of various kinds during termination. Firestein (1978) recounted a study of eight ongoing terminations where he specifically elicited information about the fantasies expressed by the patients. He found the following fantasies to be relatively common; fantasies of becoming a psychoanalyst, fantasies of a real post-termination relationship with the analyst, and fantasies commemorating the termination in some way (p. 247-48). Fenichel (1924) wrote of working with a patient who had "unmistakable" birth fantasies at termination and Milner (1950) reported on a case where the symptoms only resided after termination, because of a fantasy the patient was holding about the analyst. To this patient termination was a re-birth and she could not allow the analyst to be the midwife, because of a competitive fantasy she kept to herself during the analysis. Martin (1964) reported a case where the patient had a fantasy about a "perfect" result and it was only when this was uncovered and analysed that they could proceed with termination. Certain wishes were also expressed by patients during termination like, wishing to give the analyst a present in order not to be forgotten and wishes about prolonging the safety-valve function of analysis.

The fact that talking about termination in analysis sparked off such strong reactions is taken as evidence that there is also a fantasy about the indefinite extension of time. Atkin (Panel, 1965) noted that the wish to stay in analysis forever was frequently encountered and not only in those patients whom Freud (1937) described as having a "sticky" (adhesive) libido (p. 241). Silverman (1971) presented the story of a patient who after the termination date had been set behaved like someone who was "undergoing the painful ordeal of a puberty rite or of graduation-initiation ceremonies" (p. 290). Epston and White (1995) did not write of the termination fantasies of the patients, but rather of the analysts. They suggested that the fantasy that termination can be adequately explained by the metaphor of loss be re-

examined and that perhaps the metaphor of a rite of passage would be more appropriate to encourage analysts to be more aware of their own fantasies.

## **2.5 SYNOPSIS OF THE LITERATURE REVIEW**

The literature overview showed that termination is a complex matter for which no simple definition exists. Although psychoanalysis accepted that the termination of an analysis was firmly embedded in the vicissitudes of the analytic relationship, the focus was given to understanding termination as a phase of the analysis. Termination criteria were proposed to enable the analyst to decide when it would be appropriate to consider terminating the analysis. Ego strength and the resolution of transference and counter-transference issues were discussed as reliable indicators that the patient was ready for termination. How ego strength or resolution of the transference was defined depended on the level of theoretical sophistication at the time which influenced the way in which these criteria were interpreted. Symptom abatement, however, was found to be an unreliable indicator with regards the patient's readiness to terminate no matter what the theoretical proclivity of the analyst. The analyst is ever-present to the analytic situation and has to make certain clinical judgements about the patient's readiness to terminate based on experience and intuition not just termination criteria. An awareness of this involvement by the analyst was encouraged through the discussion and awareness of counter-transference issues. Many writers held the idea that the resolution of the transference was the crucial factor that made termination possible. The role that counter-transference issues played in either facilitating or hampering this resolution was clear, but analysts did not always state their counter-transference issues explicitly. It is here that the argument for the value of termination criteria as a useful aid to analysis was defeated. If the major criterion of termination is that the transference should be resolved and if this is to a large extent influenced by the analyst's counter-transference and if the analyst will not share her(his) experience

and if patients are not interviewed after analysis, then can this argument ever be advanced? The literature showed that the argument has reached a state of stagnancy that could be refreshed through analysts describing their experience of termination and specifically any counter-transference issues that were seen to hinder the process.

Once the patient and the analyst have agreed on a termination date, the analysis is said to enter the termination phase of analysis. The question immediately arose as to whether or not there should be any alteration in the basic technique of analysis during this phase or if particular techniques should be employed during the termination of the analysis. Argument both for and against changing technique was offered. Those against a change in technique thought that it was important to maintain the basic rules of analysis until the end as it prevented the acting out of ungratified transference wishes. They thought too that a strict adherence to technique enabled the establishment and maintenance of the analytic space, which was crucial to effective analysis. The literature also showed, however, that the issue of technique was discussed in conjunction with the duration of the analysis. Proponents of this view concluded that it was expedient to change technique if it meant that the duration of analysis could be shortened and with the analysis being as effective. The setting of a termination date was the most significant technique discussed primarily as a way to shorten the length of analysis and to make it terminable. Other analysts were more concerned with the trauma the patient went through during termination. It was suggested that the patient sit up during the termination to make the transition to the real world less traumatic. A change in schedule or even the frequency of sessions might also be employed to ease the move out of analysis. No conclusive decision was reached about whether the phase of termination required a change in technique and it would appear that analysts frequently used their intuition to make this decision.

The psychological phenomena of termination are perhaps better called metaphors for the experience of termination and are presented as representations of what it is thought that the patient should be experiencing at this time. The metaphors suggested are those of separation, loss and mourning. More recently Epston and White (1995) has proposed that the metaphor of a rite of passage at termination would be more relevant than models based on specific emotional experiences that subtly reinforce the dependency of the person seeking help on the analyst. It was generally accepted that there can be a return of symptoms during the termination phase, but these would be specific to the particular patient's pathology. Fantasies and wishes expressed during the termination phase, however, are specific to this phase of analysis, rather than to the particular patient. For example, it was common for patients to express the wish to give the analyst a gift or to have a fantasy of befriending the analyst after analysis. The elaboration of termination criteria, the refinements of technique during termination and the search for a suitable metaphor to describe the experience of termination are all areas of concern which remain open-ended in the literature.

## **2.6 “ANALYSIS TERMINABLE AND INTERMINABLE”**

Freud's (1937) seminal paper on termination, "Analysis Terminable and Interminable" provided the springboard for the debates that ensued in the literature as described above. In this paper Freud also posed many questions about analysis and its terminability to which he thought there were no definitive answers. The paper is divided into eight sections that will be discussed individually, but it is significant that the central portion of the essay, i.e. sections II-VII are what Mahony (1989) described as "an entangled forest of evergreen questions" (p. 68). At the end of section II Freud (1937) wrote, " I throw out these questions without proposing to answer them now. Perhaps it may not be possible at present to give any certain answer to them at all" (p. 223). Section I concentrated on the question,

"Can the length of analysis be shortened?" Freud reviewed the technique of setting a termination date as a way of shortening the analysis and rendering it terminable. In analysing the effect of employing this technique with the Wolfman, he formulated the question that occupies section II, namely, "Is there a natural end to analysis?" Freud introduced his doubts about the achievability of this possibility and cited case examples to support his argument. He did, however, counsel that the possibility of ending the analysis is greater when there is a traumatic aetiology to the psychic disorder rather than drive strength or ego alteration being the primary factors leading to the disorder.

This section ended with three assumptions that "the optimists' " make about human functioning that make the ending of an analysis a theoretical possibility (p. 223). These three assumptions form the questions that Freud attempted to answer in the next two sections. They are, that the conflict between the ego and an instinct can be completely disposed of forever, that while working with one instinctual conflict one can "inoculate" the patient against any other such conflicts, and that, for the purposes of prophylaxis, conflicts which do not appear to be currently present can be stirred up to protect the patient against their appearance later on (p. 223). He continued to express his doubts in section III about the terminable possibility of analysis and the wisdom or reality of the assumptions upon which optimists base their view of psychoanalysis' prophylactic powers.

The first assumption was reformulated as the question, "Can conflict can be resolved permanently?" and Freud contemplated this from an instinctual perspective regarding drive strength. The other two assumptions are reformulated in section IV as the question, "Can conflicts which are not current be treated?" Mahony (1989) commented that this section of the paper is the most difficult to follow "as Freud becomes needlessly enmeshed in his categories" (p. 69). Freud (1937) seemed to state more clearly than before, however, that psychoanalysis cannot have a

prophylactic effect and that it was limited in effectiveness by the nature of the transference and the feasibility or possibility of making latent conflicts current. At the beginning of section V Freud, perhaps realizing that he may have lost the reader in the labyrinth of the previous section, reiterated what he had covered so far. He stated that bearing the length of treatment in mind (the paper opens with the question about how to shorten analytic treatment) one had to consider whether it is possible "to achieve a permanent cure" or even "to prevent future illness by prophylactic treatment" (p. 234). In considering this Freud found that there were certain factors which were decisive for the success of therapeutic efforts, like, traumatic aetiology, the relative strength of the instincts, and alteration of the ego. He proceeded with a discussion on the acquired alterations of the ego and wrote that here too one would encounter factors which limit the terminability of the analysis.

In section VI he moved on to consider congenital sources of ego limitations, but diverts the argument into a discussion on drives, introducing the idea of the death instinct as another factor which influenced the terminability of analysis. He also introduced the theory of Empedocles in this section. The theme of section VII about the psychology of the analyst and the qualities of training analyses does not fit in well with the context of the rest of the paper so far and Mahony (1989) suggested that it should have come last. The personality of the analyst and how her(his) own analysis had proceeded was also a factor, however, which could limit the effectiveness of treatment. The last section, VIII, contains the well-known, vehemently criticised statement that the "bedrock" of resistance to successful treatment lies in the challenge of "the repudiation of femininity" at which most patients balk, especially women according to Freud (1937).

It is confusing when Freud seemed suddenly to lose the continuity of his argument at the end of section VI, but many authors speculate that the general circumstances of Freud's life and the state of psychoanalysis at the time could have influenced him

(Berenstein, 1987; Blum, 1987; Cooper, 1987; Gay, 1988; Leupold-Lowenthal, 1988; Loewenberg, 1988 a,b; Panel, 1963; Rosenfeld, 1987; Zimmerman & Mostardiero, 1987). His personal circumstances at the time were dominated by his health. The year before Freud published "Analysis Terminable and Interminable" the cancer that had been diagnosed in 1923 reappeared and he had to undergo surgery throughout the year. By the end of 1936 Freud said "that he could simply stand no more" (Romm, 1983, p. 107). In this state of deteriorated health, Freud received a letter at the end of December 1936 from Marie Bonaparte informing him that his correspondence with Fliess had been offered to her by a dealer and that she was about to buy it. Mahony (1989) pointed out that this news obviously distressed Freud who wrote back immediately (3rd Jan. 1937) and offered to pay half her costs in order to stop the letters from being kept for prosperity. He wrote:

"the matter of the correspondence with Fliess has affected me deeply.... Our correspondence was the most intimate you can imagine. It would have been highly embarrassing to have it fall into the hands of strangers" ( Freud, 1985, p. 7).

Also, in 1936 Freud turned eighty, the age at which his father had died in 1896 and he had always wondered if he would make this birthday himself. He was also elected that year as a Corresponding Member of the Royal Society an honour which pleased him greatly (Strachey, 1963). Freud was also distressed at the time by the death of friends, relatives and colleagues and the felt betrayal of many of his followers (Thompson, 1991). Mahony (1989) gave further evidence to show that Freud's relationship with his wife was not stable at the time and that his dog, whom he felt understood his pain, died twelve days before he finished the final draft of the paper. On the political front, the rising spectre of fascism had culminated in Hitler's invasion of Austria in 1938. Freud left in June of that year with some members of his family and made the trip to London, where he died a year later, on 23 September 1939 (Strachey, 1963; Thompson, 1991). These biographical details and the

historical circumstances then provide a poignant insight into the many difficult matters Freud was dealing with at the time that he was simultaneously preparing to write what was to be, ironically, his last, and some argue his greatest technical treatise on psychoanalysis (Jones, 1957).

Mahony (1989) suggested that the structure of the paper was influenced also by Freud's own superstitions about the number seven, which he linked to a prediction of death (p. 71-2). In the original holograph of "Analysis Terminable and Interminable" Mahony (1989) pointed out that there is no eighth section and it is unclear if Freud himself inserted the roman numeral VIII before the discussion on bisexuality or not. While facing the reality of his own death and exile from his home Freud wrote "Analysis Terminable and Interminable" in which he questioned the viability of psychoanalysis, thus making the essay a piece of "enactive discourse that demonstrates itself" (Mahony, 1989, p. 72). At a time when Freud was confronting his own mortality, he had the courage to critically evaluate not only the prophylactic power of analysis, but the future existence of psychoanalysis. The future of psychoanalysis Freud argued was based on the ability to do the job and bring the analysis to an end. He wrote that "The business of analysis is to secure the best possible psychological conditions for the functions of the ego; with that it has discharged its task" (p. 250).

The importance given to constitutional matters and the emphasis on biology as factors identified by Freud that influence the terminability of analysis is often criticized (Arlow, 1987; Blum, 1987; Cooper, 1987). It was acknowledged that the level of theoretical sophistication of the day would be evidenced in the paper, but the concern was that Freud overlooked certain theoretical developments that were present even then, e.g. theoretical developments in understanding ego functioning which de-emphasized the role of constitutional factors (Strachey, 1963). One can only imagine what changes or modifications would be made to the text of "Analysis

Terminable and Interminable" if Freud were revising it today. Mahony (1989) enumerated the many theoretical developments that Freud would have to consider. They are, pre- and postoeidial developmental issues, sexual and gender identity, structural aspects of the ego and its nondefensive complexity, the manifold elements in defensive functioning, the formation and aims of the superego, differences in traumatic aetiology, the role of mourning and reparation, narcissistic and borderline functioning, termination as a phase of the analysis, the pervasiveness of the negative transference, complications of the counter-transference and so on (p. 66-7). Perhaps even if Freud were to consider these developments he would come back to the point emphasized in the paper that the major factor influencing the terminability of the analysis is the aetiology of the psychic disorder. This would still hold true for narcissistic and borderline pathology, for instance and would probably influence the constitution of transference and counter-transference manifestations. Mahony (1989) made the comment that Freud's writing "remains perennially fresh, more lively and engaging than many subsequent psychoanalytic treatises" (p. 3). The same could be said of "Analysis Terminable and Interminable", which stands the test of time.

The other criticism frequently made of Freud's thinking about termination is that his stance is fundamentally pessimistic (Mahony, 1989; Strachey, 1963; Thompson, 1991). The doubts about the efficacy of psychoanalysis and particularly its prophylactic power to prevent outbreaks of new neurosis or the resurgence of the old, were not new to Freud's thinking, however (Strachey, 1963). Thompson (1991) used this information to suggest that the role of pessimism was more than just a comment about the efficacy of psychoanalysis, she wrote that it was the "underlying theme unifying the text of this complex essay" (p. 165). As a unifying theme pessimism was discussed as a counter balance to the generally optimistic and progressive view of analysis (Freud, 1937; Thompson, 1991). Pessimism and optimism about the efficacy of analysis were thus taken as the two possibilities

comprising the dialogue which gives meaning to the text of "Analysis Terminable and Interminable". Thompson (1991) acknowledged that Freud may not have intended this motif of disintegration as an underlying theme, but her interpretation suggested that the pessimism expressed by Freud can be understood more generally as "restoring dialogic balance" to the thinking about psychoanalysis (p. 166).

Green (1987), Holt (1965) and Ricoeur (1970) had noted Freud's tendency to express his thought in the form of contradictory pairs. Mahony (1989) pointed to the centrality of contrary pairs in the text of "Analysis Terminable and Interminable", where Freud successively expanded and then undercut their opposition. Perhaps the most prominent of these pairs was the one proposed in Freud's use of the example of the philosophy of Empedocles to designate the opposing instincts of Thanatos (death instinct) and Eros (libido). The perennial conflict between these two instincts was given by Freud (1937) as one source of the interminability of analysis. Other "conjunctive/disjunctive pairs" occurring throughout the essay are, the role that constitutional and accidental/acquired factors play in neurotic disturbances, quantitative and qualitative factors in psychic disorder, biological and psychological factors, normality and abnormality, and experience or practice as the primary investigative factors (Mahony, 1989, p. 80-87). While all these pairs and their integrative/disintegrative possibilities are important to the argument of the essay, it is the example of the theory of Empedocles that was central to the essay as the following evidence suggests.

Fenichel (1974) was alone in his dismissal of Freud's discussion on Empedocles as a "digression the length of which is in contrast to its significance for the problem under discussion" (p. 114). Mahony (1989) disagreed and with Fenichel (1974) and gave the section central importance in the essay. Mahony (1989) provided evidence from the original holograph that the Empedocles section was the most corrected of the text (p. 76). He stated that Freud identified with Empedocles, whom he

described as one whose "mind seems to have united the sharpest contrasts" (Freud, 1937, p. 246). Clearly that Freud (1937) considered the theory of Empedocles to be of central importance to his own theoretical stance is borne out by the statement at the beginning of the Editor's Note of "Analysis Terminable and Interminable". It stated there that "The last eight and a half paragraphs of Section VI of the original German were reprinted in the autumn of 1937 in *Almanach der Psychoanalyse* 1938, 44-50" (p. 211). Section VI on Empedocles was thus printed on its own giving credence to the idea that it was fundamental to Freud's theoretical stance. Leupold-Lowenthal (1988) moreover reported that the *Almanach der Psychoanalyse* of 1938 reproduced "no other than Freud's discussion of Empedocles as a 'brief extract' under the title 'Analysis Terminable and Interminable'" (p. 266). For Freud the theory of Empedocles was central to the structure of this text and the terminability of analysis could almost be viewed as a sub-text. Strachey's footnote alerts the reader to another reference to Empedocles in a footnote to chapter two of "Outline of Psycho-Analysis", again emphasizing the centrality of this influence on Freud in matters of theory (1940 [1938]) (p. 247). What is of pivotal importance for "Analysis Terminable and Interminable", however, was that Freud links the derivation of the opposing instincts, *Eros* and death/*destructiveness* to the philosophy of Empedocles, which he declared taught that there are two principles that govern "events in the life of the universe and in the life of the mind, and that these principles were everlastingly at war with each other" (p. 246).

To understand how Freud's instinct theory was influenced by Empedocles' theory, it is necessary to elaborate on what the philosopher meant by the two opposing principles. Empedocles called the two opposing principles love and strife. Love endeavours "to agglomerate the primal particles of the four elements into a single unity", while strife "seeks to undo all those fusions and to separate the primal particles of the elements from one another" (p. 246). The two foundational principles of the universe put forward by Empedocles are accepted by Freud as the

same in name and function of "our two primal instincts *Eros* and *destructiveness*, the first of which endeavours to combine what exists into ever greater unities, while the second endeavours to dissolve these combinations and to destroy the structures to which they have given rise" (p. 246). The implications for the terminability of analysis are clear as Freud urged the reader not to neglect the constant drive of what is living to return to an inanimate state. Although Freud acknowledged that Empedocles' theory was a "cosmic phantasy" and that his project was "content to claim biological validity", he concluded that as Empedocles ascribed animate qualities to the universe this distinction is hardly effective (p. 246). Freud (1937) added that his theory is different from Empedocles' in that scientific endeavour was no longer restricted by an understanding of the four elements of basic substances as it was and that what was animate or inanimate was now more complexly separated. The result of this more complex knowledge has been that "we no longer think of the mingling and separation of particles of substance, but of the soldering together and defusion of instinctual components" (p. 246). Mahony (1989) argued that Freud introduced the motif of replication in this section which he diffused at the end of the discussion by accepting the never-ceasing process of doing and undoing that is inherent in life. Freud (1937) ended this section on Empedocles by musing that "no one can foresee in what guise the nucleus of truth contained in the theory of Empedocles will present itself to later understanding" (p. 247).

"Analysis terminable and interminable" is thus not only about the prophylactic possibility of analysis, but about the integration of the death instinct in the work of analysis, that can make the analytic project interminable. James Hillman (1978) wrote that every analysis is a success and a failure at the same time, and it is in this sense, along with Thompson (1991) that analysis needs to be understood. Freud (1937) seemed to be reminding his followers and readers that it is imperative to remember the power of disintegration and the death instinct in order not to get caught up in the libidinal drive towards ever more unions and growth (which

already carries within it the idea of proliferation or cancer). Hillman (1978) wrote that analysis developed in answer to failure and should therefore look for Thanatos wherever life is blocked or defeated, not to remove the blockage for new growth, but to lead each failure to its final consequence, "its psychic goal in death" (p. 103).

"Then every mistake of life, every weakness and error in and of analysis, instead of being set straight in repentance or wrung for its drop of consciousness or transformed and integrated, becomes rather the entrance to failure, an opening into the reversal of all values" (p. 103).

Freud (1937) understood the paradoxical nature of analysis and its termination, and this aspect has not received the attention that it deserves.

## CHAPTER 3

### RESEARCH PROCESS: TOWARDS METHODOLOGY

#### **3.1 A RELEVANT METHODOLOGY FOR INVESTIGATING TERMINATION**

Hurn (1971) claimed that the idea of termination is ambiguously understood in psychoanalysis and that the meaning attached to the term was often idiosyncratically determined. He argued that this state of affairs existed "manifestly as a result of the little recorded exploration of this area of clinical experience", which as he stated is interesting in itself (p. 332). What he meant by this was that analysts seemed to be reluctant to explore the emotional nature of the termination of analysis, which he thought was significant as it indicated to him a certain defensiveness on the part of the analysts. The study of the events of psychotherapy requires the analyses of clinical experience. How to investigate the sphere of psychotherapy is a concern that is constantly being explored within phenomenology (Giorgi, 1992). To apply a methodology that would be appropriate and effective is particularly difficult when the event under consideration takes place within the patient/therapist relationship. To do justice to the material one would almost need to be there at the time of the interaction or event of psychotherapy under consideration, i.e. that one requires an *in vivo* situation in which to collect data. Addison (1992) has proposed a model for *in vivo* research situations in which he particularly emphasised the "grounded" nature of this type of research, by which he meant that the social and other background aspects of the context are taken into consideration and that everyday practices are explored (p. 111). In moderated form this is true of this study that examined an event of psychotherapy within the context of the therapy and the two individuals concerned in the process.

Stolorow (1992) argued that it is not only the difficulty of obtaining accurate information on the phenomena of analysis that explains the paucity of research into the area of termination, but that a fundamental gap exists between psychoanalytic theory and practice that can be found "in the nature of the theory" (p. 159). Psychoanalytic therapy is concerned with "personal experience and takes place within a relationship", whereas psychoanalytic metapsychology is composed "of experience-distant conceptualizations of isolated intrapsychic mechanisms presumed to operate within the interior of the individual" (p. 159). Nowhere is this more evident than in the lack of "experience-near" research into termination, which, to a large extent, remains an enigma within psychoanalytic metatheory.

Stolorow (1992) suggested that the gap between theory and practice in psychoanalysis can be closed through the development of psychoanalytic theory that is more relevant to practice. He cited material from case studies to illustrate his argument, and claimed that much of the traditional psychoanalytic theory falls short of being based on the experience of psychotherapy. The case study emerges, however, as the *modus operandi* of the method that would accomplish a closer fit between theory and practice within psychoanalysis. In a later publication Atwood and Stolorow (1984) proposed the use of the term "psychoanalytic phenomenology" to describe their approach, but still give precedence to the psychoanalytic case study as "the central method by which psychoanalytic knowledge is advanced" (p. 4). They reasoned that the psychoanalytic case study is interpretive throughout and the results can be evaluated in the light of hermeneutic criteria. Phenomenological psychoanalysis was thus placed firmly within the domain of hermeneutics.

It has been persuasively argued that psychoanalysis is a hermeneutic rather than natural science (Lacan, 1953; Leavy, 1980; Ricouer, 1970; Sherwood, 1969; Steele, 1979), but the same cannot be said of phenomenology as a research method (Giorgi, 1992). Addison (1992) has stated that as an approach to research, hermeneutics

"cuts below specific methods or techniques" (p. 111), but this claim is not so clear when the goal of the research is the elucidation of the meaning of an experience in psychotherapy like termination. The experience would first have to be described and understood before any further interpretation of the phenomenon could be undertaken. Bouchard and Guerette (1991) argued for the adoption of a hermeneutic stance in psychotherapy, but when they considered the research application, they claimed that "hermeneutics cannot be constructed outside of a subjectively endorsed truth" (p. 388). Both description (as the first stage) and interpretation (as the second stage) are important to the construction of methodology in the human sciences, but are not reducible to each other.

Giorgi (1992) determined the difference between these two approaches from the point of view of intentionality. He contended that each approach has its own interests and that the methodology is tied to different conditions that place the difference in the realm of how meaning is clarified. The descriptive researcher accepts that what presents itself can be described as it presents itself. The hermeneutic researcher, on the other hand, is motivated to move on to a clearer ordering of the data (Giorgi, 1992). Mohanty (1989) has defined the process of description in research as a method concerned with the bestowal or the genesis of the bestowal of meanings in investigating psychological phenomena. Interpretation is defined as a process of clarifying the meaning of "experienced objects in terms of a plausible but contingently adopted theoretical perspective, assumption, hypothesis, and so on" (Giorgi, 1992 p. 122). A concise way to describe the difference between the two approaches would be to maintain that description relies on the meaning of the thing to reveal itself, while hermeneutics understands that nothing can be taken for granted and that meaning is therefore constructed. If these two approaches are to be combined in a methodology then it requires the recognition of a commonality between them in the desire to elucidate the "hidden, obscure, and incoherent truths" in the clarification of meaning.

## **3.2 RECRUITMENT AND SELECTION OF PARTICIPANTS**

### **3.2.1. Therapist recruitment**

Therapists practising a depth-orientated dialogical therapy directed toward the generation of insight were asked if they would participate in the study. It was not necessary to have all the therapists representing a particular theoretical approach to psychotherapy, e.g. psychoanalysis, as this was not the phenomenon under investigation. It is well documented that therapists practising a depth-orientated dialogical psychotherapy would have to develop a therapeutic or patient/therapist relationship that could be terminated and it was this process that was to be analysed. As this study is exploring the experience of termination in a way that has not been done before, the diversity of the theoretical and practical stances of the therapists was not viewed as problematic, but rather as contributing to an understanding of the meaning of termination as it applies to a variety of psychotherapeutic modalities. This study did not aim at a definitive description of termination. Rather an attempt was made to begin by describing the patient's and the therapist's experience of termination. The "results" of this study show that further research will be needed before a description of the general characteristics of the experience of termination can be distilled. As will be shown this is not because of theoretical differences among therapists, but because of the complexity of the vicissitudes of the psychological experience of termination for both the patient and the therapist.

Six therapists were initially approached and asked if they would be interested in participating in the study. They were chosen as they were known by the researcher to practice a depth-orientated dialogical therapy (this was possible within the academic environment in which this research was being conducted). Therapists were told about the project and how it would be investigated. They were informed that they would need to speak to an ex-patient whom they thought would be willing

to participate in the study, if they were initially willing themselves. Three of the six therapists approached were willing to participate in the study. They contacted an ex-patient whom they thought would be physically available and willing to participate in the study. Each therapist in all three cases approached an ex-patient and found that this person was immediately willing to participate in the study.

### 3.2.2 Ex-patient recruitment

The three therapists who agreed to take part in the study were asked to approach an ex-patient whom they thought would be willing and able to participate in the study without there being, in the opinion of the therapist, any discernible negative effect for the person. The therapists were asked to use their own judgement in this selection and to approach an ex-patient who had terminated at least six months previously. There is some disagreement about what is the optimal time interval between termination and a follow-up interview. Firestein (1978) suggested that the time interval is to some extent determined by the nature of the follow-up interview. In his study the sole purpose of the follow-up interview was to "acquire additional anecdotal data concerning the analysand's experience of termination" and no attempt was made to question the ex-patient about the effectiveness of the analysis (p. 220). In retrospect, although it had been suggested that six months to a year was more than adequate, he concluded that one year to eighteen months would be optimal, although he gave no reason for reaching this conclusion. One has to make this judgement based on a largely theoretical understanding of the post-termination phase that is obviously different for every patient. The ex-patients interviewed for this study had all terminated therapy at least nine months before the follow-up interview and one ex-patient was interviewed two years after the termination of her analysis. All the ex-patients freely consented to the interview with the researcher and commented spontaneously that they were grateful for the opportunity as it felt as if they could give something back for what they had received.

### 3.2.3 Order of interviews

The participants were not interviewed in any particular order and this was largely decided by circumstances. Interviews were scheduled as participants became available and the order was eventually; Patient A, patient B, therapist A, therapist B, patient C and therapist C, who then formed the therapeutic couples. As the interviewing process proceeded the researcher found that certain experiences were common to the interview situations. These will be discussed at greater length in the following section, but suffice to say that it was impossible not to start forming certain ideas about the data while it was being collected. Every effort was made to approach each interview situation openly and freshly with a conscious awareness of having to "bracket" a developing understanding of the phenomenon under investigation.

### 3.2.4 Ethical concerns and moral dilemmas

Conducting research into psychotherapy that is traditionally and professionally a confidential domain raises certain ethical dilemmas that start with the selection of participants. Not only is there the inevitable breaking of confidentiality under these research conditions, but one is asking to enter a world that is fundamentally private to the individuals involved in the patient/therapist relationship. This situation becomes more complicated when the participants are also known to the researcher.

All three of the therapists were known to the researcher as professional colleagues and two had also taught her. One therapist was also known socially by the researcher. Of the ex-patients, two were known to the researcher professionally. It could be argued that knowing the interviewer might make participants reluctant to reveal their feelings about an experience that might have been quite difficult for

them. It is well known that therapists are reluctant to cite examples of material from the analysis and often provide a synopsis of the process in case studies (Kelly, 1994). Trying to conduct research into how therapists work in general has shown that therapists can be defensive about discussing termination specifically as it is often associated with the "success" of the therapy (Edelson, 1963; Firestein, 1978; Herron & Rouslin, 1982). As the researcher went into the interview situation she tried to remain aware of her possible influence in the collection of the data, although she was unsure what this might be. On the one hand it might be argued that the familiarity of the interviewer would put participants at ease and facilitate an atmosphere of trust and exchange during the interview. The three therapists who participated in this study were all willing to be interviewed and showed a courageous openness in talking about their termination experiences. The fact that the researcher was known to some participants did not seem to influence the interview situation in an inhibitory way. What could have had a deleterious effect on the collection of the data ironically provided a way of increasing the "inter-subjective validity" of the data and revealed other startling phenomena.

As this is a complicated aspect of the interview situation, an example from the researcher's own experience will be given first. To make this aspect more explicit it is necessary to trace, briefly, some formulation processes that were taking place simultaneously for the researcher with the collection of the data. During the first two interviews with ex-patients the researcher was aware that she felt as if she were participating in a therapy session, but almost as an observer. She felt that she was not being related to as the interviewer in some way that she had no control over, and worried about structuring the interviews more formally. The feeling that the interviewer had in the situation was that she was being related to as if she were the treating therapist. In the interview with the first therapist, who was well known to the researcher, this experience was even more puzzling as the way the therapist related to the interviewer was alien to how the interviewer generally experienced

this person. While interviewing the second therapist it became clear that he was relating in the interview situation in much the same way as he had in the therapy. This was made clear to the interviewer through her experience of being listened to in a particular way that could be described as sustained empathy. Stolorow, Brandchaft and Attwood (1987) have described the way of listening as characteristic of and fundamental to the patient/therapist relationship. The last two people to be interviewed were the only therapeutic couple interviewed consecutively and this is when it became clear that both patient and analyst were responding in the interview situation as if they were still in the therapy. While interviewing patient C, the researcher became aware of the person assuming a foetal position in her chair while describing a very regressed time in the therapy. It so happened that the therapist was interviewed a day after the ex-patient and while spontaneously describing the same regressive experience in the therapy also assumed a foetal position as the ex-patient had done. Prior knowledge of the therapists as essentially different outside the interview situation alerted the researcher forcibly to the re-creation of the therapeutic atmosphere in the interview situation. Pfeffer (1963) in conducting post-analysis research into the efficacy of analysis found two striking and unexpected phenomena. He discovered, first, that patients in the post-analysis interview treat the interview as if it were analysis and the interviewer as if s(he) was the treating analyst. Secondly, he found that the ex-patient either shows an intensification of residual symptoms or a recurrence of the symptoms for which they first sought analysis in the interview situation. The first phenomenon was strongly experienced by the researcher in gathering the data, but the second point will be explored later.

The ethical problem posed for the researcher under these circumstances was difficult to resolve and the intuition of the researcher and her clinical experience had to be used to make the judgement in the moment of the interview situation. The dilemma is primarily around the role that the interviewer adopts during the

interview. The researcher attempted to stay in an "interviewer mode" with as much sensitivity to the situation as was possible. The powerful re-creation of the therapeutic atmosphere that had been present to the original therapy was difficult to withstand and at times the researcher found herself moving towards a more "therapeutic mode" with the participants. Patient C, for example, on realizing the meaning of the loss of the therapeutic relationship to her was close to tears. She seemed uncomfortable with this and commented that she usually found it very difficult to cry. Although she had described her therapy as an amazing and life saving experience she pointed out that she had never cried during her therapy. The researcher commented at this point that she had seemed close to tears just now. The patient was noticeably moved and shed a few silent tears before acknowledging that she felt really in touch with sadness that was very hard for her. This interaction lead to a deepening of the rapport between the ex-patient and the interviewer, and the feeling was expressed by the ex-patient that she was for the first time really experiencing the loss of something that had been infinitely meaningful for her. The influence of a shift in the role of the researcher on the data is subtle yet unavoidable and can only be made apparent as it is impossible to say how the data would have been revealed had she not occasionally responded in a "therapeutic mode".

### **3.3 GATHERING THE DATA**

Initially the participants were asked to submit a written protocol describing their experience of termination. The request was given as: "Describe in detail, and as fully as possible, what the end of the relationship between you and your therapist meant to you, what led up to it and how you and your therapist dealt with it". Only three of the participants responded to this request. When the researcher interviewed the first two subjects, she used the protocols to try to generate some questions she asked in the interview. This attempt to structure the interview around specific questions was found to be inappropriate, however, as it created a tense and

awkward atmosphere. The researcher had the distinct impression that this questioning was experienced as intrusive by the participants who seemed to want to talk about the experience of termination differently to how they had written about it. The first ex-patient, when the researcher mentioned something she had written in her protocol, became confused and described herself as going "blank". After a long pause lasting minutes she continued to describe the termination experience in a way that made sense to her and the interviewer tried to stay in touch with this process. When the second ex-patient was asked questions relating to his protocol he said that he knew that he had written a certain thing about his experience of termination, but that now that we had been discussing it for a while he felt that his description in the protocol was "clinical" and perhaps a bit sterile. He explained that he felt that he was getting closer to the experience of his therapy by talking about it. One therapist, when asked about his protocol said that he had felt that it had been something of an academic exercise and that he felt that he was getting nearer to the essence of the experience of the therapy and the subsequent termination by talking about it. Having the opportunity to return to the same point again in talking about it was enabling him to find himself more fully in the experience of the therapy and how it had been for him to be in relationship to the particular patient. No attempt was made to obtain written protocols from the other participants and the use of the protocols to inform the interviewing process was abandoned. The researcher also found that allowing the participants the space to talk about their termination experience as they wanted to led to the realization that clusters of meaning regarding the experience of termination were emerging spontaneously.

Interviews were tape-recorded and transcribed shortly after the interview. The presence of the tape-recorder did not seem to effect the participants' responsiveness in the interview, but it should be noted that all but one of the participants in this study were psychologically sophisticated people immediately involved in the

practice of psychotherapy. The ex-patient who was described by her therapist as "psychologically naive" in comparison did remark on the recorder at the start of the interview and then seemed to forget it. Firestein (1978) also reported that the presence of the "recording apparatus" soon became routine and did not call attention to itself (p. 220).

Like Firestein (1978) the interviewer found that the use of the tape-recorder allowed her to respond more reflectively to what was being discussed in the interview. The transcription of the tapes became the first step in the analysis of the data and yielded a rich source of information. In listening to the tapes it was almost as if the interview situation had been frozen in time. As the researcher transcribing the tapes, the researcher was in the interesting situation of being able to listen to herself as the interviewer. On the first hearing of the tape, during which it was being transcribed verbatim, the content of the interview did not obtain prominence in the awareness of the researcher. She was basically aware of the interaction between the interviewer and the participant. The researcher listening to the tape is no longer the interviewer, yet still is as well. Subtle sighs, slight pauses, intonations, misunderstandings and repetitions were all the aspects of the interaction that became apparent to the researcher in the transcription of the interview. The researcher was aware that as the interviewer she was not always aware of her influence at the time of the interview in the same way that she was in listening to the recording. Along with the tension created by this paradox came the realization of the impossibility of trying to convey certain inflections of the spoken language in the written word that contributed to the atmosphere in the interview mimicking the therapeutic relationship.

This wearing of two hats is what makes the practise of a dialogical research methodology so complex to convey as the methodology develops along with a deepening understanding of the phenomenon. As the two evolve alongside each

other in constant back and forth debate, the separation of methodology as the way of conducting the research is artificial and used for heuristic purposes only. A research method that accurately reflects the intertwined organic nature of research in the human sciences does not exist as such. "*Method in psychology therefore acquires an importance that far exceeds that which it possesses in other disciplines. For it is both a means of becoming, as well as a means of discovery*" (Christou, 1987, p. 82, italics in the original). It is thus acknowledged that it is not possible to separate either method or content from the phenomenological approach adopted. The methodology employed in this study will be outlined below.

### **3.4 RESEARCH METHODOLOGY EMPLOYED IN THE PRESENT STUDY**

The kind of complementarity suggested by Giorgi (1992) between the descriptive and the hermeneutical approaches to research begins to emerge in their utilisability: "description for basic research and interpretation for praxis" (p. 131). In the present study, this statement would need some modification in that a hermeneutic or interpretative stance is necessary to enter into an exchange with the psychoanalytic concept of termination. Smith (1975) claimed that it is impossible for phenomenology to dialogue with psychoanalysis unless there has been some interpretation of the text. It is not the data that thus needed interpretation in this study, but the psychoanalytic understanding of termination. Interpretation as it is used here has a complex meaning and cannot just be understood as a translation. The major body of psychoanalytic literature that exists on the topic of termination is written in the theoretical and largely technical tradition of psychoanalytic metatheory, which places termination apart from experience. Following the argument, put forward by Mahony (1989), that Freud wrote "Analysis Terminable and Interminable" in a "structural" way that says more about the text than the content, it is argued that his paper can be interpreted as saying something more

about termination than at first meets the eye. This point of view accords with the Heideggerian (1962) understanding of the possibility of a multiplicity of meanings and the possibility that situations can always be re-constructed by humans. The interpretation of "Analysis Terminable and Interminable" was given in the literature review and the results of the phenomenological exploration of the experience of termination will be debated with it. Interpretation is thus specifically used and only in the second stage of the research in the belief that this dialogue would encourage the construction of another meaning, perhaps of something hidden and contained in what was already there (Bouchard & Guerette, 1991).

It has been argued that psychoanalysis is almost determined to come to a particular understanding about termination and that this understanding might not be borne out by experience. It was therefore important to allow the data to speak for itself in a way based on the naive (Ricoeur, 1965, 1970) understanding of Husserl as the first step in the research. Particularly it was decided that a phenomenological approach based on description would not impose an understanding on the data. In allowing the data to reveal what it would it was expected that any discontinuities and interruptions in the description would be made explicit. As it was noted before, the major form of access to psychoanalytic material is through the case study. The problem with this approach is not only the remoteness of the data, but that the narrative of the case study usually presents a smooth story with a beginning, a middle and an end (Atwood & Stolorow, 1984). It is this very emphasis on the optimistic and the progressive, the moving towards a cohesive story that Thompson (1991) argued Freud (1937) was attempting to counterbalance by drawing attention to the destructive and the chaotic in psychoanalysis in the paper "Analysis Terminable and Interminable". To this end, using a phenomenological /descriptive approach to analyse the data enables the researcher to hold the inconclusive aspects of the research. "The motivation to press on to a clear ordering despite the ambiguity of the data is what makes interpretation a necessity" (Giorgi, 1992, p.

126).

### **3.5 ANALYSIS OF THE DATA**

The researcher was presented with various options for presenting the data that would be determined by how the data was divided into categories. For example, it was possible to use each interview (N=6) as a separate example of a description of the experience of termination, or it was possible to generate data from the ex-patient group and to compare this with the information received from the analyst/therapist group. It was also possible to analyse the data in terms of the "therapeutic couple" and thus have three groups with an "internal" exchange about the experience of termination. Post-analysis studies have only investigated the experience of the patient so it was unclear what the therapists would describe as their experience of termination. It could be assumed that the therapists' experience of termination would be different from that of the patient especially as it is something that a therapist experiences variously on an almost continuous basis (Firestein, 1978). As he pointed out, the effect of this on the therapist has also not been explored. It was also the intention of the study to understand this little explored area of the therapist's experience. With these factors in mind it was decided to analyse the data separately and to collate it as a therapist and ex-patient group and to try to arrive at a general description for each group.

#### **3.5.1 Stages of the research method**

As it has been stated, the research process was divided into two stages. The phenomenological description of the data made up the first stage of the research. To accomplish this first stage the method of analysis and description proposed by Giorgi (1975a,b) was followed - in full appreciation of Giorgi's (1985) statement that "a disciplined spontaneity is allowed to function" in applying the method (p.

14). This analysis followed certain steps that will be elaborated on presently. The second stage of the research, required the interpretation of Freud's (1937) article "Analysis Terminable and Interminable", to provide a text with which the results of the study could be discussed. The outcome of this interpretation as well as an attempt to make this process transparent will be given in the chapter on results. The discussion between the results of this study and the interpretation of "Analysis Terminable and Interminable" will be presented in the discussion.

### 3.5.2 Steps followed in the analysis of the research data

The first step in the analysis of the data, as it has been mentioned, was the transcription of the tapes. Traditionally, this is not included in a phenomenological methodology as one of the steps in the analysis of the data. The analysis of the data usually begins with the reading of the transcripts, but it became clear to the researcher that this phase of working with the data was revealing certain patterns in the process of talking about the experience of termination that could not be ignored. This process was gradual and, to some extent, reflected a similar experience that had been present in gathering the data. This type of data is often discarded in the search for discrete meaning units of the phenomena under investigation (Kelly, 1994). While gathering the data and in transcribing the tapes the researcher was aware that it was difficult for the participants to give precise descriptions of their experience of termination. Evidently no participant could talk of the experience of termination without placing it in the context of the whole therapy. Every participant was asked to describe their experience of termination only and spontaneously started to speak of the therapy from the beginning. This finding has important implications not only for research into the experience of termination, but also for the understanding of termination as a phase of the analysis, and therefore certain theoretical assumptions about termination. This finding will be discussed in greater detail in the Results chapter.

### 3.5.2.1 Step 1: Organization and reduction of the data

The methodological procedure of phenomenology entails engaging in the processes of intuition, reflection and description (Giorgi, 1970). The initial intuitive holistic grasp of the data is what makes possible the spontaneous emergence of natural meaning units (Stones, in Kruger, 1988). The rendering of the original protocol into smaller meaning units is a standard step in phenomenological research (Giorgi, 1985, Wertz, 1985). This step in the process is particularly relevant where one has been able to ask participants to describe a situated experience like, for example, guilt (Brooke, 1985). As it became clear that participants were only able to describe the experience of termination within the context of the therapy, so it became clear that teasing out discrete experiences of termination would require some re-working of the material of the interviews. This was accomplished by repeatedly reading transcripts as well as listening to the tape-recordings of the interviews, a process that finally rendered a concise narrative account of the participants' experience of termination. At this stage of the research process no attempt was being made to make meaning out of the data. Rather an accurate summary of the material was being sought and no interpretations were made. In providing a narrative account of the data a certain cohesion and sequentiality were given to the material that was not necessarily present in the interview in such an obvious way. Every attempt was made, however, to remain true to the data and to the "sense" of what the participant was conveying to the interviewer, although repetitions were eliminated. This was reproduced as faithfully as was possible and as far as possible the language of the participant was followed.

### 3.5.2.2 Step 2: Description of the experience of termination

Ex-patients' and therapists' reports were examined separately to discern what each group was describing as their termination experience. Initially, each participant's

description of termination was isolated and in doing this certain themes about termination began to emerge that suggested common features to the experience for each ex-patient/therapist group. At this stage of the analysis the data was still purely descriptive of the experience of termination. The various descriptive statements given were gathered into clusters of similar meaning for each ex-patient/therapist group, but no attempt was made to categorize the description of the experience into specific affective experiences (styles/states) associated with termination.

#### 3.5.2.3 Step 3: Essential description of the experience of termination

A central organizing theme was beginning to emerge around a feature of the way of describing their experiences that was similar for both the ex-patient as well as the therapist groups. Ironically this feature was prominent in its absence rather than its presence. It was as if both groups were trying to talk about something without giving it a name. How they actually felt about the termination was generally expressed indirectly. This realization led the researcher to conclude that it would be useful to make explicit that which was implicit in the data. This pertained specifically to the feeling realm and participants' capacity to express themselves clearly. A succinct description of the experience of termination was thus undertaken as it emerged from the explication of the data. At this point the researcher decided that what was given by the data had been recorded and that it was now possible to put specific questions to the phenomenon of the experience of termination.

#### 3.5.2.4 Step 4: Questioning the data

The Essential Description had answered the fundamental question posed by the research, namely, "How is termination experienced?" Inadvertently the research had

also suggested answers to the question, "What is termination?" The answers begged questions about the theoretical position of psychoanalysis in relationship to termination and the appropriateness of certain metaphors used to describe the affective elements of the termination process. To answer these questions at the mundane level would be simple from a correspondence point of view, but there seemed to be something deeper about the experience of termination that the data was not making explicit. To explore this hunch further it was decided to look again at "Analysis Terminable and Interminable" and to read it hermeneutically following Sardello (1975). This formed the fifth step in the research methodology followed by the sixth step that discussed the results of the research with the "truncated" representative of psychoanalytic literature. It was hoped that by dovetailing the results of the research with a re-reading of Freud's thinking about termination that the meaning of termination as a lived experience would emerge. The outcome of this endeavour is given in the result's chapter.

### **3.6 SUMMARY**

A research methodology was developed that was appropriate to the phenomenon under investigation. A combined descriptive/hermeneutic approach was used, although it has been argued that even description is interpretive (Heidegger, 1962). The decision to use a descriptive approach with the data was motivated by the awareness that psychoanalytic metatheory about the experience of termination had developed in advance of praxis. It was argued that a premature, largely theoretical and technical meaning had been imposed on the experience of termination in psychoanalytic thinking and an effort was made in this study to overcome this criticism by remaining true to the data as it presented itself.

Given that this type of research takes place within the broader context of meaning generation, the researcher tried to remain sensitive to the need to elucidate how

meaning was derived in this study. Trying to understand, to give meaning to, or to make intelligible, that which is not yet understood is not only the central task of hermeneutics, it is also the essential aspect of our being-in-the-world (Gadamer, 1975; Heidegger, 1962). It was found that meaning is hidden in what is already there and can be revealed in the process of forming a dialogue that takes place in an atmosphere of mutual listening.

## **CHAPTER 4**

### **RESULTS**

#### **4.1 INTRODUCTION**

As described in the previous chapter, the collection and preparation of the data yielded valuable information presented in the following description of the interview situation. This information added to the developing understanding of termination and gave some insight into the difficulty of studying a phenomenon like termination that is inextricably embedded in the experience of the therapy itself. It is not just that the experience of termination is inextricably linked to the therapy as a whole, but rather that the experience of it takes place within the context of the patient/therapist relationship.

As the interview situation was the first point of contact with "data" to be used in this study it was decided to include a description of this process. The resultant description is the product of the many aspects involved in collecting and making the data ready to be presented in a phenomenologically accurate way. It involved the various revelations of the data to the interviewer as interviewer, transcriber, and researcher. It is difficult to convey the organic and dynamic nature of this research process, but it is hoped that describing the data in this way will give the reader a grasp of the interview sessions without having to provide transcripts of the actual interview processes that would be revealing of confidentiality's and lengthy.

A detail about the data that emerged from the collection and processing procedure was the way in which it could be presented. In describing the experience of termination, all the participants found it impossible not to speak of the therapeutic relationship and

only then could they come to what it had meant to end it. Although the researcher had not specifically requested information about the therapeutic process nor the relationship to the therapist/patient, except as it related to the termination, this information was spontaneously given by all the participants. It was decided to include this information as the data about termination needed to be understood within the context of the therapeutic relationship. This finding was not expected, and as will be discussed later, it showed that termination as an experience within the therapeutic relationship cannot be studied as a specific situated event. The data was thus divided into what the participants said about therapy and the therapeutic relationship, and what they described as the termination experience. The interview situation and the transcription of the tapes became part of the data as well and this information is also provided, from the perspective of the interviewer's experience, for each individual participant in the study. The data from the interviews is presented in the format of the therapeutic couples. It was decided that this format would highlight the striking similarities between the accounts given by the ex-patient and the account then given by the therapist. Every ex-patient who took part in the study was interviewed before their therapist had been interviewed.

This account is followed by the general features of the essential description of the experience of termination that emerged for each group, i.e. the ex-patient group and the therapist group. It was found that the ex-patients gave similar accounts of the experience of termination and that these accounts could be combined to give a description of the general features of termination. It became clear during this process that the data for the ex-patient group yielded information in a way that was different from the therapist group. For example, the interview situation had been experienced as more powerful at an emotional level by the ex-patient group. Factors that emerged during the interview situation are thus included in the ex-patient groups' results, but are

not included in the therapist groups' results. A comparable phenomenological reduction procedure employed with the reports of termination given by the therapists showed that the therapist groups' explication of the therapeutic relationship was relevant to the study and this information was therefore included in their data.

## **4.2 PATIENT A**

### **4.2.1 INTRODUCTION**

Patient A was one participant who had submitted a written protocol in response to the request to describe how termination had come about in her therapy and how she had felt about it. She started by writing that she had been in therapy twice a week and that it had been "quite intensive and all pervading". Therapy had been a stimulating and inspiring experience for her and she felt that she had worked through many painful memories. She wrote that she felt she could cope with these memories "more objectively" now "without the usual distress and depression getting in the way".

Patient A described that she had wanted to stop therapy, because she was feeling "increasingly impatient with being one of the walking wounded". She felt that when she terminated that she could return to therapy if she needed to again and for the first three months after she had terminated she found this knowledge reassuring. After that time she felt "increasingly comfortable working through problems on my own". Now that she was coping with her life more comfortably on her own she described not feeling so hurt anymore. The fact that further therapy was available to her was experienced by the patient as quite healing in itself as she wrote that she needed "to accept someone being there for me. This experience remains with me somehow".

In considering how therapy had helped her, the ex-patient wrote that the experience of being accepted had helped her to be more accepting of herself and therefore more in touch with her feelings. Her relationship with her child she described as having improved and she felt that her "taste in people has changed". She ended the protocol by writing that "It was a very important year for me. Life seems much more pleasant these days".

This protocol had been read often by the interviewer before the interview and certain impressions were formed during these readings that influenced the interviewer to ask particular questions initially in the interview. This created something of an artificial and formal atmosphere that the interviewer experienced as uncomfortable at the time. It had been the intention of the interviewer to pose only the original request given for the written protocol and to allow the interview to proceed in a relatively unstructured way. It took about ten minutes before the interviewer became aware of her own and the ex-patient's anxiety and tried to contain this better. After that the ex-patient settled down, folded her legs up under her and the interview began to "flow".

#### 4.2.2 THE THERAPEUTIC RELATIONSHIP

The patient said that she was motivated to consider therapy, because she realized that she needed help. She described herself as trapped in a "bad relationship" that she felt she could not get out of and explained that she had felt helpless.

She remembered that it took a few sessions for her to feel grateful that she had been placed with a therapist with whom she felt compatible. Although she reflected that she did not really know if her therapist were like her, she felt that he might have similar values to her own. This experience she described as feeling "in harmony with him".

"I would have found it very threatening to be with someone who was more materialistic", she added. The ex-patient commented that she felt very different from most other people anyway, so she really appreciated that she felt that her therapist had similar interests to her.

In the beginning of the therapy, the ex-patient described herself as feeling "silly and self-indulgent" for being in therapy at all. There were other people she said who probably needed therapy far more than she. She felt that she was taking up the time of a professional with her "petty little problems". She described feeling very uncomfortable with all the attention she was getting and that she "couldn't feel important" enough to warrant it. All of this inhibited her in the therapy and she "filtered and censored a lot of stuff" she was saying. She acknowledged that she also found it difficult initially to trust that "he wasn't going to repeat everything I said" to someone else. It was this aspect of the therapy that she really missed still. Even now she still felt weary to "open up and share things with someone else," because at the back of her mind she believed that the confidence would not be kept. She reiterated that "I really enjoyed that ability to share stuff with someone and not have it repeated". Feeling comfortable in the relationship enabled her to get in touch with a sense of her own "sensitivity" which she described as having been "pushed aside, blunted and deadened". A primary element to this comfortable feeling was that she did not feel judged or criticized by her therapist and this allowed her to express herself freely. This was not an experience that she had with other people most of whom she thought would "think you're mad if you really had to say everything that you think." The experience of therapy and the nature of the therapeutic relationship had encouraged the patient to look at her every thought and take it as valid even if it was "stupid". At this point the patient paused for some time before saying, "I seem to have dried up".

The interviewer asked the ex-patient about the development of trust in the relationship and if she had remembered being aware of her relationship to the therapist changing in any way. The ex-patient could not recall anything specific discussed, but she described a particular experience that she had that she associated with feeling that therapy was worth it and that she needed it. Interestingly the ex-patient came to believe that therapy was "doing me some good and I needed it" through experiencing a moment in therapy that she described as "some sort of break through or realization". She interrupted herself to say that she would have kept a diary if she'd known that she would be interviewed about her therapy, so she was not sure if she were being completely accurate in what she was saying. "I can't remember this clearly, it seemed to have a magical effect on outer life, well things just changed without having to change it".

The interviewer then asked if the understanding she experienced in therapy had given her a certain confidence that had spread into other areas of her life. She replied that she thought it was feeling totally accepted that had enabled her to experience the therapy as a "very different relationship". It was also the ability of the therapist to keep her "on track" that helped as she experienced herself as often getting lost or side tracked by something "stupid". Therapy was not always like this and sometimes she could just go on and on and wander without "finishing my sentences". Sometimes she felt that she really had the ability to "go into something deep", but her general experience was that other people were not really interested to listen to this type of "communication". Being able to talk without fear helped her to get in touch with "subconscious thoughts that are conscious", but remain elusive. In other relationships she had the experience of wanting to sit and talk a thing out, but she seldom did this although she felt sure that this would have put her in touch with her feelings. She explained that she usually just had "this awful, horrible confusion and unhappiness".

She supposed that the outcome of therapy for her was that she now felt more in touch with her feelings and could work out "what is phasing me straight away".

The interviewer then commented about the experience of being able to go into something deeper and wondered if the ex-patient still does this now. The ex-patient explained that what she meant by "going deeper into something" is to be able to understand why one was feeling like one was. For example she used to feel angry or hurt and never know why. In the past she always used to try to avoid things that she found confusing by just pushing them away. She started to speak in the present tense and said that "what I'm realizing in this relationship is that I do know what it is even if it is silly". The ex-patient remembered never wanting to talk about things before, because they were history, but described this as just another way she had of pushing things away. She described getting very "hassled" by silly things in a relationship, because of her expectations, but accepting her "absurd" thoughts had helped her to talk about things better. At this point there was a knock on the door and her child entered to complain of a sore throat. She then left the room and was gone for some time.

On her return the interviewer briefly paraphrased what had been said before the interruption and asked the ex-patient how she felt about what the therapeutic relationship had meant to her now that it had ended. The interviewer was not sure if the person had understood her correctly, but the ex-patient answered that she had a "very complicated thing about that (the therapeutic relationship)". Initially she had felt very close to her therapist and she admired him saying that she would "really like to find someone just like him" in her life. The other relationship, "the one I could never get away from", just gradually ended. She sighed heavily when she recounted that this had taken about six months, but recalled that it had started about two months after her therapy had begun. When the other relationship ended the ex-patient described it as

"okay and we're friends now, sort of". She realised in the therapy that she was able to communicate with a man - she was glad that she had had a male therapist - and that "I just couldn't accept this other relationship anymore". In comparison to her therapeutic relationship, this other relationship seemed empty to her. Funnily enough she commented that since therapy she has "met such nice people". She described the people she was meeting lately as totally different from the people she used to feel attracted to before. The ex-patient described how she used to think that the people she was attracted to before therapy were "different", but now she "just couldn't handle them anymore". She thought that this had something to do with projection, a term one of her friends who was studying psychology had told her about. The ex-patient explained that she understood that this meant that you had to fall in love with your therapist and you have "to go through that and then break away". She was not sure what had to happen next. Returning to discuss her attraction for her therapist, she explained how she had known that he was married and that this had provided a "barrier" that she "could respect". If he had been single she felt that she would have "grown far too attached to him". There was a time in the therapy she recalled when she had been "totally in love" with the therapist. She emphasised that this person with whom she was in love was not really the therapist himself, as she did not really know him, "just the person he is and it's somehow helped in other relationships".

The interviewer was about to comment on the importance of the relationship to the patient, when her child interrupted to say that there was someone at the front door. When the ex-patient returned, the interviewer spoke about how the experience of a different type of relationship to the therapist had seemed important to the ex-patient and wondered what she thought of this relational aspect to what she was saying. She commented that they had worked on many things in therapy, but that knowing that she could communicate with someone like she was in the therapy made other ways less

acceptable to her. The fact that she had gone to therapy with a relational problem she thought had also influenced the prominence of the relational aspect of the therapy as so "very important".

The interviewer asked the ex-patient if she experienced her relationships before therapy as different from the type of relationship that she was in now? She replied that she felt that before therapy she had a low feeling of self-worth and would never have believed that anyone would listen to her without getting bored. Before therapy she had always been in relationships where she experienced herself as "eager to please", ready to give the other person everything they needed, and always doing everything in the hope that this would stop the other from rejecting her. If she did not fulfill all the above situations she felt sure that the person would reject her. Especially with men she described feeling that she needed to be always available and as a result did nothing for herself at all. She described feeling completely threatened in relationships before and now she experienced herself as feeling "more natural".

The ex-patient went on to describe how she had "always been giving, charming, loving and so in love", but she acknowledged that she could also be quite "a pain" at times. She described herself then as "jealous, insecure, and very doubting". The fact that she had also been in what she described as "a terrible relationship" had influenced her behaviour. On reflection she thought that there were "still residues of that stuff obviously it certainly wasn't a 100% cure".

The interviewer asked how the decision had been reached to end therapy? She responded by wondering aloud, "now how did that work"? She remembered feeling curious and wanting to see if she could stand on her own. The ex-patient described "feeling tired of being helped" and felt that she had worked through a lot in therapy.

An issue that stood out for her was that she was "still being such a child, you know, always wanting to be helped and supported". Therapy was also a "very intense" experience for her at a twice weekly frequency. She described how therapy seemed to fill her whole life - "wondering about it, thinking about it, getting all nervous before the next appointment" - therapy seemed to her to be "all pervading". Ending therapy was "like going on holiday", she said with a slight laugh.

#### 4.2.3 THE TERMINATION OF THE THERAPEUTIC RELATIONSHIP

The interviewer asked if there had been "holidays" in the therapy? During the first vacation the ex-patient remembered that therapy continued, but that over the Christmas holiday they had had a break. It was not clear to her whether it had been this break or not that had resulted in quite a long break, but she recalled that during the last holiday she had "a very traumatic time". She was worried about stopping therapy then, but that worry had "settled down" after some time. She said that she could not recall any other reasons why she had ended therapy, but went on to add that she thought her therapist was going to be leaving the next year and that this knowledge had influenced her. The ex-patient explained that she wanted to have "the opportunity" to return to therapy should she feel the need to and this meant that she should terminate now to give herself this chance. After she had stopped her therapy she heard that her ex-therapist had opened a private practice in the town. As she had previously been seen by the therapist at a reduced fee, she felt too embarrassed to return to him now. "I think he's a very good therapist" she stated and she felt that she would never have been able to afford him except at the special tariff.

The interviewer asked the ex-patient how she felt about therapy now? She laughed and replied that now after talking about therapy she would like to "go and unburden myself

to someone". Life had gone on since her therapy had ended and "all sorts of strange things happen" and she would like to talk to someone to sort things out. She explained that she was in a relationship that was about three months old and that it had "its ups and down" so she would enjoy discussing this with someone else. She found that the man she was involved with did not like to talk about things and anyway she felt that there were things "you cannot talk to a man about", because they were "so sensitive about your (her) freakouts. It would be nice to have a place to go to talk", she ended.

The interviewer asked if she would go back to therapy again and if she would see a man? She answered that she would probably see a man as she felt that her major communicative difficulty was with men. She added quickly that if she thought about it though her communication with women was not too good at the moment either. Many of her "female" friends were out of town at this time and she really missed being able to sit and chat with them. Maybe, if she were feeling adventurous she would see a woman therapist. Could she remember what the last session had been like? She replied that she did not "feel any great longing or anything like that, to me we weren't actually separated". There had not been a last session really, in terms of knowing about it before. She recalled that she had gone to the last session to tell her therapist that she would not be able to continue with therapy as her maintenance was stopping, "so, the last session, we didn't have a last session really, just told him about the maintenance".

The interviewer commented that she had nothing more to ask and wondered if there was anything that she would like to ask or add? The ex-patient wanted to know if the interviewer thought that the information she had given would be of any use? The interviewer answered positively and the ex-patient then mused that when she had gone

to therapy she had thought that "you just went there and they would lead you and give you advice and just sort of sort out your problem They are actually more like a friend really, more like a kind of medium, impersonal".

#### 4.2.4 THE EXPERIENCE OF THE INTERVIEWER

Initially the interviewer experienced the ex-patient as relatively nervous yet eager to please. She made some self-deprecating remarks and expressed the hope that she could give me information that would be helpful. The atmosphere was relatively formal and the interviewer felt a certain tension, which she experienced as exceeding the situation, particularly as the interview was being conducted in the ex-patient's home. It was only after about ten minutes, as stated previously, that the interviewer and the ex-patient settled down and then the interview proceeded more evenly.

The interviewer felt that the ex-patient had a peculiar way of responding to her questions or comments that seemed quite concrete. What became apparent in listening to the tape-recording of the interview was that the ex-patient would often respond to one or two words that had stood out for her in what had been said. For example, in asking about the changing nature of the therapeutic relationship, the interviewer wondered if the ex-patient had been aware of anything specific which alerted her to this experience or was it more diffusely as gradual change? The ex-patient answered that she could not think of anything specific that they spoke about, but she began to feel that therapy was worth it for her. This was in response to the question about there being any specific incident in the therapy that had allowed her to feel greater trust for the therapist. In answer to the part about change, she said that "things just changed without having to change it". This happened on numerous occasions throughout the interview, but the interviewer did not comment on it or try to put the question

differently, she allowed the patient to go on and simply responded to what the ex-patient then said. After this particular example the ex-patient began to speak about how she had felt helped by the fact that the therapist had been able to keep her on track, but that at other times he allowed her to just ramble on even if she did not finish her sentences. The interviewer was very aware during the interview of the "transference" nature of this comment as she was allowing the patient to just ramble on and was also asking quite specific questions. Again the interviewer did not respond to this transference-type message and was interested to observe that the ex-patient continued with this train of thought although unprompted. On paraphrasing the remarks made by the ex-patient concerning the dual or ambivalent nature of her relationship to the therapist, which the interviewer thought at the time might be a way towards helping with focus, the ex-patient again responded in a divergent way and said she had a very complicated way of thinking about her relationship to the therapist. The interviewer felt that she had been subtly guided to giving the ex-patient what she on one hand seemed to want, but at the same time felt that she had failed and felt that she was being put in her place by the diverse answer. The interviewer realized in listening to the tape recording that she had fallen into a mis-communication set up by the ambivalence of the ex-patient which would have been dealt with very differently had this been a therapy session.

Towards the end of the interview the interviewer experienced a similar transference-type communication. The ex-patient said that she would really appreciate having someone to talk to again, as talking to the interviewer now had evoked a realization of how much talking about things had helped her. She explained that in her present relationship she sometimes found it very difficult to talk to her partner, which she felt was influenced by his being a man. The interviewer commented that her therapist had been male and that she seemed to have said earlier that this had helped her to relate to

men differently. She did not refute this, but insisted that "I still find that you can't talk to men the way you can to females". The interviewer was again struck by the fact that the ex-patient was not going to let go of this and wondered, therefore if the person would consider a "female" therapist if she ever sought therapy again. The ex-patient responded to this initially in a bodily way by rearranging her skirt and shifting towards the interviewer. She then laughed in a way that was experienced as quite seductive and said, "perhaps if I was feeling adventurous I'd go into it with a woman" and laughed again. She then continued to muse about the possibility of therapy with a woman and said that she missed her female friends, who all seemed to be out of town right now. The ex-patient described how there was no-one (female) she was really very, very close to at the moment and that she missed that. She ended by saying, "it would be really very nice to sit and natter away with a woman, specially when it's someone you can trust as well". The sense of intimacy experienced at this time was profound and the interviewer moved the ex-patient out of this, perhaps somewhat abruptly, by asking another question about the last session of the therapy that then also brought the interview to an end.

## **4.3 THERAPIST A**

### **4.3.1 INTRODUCTION**

This therapist submitted a protocol, which he described as "a free association" on the issue of the patient's termination. He hoped that the researcher would not have too much trouble separating his speculations from his descriptions. Prior to the termination the therapy had been broken for a period of about six weeks due to the patient and thereafter the therapist being away. The therapist described his relationship with the patient as one in which trust had been developed, although there were many issues

which they touched on and returned to in the therapy that he felt could have done with "a deeper exploration" had the patient continued with therapy. After the break the patient returned "with a strongly formed wish to terminate" as she had felt that she had coped with the break very well even though it had at times been trying. The therapist supported the patient's desire to terminate, because he felt then as he did now that "she got what she needed for the time being". He decided to accept her wish to terminate as authentic and did not interpret it as either a defence or a resistance, although he had a different idea to her about her being in therapy. The patient felt that by being in therapy that she was acknowledging a "weakness" that she found uncomfortable. Although this difference made him somewhat ambivalent about the termination, which he viewed as premature, he thought it was more therapeutic to support the patient's need to cope on her own without "professional assistance". The patient, according to the therapist, lived a very "stressed existence" as a single parent who was under considerable financial constraint, and had this not been a prominent factor, he might have persuaded her to continue with the therapy. He felt, however, that the patient had entered therapy, not so much with a desire "to grow", but because she felt that she could not cope with her life. When the patient expressed the feeling that she was able to cope without help, the therapist thought that it was a "courageous decision for her" and that he needed to respect this feeling. To support her in this decision he felt was "the most affirmative thing I could do for her".

The patient had originally entered therapy to help her cope with her relationship to her son, who was in therapy with another therapist. Her basic ambivalence towards therapy as something that she needed for herself was something that was dealt with throughout the therapy, but the therapist felt that "we never got anywhere with it". "Each step forward in the therapy strengthens her resistance", which the patient was able to acknowledge without any particular insight. "Each good feeling is clung to like

the dream-purse to her chest, and diminishes the motivation for further and deeper self-exploration", he wrote. In the therapist's opinion, the patient did not like being in therapy as it often evoked extremely painful memories for her and she "was frequently deeply upset during sessions". Although he felt that she had jumped at the opportunity to terminate, he took it as an act of assertion on her part and therefore supported her in it.

The therapist thought that his explication of the therapy might give the impression that he was "sure about what I was doing in relation to the termination", but he felt uncertain at the time about how to handle the issue of termination. He recalled, however, notwithstanding his own uncertainty and ambivalence about the termination, that he was quite relieved that she wanted to terminate. At the time this feeling had been primarily motivated by the fact that the patient was not able to pay the normal fee he asked. He also felt that she had made substantial progress in the therapy, which had been about seventy sessions and felt that this was evidenced both in her relationship to him and in factors outside the therapy. In therapy he felt that she was more able to tolerate a discussion with him without the "intrusion of the strange and confused misunderstandings which had been part of our earlier conversations" playing a part. The patient in turn was more direct, less threatened, and able to conduct a dialogue with the therapist. He felt less ill at ease in her presence, more able to be himself, and less hypervigilant about his every word lest it threaten her. At the time that she mentioned termination he had suggested that she could come for once a week sessions instead of two, but she chose to terminate.

When the patient terminated, the therapist remembered that he made it clear to her that this was not a trial run to see how well she coped without therapy. He remembered that he also discussed the possibility that she might "be in therapy at some later time

in her life", but that this termination was not contingent on her ability to cope now. About five months after therapy had terminated he bumped into the ex-patient in a store in town and was told by her that she was wondering if she should come back into therapy with him. "I remember thinking that she was a little presumptuous to imagine that I would be prepared to take her back into therapy", and he wondered if she thought that this would be possible at the low fee that she had been previously paying. He could not remember clearly what he said in response to this, but felt that he made it relatively clear that although she might need therapy that it could not be with him. The therapist felt that he had a "cordial and relaxed relationship" to the patient when he saw her in the street and felt that there was "more mutuality" in the conversation than there had been in the therapy.

#### 4.3.2 THE THERAPEUTIC RELATIONSHIP

The therapist was asked about his experience of the patient initially in therapy as he had commented on the relationship being important in his written protocol. He described how, from the first time that he saw this patient, he had a "general feeling of warmth towards her". He explained that there had been strong fluctuations of his feelings towards her during the therapy, although a general feeling of warmth pervaded the therapy. He recalled times when he had felt intensely irritated with her and frustrated with the therapy, but there were other times when he found himself very touched by her tenacity for life. He admitted that he also found her an attractive person, with a type of "engaging, drinking-in laugh that establishes an almost sexual intimacy". The patient was experienced as deeply ambivalent in the early stages of the therapy and the therapist felt this was accurately reflected in the therapeutic relationship. These fluctuations ranged from feeling intimate with and warm towards the patient to feeling detached from her, particularly if the therapist experienced her as

defensive. The therapist explained how the patient would hold these various emotional positions with conviction in each case and he experienced these states as laying side by side as a "kind of vertical splitting".

Over time the therapist felt that there was a developing sense of trust in therapy and a certain sense of continuity began to develop. The patient became less suspicious and mistrustful, particularly of words, whose meaning she had often doubted or questioned. The sense of continuity was also experienced on a practical level as therapy continued through a town's festival, which had meant quite a commitment by the patient. He felt that the nature of the therapeutic relationship was of primary importance for this patient whose life "was a series of failed relationships". The issue of not being able to cope in relationships was a central theme in the work of therapy and the therapist felt that she should not experience him like she had her father, ex-husbands or other lovers. He created a different experience through enabling a relationship "that really heard her". The therapist wanted the patient to experience their relationship going through "the depressive phases" and surviving. The fact that the therapeutic relationship was continuous and was surviving her being herself was an important focus of the work. Somehow, the therapist reflected that, he would like to believe that the patient's relationship with him had been a "success story" and that she could hold onto this inside herself.

Part of the therapy had also been about her being able to have "good memories" about herself and he felt that she did have this opportunity through therapy because of her "good" relationship to him. He described how the ongoing nature of the therapeutic relationship had facilitated "an acceptance, a required acceptance of the changing nature" of her own feelings and those of others. He cited an example of how when this patient had felt that she disliked her son, she would completely forget that she also

loved him very much. As she learnt to tolerate change, she could tolerate her own range of feelings, including her so-called "badness". The therapist emphasized that his being able to live in the world of his patient in a very empathic way that he felt really heard her encouraged him to be "quite supportive of her decisions" and this, he thought, was particularly relevant to and at the termination.

#### 4.3.3 THE TERMINATION OF THE THERAPEUTIC RELATIONSHIP

Before a break in the therapy, because of holidays, the therapist remembered speaking to the patient about the holiday. She had a difficult relationship with her father, which the therapist described as "an incredibly ambivalent relationship", and she was going to be spending her holiday with the extended family, her father included. He recalled that the holiday was going "to be something of a test" for the patient, but he sensed "a kind of brave feeling" in her that he felt he wanted to support. At the time he remembered that it had all been a little vague, but he felt sure that termination was not discussed overtly by either himself or the patient. He had the feeling though that the patient was hinting at it, but at the time decided to allow this to be and to support her in her "braveness" instead.

The therapist explained that the patient had never felt totally comfortable about being in therapy, so from the very beginning he had had the sense that she wanted to be out of therapy as soon as possible. He thought that she felt that being in therapy meant that she was not coping and she desperately wanted to feel that she was coping and this meant not being in therapy. The issue of her being in therapy and her desire not to be in therapy was discussed regularly throughout the therapy and the therapist had always interpreted this before as part of her ambivalence, for example. At termination he felt

that it was important to support her in this endeavour to "make it on her own" and did not interpret it as resistance to therapy in any way.

The therapist had been prompted by many factors to make the decision to support the patient in her striving to terminate therapy this time. There had been the recent holiday with her family, which the therapist described as having been "horrible", but he felt that her capacity to survive it and deal with it more effectively had dominated at the time. The patient also expressed a feeling of having coped and of feeling quite pleased with herself. As an aside the therapist said that he felt that the patient was not really interested in why she had certain difficulties and he explained that he would not really describe her as "a depth-type person". He felt that she wanted to experience herself as being able to cope with, more effectively, the very real limitations of her world and this he felt she was doing at the time. The patient had also neglected to contact him straight after the holiday had ended and this provided a longer break than had been anticipated, so that when the patient returned to therapy, the therapist felt that she did not really have the motivation for it. Honestly he admitted that the patient also paid him a relatively low rate and he would be pleased to put a patient in her place who could pay more. Another factor that had come up before in relationship to the issue of termination was the fact that the therapist was also using material from her therapy for a case study that he was writing up. The patient was obviously aware of this and he felt that it constantly had to be clarified that she did not have to stay in therapy so that he had the material with which to write the case. He thought that this matter had almost been clarified and accepted in therapy, but he felt that it was a relief not to have to go through this aspect again. There was some ambivalence on his part about this use of the patient's material too as he felt that it played into her not taking responsibility for being in therapy in the first place. He had the impression that she played a bit of a game of "I'm doing this for you" throughout the therapy. Ironically, he thought that he

could encourage her to take responsibility for therapy by taking the responsibility for ending the relationship. When she, therefore, described feeling strong and about wanting to end therapy, he supported her in that decision.

The therapist recalled seeing the patient one more time after she had told him of her intention to end therapy. He felt that it would be better to see her for one last session. He could not accurately recall the content of that session, but he did remember that there was still some "residual ambivalence" about being in therapy or not. The patient discussed with him the possibility of going back into therapy, and he felt at the time, by implication, with him. He could not recall having made this clear to the patient or not, but he had the idea in his mind that the patient could always return to therapy at an institution where she would be charged a minimal rate. In thinking about this aspect of the termination now, he could not be sure that he had made it clear to her that he would not see her in therapy again, perhaps he had "left that as a bit of a question mark".

The therapist could not remember the last session at all. He recalled having a good feeling about the therapy generally and felt that the patient had achieved something in therapy. "I was under no sort of illusion that she'd got *there*, you know, but she had reached a point where termination was inevitable".

## **4.4 PATIENT B**

### **4.4.1 INTRODUCTION**

Patient B was another person who had furnished a written protocol of their experience of termination. He provided a clear, crisp description of his experience of termination

that he wanted to place within a certain "contextualization". Three points were important to him as they related to the context of his therapy and he thought that these factors had influenced his termination experience: 1) he knew his therapist well as he had worked with him closely in a professional relationship; 2) he described himself as "ripe" for therapy then and he looked forward to the experience that he believed would benefit himself; 3) he really enjoyed his therapy and felt that he made progress during it. Therapy had not been a "painful or heavy" experience for him.

The first thought that occurred to him about termination was that it felt appropriate to end his therapy at the time that he did. He described how he had felt "guided by some deeper force" to allow himself to let go during therapy and had experienced this as a descent into the "underworld". Gradually he felt himself drifting "to the surface again" and experienced this as being synchronous with his sense that it was time to terminate. He wrote, "It was as if my psyche had been guided by an internal clock that had known exactly when termination was due". At termination he therefore, "felt whole again - all the pieces had been put together again and I was ready to move on". The ex-patient described how grateful he felt towards his therapist who had been able to accompany him on this journey and back again, and had been the mid-wife of what the ex-patient described as his "true birth". After this experience he remembered that they had both seemed a little shy with each other as if they did not know "how to be with each other in the mundane world after our rich journey".

When the researcher conducted this interview, like the previous one, she was still expecting the other respondents to furnish a written protocol and so used the protocol to direct some of her questions. In transcribing the tape-recording, the interviewer felt that she had dwelt too long on the point of the ex-patient knowing his therapist beforehand and felt that he became quite irritated with her insistence on trying to reach

clarity in understanding his motivation clearly. What it did reveal, however, was that the ex-patient would have been relatively cautious about entering therapy with anyone else other than the particular therapist he did see. He did not believe that one should enter therapy just because one was studying to practise as a psychologist, but did not feel that he had been too cautious in entering therapy. He described how he had observed the therapist "in action", liked his meta-perspective and felt that this person would be able to take him further than he was on certain specific issues. The ex-patient explained that it was not that he was in crisis or looking for a therapist it was more like "meeting him and realizing, ja, therapy with him could work".

#### 4.4.2 THE THERAPEUTIC RELATIONSHIP

The ex-patient clarified that his focus had been on the person as a therapist not as a possible buddy with whom he could go out drinking, but he felt that knowing the therapist in this professional context, had helped him to start his therapy immediately. He described how he thought that both the therapist and he had a fair understanding of each other, enough to provide a basis for a safe and respectful relationship. Someone who did not really know anything about the therapist might, the ex-patient thought, find that it took some time to develop a sense of closeness with the therapist, but he experienced this right away. He explained that he generally felt like an outsider and had felt in the past that other therapists had given him "trite, cliched answers to problems which I felt were quite unique to me". The ex-patient elaborated that he felt that he was on "a quest, a deep existential enquiry" and that he felt sure that the therapist shared a concern with this type of issue.

The ex-patient felt that he could also enter into a deep relationship with his therapist relatively quickly, because he saw therapy and this therapist as being able to offer him

"an invitation into the future". He had therefore entered therapy with a feeling of excitement and an expectation that this would be "an energizing and invigorating" experience. Therapy, as far as he was concerned did not have to be "heavy and painful" to be helpful or good. He felt quite irritated with people who felt that their therapy was working because they were really struggling with painful issues. He reiterated that for him therapy was "a very nice positive invitation, rather than about chains imposed on me by my past". The ex-patient reflected that he had also entered therapy from a dual perspective in a way, in that he was excited as the patient and expectant as the therapist to see "how this man used his tools".

For him the therapeutic relationship had been like a journey that followed a pattern that he could describe now and which he had been aware of during the therapy. Initially he described how each session had been meaningful for him and where he felt that "something really happened" in the sessions. He thought at the time, "this is working, its moving". He never thought that he had made a mistake in choosing the therapist that he did or that therapy was not working for him. The fact that he felt safe with the therapist was a very important experience for the ex-patient as he did not often experience feeling safe with other people. As this was a fairly unique experience for him he used it to give himself permission to "really go for it" in therapy and he felt that he was able to do this. The therapeutic relationship was unique for him in this respect and allowed him to open himself up from the beginning. "I was on this journey of exploration and my guardian angel, my guru, my catalyst was with me and I took courage from that".

The ex-patient described how he thought that the metaphor of a journey was the most appropriate to capture the sense of the "commardary and togetherness" he had experienced with his therapist. The interesting thing about this togetherness, he

thought was that he "all along felt very separate" as well. There was not what he would describe as a sense of "merger, it was like two distinct bodies travelling through this journey", yet he simultaneously felt very close to the therapist and tremendously supported by him. He never felt that this was anything other than *his* journey, but that he was always accompanied by someone whom he really trusted.

During what could be described as the middle phase of the therapy the ex-patient felt that he entered a "plateau". After the initial invigorating start of therapy, this phase seemed to be rather quiet, at least on the surface. The ex-patient described the experience of being in this "plateau" phase as a most important experience for him as he realised that what had gone before could sustain him during this time and that he could continue the exchange on an internal level. He described the time prior to the plateau as one in which he had functioned at a "pre-reflective" level. When this changed, and he described this as gradual as well as always there, he felt there was a move towards a more "reflective" level. Once he moved more fully onto the reflective level, he described feeling "a little shy" with the therapist. He thought that this shyness was influenced by many things, as he realized that he had experienced something very special with the therapist. He felt shy with the therapist back on the "mundane" level, because they had been together in such a deep and intimate experience. He also explained that he sometimes found it difficult to connect with the therapist on a more "social" level and that this had perhaps heightened his experience of how much had been allowed in the therapy with regards intimacy. Although he experienced himself as being in a different kind of relationship to the therapist during the "plateau" phase, he remembered it as one of the most significant experiences for him of therapy. He could not articulate what this experience had been for him, but it was a feeling that stayed with him. After the "plateau" phase the therapy moved towards the termination.

#### 4.4.3 THE TERMINATION OF THE THERAPEUTIC RELATIONSHIP

The ex-patient could not recall that either termination or the date was discussed in therapy. He felt rather that he had been at first alerted to the possibility of therapy ending by a "slowing down" of the process that he felt he was experiencing. He recalled that he was fascinated at the time that he had been aware of this slowing down process, but did not connect it with termination then. As this process continued and he found that he was able to reflect on himself more and more outside of therapy (which corresponded to the "plateau" phase), he found that he thought that therapy could now end. He returned to the metaphor of a journey to describe how this process had felt for him. The therapist and he had been on this journey and now they were coming home again and the city gates were just over the next hill, so he felt that it was okay to slow down and reflect a bit on the journey. He realised that soon the time would come when he "would have to go to his home and me to mine", and he felt "happy-sad" about this.

About two or three sessions from the end of therapy, the ex-patient asked the therapist if he "could use him academically". He explained that the therapist in him also wanted to understand this experience from a more didactic perspective and for him this was "a perfect" way of ending the therapy. "It was my conviction that the better I understood the process, as well as having experienced it, the better my ability to actually hold onto the good". As he spoke about this now, he thought that he must have had some fear about losing "the good", but he had not been aware of this at the time. He thought now that the need for the didactic ending was really about him as the patient, rather than him as the therapist interested from a theoretical perspective in what the therapist's motivation had been in doing certain things during the therapy. The interviewer asked if he felt that this had in fact helped him then? He replied that he thought that he had

a control issue and liked to have things neatly tied up or he could get into a bit of a panic, so he felt that ending therapy this way had helped him to hold onto the experience and take it further himself since therapy had ended.

The interviewer asked the ex-patient about the fact that he had given the therapist a gift at the end and asked if he could please say something about this. He replied that his first thought had been to show his appreciation to the therapist for having accompanied him on this journey that was so very special. The ex-patient was also aware that there was something difficult going on for the therapist in his own life at the time and felt that the therapist was "a bit shaky" about himself. He saw his gift as a token also of his esteem and he hoped that it would give the therapist "concrete proof" that he was a "bloody good therapist" and help him to "own" his brilliance at this time. The ex-patient described his behaviour in this regard as "rescuing and reassuring" towards the therapist, but he hoped that it would help the therapist to accept or to feel confident about his (the therapist's) effectiveness as a therapist.

The interviewer asked the ex-patient if he could remember how he had felt during the last session? There was a lengthy pause before he could answer and then he said "whew" and paused again for some time before finely trying to answer the question. He remembered that there had been a sense of sadness about the fact that he and the therapist would have to part, but he also remembered feeling "numb, becoming a bit blunted off, just a little bit blunted". Before the last session he had felt quite excited. He had prepared a speech that he hoped showed his appreciation for what they had shared and he wanted to give the therapist the gift. He thought now that he had perhaps not adequately conveyed his appreciation, but remembered that he found giving the gift to be "self-satisfying". The ex-patient found it difficult to recall what had happened

during the rest of the session. When he left the therapist's office for the last time, he described how he left with a feeling of having accomplished something.

#### 4.4.4 THE EXPERIENCE OF THE INTERVIEWER

The interviewer started the interview by asking the ex-patient about his relationship to the therapist prior to his being a patient of the therapist. This question had been prompted by the protocol that he had submitted. In transcribing and listening to the tape recordings the interviewer was struck by her insistence in staying with the subject until she had absolute clarity. It was only when the ex-patient said, after being asked a similar thing for the third time, "Does that make that clear"? that the interviewer became aware of what she was doing. At the time the interviewer experienced herself as being in a sort of state where she felt compelled to keep asking this question. In retrospect there were probably two things concerning her of which she was not directly aware at the time that both impinged on the relationship to the ex-patient. This explanation is given to show the power of the "transference-type" aspect of the interview situation and to highlight the dilemma of being the interviewer or the therapist. As interviewer I was aware that the ex-patient had said earlier that he resented people "imposing a fairly standard template" on him, but did not respond to this therapeutically. At the time the interviewer felt almost propelled forward to keep asking the same question and thought that the experience paralleled the process that the ex-patient was talking about.

When the interviewer asked the ex-patient how he had felt in the last session, he replied that he had "nearly said 'mission accomplished', but that sounds a bit clinical". At this point it seemed to the interviewer that the ex-patient was in some distress as she noticed that he was breathing very shallowly. She did not respond to this and he

commented that he "felt quite tight here (pointed to his chest and could not speak for a while), perhaps a bit panicky, nearly a bit bewildered perhaps". The ex-patient seemed genuinely moved at this time and ended with a "shew", saying that his feelings were very mixed. At this point the interviewer felt that she should bring the interview to an end, but asked the ex-patient if there was anything that he might like to add? He was still quite emotional, which he said, "I didn't really expect". He explained that when he had written the protocol he had no experience of this type of intensity of emotion at all. The ex-patient said that he felt moved by having spoken about his therapy and the termination. He ended by saying that "actually interacting with someone about it, sitting here, I actually feel quite sad".

## **4.5 THERAPIST B**

### **4.5.1 INTRODUCTION**

This therapist also prefaced his protocol with the expressed concern that it was difficult for him to give enough "specific situational content". He felt that this might be as a result of the time (15 months) which had past since he had last seen this patient for therapy. The therapist submitted the protocol, however, as he had tried his best and hoped that it would be of some use.

He began by writing that it had been about fifteen months since he had seen the patient for therapy, but that he had seen him recently when he had been in X (the town in which the therapist worked). The therapist was interested to hear how things had been since therapy, as he remembered that he had thought that the patient had benefitted from therapy even though it had been relatively short. He felt that he could comment on the feelings that he was left with after "all this time". The therapist remembered that

he had been "fond" of the patient whom he described as a "real truth-seeker and an outsider" with whom he felt he could empathize. He also remembered him as a person who valued his independence and the therapist thought that this had played a role in the termination. Although he felt that the patient may have benefitted from longer therapy, he thought that the patient had really "got something out of therapy" and that he was ready "for a less introspective phase".

The patient knew from the beginning that there was only six months available for the therapy and they agreed to meet twice a week. In retrospect, the therapist thought that the patient had needed to have an experience of another person who would accept him as he was when he "wasn't trying to live up to any expectations". The therapist described how he had felt that he wanted to align himself with the patient "against dehumanizing forces, which were asking him to account for and justify himself". Although the therapist reflected there were times when the patient felt trapped by him and therapy, he felt that the patient had been able to feel that it was okay for him to withdraw from the therapist and the world.

Towards the end of the therapy, the therapist remembered that the patient expressed an increasing enthusiasm "about moving into the future". There was something about this that formed an image in the mind of the therapist that he felt had influenced his stance towards the patient in termination. He thought that the patient needed to be confirmed in his "courage and capabilities" about being able to be independent without necessarily being alone. The patient had been "held back far too long and had at times felt discouraged about whether he had the power to confirm his own way". The therapist acknowledged that the patient made him feel "very good", as if he had something "good and powerful" that the patient wanted to inherit from him. He remembered that he and the patient had used the image of a "kingdom" that the patient

needed to make his own. The therapist described how he had often felt that the therapeutic task that he was called to perform with this patient was simply to "bear witness to his desire for independent self-expression".

He could not remember clearly how they had dealt with termination, but he remembered that the patient expressed a concern that he would not know how to remember himself in a way that they had both done together in the therapy. As such the therapist thought that the patient felt that he was losing the therapist as an important witness to parts of himself that he did not always remember himself. The patient was also strongly committed to finding his own kingdom, however, and the therapist thought that the patient, in the end, came to see him, not as someone from whom he could get something, but "as someone who had faith in his own abilities". At the time of the termination, the therapist felt that he and the patient were like "kindred spirits", but that the patient needed to go off on his own and experience finding his "inheritance" through struggle and adventure. He felt that it was a pity that he and the patient did not have more time together, but even then he thought that this would only be appropriate after "a period on his own". For the therapist this reminded him of King Arthur's knights, who, after searching for some time, would come back to the round table at Pentecost and "touch base" in order to refresh themselves to go out again.

#### 4.5.2 THE THERAPEUTIC RELATIONSHIP

The therapist had known his patient as a student prior to his becoming a patient, and felt that this might have impacted on their therapeutic relationship in both a positive and a negative sense. On the positive side the therapist felt that the patient "had a lot of trust in me" so that not a great deal of time had to be spent on the building up of the therapeutic alliance. He felt that this had enabled the patient to show his "inadequate

side" in the therapy relatively quickly, which the therapist thought was significant to the relationship as the patient did not easily trust that other people would understand him as he felt that he was "an outsider". On the negative side, he thought that the patient, who knew him relatively well from a professional point of view, might have idealized him and that this could have inhibited his sense of "freedom" from the perspective that the therapist thought that the patient might have at times tried to please/impress him. In retrospect he felt, however, that these two possibilities balanced each other out, but he remained relatively unsure about the exact effect these influences might have had on the therapeutic relationship.

The other factor, which was influenced by the therapist knowing his patient as a student, was that he felt that the beginning of the therapeutic relationship did not have a clear sense of beginning as "nothing he said very much surprised me as I already had quite a degree of insight into what he was talking about". When he first saw the person as a patient he recalled that he felt that there "was almost a sense on continuity", but that what he felt changed was that there was a deepening of his sense of empathy for him as his patient. As a student the therapist felt that his relationship to him had been more objective and of necessity more critical, but when he met with him as a patient he felt that "I opened myself up to him empathically much more and I took a different stance in relation to him". The therapist thought that this was an important part of the therapeutic relationship, "because I was freed from having to be in a more kind of evaluative teacher role and I was more interested in learning about what it was like for him to live his life". In other words the therapist felt that he saw the same things but in a different way.

The therapist explained that he knew from the beginning that he would only be able to see the patient for a certain amount of time and although no particular termination date

was set from the beginning he felt that it did lend "a certain intensity and urgency" to the work. He explained that an experience he had had when conducting a private practice had alerted him to the importance of the termination, and he felt that therapy should provide an experience of ending that was different from most experiences of endings in our lives. Most experiences of endings he thought were often "lousy" and "did not happen in a very nice way", so by knowing that there was some limit to their interaction, although it did not fall within the common understanding of a short-term therapy, already provided a difference. This difference he thought was also important to the therapeutic relationship as the patient could feel that there was less likelihood of him being "owned" by the therapist, which was the patient's usual experience in relationship to other people. He explained that it was important from the beginning for the patient to know that "I wouldn't somehow be around wanting to shape him and be the endless mother". The patient had a great need for independence and he wanted him to know from the start that he, as the therapist could encourage him to go off on his own without the patient having "to collapse into a kind of dependent state". In thinking about it now, the therapist felt that the patient had been able to really take risks in the therapy and push the limits of his own functioning as he felt safe knowing that there were certain limits in the therapy, one of them being that they could only meet for a certain time.

#### 4.5.3 THE TERMINATION OF THE THERAPEUTIC RELATIONSHIP

The therapist could not remember having brought the reality of the termination to the attention of the patient, because both expected it in a way. Usually, he explained that he does alert the patient to the fact that the therapy is nearing the end by stating that they have "two months or twelve sessions or whatever" left, and he would then ask the patient how they felt about this. He recalled that this time it had not been brought up

in "a discontinuous way" and thought that the termination happened "very naturally". The therapist explained that he usually asked a patient about their feelings towards the end of the therapy as he felt that "it was unrealistic to ever expect therapy to be the finish of anything, there is always something that has occurred to which the person has responded and there is also something that is unfinished". He believed that it was therapeutic to help the patient to say what was unfinished, but he did not remember doing this with this patient. What he did remember was that about halfway through the therapy that the patient said that he realized that "therapy isn't something magical" that was going to cause his whole life to change. The therapist saw this as a "period of disappointment" for the patient who had already then began to realize that therapy would not give him everything that he had hoped for or fantasized about, so that at the end they did not deal with the issue of disillusionment as much as they had in the middle phase of the therapy. The therapist felt that they had dealt with the issue of the limitations of therapy during the middle phase of the therapy and this he felt impacted on the termination in a very real way. Towards the termination of the therapy the patient who had already worked through, to a large extent, his wish that therapy would make everything better and transform him completely, could focus more on the future and "was looking forward to getting into some adventures".

The therapist commented that he thought that the patient's need "to go it alone" was part of the dynamic that he brought to the therapy, and "that it was not just a function of a good therapy" that he wanted to go out on his own. He thought that the patient could have found therapy "claustrophobic" so he wanted to support the patient in his desire to try things out on his own. The therapist "just wanted to confirm him in that" and felt that it was easy with this client who did not need to "become dependent" on the therapy or him. He did not feel that the patient had terminated prematurely and thought that if that had been the case that he would have had to deal with a lot "more

angry and depressed issues" at termination. He recalled that he had seen some people who were very dependent, who even after a relatively short therapy had experienced the termination "as a real wrench and as a loss" whereas the patient had wanted to go off on his own now, and the therapist felt that what he needed "was encouragement from me, for me to stand behind him, to say, you can do it".

Although the therapist felt that there was a sense of "rightness" in the patient needing to try out his independence, he also felt that the work was not "all completed". He thought that the "growing edge" for the patient was around him being able to affirm himself without the therapy, in a way that the therapy had done for him. There was a certain "lack of equality" in the relationship in the aspect that the patient felt that the therapist had something that he himself did not yet have, and he wanted to be able to "inherit" this from the therapist at termination. The therapist thought that the patient hoped that he would be able to "validate his own riches the way that he thought that I could validate his riches". The patient he thought was still a bit vulnerable in this respect and he felt that this aspect of the work was to a certain extent "unfinished" primarily, because the patient was not yet "fully able to accept the loneliness of this position". The therapist felt that the patient would have to come to realise that "being alone" was "a worthwhile price to pay for his self-support", but that he had not fully achieved this at termination. What the therapist could therefore say about the termination was that during therapy the patient had "experienced this possibility, but there was still this fight about winning that possibility in the world", which he thought would be an ongoing process.

In evaluating the work of therapy, the therapist felt that he had not "got into" the fact that the patient made him feel quite good, and that this impacted on him being able to take what he needed from the therapist without leaving him without. He thought,

however, that his capacity to face the patient's sense of disappointment "head on" about what therapy could offer him, had given the patient the strength to "forgive life in some way", and that in time the patient would be able to accept the "aloneness" of being-in-the-world as a person who would remember how to affirm himself. He remembered that at termination that they had both "given each other a lot of freedom to leave", which was something that he also appreciated in his friendships with men, and that this had not been destroyed with the leave taking, so that he felt that there was a sense of "mutual respect" at the end that made the ending poignant rather than sad. He reflected that he generally felt more sad when terminating with women clients than he did with men. He could not remember the final sessions clearly, but thought that they had been "very unstormy". There was "just a sense of us being together and acknowledging a little bit of what we had been through together" and knowing that "we would probably see each other again (not for therapy) felt good".

## **4.6 PATIENT C**

### **4.6.1 INTRODUCTION**

This patient had not submitted a written protocol for two reasons; first, she felt overwhelmed being back in X (the town in which her therapy had taken place) after an absence of some time, and second, she felt that she was better able to talk about the experience than write about it. Although the researcher thought that the lack of a written protocol did not affect the results of the interview as such, the interview was slightly longer than some of the others as the patient needed to focus her thinking about the question which she had not done before the interview. As the ex-patient had expressed a difficulty with writing about her feelings it might have been that her style was such that she spoke at length and around the topic before being able to focus her

thinking and that this could not be attributed to the lack of a written protocol.

#### 4.6.2 THE THERAPEUTIC RELATIONSHIP

The patient described her relationship with the therapist as an "intense" one in which very much happened. "It 's probably been the most important relationship of my life", and she continued "that if you put in other terms, then it was my first good object". After the patient terminated this therapy and moved to another town, she continued therapy with a woman therapist, who had been selected for her by her previous therapist, a fact she greatly appreciated. This relationship she said "doesn't come anywhere near my relationship to "y", not in specialness, in closeness, in terms of the way that we're working, and it's because I think that I was working at such a primary, like almost a pre-verbal level" with "y". The patient thought that the relationship to her therapist had been very special for both of them, and she felt very grateful for this relationship that she felt "had saved my life". The patient explained that she had gone into therapy thinking that she had no feelings "that I was hard, cold and mechanical", but through the specialness and closeness of the relationship she had come to accept that she did have feelings and could feel for other people as well. She had recently changed her orientation slightly and was doing more body work with an understanding of Reich's "body armour" in mind, and so had people coming into her home for body therapy. She explained that it "meant so much" to her to have these people comment about how warm and peaceful her home was "and just appreciating me as a caring person". Although she felt that this was a wonderful confirmation of realising her own feeling world, she still sometimes asked herself, "Is this really me"? On reflection she knew it was and she added that the "biggest gift" of therapy was that she could say to herself "it's almost like I'm a real person" although at times she still felt that she did not know that completely.

In speaking about the therapy now the patient felt that the structure of the therapy as well as the therapist's response to the content of the sessions had combined to make it a very reliable and trusted space for her, which had allowed her to explore certain images at depth and feel that she could allow them to come into her body. She thought that initially when she had no feelings that the only material she had to work with were certain images and she felt that this had been exploratory for both her and the therapist, but she really appreciated his willingness to go along with it and to help her make sense of her world in this way. "It just never felt like I was being forced to be too adult when I couldn't be" so she felt that she could allow the images to speak for her and in this way came to realise her feelings. As someone who was also training to be a therapist the patient felt that the "transference" aspect of the relationship had never really come into it for her and she thought not for the therapist either. She reflected that for her the relationship had been "totally real" and she was sure that this was true for the therapist as well. She added that she had also not experienced any sexual feelings for him, and although she thought that this would have made a difference to the therapy she felt that without them there had been a clearer space in which she could feel that he was like a mother to her.

#### 4.6.3 THE TERMINATION OF THE THERAPEUTIC RELATIONSHIP

The patient started by saying that she could not talk about the termination simply as an isolated or situated event as it had been "a process over time" for her, and that being here now was an important part of that as she had seen her therapist again. She also felt that it was not a coincidence that she had been asked to participate in this study and was happy that it provided her with an opportunity to show her gratitude for the therapy and towards the therapist in a concrete way.

The patient recalled that the issue of termination had come up about six months before the therapy ended. She explained that she had applied to do a Masters degree in Clinical Psychology at another University and that when she returned from the selection process she knew then that she had been accepted so realized that her therapy would have to end. She had been in therapy for three years and had even taken out a bank loan so that she would be able to see the therapist three times a week. It had been a dilemma for her as to whether she should apply for a Masters degree at the University in the town where she was receiving therapy, but had decided eventually not to do this. She remembered that she and the therapist had discussed this briefly in therapy, but it still meant that he would not be able to continue as her therapist. Termination at this time felt "right" to her, as she had previously not applied to do a Masters degree anywhere, because she had felt that she was not ready to leave therapy. When she had applied for the Clinical Masters degree course at the other University, she had done so, because she had already felt that she was ready to move on.

The six months prior to termination was "a very, very traumatic time for me", because of "something that just happened that was so preoccupying that the therapy couldn't be dealing so much with the termination". There were so many other things going on at that time that she described it "as a bit of a roller coaster towards the end". Although the patient had felt that the last six months had been a very trying time for her she felt "that there was so much strength in it for me that I knew I could leave". As a result she did not feel that "there was ever a time of really mourning the loss of something, it was really a feeling that I would be taking something away with me that was really special". For her termination was something that has only been happening since then and particularly now. She went into therapy with her new therapist only a week after terminating this therapy and felt that she gave the new therapist "a really hard time", but never felt that it had anything to do with the previous therapy. She thought that she

would go through a time afterwards where she would "feel angry or go through a negative transference, but I never, ever have".

Coming to X (the town in which the therapy had taken place) had been more difficult for her this time than she had imagined. She had returned to celebrate a special occasion with some friends and had met her therapist at this party. The contact had been pleasant, but "very brief" and she had spent most of the night speaking to his wife. "I felt very close to him and it was nice and that was fine if it had ended there", but the patient felt that there were things she really wanted to tell him about in terms of her new life, so made a time to see him again at his office. It was when she was sitting in his office again, which had been where the therapy had been conducted, that she realized that it had been an "incredible loss", although not complete like if there had been a death, because she felt that "I do still carry it with me". Part of the realization for her was that "I'm only now going to properly terminate with him", and that she experienced as painful. The patient was surprised that this time seemed so different to her in coming back to X, as it had been two years since she had terminated the therapy and had been back to X on two previous occasions.

The first time that she had returned to X had been about six months after the termination of the therapy. She had contacted the therapist and had arranged to meet him. At the time he had made a comment about keeping the boundaries very clear and had suggested that she perhaps pay for seeing him. This had angered her and she recalled having thought "what a bloody cheek, so I was actually quite pissed off with him, so if you had interviewed me then it would have been completely different". The patient explained that what she thought would have been different is that she would have come from her head then rather than her feelings about the termination. She recalled that they had spoken about her experience as an M1 student and she felt that

it was affirming to tell him about this experience and the fact that she was getting good feedback about her ability as a therapist. The meeting had been fine, but she had no recall of having felt anything other than angry with him at the time and did not experience the loss as she was doing now. She had returned to X some time later, but had not contacted the therapist, because of his reaction the previous time. That visit to X had also been relatively uneventful and nothing had occurred to her about the therapy or its termination then.

The patient felt that on this visit that she was much "more vulnerable" and "I think I've just allowed myself to digest it and I'm just feeling incredibly open here now". She explained that the move to the new town had been very hectic and that therapy had dealt largely with the adjustments that she had needed to make at the time. She reflected that she also lived a relatively "isolated existence up there", and thought that part of her openness this time had been influenced by the contrast with her life "up there". The patient explained that she was feeling the loss about everything that X had meant to her "the companionship and just general loss" of X. During this visit when she had seen the therapist there had been an interruption during their conversation and she had to go away and then come back, and she felt that this had given her more time to think. She also remembered that there had been a greater equality to this meeting and a mutual give and take of information about each other that was different from before when she had still needed his approval in a way. During the break she had allowed herself to "feel just how special it was and just the pain of doing that" which had enabled her to remember "that it was something so incredibly precious that you almost just want to cry at the beauty of it all". Although she felt that she had never taken the therapeutic relationship for granted, she was grateful that she was able to experience it in this way in the present and to be aware of her feelings although they were painful for her.

Returning to the time of the termination, the patient said that she could not really recall thinking about the fact then that the therapy was indeed ending. "There was just so much incredibly painful stuff" that she felt that she just needed the therapist to be there for her, which she felt he was. She also recalled that she asked for an extra session at this time and had been very relieved when he had been able to offer her one as it had been very hard for her to ask for this. The end was "incredibly rushed", because of the traumatic event that was going on, and because the therapist then went on the end of the year holiday. There were a few sessions when he came back she explained, but they had not "even gone into the leaving too much, because there was this other thing". Although she could not remember clearly what had happened during those last sessions, she felt that the worst had been gone through with regards "the other drama" and she accepted that he would be gone for a time. The person she had been sharing a flat with had also left for the end of year break so she had moved in with another friend as a temporary arrangement until the therapist returned and they could terminate. With all this going on she felt that she had been too preoccupied with events outside of therapy to worry too much about it ending, but she did recall that she had a dream around that time that had upset her. It was a dream about a building into which she went and then realized that the "foundations were cracking". She took this dream to her new therapist, although she said she did not even need an interpretation, but was relieved when this therapist interpreted it as an indication of the "rightness and readiness" of the time for her to move away. Recently she had a dream that she thought was like a "brother or sister dream" to the one she had on leaving therapy. She had come to see the previous dream as a "transitional dream" and had spoken about it "a lot" in therapy with the new therapist. The dream that she had more recently was one where she had been walking along and had seen this "incredibly beautiful building and just being so stunned by how incredibly beautiful it was". Then she walked past the building and saw at the back that "there was still a bit of scaffolding and they were

still finishing things off at the back". She found it interesting that she had this "follow-up" dream so recently and it suggested to her that perhaps things had been worked through and had to come up now, as she had perhaps not been able to work through the termination before as it would have been too painful for her then. She felt that since arriving in the new town that she had had to be "functional", but that now that her internship was coming to an end, she "could let go a bit", and that this had perhaps allowed issues around loss to arise for her. She felt that the "time period was right" and that she could take these issues to therapy now when she got back. She realized too in talking about it now that she had not been dreaming for quite some time recently and described this as "quite weird". Although she felt that the therapy under discussion had given her the ability to work through things on her own, she was very pleased that she had the therapist in the new town to go to.

In thinking again about what she had retained from the therapy, she felt that it had given her something that she felt "in the core of myself". Although there were times that she felt very alone and the "intensity of feeling" was similar to how she had felt "long ago", she did not "fear or panic" about the depression she had experienced returning, "I know that it's over". This experience she felt enabled her to say that what she retained was a sense of the preciousness of the relationship as one in which she did not panic and think "I've lost something of myself". Knowing that she could not lose this sense of the core within herself allowed her to feel what she was feeling and that for her was the difference that she noticed about herself. She had always been aware that there had been a "very false sense of strength in myself" that gave her the idea that she did not have feelings and that she was a "survivor". Now she said it was "like that thing that Jung had said about the disaster having happened a long time ago", she knew that now and did not feel that she would ever lose that again. She could not think of anything that would "throw" her enough for that to happen. She recalled that the

therapist had said to her in the most recent meeting with him that "the shadow of individuation is one's chronicity" and she felt that she could accept this now and even laugh about it without feeling that the shadow had to be got rid of.

The patient had also written to the therapist on occasion and remembered that the first time it had been, because she was angry with the new therapist for not automatically giving her two sessions a week and for answering the phone during sessions. She had succeeded in finally getting two sessions a week and the therapist now unplugged the phone at the beginning of her session, but at the time she had been very angry about it. He had replied and she had been very pleased that his letter was the first she received in her new home. She felt affirmed by it and also that he had accepted her as a colleague and an adult which meant a great deal to her. She described how beautifully the letters were written and thought that he would not have said the things he did if he had not meant them, so was impressed by his genuineness as well. The patient wrote another two or three times and it surprised her in saying that now that it had not been more often, she had not replied to his last letter. She thought that she might see him again in the future if she were in X, but that she would be "much more realistic" about it.

#### 4.6.4 THE EXPERIENCE OF THE INTERVIEWER

Initially the interviewer felt that the patient was able to verbalize her thoughts quite well, but began to realize that it was more content than description. This might have influenced the way in which she put certain questions to the patient in that she thought she was condensing what she heard and asking if she were right. For example, the transcription showed that the patient spoke for two pages of single space typing without the interviewer really saying anything. Although the interviewer accepted this as the

style of the patient and let it be she found that it made contact with the patient difficult and she felt that she was being kept at arms length. At this time she made a comment that the therapy was such a special and beautiful thing that the beauty of it almost made you want to cry. The interviewer picked up that this must be very hard for her and realized that she felt rather alone and frightened to move into the experience. This changed about one third into the interview when the patient was explaining how special the relationship to the therapist had been and that she felt that she was only really terminating with him now. She had gone on to say that it was very difficult for her to cry, but that she felt that she needed to go back and have a really good cry about the end. At this point the interviewer felt closer to the patient and made the comment that the patient seemed very close to tears when she had said that now. She emphatically agreed with this and there was a deepening of the rapport.

She moved away from this point again and commented that it was strange that she had not really experienced this intensity of feeling before, but put it down to various things that had kept her busy and had occupied her in other ways. Some time later she acknowledged that this realization of the loss of the relationship and how special it had been was really very painful for her, but that she was grateful to be able to experience that pain. She added that she would need to work on issues of loss when she returned to her new therapist as this interview situation was obviously evoking that for her in a way that she had not been aware of before and had not expected. She again reiterated that it was very difficult for her to cry and to mourn a loss and that it was a real struggle for her. She thought that the interview had had to happen for her to be able to take that process further and that if she were to bump into her therapist again, say at another party, that the experience would be fine for her, by which she seemed to mean that she would not be overcome with emotion on seeing him again. She added that although the therapy had been really very intense and deep, and that at times she

was very regressed, that she had never really cried in therapy either. The patient explained that the odd tear may have trickled down her cheek, but that she had never really been able to allow herself to sob and that this is what she felt she needed to do now. When the interviewer commented on this the patient told her about how angry she had been with the therapist on a previous occasion and that she felt that she had wanted to say to him "just be quiet" as she felt that he could go a bit far at times. Although the interviewer understood this as a "transference" type of comment she did not comment and let the patient continue, but did not stay with the fact that feelings and crying were difficult for her. She also said at that point that if the interview had taken place then, that she would have probably come much more from her head in describing the termination. This type of back and forth shift occurred throughout the interview and gave the interviewer the impression that this process mimicked the therapy rather closely.

Perhaps because this patient was interested in body work and was involved with using a body therapy technique, she was able to show in her body more than she was at times able to say. When she spoke about being very regressed in therapy she curled up into a foetal position and did not emerge from it until she was able to move onto a more "head" area that she could talk about again. The interviewer made no comment about this, but was very aware throughout the interview that the patient could easily regress and was perhaps quite unconsciously holding herself away from that possibility. She often commented during the interview that she had to allow herself to feel and at the end felt that this was the most important realization that she was left with; that she could allow herself to feel what she was feeling and not disintegrate as a result. This had in fact been her experience during the interview, but when the interviewer commented on this, although in a very non-threatening way, the patient ended the interview by pushing the pause button on the tape recorder and excused herself to go

to the toilet. Again, the interviewer did not comment on this when she returned, having first spoken to her hostess in the kitchen, but the thin thread of connection that had been formed was broken. The next five to ten minutes that the interview lasted was largely about safe issues, like the letters she had written to the therapist, although she did restart the interview with a comment about being angry with her therapist in the new town for not being able to meet her needs. It seemed to the interviewer that the patient was able to get to her feeling world through anger, which seemed to be a familiar emotion for her. Although it seemed that the patient wanted to try to recapture the sense of closeness that had come to exist in the interview, it was getting late and the interviewer then ended the interview. When the tape-recorder had been switched off the patient commented that she thought that she was part of something that was very special to the therapist, and, although she mentioned to the interviewer what this was she asked that the specifics not be mentioned.

## **4.7 THERAPIST C**

### **4.7.1 INTRODUCTION**

The therapist had not submitted a written protocol, because he felt that it would be somewhat stilted and thought that he could best convey his impressions by talking about them. He had read over his case notes prior to the interview and had them available for the interview. It is interesting to note the similarity even here between the ex-patient and the therapist, but again, the researcher did not feel that the lack of a written protocol influenced the data in any way.

#### 4.7.2 THE THERAPEUTIC RELATIONSHIP

At the beginning of the therapeutic relationship the therapist was sensitive to the patient's enormous ambivalence. "I was faced with the ambivalence of someone who had an incredible contempt for me and disparaged the therapy and refused any kind of dependency feelings", he said. He found himself swinging between feelings of "uselessness and omnipotence", but felt that the patient was deeply committed to therapy and really very dependent although he found that she denied this. He eventually accepted the ambivalence as he came to see that "itself spoke of a deep feeling between us". He remembered that he certainly experienced some of her feelings and recalled a time when she had been "depersonalized" in the therapy when he could literally not see her. The therapist felt that his deep sense of empathy with her helped to develop the therapeutic relationship and after two years she stayed in X (the town in which the therapy took place) and found work specifically to carry on the therapy with him. It was at this time that they also moved from two to three sessions per week.

By the time that the therapy terminated the therapist mentioned that there had been about three hundred sessions of psychotherapy. He felt that during this time that he had been through a journey with her that had "led into very deep, primitive issues in relation to her mother in particular and with me, so I had the feeling that we had been through something that was irreplaceable". He described feeling like someone who had been through a war with a companion or like parents who had a child together, so that his overall feeling about the relationship was that it "was something precious to be remembered". From a professional point of view this had also been something of a first for him which also made this therapy special for him as a psychotherapist. Although he had seen patients for long term therapy before and had certainly seen

patients for three years before, he had never seen someone so intensely before. He added, and hoped that this would not be misunderstood, that he felt there was "a sense in which I really loved her". There was a time in the therapy that he remembered when he had to be like a father to her and "made the boundary between her and her mother", but there was also more to his love at times than fatherly concern. "There were times certainly when I had sexual fantasies about her and when the rhythm of our talking and silences was really quite a lot like love making". He supposed that what he was trying to say was that there was a deeply felt sense of intimacy in the relationship, and that he felt comfortable to talk about it through the analogy of lovemaking as he felt that he had been contained and had not acted out even subtly through interpretations, for example. The therapist realized that he had a particular feeling about what he called "wild women" which he could trace to his relationship with his own mother, but what he thought was important about this was that he was not frightened by their madness, he actually had a deep affection for them. He remembered an incident during the therapy when the patient had arrived for her session and the "Do not disturb" sign had not been turned around. She came in extremely angry and had a fantasy about "putting a gun to her mother's head and blowing her brains out". He never felt outraged or frightened by this type of "transference relationship" with the patient and said that "it's almost perverse, but I almost just felt pleasure, and a kind of humour, I have a real affection for that, you know, there's a spark there".

The therapist described how the first year to eighteen months of the therapy had been when the patient was in a type of "pre-relationship" to him. The therapist felt that the patient had no sense of a "transitional space" so that when she was with him she was either "angry, or contained, or happy, or whatever", but that when she was out of the therapy "she was in a kind of abysmal darkness, there was no connection between us at all". When she was with the therapist in the therapeutic relationship she described

this as a kind of "exquisite dependency", meaning sensitive, but when she was not there she could not even remember what he looked like and would panic that he would not remember her at all. The therapist felt that there was not really a relationship yet at that time as there was no sense of continuity. "With the sense of continuity came the dependence", he said.

He remembered a specific incident that had happened at the end of the first year of therapy. He had been seeing the patient at a very reasonable fee and announced to her at the beginning of the session that he was increasing his tariff. The patient was, in his view, disproportionately enraged by this suggestion and said that this only proved that neither he nor anyone else really cared. He was able to eventually say, which he did quite quietly and gently, that she seemed to have forgotten that she had already been paying him for that year. The patient acknowledged that she had been, but that to her this had just been part of "playing the game". The therapist realized that the patient had not "owned or acknowledged" what paying meant in terms of the relationship and had only been complying mechanically. At this point the patient was still raving on, and the therapist commented, again rather gently, that he would not be seeing her if she were not paying for the therapy. The patient "spun into a disorientated panic and despair", which the therapist just watched for some time (about ten minutes). The therapist then realized that he was beginning to feel really relieved and simultaneously noticed that the patient seemed to relax slightly. He commented that there seemed to have been a change in the atmosphere in the room and that she seemed to feel deeply relieved. While the patient acknowledged this, she was also very confused and wondered why she should feel relief, particularly after what he had just announced to her. The therapist commented that perhaps it was "that there are now two of us", and the patient just smiled, nodded and relaxed into that. The rest of the session was spent in silence while they both enjoyed this new feeling. At this point he remembered that

he could see her clearly again and that she was able to see him. While she had not really been paying for the therapy, at least in her fantasy, the therapist had been completely under her control and she had remained totally isolated. In the following year there were times when the patient would forget this experience, but it was "a lovely moment" that the therapist felt he could refer back to whenever she did forget. The therapist felt then that it still took some time for the sense of continuity to be established, but he felt that there had been a change in the quality of the therapy from the point of view of the way in which the patient was able to experience the dependency. "In the second year there was the move, in a way, in the direction of creative dependency, and it was in the third year that that creative dependency was developed and she could play with the therapy in a much more creative way".

The therapist also wanted to say that he felt that the patient idealized the therapy in a defensive way. He remembered that, in a session just prior to their starting to work on the termination, that she had been very angry with some friends for making disparaging remarks about him. The therapist made the interpretation that perhaps some of these things that her friends had said were true of her experience of him as well, but that it was too painful for her to admit this. This interpretation "got the cold shoulder", but the therapist felt that there was material in that session and the one that immediately followed it, although it was vigorously denied, that led him to believe that the interpretation "had been spot on". He waited another two sessions before making the interpretation again and this time the patient was able to accept it and could work through some of her disillusionment.

#### 4.7.3 THE TERMINATION OF THE THERAPEUTIC RELATIONSHIP

The therapist commented that there were termination themes evident throughout the

therapy, and some were there right from the start, like "would I still be there for her" which she would ask before a break especially. By the time the therapy entered its third year they were both aware that the therapy was ending as she would be leaving town, but the therapist felt that the patient was trying to avoid this knowledge. He felt that he increasingly "needed to force and focus the issue of termination when she didn't yet want to". The therapist thought that the patient did not want to "own or work through what we both knew", and he felt that they had different perceptions of termination and what it meant. As far as he was concerned, the experience that they had been through together had "been quite special" to him, but "absolutely life-transforming for her". He felt confident that what had been established during the therapy would not "go away" and that the patient would carry this experience with her "for the rest of her life". The therapy had, from his perspective been "a slow and profound process of transformation" which in terms of the "interior cohesion and self-acceptance" gained by the patient would stay with her forever. On reflection, he thought that this had less to do with interpretation and insight and was more a function of "just spending time together". He felt that he could move towards the termination with "a real confidence and a respect and affection for this person who was going to go out into the world and make the most of it". He was aware that as he approached the termination with this patient that he felt that he would in a way miss her, and that "missing someone is a way of remembering them" as she had also become part of his own inner sense, but that he did not need to see her afterwards in order to retain this awareness. While he was aware of his own feelings in the way just described, he was also aware that the patient was approaching termination "with tremendous anxiety". He explained that the patient had become "involved in an affair which shut down on her". The lover, for various reasons had said to her that he was not able to see her any longer, which she could accept, but what "filled her with horror" was that he also said that "he refused any memory of her", to him it was as if the relationship had never

happened. For this patient who had "a brutal early history", the lover's body became the dead, flat, hard body of her mother and she ceased to exist. The therapist was aware that he needed to bring this external relationship into the therapy as much as was possible "without over doing it" as part of the patient's anxiety about termination was that she would also be forgotten by the therapist. He tried, for example to remind her that her lover had become the "bad" one for saying no to her and that he remained the "good" one for understanding her, but this ignored the fact that in a couple of weeks that he would also be saying no to her when they terminated. He recalled that she experienced "immense rage" at this time and asked for an extra session, which she had never done before. The therapist remembered with wry humour that his doing this had not compromised the patient in such a way that she was still able to express her rage at him for feeling that she needed to feel grateful "for these scraps thrown her way". By having "really blown her lid" over a period of a couple of weeks, the therapist thought that she could remember that she still had "incredibly warm" feelings for him. He felt that this was a real time of integration for the patient, when she realized that her love could survive her fury and destructiveness. The therapist remembered that there had been many occasions in the patient's life when she had been very destructive indeed. He felt that his capacity to stand up to her rage without being frightened had helped to contain the situation and also that he was not "smashed" by her rage was very important for her to have experienced.

One of the other things that he was very aware of at the time was his need to "be technically on the ball" as that helped him to contain the situation, himself, and the patient. "I really believe there's a lot of wisdom to the professional structure and therapeutic competence"; he remembered this as something that he could rely on at that time. He felt a particular pressure at the time to reassure the patient and to collude with her by telling her that she was special, at least to him, but was able to contain himself

through his "professional tidiness" and through a sensitivity to boundary. At the time it was not clear to him that he was doing all these things but in retrospect, and because of a dream the patient had, he realized the wisdom of his decision at the time. Although he felt that it was not important to reveal the content of the dream, it became possible through the dream to explore her resentment towards him for her having really been special to him. He felt that he had become the neurotic mother who demanded that her child be special in order to meet certain of her own needs. This was a point that had to be dealt with with great sensitivity, as he had, with the patient's permission, used some material from the therapy for something that he wrote up and the patient had at that time indeed felt very special. He realized "the trap in that" and in an ironic way, "reassured her that she was quite ordinary and not a special patient". He realized now, in looking back on this time in the therapy just how delicate the balance had been, as it was true that she was also special to him, and he reflected that it was perhaps this type of issue that had made him so determined to remain "professionally orthodox". "This leads on to another part of my experience of termination, which is a real sense of professional satisfaction and competence" at the termination. The therapist explained that he had worked hard at his psychotherapeutic abilities over the years and being something of a perfectionist he felt that he experienced "quite an uncomplicated satisfaction about the whole thing".

The therapist explained that he often felt a pressure to act out during the termination phase of a therapy, in all sorts of subtle ways, but that "the formality of the structure had helped me not to act out". He went on to explain that if he had told the patient that she was special to him, that this would have been one way in which he could have acted out. He did, at the end of the last session tell the patient that she was special, in the context of her having given him a gift with the wish that he would remember her. Another way in which he felt that he could have acted out would have been to "become

chatty, let's become friends, we've done all the professional stuff now", but he was able to resist this urge. He thought that something that had helped him to contain this aspect during the termination was his awareness that the patient was also going to train as a Clinical Psychologist. He knew how important one's own therapy could be in influencing the way in which one practised oneself and he wanted to "try and model for her as best I could what I thought was good psychotherapy". Although he felt that this was a subtle issue he acknowledged that he had been consciously aware of it while working with her, and at termination found that it helped to strengthen his resolve not to act out. On reflection, he felt that he had been able to maintain a balance between adhering rigidly to the rules and collapsing into a collusive chattiness at termination. He remembered something that had happened in the therapy that illustrated this point "very meaningfully". "We had used as an archetypal amplification of her transference" at some point the myth of Dionysus. Dionysus' mother, Semilie was dying and so Dionysus' father, Zeus, cut him out of her dying body and sewed him into his own thigh, where he carried him to term. Somewhere during the last ten sessions he mentioned to the patient that it seemed that the time had come to "unsow my leg", and the patient had been very moved by this. She said that it made her realize that he would also be affected by the termination of their relationship and that "I would carry the scare as a mark of our relationship forever". This he felt illustrated that although he had been able to keep a sense of boundary during the termination and had not acted out, that it had not prevented the patient from realizing the mutuality of their relationship.

He could not really remember the last couple of sessions when he got back from holiday, but in looking through his notes had realized that they had been helpful to the patient. He thought that one way in which his stance had perhaps changed in these last sessions was that he was not "just following her process, which I had been doing for

most of that year". Although he thought that it would be overstated to say that he was more confrontational during that time, he felt that he did have to "confront her with the unrelenting reality of the world", and that he had never excused the unrelenting presence of the world. He reflected that one of the most important experiences that he had that strongly encouraged him to be more "confrontational and less following" during termination with all patients, was his own termination experience. He remembered that his own therapist had followed his process to the end, but had never picked up on his anger, fear and frustration, which he thought he had taken out on his wife. He had gone into a terrible depression the year following his own termination and felt that it was largely because his therapist had not confronted him about his feelings, particularly the more "negative" ones during termination. That experience had made him "very sensitive to those issues with all my patients", particularly at termination when he felt that it was "not sufficient to be passively receptive" to what was happening. Through reading and supervision, he had been able to come to understand his own reaction at termination and realized afterwards that he had been paralysed by his own terror and that "I really needed someone to confront me with the reality of my rage and stuff and to take the reigns and be stronger than me", he thought that he remained very sensitive to that issue during termination.

#### **4.8 PRESENTATION OF THE DATA**

After further phenomenological reduction of the data, it was found that the ex-patients and the therapists had certain commonalities in their "groups" and it was decided that the data could thus be presented as the ex-patient group and the therapist group data. The various categories into which the data had initially been divided needed to remain as these represented discrete aspects of the data. A distillation of the interview situation and the therapeutic relationship as experienced by both the ex-patient and

therapist groups will be discussed in the following chapter as the context from which the data about termination could be interpreted.

#### **4.9 GENERAL FEATURES OF THE ESSENTIAL DESCRIPTION OF THE THERAPEUTIC RELATIONSHIP AS EXPERIENCED BY THE EX-PATIENT GROUP**

All the ex-patients felt that it had been important to the development of the therapeutic relationship that there was a good patient/therapist match. Two of the ex-patients felt that they had some control over this factor as they had specifically chosen to work with that particular therapist as they had felt before-hand that they would be understood. Everyone rightly intuited that there were certain similarities between themselves and the therapist, although none of them made this explicit in the therapeutic relationship.

Each ex-patient remembered the beginning of the therapeutic relationship as they were at the time in relationship to the therapist. One ex-patient, for example had felt that she was being self-indulgent and held back from talking about herself freely. Another ex-patient felt that she was unable to find the words to express what she was feeling and worked initially in images. The other ex-patient felt right from the very beginning that he was understood in a profound way, yet he never lost his sense of separateness throughout the therapy. It seemed that all the ex-patients, through remembering the beginning of the therapy were giving a clear indication of the issue which was to be the central issue of the therapy.

The structure of therapy, which included the regularity of the sessions as well as the consistency of the therapist in always being-there (understood in a concrete and depth

way), was felt by all the ex-patients to have contributed to the development of trust in the therapeutic relationship.

The person of the therapist was accepted as having an influence on the therapeutic relationship that would have made the structural factors inconsequential if that had been the only thing that had existed to provide for the place for the therapy to happen in. No ex-patient could quite explain what this aspect of the person of the therapist was that made the difference. All were aware that the person of the therapist was not quite the same as the person themselves, yet it was perhaps both these factors that had made the therapeutic relationship a possibility. Ex-patients seemed to have been able to hold the tension of this ambiguity in a way that made them think that this had something to do with the establishment of the therapeutic relationship.

Being understood, whatever that meant for each individual ex-patient, was experienced as very meaningful by each ex-patient. Although they all felt that this had also impacted on the therapeutic relationship in a way that made it different to many or most other relationships that the ex-patients had experienced, they all felt that it was the one thing that had enabled them to develop a better, more focused and honest relationship with themselves. The difference of the ex-patient's experience of this relationship compared to other relationships that they had known, helped the ex-patients to feel that they had changed in some way that stayed with them after the therapy had ended. They all described this as "hanging onto the good" in more or less the same words.

All the ex-patient's experienced a growing need for independence within themselves that made them feel that termination was happening for them at the right time.

#### 4.9.1 SUMMARY OF THE THERAPEUTIC RELATIONSHIP AS EXPERIENCED BY THE EX-PATIENT GROUP

All the ex-patients found the therapeutic relationship to be one that was intense and that focused their thinking about themselves in a way that was described as all pervading in their lives. During a time near the beginning of therapy each ex-patient described how they had come to see a particular dimension of the therapeutic relationship that they felt represented a central issue for themselves. The beginning of the therapeutic relationship was defined as anything from two months to eighteen. In the mutual co-constitution of the therapeutic relationship, often experienced as developing around this central issue, ex-patients felt that they were involved in a relationship that was a "first" for them. Some of the novelty of the experience was ascribed by the ex-patients to the structure of the therapy. The regularity of the sessions as well as the dependability of the therapist were given as factors which influenced the development of trust in the relationship. The structure alone, however, would not have been able to provide for the space to be developed in which the unfolding of the ex-patients's to themselves could have taken place. They all recognized the role of the therapist in this, but did not know how to describe this aspect of the therapeutic relationship. It was and it was not "who the therapist is" that influenced the relationship in a positive way. They all felt deeply heard and understood by a person they thought was not that much different from themselves in certain ways, yet no one felt that they really knew who the person of the therapist really was. It seemed, ironically, that the tension between knowing and not-knowing enabled the ex-patients to feel that they could open up to the therapist, often in a way that they had never experienced themselves doing before.

The therapeutic relationship was described as different for all the above reasons, yet what stayed with the ex-patients and which they felt was quite firm within them, was having been able to experience themselves as different through the therapeutic relationship. Ex-patients thus felt that there were many aspects to the therapeutic relationship that had made it a different experience for them and it included elements of what had happened between the participants of the therapeutic relationship and what had happened inside the ex-patient. The complex mixing of all these aspects which made up the therapeutic relationship in the experience of the ex-patient group went together to make this experience the first experience of a relationship of this kind for them . It was this complex something that is called the "therapeutic" relationship that was something that was later described as the "good" which all felt that they had been able to retain since therapy had ended. This "good" was held inside themselves at the core of their being, because of what they had experienced in the patient/therapist relationship and for this reason, none felt that they could loose it. Even though they all admitted that in their day-today lives that they often forgot to remain conscious of their relationship to themselves, they all knew that they had not lost this capacity. The interview situation made that very clear.

#### **4.10 GENERAL FEATURES OF THE ESSENTIAL DESCRIPTION OF TERMINATION AS EXPERIENCED BY THE EX-PATIENT GROUP**

- \* Termination could not be described by the ex-patient group as a discrete emotional experience.
  
- \* The ex-patient group could describe termination as a relatively small part of the greater whole of their therapy.

- \* Although all the ex-patients said that they were aware of their therapy coming to an end, none of them remembered actively working towards this so they could not distinguish a termination phase as part of their experience of termination.
- \* Ex-patients described feeling "other worldly" at the end of therapy. They could not recall feeling anything much at all and felt that the experience had been hazy at the time. On reflection, all the ex-patients could recognize this now, but had not been really aware of it at the time.
- \* No one described having felt a sense of sadness or of loss at the end. Every one spontaneously explained that they had felt, on the contrary, that they were taking something very precious away with them.
- \* Two ex-patients, who were training as therapists, expected to feel angry and let down about therapy coming to an end. Neither of them experienced any "negative" feelings towards the therapist at the end and they did not have any "negative" experience of therapy either. Both of them expressed surprise that this expectation had not been met and that their experience had almost been the opposite of what they had thought. The aspect of theory being almost totally opposite to experience is highlighted by a number of participants in the study. These two ex-patients gave their therapists a gift at the end, partially to acknowledge their gratitude, which was the predominant feeling at the end, and partially as something to be remembered by.
- \* At the time, termination was experienced by the ex-patients as simply the end of the therapy and the relationship they had with the therapist. It was concretely described as the realization that the patient and the therapist would not meet again for therapy.

\* All the ex-patients met with their therapists again after termination and all in a social or everyday setting. No one saw their therapist again for therapy, although two ex-patients said that they might see their therapist again if they could and if they wanted to.

\* The chance meetings with the ex-therapists were described as comfortable and friendly, although all the ex-patients pointed out that this was different from meeting up with an old friend again. All commented that the therapist was like a friend, but not a "real" friend.

#### 4.10.1 SUMMARY OF THE EXPERIENCE OF TERMINATION BY THE EX-PATIENT GROUP

The experience of termination was described as something that at the time was perceived as muddled and confused. As an experience it could not be discretely described and only made sense within the context of the therapy as a whole. Emphasis was placed on the relationship with the therapist, which was described and experienced as pervasive in the lives of the ex-patients. Termination was experienced as coming at the right time by the ex-patient group, who felt eager to try out their independence in the world. Ex-patients had also described how the experience of themselves as changed or different in a relationship that was a first time experience for them stayed with them and that at termination they had felt that they were taking away something very special with them rather than losing something. They knew in any case that what they took with them from therapy would not go away because the relationship itself had ended. At termination they had felt that their feelings about terminating had been mixed, and none could clearly remember the last number of sessions.

Termination was not overtly experienced as traumatic by any of the ex-patients as a point of loss. No one described feeling sad at the end of therapy rather they described feeling somewhat emotionally numb at the time. The feeling that they had gained something quite unique through the relationship to the therapist remained with them through this numbness though and this supported the feeling that it was not something that (c)ould be lost. The feelings experienced at termination could be described as mixed feelings of excitement and uncertainty (fear). The last session was difficult to remember in any detail, but all the ex-patients remembered that they wanted the therapist to know that they were grateful for what they had experienced in the therapeutic relationship. Although they could remember being sharply aware at the time of this intention, none of them felt that they had adequately conveyed the depth of the sense of what they wanted to express adequately. All had felt that agreeing to the interview was their way of showing this gratitude again and all had felt that it was fortuitous that they were presented with this opportunity to describe what they had come to understand in this way. Two of the ex-patients who were training psychologists had expected to experience certain "negative" emotions at termination based on their theoretical understanding of termination. Both expressed surprise and pleasure that their expectations had not been met. It was not expected by them that the experience of termination would in any way differ from what they knew at a theoretical level. This was another instance when the divergence between theory and experience was highlighted.

#### **4.11 GENERAL FEATURES OF THE INTERVIEW SITUATION AS EXPERIENCED WITH THE EX-PATIENT GROUP**

\* Patients experienced the loss of the therapeutic relationship during the interview.

It was stated by all the patients that this happened in talking about their therapy to the interviewer. Those respondents who had submitted a written protocol explained that they had not come near to feeling a sense of loss in writing about termination, it was only in talking about it that this had happened.

- \* All expressed a deep sense of gratitude that they could experience the sense of loss in the present in a way that they were totally conscious of. They felt that this was a direct result of therapy and expressed surprise that they had not been aware of this feeling before.

Ex-patients wondered if they had not been presented with the opportunity to talk about their experience of termination with the interviewer if they would have ever brought this experience to consciousness. One ex-patient, for example, had continued with therapy with another therapist after the termination of the therapy under discussion and had not experienced any sense of loss at all. After the experience of the interview, she felt that she could take the experience of loss during the interview experience to therapy (in the “new” town) and understand her response more fully.

- \* Ex-patients felt that they could experience the sense of loss in the interview as it facilitated a recall of the therapeutic atmosphere as they had experienced it.

#### 4.11.1 SUMMARY OF THE INTERVIEW SITUATION AS EXPERIENCED WITH THE EX-PATIENT GROUP

During the interview situation all the patients experienced a profound sense of loss for the specialness of the therapeutic relationship. The experience of loss, which they had during the interview, had not been something of which they had been aware before and definitely not at termination. A deep sense of gratitude was expressed by all the ex-patients for being able to experience their sadness in the present moment of the interview situation as this made the emotion immediately available to them. The ex-patients described how they felt that in talking about their therapy a sense of the therapy had been vividly re-created that allowed them to be abjectly aware of the loss of this relationship. They explained that the therapeutic relationship had been very important and special to them and had provided a space in which they felt profoundly understood. They all acknowledged that they had "internalized" this space to some extent and could re-create this sense of being able to come to themselves with integrity and honesty for themselves, but often felt that they failed to do so in the stream of day-to-day life.

It seemed to the interviewer that the ability of the interview situation to re-create the atmosphere of the original therapy pointed to the possibility that the memory that the ex-patients had was embodied in the sense that Merleau-Ponty (1962) wrote about embodiment as the home of our being-in-the-world. Memory as a re-membering, rather than as an internalization, was reflected in the bodily posture of the ex-patient group being mimicked by their therapists as well, e.g. the foetal position of patient and therapist C. It was the experience of the memory of the preciousness of the space of therapy as embodied that also seemed to allow the ex-patients to experience and be aware of their experience in the present as it was again embodied, and led to either

crying or a physical sensation of the loss that was impossible to ignore or defend against.

#### **4.12 GENERAL FEATURES OF THE ESSENTIAL DESCRIPTION OF THE THERAPEUTIC RELATIONSHIP AS EXPERIENCED BY THE THERAPIST GROUP**

- \* Therapists described the termination experience within the broader context of the whole therapy.
  
- \* They all stressed that they had felt a deep sense of empathy in relationship to the ex-patient during the therapy.

Each therapist described how he (all therapists in the study were male) had felt that there was some particular way in which he was connected to the ex-patient. Therapists stressed that they really liked their ex-patients and had a compassionate response to the way in which these individuals found themselves in the world.

Moments in the therapy that spoke of a deep connectedness was experienced as very intimate by the therapists who spoke of a non-possessive love for their patients.

- \* The rhythm of the therapeutic relationship was likened to the ebb and flow of lovemaking by all the therapists involved in the study.
  
- \* All the therapists spontaneously evaluated their effectiveness in talking about the

termination during the interview in some way and explained how they felt that the patient had benefitted from therapy.

#### **4.12.1 SUMMARY OF THE THERAPEUTIC RELATIONSHIP AS EXPERIENCED BY THE THERAPIST GROUP**

The therapists were all aware of the specific way in which they related to the patient. Their emphatic response had been deeply experienced as being-with the patient and they described this sense of intimacy as one akin to the vicissitudes of lovemaking. All commented that they felt that the therapeutic relationship had been the place of healing for the patient rather than specific things that they had said. All therapists could, however, remember one or two moments in the therapy where the sense of connectedness had been particularly evident and then they could recall what had been said especially as it had seemed so right at the time.

#### **4.13 GENERAL FEATURES OF THE ESSENTIAL DESCRIPTION OF TERMINATION AS EXPERIENCED BY THE THERAPIST GROUP**

\* The therapists were uncertain about what had been expressed in or what the content had been of the sessions in the phase that could be called the termination phase.

They all said that they had clear ideas about termination and how this should be conducted and they presumed that they had proceeded in this fashion. For example, they all said that it was their usual practise to inform patients about the approaching end of therapy and they presumed that they had done the same thing in the therapy under discussion, but could not recall having spoken to the patient about it.

- \* The therapists said that they felt that termination was an important time in the therapy, although they did not give reasons for thinking this. Two therapists cited their own termination experiences during what could be called their "training analyses" as traumatic and explained that this had influenced them in being sensitive to termination issues.

Each therapist cited an issue that they had felt had been particularly important at termination, yet each one felt something different was primary at termination. For example, one therapist felt that he had to confront and deal with the anger of his patient in a non-fearful and containing way. Another therapist felt that it was important for him to affirm his patient in his eagerness to try out his independence in a way that the patient would be able to take this capacity away from the therapy and would remember how to be able to affirm himself in-the-world. The other therapist had felt that it was therapeutic for the patient to be supported in a decision that contained referents to both independence and coping, although he did not feel that the therapy was finished.

- \* The difference of the issues focused on during termination were determined by the nature of the therapeutic relationship with the individual patient and not any adherence to a particular theoretical model. No therapist said that they thought it was important to focus on anger, for example, because they were Kleinian in their theoretical orientation. For this reason the therapeutic relationship as experienced by the therapist group will be included in the results.
- \* All the therapist felt that they were intuitively aware of the rightness of the time for termination as they became aware of its approaching.

- \* Although the therapeutic styles of the therapists were different they all stated that their way of being-with the patient changed subtly during the termination phase. This shift was experienced by the therapists as their being slightly more real (present in a contained sense), perhaps more confrontational and slightly less interpretive in their stance. They all felt that it was important for them to be supportive of the patient at this time as an indication of their agreement about the need for independence.
  
- \* The therapists reported that they had not experienced a sense of loss at the termination of the therapy as they felt that the patient needed to "go it alone" now. Rather than sadness or loss being the predominant feelings during or at termination, therapists described a mixture of feelings, including a feeling of satisfaction and pride in their work, a genuine sense of goodwill towards the patient in their journey in(to) the world, and poignancy, happiness, even relief that they would no longer live in the patient's world with them.
  
- \* All the therapists recalled that for them the experience of letting-go the patient had been profound and evoked a feeling that was almost transcendental, i.e. they experienced themselves as feeling like they were in a time warp, although this was accompanied by feeling warm towards the patient.
  
- \* Therapists reflected that they were really pleased that the patient had reached a point in the therapy where they could go out into the world, hopefully in a slightly different way, and they genuinely wished them every thing of the best in this endeavour.
  
- \* All the therapists had met their patients again after termination.

Two therapists expressed the concern that the ex-patient was trying to initiate a re-creation of the therapeutic relationship/atmosphere. These two therapists were not sure how much this was their own anxiety and to what extent it was a reflection of what the ex-patient really wanted. When these two therapists met their ex-patients some time afterwards again in a social setting they described feeling comfortable with the ex-patient and did not have the same feeling as before. They reflected that during this meeting they had felt that there was an equality in the relationship that they had not experienced before.

The other therapist met his ex-patient once in a social setting and described feeling happy to see his ex-patient. He described a similar sense of equality with his ex-patient as the previous two therapists had experienced on their second meetings with their ex-patients. This therapist added that he was interested to hear what his ex-patient was doing now as an excitement about the future had been a prominent feature of the termination of the therapy.

\* The therapists described the meeting in which they experienced the sense of equality as comfortable and almost like meeting with an old friend, although none of them wanted to overstate that. They all felt that they were still the ex-therapist.

#### 4.13.1 SUMMARY OF THE EXPERIENCE OF TERMINATION BY THE THERAPIST GROUP

The therapists could not remember clearly the content of the sessions that took place during the so-called termination phase of the therapy. They all imagined that they had

dealt with the termination in a way that was congruent with how they thought a therapy should be terminated. For example, they all felt that it was important to "warn" the patient about the approaching end of therapy and presumed that this is what they must have done although they could not specifically recall this event. Two of the therapists described how their own termination experiences had made them particularly sensitive to termination issues although all of them expressed the idea that they thought that termination was an important time in therapy. One aspect of termination that stood out for the therapists was that they felt that they changed their stance towards the patient subtly during this time. They described how they felt more present to the patient and were perhaps slightly more confrontational and slightly less interpretive in their interactions with the patient.

None of the therapists reported experiencing a sense of loss at the termination as they all genuinely wished their patients well and felt that they were ready to go out into the world. All the therapists described having a profound experience at termination that they described as "the letting go of the patient". They had difficulty articulating this experience clearly as they all felt that it was almost "otherworldly". There was, however, a sense of non-possessiveness and generosity to the experience that could almost be described as exhilarating and fostered a sense of tremendous warmth towards the patient. There was some sadness in the letting go, but it did not predominate, and the overall feeling was described as one of allowing that gave the therapists a good feeling.

All the therapists met their ex-patients again after therapy. Feeling a sense of equality with the ex-patients enabled the therapists to feel comfortable during these meetings. One therapist described the sense of equality as a "collegial moment". It was as if there had been a move from intimacy to equality that now embodied an aspect of both of

these possibilities. When there was not a sense of equality in the relationship during a meeting after termination, two therapists felt that maybe the patient was trying to get back into therapy with them. Experiencing the relationship as equal had also enabled the therapists to feel that the patient was like an old friend, yet not quite an old friend although they all reported remembering the ex-patient from time to time. The therapists also reported that in the meetings where the sense of equality had been established that they felt separate from the ex-patient in a way experienced as quite a relief, which one therapist described as "not having to live in the patient's world". As they reflected on the subsequent meetings with their ex-patients they came to the conclusion that these meetings had actually been important and had helped them to experience a sense of closure to the relationship, which meant that they did not expect to see the person again as a patient.

**CHAPTER 5**  
**COMMENTS ON THE CONTEXTUAL DATA**

**5.1 INTRODUCTION**

Before analysing the data on termination, an elaboration will be given of the data that provided the framework or context within which termination could be better understood. The therapeutic relationship was given, by ex-patient and therapist groups, as the primary context out of which the experience of termination could be described. The therapeutic relationship will be called the primary context as it was given out of the perspective of the participants in the therapeutic relationship to enable them to explain how it was that (s)he experienced termination. This data yielded information about termination that required an understanding of what it is about the therapeutic relationship that was ultimately experienced as lost by the ex-patient. While the therapists in the study also spontaneously placed the termination experience within the context of the therapeutic relationship, they did not experience the same profound sense of loss during the interview situation as was experienced by the ex-patient group. This led the researcher to ask what it was about the therapeutic relationship that was remembered by the ex-patient in such a way that they could experience this as a loss (or lost) during the interview situation?

The interview situation thus emerged as the secondary context in which the experience of termination could be elaborated upon, specifically as it related to an experience of loss. In this context, however, the experience was not just reported on, as the interviewer was witness to an "in vivo" experience of the loss of the therapeutic relationship by the ex-patient (Addison, 1992). This was different from the data given in the first context as that was reported on from memory and in retrospect, whereas the data from the second context was in a sense "raw" data.

Although all of the ex-patients were aware of their experience during the interview situation none of them explained the experience. The data obtained in this context is thus given primarily through the experience of the interviewer. All the ex-patients commented that they were grateful to be aware-in-the-moment of the experience of a sense of loss about therapy and this being-aware-in-the-present was attributed to the work of therapy itself.

The data that arose out of an understanding of the primary and secondary contexts made it clear that the patient/therapist relationship was not just the context out of which the termination came, but that it was the way in which the relationship is experienced that was fundamental to the termination experience, both as an experience between two and within one. Although a separation of the therapeutic relationship and its establishment from the experience of termination is artificial, it was thought that it would be clearer to first look at the literature as it pertains to the therapeutic relationship primarily within the setting of termination. Not all the psychoanalytic literature available on the analytic relationship could be used in this study and not many articles contained both the requirements of this thesis, information about the analytic relationship and termination. Many of the statements about the therapeutic relationship come from articles written about termination. The two issues cannot be separated and some of the statements about termination come from articles about other aspects of the analytic relationship. To try to focus this information it was decided to look at the literature with certain questions in mind that were already being formed by the data. They were; What was it about the therapeutic relationship that the ex-patient group experienced as lost during the interview situation?; What was it about the interview situation that evoked such a strong sense of the original therapy for both therapist and ex-patient groups? How did this impact on the ex-patient's capacity to re-member what had been experienced in the interview situation as lost?

## **5.2 THE PATIENT/THERAPIST RELATIONSHIP: A BRIEF REVIEW OF THE PSYCHOANALYTIC LITERATURE**

The analytic relationship has received a great deal of attention in psychoanalytic literature, yet Klauber (1976) made the following comment;

"The most neglected feature of the psychoanalytic relationship still seems to me that it is a relationship: a very peculiar relationship, but a definite one. Patient and analyst need one another" (p. 283).

The "peculiar" nature of the analytic relationship particularly neglected in psychoanalytic literature is the strength of emotions generated in the relationship, and Klauber (1976) wrote that the intensity is "in fact played down" (p. 283). While it is true that the language of transference/countertransference does little to convey the organic and exclusive nature of the analytic relationship, writers like Anna Freud (1937), Greenson (1974), Hartman (1950), Hermann (1950), Klein (1948), Nacho (1957), Reich (1950) and Winnicott (1947) opened the way to discussions about analysis that seemed less threatened by feelings generated in the analysis. The psychoanalytic relationship was discussed in terms of the "presence" (Nacho, 1957) of the analyst in the "potential space" (Winnicott, 1971) of the analysis (Viederman, 1979). Ogden (1985) took the concept of "potential space" further by investigating the individual's capacity to generate her (his) own potential space. Potential space was thus also understood as an internal experience, that had implications for the psychoanalytic theory on "symbolization and subjectivity" (p.129). The significance of this development in the theory of psychoanalysis for termination meant that as a criterion for termination the capacity for "internalization" by the patient included both the ability to internalize the presence or function of the analyst and the potential space of analysis in order to be able to continue the analytic function independently of analysis after termination, although this dual role of internalization was not always made clear in the literature. Green (1986) looked at internalization in terms of the "object in the setting", and showed

how the object in analysis is "a network of relationships with shifting boundaries" that has to be internalized by the patient once "the analytic object" had been formed (p. 281). He complimented Winnicott's (1971) work on the theory of potential space by suggesting that it needed to have a temporal component as well to fully comprehend the significance of "transitional phenomena" in psychoanalysis.

The followers (e.g. Fairbairn, 1941) of Melanie Klein have developed a different line of thought about object relations that focused on the internal, fantasized world, dominated by the destructive drives, or as Green (1986) stated it "the *instincts* of destruction" (p. 283). He criticised Klein for misunderstanding projection in her conceptualization, stating that her formulation was centrifugal which meant the return of the subject's destructive projection upon her(him)self. The subject of projective identification and its vicissitudes is thoroughly discussed by Ogden (1979). The theories which have arisen to explain narcissistic functioning can be said to rest on two fundamental ideas, primary narcissism or early object relations. Freud (1930) proposed that the oceanic feeling that people strive towards achieving is a nostalgia for the paradise lost of early infancy when there is no distinction between mother and child. For Freud and many who follow this line of thinking, like Fairbairn, Anna Freud, Grunberger, Kohut, Mahler and Winnicott, primary narcissism is a normal developmental stage out of which the child emerges when it is able to perceive the mother and itself as eventually separate. Those theorists who follow Klein, like Bion, Rosenfeld and Segal, however, believe that there is no state of primary narcissism and that there is a subject/object awareness from birth and some even believe in the uterus. Quinodoz (1993) has called for a re-examination of the concept of primary narcissism and stated that it is perhaps more accurate to posit the existence of a primary narcissism.

The change in the type of patient seen in psychoanalysis since the development of Freudian psychoanalytic theory has necessitated certain changes, particularly in

technique, that no longer reflect the classical understanding based fundamentally on psychoneurotic functioning as observed by Freud. Although many of the analysts writing about their work with borderline and narcissistic patients have become increasingly more phenomenological in their accounts, the changes suggested in psychoanalytic technique are often cautiously given with the understanding that the use of the modified technique constitutes a parameter in the treatment or that the treatment should rather be called psychoanalytic psychotherapy than psychoanalysis (Eissler, 1953, Kernberg, 1968). One indication of the changes being made in the technique used during the analysis shows in the concern that arose around the distinction between the "real" and "true transference" aspects of the relationship (e.g. Balint, 1950, Reich, 1950, Stone, 1954, Green son & Wexler, 1969). Anna Freud (1954) commenting on Stone's paper wrote, however, that thoughts about the real relationship between the patient and the analyst were "technically subversive thoughts and ought to be handled with care" (p. 27). By rigidly maintaining its classical stance, psychoanalysis could "attach itself to an embalmed and stiffened corpse, failing to pursue a critical evaluation of its theories as challenged by present practice" (Green, 1986, p. 287). The alternative proposed by Green (1986) is a radical rethinking of psychoanalytic concepts through which psychoanalysis would show a capacity for self-criticism. The capacity for self-criticism is what marks the difference between dogma and a theoretical possibility whose primary function is to provide containment for the analyst, which indirectly benefits the patient. To a large extent this criticism is taking place within the area of working with patients and particular emphasis is being given to the use of counter transference influences in the formulation of both understanding and technique in psychoanalysis (Green, 1986). One area which is being neglected with regard to change in technique is the termination phase of analysis or psychoanalytic psychotherapy. The psychoanalytic theory which informs the technical understanding of termination is based on a classical understanding of what constitutes the analytic relationship.

From a classical point of view, the analytic situation was described as an "abnormal one" which facilitated "a unique relationship between two persons which necessarily causes the one partner to produce infantile reactions and to hold on to infantile behaviour in relation to the other" (Reich, 1950, p. 182). The most prominent tool or technique used to create this possibility was regression (Winnicott, 1955). Zetzel (1965) wrote that "regression, in brief, must precede the new and better resolution of intrapsychic conflict which represents a primary therapeutic goal" (p. 39). In order to allow the patient to regress, some of the passive infantile striving or needs have to be met. "The analyst cannot withhold it; it is the basis of our method. Here satisfaction has to be given" (Reich, 1950, p. 182). Because of this basic understanding of the analytic relationship as regressive, termination was seen as something that came at the end of a lengthy process and it was inevitably understood that the termination of analysis would be experienced by the patient as a loss. Perhaps some of this understanding has also arisen out of the understanding of needs and a lack of emphasis on the developmental nature of needs. As Reich (1950) pointed out, it is necessary for the analyst to meet some of the basic infantile needs of the patient in order to facilitate the regression. However, one must assume that in bringing the patient back to full adult functioning that it would no longer be appropriate to meet these infantile needs, for example, the need for merger, and that the analyst would have to tolerate a more equal relationship with the patient where needs for autonomy, for example, would become important. Herron and Rouslin (1982) suggested that the analyst would have to move through the various developmental stages with the patient so that the work of analysis for them would not be complete once the patient had been regressed and put in touch with their more infantile striving, with the link being made to current functioning. For them it would be necessary that the analyst then accompany the patient through an adolescent phase of the analysis, where there might even be a state similar to that of sibling rivalry in the relationship to one of equality and adult

functioning. It is at this point that they propose that true intimacy could develop in the therapeutic relationship and they put forward the argument that the therapist's own narcissistic striving make this a difficult if not impossible stage to be reached in many individual analyses (Welt and Herron, 1990). As Welt and Herron (1990) also point out, however, not all self-interest is negative and the therapist listening carefully to the patient out of the self-interest to be a good therapist, coincides with the patient's need for effective therapy. Lasch (1979) has, however, pointed out that in the narcissistic society in which we live and work, self-interest has acquired a social meaning related to selfishness, that is understood as antipathic to the needs of the patient.

Once termination became entrenched in the metaphor of loss, other theoretical and technical issues were unavoidable within this understanding of termination. For example, the issue of internalization (Gaarder, 1965; Loewald, 1973) was crucial to the understanding of loss within the ambit of the analytic relationship to explain what it is that was lost (e.g. the infantile sense of self), given the intrapsychic bias of the theory. As Loewald (1973) wrote, "When we speak of psychic life everything depends on the standpoint we take" (p. 9).

The relationship between loss and internalization is central to the psychoanalytic understanding of depression, which included Freud's link with melancholia, Kleinian views on the depressive position and the Winnicottian understanding of loss as a stage of concern (Pedder, 1985). Loewald (1962) drew attention to the fact that the literature on internalization had to acknowledge a debt of gratitude to the theories of separation, loss and mourning. He added the role of the superego in aiding internalization of introjects that were more flexible and able to merge into ego functioning and lose their superego character. Theories of separation proceeded primarily from the work of Mahler (1963-1972) who wrote extensively about the separation-individuation process. She accepted that the "growing away

process" is "a lifelong mourning process. *Inherent in every new step of independent functioning is a minimal threat of object loss*" (p. 333).

The psychoanalytic understanding of mourning and the process, largely dependent on the works of Bowlby (1960, 1961) and Parkes (1987), has undergone some changes, but the theory is described as being in a state of disarray by contemporary authors (Craib, 1995; Hagman, 1995). The metaphor of loss and the subsequent mourning that will have to take place without the help of the analyst, is still the dominant metaphor employed in psychoanalysis to explain the vicissitudes of termination. Silverman (1971) and more recently Epston and White (1995) have suggested the use of another metaphor, that of rite and myth, particularly the myth of a rite of passage, as useful to describe the termination of the analysis. Pedder (1985) preferred the use of the metaphor of weaning to describe the termination of analysis and was strongly influenced by Winnicott (1953) in this regard. Maholick and Turner (1979) and Edelson (1963) have placed termination in the broader context of a universal human experience that is confronted every time one has to say goodbye, but the fundamental psychoanalytic understanding remains focused around the experience of termination as one expressed in the metaphors of separation, loss and mourning.

It is argued that, based on a classical understanding of the analytic relationship, the theoretical understanding of termination has to be understood as an experience of loss for the patient. An experience of loss is considered inevitable if the analytic relationship has been regressive, which is most likely to occur when the patient's disorder has a traumatic aetiology (Freud, 1937; Ferraro, 1995). Kernberg (1968) makes the statement that, "Many patients with borderline personality organization do not tolerate the regression within a psychoanalytic treatment..." (p. 601). Not only does the so-called borderline patient not respond well to regressive work, but people with personality disorders in general do not respond well to the classical

analytic method. The numerous changes which have taken place to accommodate the different types of patients being seen are numerous, yet the theory on termination remains the same. Klauber (1977) stated that it would be necessary to determine whether an analysis, even in modified form, could be terminated with the borderline patient in particular, or if consideration should not be given to the possibility of "temporary" terminations, that would allow the patient to continue with analysis again later. This would mean that the goals of analysis as well as the working through of termination would have to be dealt with differently as it would not mean that the patient had terminated the analysis as such. It is not clear from the literature what patients would experience at termination or even about termination especially if the analysis were not regressive. This is not to suggest that regression is an absolute state or that patients being treated for personality problems would not regress at some time during the analysis, but rather that what is important is the way in which the patient engages in the analytic relationship and to see how this influences termination issues taking into account the change that has taken place in the patients seen as well as the techniques employed. It is not the aim of this thesis to re-write the theory of psychoanalysis, but to begin to get a better understanding about what it is about the therapeutic relationship that is valued by patients and to see how this impacts on termination. It is being suggested, however, that the metaphor of loss in relation to termination as it is understood psychoanalytically is embedded in classical theory and is not being experienced as such in practice. Although certain authors acknowledge that there is a gap between theory and practice in psychoanalysis, it is not something that has been sufficiently explored.

### **5.3 THE PATIENT/THERAPIST RELATIONSHIP AS DESCRIBED BY THE PARTICIPANTS IN THIS STUDY AND WHAT IS EXPERIENCED AS A LOSS BY THE EX-PATIENT GROUP**

Ex-patients in this study all described their therapeutic relationship as an intense and profound one that occupied much of their thinking outside the therapeutic relationship. By this they meant that the therapeutic relationship was one that they experienced as totally different from any other relationship they had, primarily because they felt that the therapist was there for them. The act of being listened to intently was mentioned as contributing to this feeling of the therapist being there for them, as was the sense that the ex-patients felt totally accepted by their therapists. The ex-patients felt that they could say whatever they wanted to within the realm of therapy and that this would not be judged in any way, and that the therapist would understand what they were saying. This enabled ex-patients to feel that they were emotionally close to their therapists and they could give examples from the therapy when they had felt this emotional closeness, which was not always present in an obvious or in the same way for each of them individually or within one therapy. The times that ex-patients described as moments of emotional closeness met all of the above conditions and in addition ex-patients described a feeling which they found difficult to put into words, but felt like the therapist was in total congruence with their feelings and them at the time. For example, one ex-patient described how she had been unable to talk for a long time in therapy and had felt that her therapist had accompanied her into this wordless world. When the time came for her to emerge from this state, which both she and the therapist described as "regressed", she felt that something was being torn from her and she was reluctant to emerge. The therapist used an analogy at the time which made it clear that he was as affected by the move towards separation as was the ex-patient, although in a different way. The ex-patient described how she experienced this as real caring and it also made her aware of the fact that this was a two-way relationship. The therapist described this phase of the analysis, after the separation had been effected, as the first time in the therapy where he had felt that there were two people in the room.

The feeling of being accompanied by the therapist was described by all the ex-patients as a profound experience in the therapy and all felt that this experience stayed with them after termination. Although this experience could be described as "regressive" in a more colloquial sense, not all the patients experienced it as such and one commented that although he felt accompanied he always felt separate from the therapist. Experiences of the nature of this connection between therapist and patient would be subject to the individual capacities of both patient and therapist for intimacy and if one moved away from the name of the experience and just tried to understand the experience by itself, then the experience could be described as connectedness at a level of depth and intimacy that was not feared or experienced as fearful. The experience of safeness that accompanied the experience of connectedness was remembered by the patients, but none felt that had been the essence of the experience. They all described the experience of feeling safe with the therapist as an artifact of the therapeutic relationship rather than a central feature of their experience of being-in-relationship-to the therapist, which was fundamentally experienced as a connectedness to the therapist as therapist. "The therapist as therapist" is a statement that needs some elaboration on. All the ex-patients had some difficulty describing that they knew, in an intellectual way, the therapist with whom they felt this connectedness was not only the person of the therapist as a person who was not the therapist. In this oblique way they all acknowledged that their needs and who they are had also influenced the relationship, but that it was the capacity of the therapist to be with them in a relatively ambiguous way that had been experienced as something that enabled them to change. The ambiguity that the therapist represented enabled the patient to feel that they could accept that one could be and not be more or less simultaneously. The change was thus experienced as being able to experience themselves differently, all said for the first time, and this enabled them to become different in their interactions with others outside the therapy situation. One ex-patient described his therapy as his "proper birth", and another felt that therapy had saved

her life.

It was expected that ex-patients would name this sense of connectedness as the aspect of therapy they missed, but this was not so. When each ex-patient's experience of the loss was looked at individually, then it transpired that each ex-patient missed a particular aspect of the therapeutic relationship that could be said to have been not only idiosyncratic, but reflected how it was that they had been able to use the therapy in the broad sense. For example, one patient during the interview reflected that what she missed about therapy was having someone to talk to who would place her in relationship to herself in such a way that she was able to relate to other people in a different way. Another patient remembered that what she missed was the space that therapy had provided her with to explore herself. She recounted that when she had gone back to the therapy room some years later to see her therapist socially, she had been almost overwhelmed by the remembrance of what had happened in that space. It was as if the atmosphere of the therapy hung in the room and when she re-entered it, she was bombarded by the memories. She was surprised by this experience as she had not expected to feel anything on going into the office again, because it was after all only a room and she had been back on another occasion since the therapy had terminated. It became clear to her in returning to the room just how important this space had been for her and she felt that she had in some way been able to internalize this space in a way that was still real to her. The other ex-patient described how he had been able to control the content of the therapy and this had enabled him to feel that he was being acknowledged in a way that gave him permission to show himself in a more vulnerable way than was his usual practice. He remembered this feeling when he saw his therapist again some time after termination and during the interview realised that he really missed being seen in this way.

What ex-patients described as missed was how they had been able to use the

therapy and the utilitarian value of the therapy is what had stayed with them and was what they experienced as lost. It was clear that each patient was able to use various aspects of therapy, which could be labelled as the capacity to use the therapist, the therapeutic space or what the therapist said to them, although the last category was the least commented on by the ex-patients. Use of the therapist and the space dominated the memories the ex-patients recounted and dramatically influenced their experience of loss during the interview situation. .

Within the confines of this study, it is interesting that none of the ex-patients could describe what it is that they experienced as lost until they were talking about it in the interview situation. That is to say that the experience of termination as a loss did not happen at the time that the therapy or the therapeutic relationship ended and this was confirmed by none of the participants reporting that they had experienced anything like it at the time. Ex-patients all reported feeling dazed, uncertain, ambivalent, and confused at termination. Although they could recount, sometimes in detail, aspects of the therapy from its inception, they could not re-call what had happened around the time of termination nor could they remember if termination had even been discussed. Therapists were equally vague about the content of the last few sessions and also reported feeling slightly dazed during the termination.

It seemed that for something to be experienced as lost it had to be forgotten and then re-membered. During the interview situations and as they proceeded, the interviewer became more aware of the fact that both therapist and ex-patient would assume the same physical postures while talking about the same parts of the therapy. This experience led her to think that the memory of the therapy is not only "internalized" in the usual sense of an external object introject, but is re-membered in the sense of being re-lived. This would seem to suggest that the memory of therapy is an embodied experience, which could account for the loss being experienced during the interview situation (Merleau-Ponty, 1962). The re-

membering took place in the interview situation which was able to re-create the atmosphere of the therapy and the relationship (in Kimura, 1982; Tellenbach, 1968, 1978; see also Tellenbach, 1981, 1984). The interviewer experienced that she was being related to by the ex-patients as if she were the treating therapist, and felt that this had enabled the ex-patients to come closer to the experience of therapy and the relationship that they could now experience as lost or missing from their current experience in day to day life. Kimura (1982) asked the question, "What kind of horizon is it which opens up in a personal conversation with a patient"? (p. 175). Briefly, he answered that it was the "between", which has a subjective or "inter-subjective character" (p. 177). Following Tellenbach (1968), Kimura (1982) pointed out that it is the "between" that "guarantees that fine atmospheric communication of two or more persons" (p. 177). It is in this sense that the interviewer felt that the experience of the original therapy was re-created in the interview situation, as both lived and sensed in the atmosphere thus created between her and the ex-patient.

The realm of the "between" is not just a thing given to both participants as an object to be perceived, it is rather something like the original place (*Ort*) as described by Kronfeld (1930). Kronfeld (1930) described the "original place" as the place where the individuation of the one as you and the other as I takes place simultaneously in the "atmospherically produced affective sensitivity of mind (*Befindlichkeit*) which rules there" (Kimura, 1982, p. 179). It is in the space of the therapeutic relationship that the ex-patients reported having been able to come to themselves in a different way (*Befindlichkeit*), where *Dasein* can be authentically brought before itself, or as Freud (1937) wrote, in honesty. Authenticity is not seen as a self-certain individuality, but rather as the opening up of human being. "Others" are therefore essential to the cultivation of the authentic self, which is seen by Heidegger as a mode of *Mitsein* (being-with) and not a closed mode of selfhood (Heidegger, 1971, PLT). It is not that the "between" or the analytic space is being

posited as a place in a physical-geometric sense as much as it is being suggested that it is an inter-subjective atmospheric space in which the meaning of self is drawn. How it is that one would explain the constitution of the self would remain dependent on the theoretical approach taken, but the significance here has to do with the "between" or the space of the therapy or analysis as that which is experienced as lost or missing by the ex-patient group, and out of which they all felt they had been able to come to themselves in a different way. To quote Kimura (1982) on the relationship of the "between" and the self;

"It is not as if the self goes outward into the `between' and returns to itself. On the contrary, the self never leaves the `between', not even when it returns to itself. Nor does it lose itself when it merges into the `between'. The relationships could also be formulated differently in the merging into the `between', the self actualizes itself as such in the mode of the `between', while the `between', as such, actualizes itself in the mode of the self when the self returns" (p.183).

The relationship of the self and the "between" is something experienced by both participants in the patient/therapist relationship, although the needs of the patient should be different from those of the therapist. The therapist should, moreover, possess a sense of self that is secure enough to cope with the vicissitudes of the relationship, without getting lost. As Weigert (1952) wrote,

"The psychoanalyst needs a dynamic equilibrium which allows him [sic] to accompany the patient into the hell of anxieties, tensions and conflicts without undue reservations of self-protection, and to recover anew his inner balance each hour, each day" (p. 467).

The concepts of transitional objects and space and potential space has aided our understanding of the analytic relationship, but in the opinion of the writer too much emphasis is still given to the "presence" (Nacht, 1965) of the analyst or therapist as the director of the establishment of the analytic space. The concept of the

"between" overcomes this limitation and also makes more apparent the ability of the analysis or the relationship to not only tolerate ambiguity and paradox (Green, 1986; Ogden, 1985; Viderman, 1979; Winnicott, 1951), but to actively facilitate the use of the space in a playful way. One of the therapists interviewed stated that as the patient moved towards dependency, she was eventually able to use the dependency in a creative way, which suggested that she would eventually have been able to play with the space of therapy in becoming whom she is. "The patient", wrote Kimura (1982), is invited by the therapist to participate in an intersubjective playing within the 'room to play' of the 'between', which is kept as open as possible" (p. 184).

## **CHAPTER 6**

### **DISCUSSION**

Freud (1937) began his article on the terminability of analysis with a criticism of Rank's (1924) attempt to shorten the duration of analysis by focusing on the birth trauma. Like a pregnancy, Rank stated that to mimic the birthing process as much as possible, the analysis should be nine months long. Freud (1937) was firstly disparaging of Rank's centralization of the birth trauma as encapsulating whatever future neurosis would become manifest, and secondly, he felt betrayed by Rank for going to America. He wrote that Rank's attempt was

"bold and ingenious; but it did not stand the test of critical examination. Moreover, it was a child of its time, conceived under the stress of the contrast between the post-war misery of Europe and the 'prosperity' of America, and designed to adapt the tempo of analytic therapy to the haste of American life" (Freud, 1937, p. 216).

Mahony (1989) pointed out that Rank had been experimenting with shortened analysis since 1921, at least two years before he left for America in April 1924, and suggested that Freud had deliberately falsified this information because of his strong ambivalence towards America (p. 70). Rank, with Ferenczi (1924) continued to use the technique of setting a termination date at the beginning of the analysis, without rescinding the decision, and they left out much of the traditional analytic investigation of the past to focus on the current problem and the transference. Ironically however, not all Freud's analysands were in long term analysis, and he is reported to have cured composer Gustav Mahler of impotence in a single four hour session in 1908. Freud was also successful in treating conductor Bruno Walter after six sessions in 1906, both long before Rank had shortened analysis (Kupers, 1988).

In the article on terminability Freud (1937) concentrated on his treatment of the Wolfman, and claimed that he had used a technique for shortening analysis by adopting the "heroic measure" of unilaterally announcing the termination date at the beginning of that year's analysis to his patient as if it had never been done before (p. 217). Notwithstanding Freud's personal idiosyncrasy, what becomes clear is that the termination of the analysis is linked to temporality rather than purely the time needed for an analysis to take place or the duration of the analysis. Faulconer and Williams (1985) argued that "temporality is the proper and productive grounding for the human sciences" (p. 1179).

Marmor (1979) proposed that Rank and Ferenczi (1924) were the precursors of brief psychotherapy. Alexander and French (1946) had also made substantial revisions to Freud's understanding of analysis, fundamentally questioning the assumption that analysis needed to be long in order to be deep. They made the use of the couch optional, reduced the frequency of sessions, were more active in their interaction with patients, suggested that analysts be flexible enough to match the treatment to the complaint and/or the patient, and experimented with interruptions in the treatment to reduce the dependency of the patient on the analysis. The condensation of Freud's technique into a concentrated treatment format is still the *modus operandi* of brief psychotherapy today (Mann, 1973). The selection of the patient who will benefit from brief psychotherapy is stressed by all brief psychotherapists, who select patients whose symptoms are circumscribed. Patients who have attempted suicide on numerous occasions, who have a history of psychotic decompensation, who have a significant drug or alcohol abuse problem, and who have a history of impulsive acting out are not selected (Kupers, 1988). Preferably patients with an unresolved developmental issue, which can be easily linked to the current problem(s), who are able to make use of the interpretations of the analyst in the initial interview, and are highly motivated to change, are selected. Particular use is made of transference interpretations in the brief psychotherapy

format (Davanloo, 1978). Sifneos (1972) also recommended that the patient should have had at least one long-term intimate relationship. This means that the person selected for brief psychotherapy will typically be a relatively healthy, insightful individual, who is motivated to change and who will not fall apart or become excessively dependent on the therapy.

Mann (1973) specifically viewed brief psychotherapy as a concentrated termination phase. He based his understanding on psychoanalytic and phenomenological concepts of time and proposed the use of a twelve-session format with the termination date set from the beginning. The patient is reminded from the first session onward how many sessions remain, and somewhere near the middle Mann (1973) described how the patient will present with their own peculiar response to the realization that little time remains for them to work through their specific symptoms, and this will raise the issues that need to be confronted at this time. Mann (1973), like Malan (1976) Sifneos (1972) and Davanloo (1978) selects a focus for the therapy, but he then links the focus, whatever it is, to the universal issues of separation, loss and the inevitability of death. He hypothesized that each patient experiences conflict in an idiosyncratic way about separation and death, and that individuals experience this conflict in relation to time as lived.

Hartocollis (1972, 1975, 1976), although he does not specifically concentrate on the experiences of loss, separation and death, firmly places affect in the realm of time. He writes that "psychological or experiential time is a qualitative determinant of affects" (1972, p. 92). He elaborates in a later paper that time and affects also effect whether one experiences time as moving slowly, fast or not at all (Hartocollis, 1976). Time as duration he writes is "a function of the strength of our instinctual wishes and a metaphor for the integrity of the self in relation to the world of internal objects" (p. 363-4). He draws a distinction between time as duration and time as perspective by elaborating in a parallel way that time as perspective or tense "is an

inherent dynamic of all affective experience beyond the elementary, vegetative state of pleasure or pain" (p. 364). Feeling or affect takes place in time Hartocollis (1972) stated, and brief psychotherapy, conducted as it is in the constant shadow of a time limit, helps to evoke conflicts in the therapeutic setting that can then be related to the presenting problem(s). Mann (1973) similarly wrote that

"Any psychotherapy which is limited in time brings fresh flame to the enduring presence in all persons of the conflict between timelessness, infinite time, immortality and the omnipotent fantasies of childhood on the one hand, and time, finite time, reality, and death on the other hand. ... Thus any time-limited psychotherapy addresses itself to child time and adult time" (p. 11).

Towards the middle of the therapy when the initial excitement about how therapy will bring about the relief of symptoms begins to wane, Mann (1973) advocated that the therapist point out to the patient how they are dealing with this limitation about ending and loss, how this has been influenced by past experiences, and how it impinges on the present experience of the loss of this therapeutic relationship.

Although the brief psychotherapies highlighted the role of time both as it related to the therapy or analysis and termination issues, the notion of time as central was viewed in an opposite way by the earlier analysts. Ferenczi (1927) wrote,

"The completion of an analysis is possible only if, so to speak, unlimited time is at one's disposal. I agree with those who think that the more unlimited it is, the greater are the chances of quick success" (p. 82).

Ferenczi (1927) was not referring here to the length of the analysis as such, it could even be brief, and he certainly did not mean to imply that analyses would need to be interminable to be effective. What he was referring to was the responsibility of the therapist/analyst to create a sense of timelessness in the consulting room. He believed that the experience of timelessness would facilitate the work of analysis

by bringing it closer to the unconscious. "In fact, it is the parallel between the timelessness of the treatment and that of the unconscious that permits better contact with the unconscious" (Kupers, 1988, p. 29). This idea of timelessness is similar to what Hartocollis (1972) called the time sense of the id and what Mann (1973) called child time. Freud (1933) wrote this about the id and timelessness,

"There is nothing in the id that corresponds to the idea of time...no alteration in its mental processes is produced by the passage of time....Again and again I have had the impression that we have made too little theoretical use of this fact, established beyond any doubt, of the unalterability by time of the repressed. This seems to offer an approach to the most profound discoveries" (p. 74).

Masler (1973) connected the understanding of timelessness to the process of splitting which he described as a developmental rather than actively defensive process as do the Kleinians. "Integration of time is an adaptive mechanism of the ego", wrote Masler (1973, p. 426). Meyerhoff (1967) pointed out that the integration of time is analogous to the process of psychoanalysis that, "serves the purpose of reinstating a sense of continuity, functional unity, and identity within the self which was impaired or lost" (p. 59). When the individual is able to affirm and recognize a sense of continuity within her/his own biography, then (s)he is able to own a sense of genuine rather than borrowed identity. This is also similar to the concept of "continuity of being" which was expounded by Winnicott (1963). Two earlier writers Schilder (1936) and Dooley (1941) explain that the sensation of timelessness is used defensively by patients to ward off anxiety. Time is thus equated with reality and the external world. If analysis is conducted in an atmosphere of timelessness, then the shift to a time bound experience during termination is crucial to facilitate the movement away from the analysis and back to the world of impermanence and flexibility. When termination would draw near, the two participants, engaged as they are in a timeless encounter would have to

prepare themselves for a very time-bound confrontation of the end of this therapeutic encounter and ready themselves for reentry into their respective social milieus. This transition is crucial, as to live permanently in timelessness would be a state of being rather than of becoming. It is perhaps in this context that one can most appropriately talk of a sense of loss during termination. It is important to bear in mind that this has little or nothing to do with the analyst or even the analysis, but rather with the patient's capacity to allow change to take place and to endure the loss of certain aspects of the infantile self and the very adult acceptance of one's mortality. Grinberg (1980) wrote about the impact that this realization could have on the analytic couple, especially at termination.

"It is a painful truth and one which has been avoided until then: that of the full recognition of the passage of time as much in the analyst as in the analysand, in which illusionary timelessness is transformed into a real temporality with the limitation of the omnipotent fantasies and those of immortality. These limitations are experienced many times as a partial death" (p. 29).

It is suggested that if a phenomenological understanding of time as lived were used as the central point around which analysis were conducted, which would include creating an atmosphere of timelessness in the analysis, that the patient would be afforded the opportunity of working with death anxieties as the ultimate separation anxiety almost as a matter of course. As separation is something that occurs throughout the analysis, and not just at termination, as has been shown by this research, so do anxieties about death arise throughout the analysis and not just at termination, yet termination does seem to provide the possibility of being the place to affirm a "new beginning" (Grinberg, 1980). Freud (1915) in a paper entitled "Thoughts on war and death" commented on our inability to realise consciously the existence of death. He wrote:

"We were of course prepared to maintain that death was the

necessary outcome of life ...In reality, however, we were accustomed to believe as if it were otherwise. We showed an unmistakable tendency to put death on one side, to eliminate it from life. We tried to hush it up ... as though it were our own death ... in the unconscious everyone is convinced of his [sic] own immortality" (p. 289).

The contrast between the timelessness proposed by Ferenczi (1927) and the time-limited therapy of the brief therapies poses an interesting question: Is the nature of analysis, including its aims, altered by the abbreviation? Kupers (1986) proposed that therapy consists of two different moments, "open-ended exploration of the unconscious where timelessness is very relevant, and another moment where a technique-orientated and time-bound onslaught against resistances is called for" (in Kupers, 1988, p. 97). It could be said that Kupers (1986) distinguished a difference between a process-orientated approach (timelessness) to analysis and a technique-orientated approach (time-bound), where the therapist functions either as a technician or an explorer. He cited two of Freud's cases to illustrate his point. In the case of Dora, Kupers (1988) found that Freud functioned in a detective-like way when he confronted Dora on her knowledge of oral sex, and like an explorer when he was surprised that the Wolfman associated the spreading of a woman's legs with a butterfly. According to Winnicott (1971) it would be the exploration mode that would bring about material that would "surprise" both analyst and analysand by the meaning found and this might facilitate a deeper exploration of the meaning in terms of the history of the particular patient. The technician "stresses sharp observation, accurate data gathering, rigorous psychodynamic formulation, exact diagnosis, precise interpretation, and objective measurement of outcome" (Kupers, 1988, p. 98). The explorer, on the other hand, is more interested in "an unrestricted search for fantasies and meanings, in discovering what is unique, and what potential there is for growth and healing residing within the individual" (p.98). Ideally, the analyst would combine these two approaches depending on what was in the best

interests of the patient. The stance of the analyst is important in the forging of the therapeutic alliance and as such impacts on transference/counter-transference issues.

In the cases of Anna O, Dora and the Wolfman, as presented by Freud, what made the terminations problematic was Breuer's (in the case of Anna O) and Freud's avoidance of the transference. Anna O (Freud & Breuer 1895) was seen primarily by Breuer who, according to Ernest Jones (1953, 1., p. 223-25), was obsessed with the case and spoke of it incessantly, even to his wife. His wife first became bored, then jealous and finally depressed, at which point Breuer broke off his treatment with Anna O. She seemed to take the notice to terminate in her stride, but later that evening Breuer was called out to her and she had deteriorated completely. Breuer calmed her down by hypnotizing her and then fled from the house. The next day he and his wife left on a second honeymoon, and Anna O was finally admitted to an institution. Anna O eventually recovered and became the first woman social worker in Germany, although she never married and is said to have led a restricted life (Kupers, 1988). Freud wrote to the woman he was engaged to, Martha Bernays, about the case and when she expressed the same fears about him becoming entangled with his female patients, he rejoined that "For that to happen one has to be a Breuer" (letter to Martha Bernays, Nov. 11, 1883, cited in Jones, 1953, 1., p. 225). Although Freud eventually came to view the resolution of the transference as a major termination criterion, he never mentioned either transference or counter-transference in his 1937 article on the terminability of analysis. In the case of Dora, which was prematurely terminated by the patient, Freud was finally able to admit that this had been due to his inability to analyse the erotic transference. Freud (1905) wrote,

"I have been obliged to speak of transference, for it is only by means of this factor that I can elucidate the peculiarities of Dora's analysis. Its great merit, namely, the unusual clarity which makes it seem so suitable as a first introductory publication, is closely bound up with

its great defect, which led to it being broken off prematurely. I did not succeed in mastering the transference in good time" (p. 118).

It is important to note that it was the patient, however, who terminated the analysis, and not because she was in love with Freud. In the case of the Wolfman Freud again never mentioned the transference and it is only through the writings of Jones (1955), Mack Brunswick (1928), and the Wolfman (1971) himself that we are able to realise the intensity of the transference relationship. From Jones' (1955) biography of Freud we read that the Wolfman "initiated the first hour of treatment with the offer to have rectal intercourse with Freud and then to defecate on his head!" (2., p. 274). According to Mack Brunswick (1928) the Wolfman never worked through the negative transference with Freud and retained a homicidal rage towards Freud, possibly for Freud's desertion of him. Towards the end of his analysis with Freud, the Wolfman wrote that he and Freud had been discussing the problem of the patient being "stuck" in the transference and of having too close a tie to the analyst. Freud had been of the opinion that the Wolfman was too comfortable in the analysis and it was partially this that had prompted him to announce that the analysis would terminate at the end of that year's treatment. The Wolfman (1971) wrote this about his termination with Freud,

"In this connection, Freud was of the opinion that at the end of the treatment a gift from the patient would contribute, as a symbolic act, to lessening his feeling of gratitude and his consequent dependence on the physician. So we agreed that I would give Freud something as a remembrance. As I knew of his love of archeology, the gift I chose for him was a female Egyptian figure, with a miter-shaped [sic] headdress. Freud placed it on his desk" (p. 150).

Besides highlighting the fact that the Wolfman knew Freud relatively well, this exchange pointed to the issue which made termination so problematic for Freud and a factor that has not received the attention it should have in the literature, namely,

dependency. Freud was "terrified of dependency - his own on others" (Kupers, 1988, p. 25). From Kardiner's (1977) account of his analysis with Freud in 1922, it is clear that Freud seemed to have little sensitivity for the feelings of his patient at termination and seems to have done little to focus on dependency issues. At the beginning of his treatment of Kardiner, Freud informed him that he would only see him for a specified time, but made no more mention of it as the analysis proceeded. Months later Freud informed him that their time together would soon be coming to an end. Kardiner had remembered Freud saying that they would meet for a limited time only, but had also not thought about it again. When Freud mentioned it in this way he was shocked and wrote "it had simply not registered with me.... My analysis terminated on the first of April 1922. I felt uneasy, reluctant to leave, and, in a way, resentful about it" (p. 67). Compare this with Wheelwright's (1982) experience of termination with Jung.

"During my last appointment with Jung in 1939, as I was being forced out by the impending war, he said: `Now, Wheelwright, we have obviously not analysed your transference completely. As a matter of fact, despite one's best efforts, I do not believe *all* transference projections are ever withdrawn - especially the archetypal ones. There is some real legitimacy in your continuing to think of me as father, especially at the deepest level. So if you feel inclined to write to me about yourself from time to time, do so. I shall be interested, though I may not reply. However, don't start bombarding me with trans-Atlantic telephone calls or asking me to intercede on your behalf. You're on your own now, which, after all, is what we have both been working toward'" (p. 118).

In his personal correspondence Freud often expressed the desire to be totally self-sufficient. In a letter to Ferenczi, for example, Freud remarked that having come to terms with, and having understood his feelings of homosexuality, he had found

a greater degree of self-dependence (letter to Ferenczi, Oct. 17 1910, cited in Jones, 1955, 2., p. 420). Jones reported that when he asked Freud why he was so afraid of old age, he replied that it was because it made him so dependent on others (p. 420). Freud was also alone among analysts as having been his own analyst. Becker (1973) commented that Freud took on the project of trying to father himself. He goes on to suggest that Freud's theories were overly sexualized as a defence against his two worst fears: anxiety about death and dependency. Remember that Freud (1937) wrote "Analysis Terminable and Interminable" after he had been diagnosed with cancer in 1923 and that the cancer had made its first reappearance after thirteen years in 1936. Romm (1983) gave a poignant description of Freud's health at the time and stated that as the year 1936 ended he was still in constant pain. In December he underwent further surgery "during an excision and electrocoagulation of an ulcer in a location both poorly accessible and particularly difficult to anaesthetize, Freud said that he could simply stand no more" (p. 107). On the 30th December 1936, Marie Bonaparte had written to Freud to inform him that his letters to Fliess had been recovered and that she was preparing to buy them from a dealer. Freud wrote back immediately on the 3rd January 1937 and stated:

"The matter of the correspondence with Fliess has affected me deeply.... Our correspondence was the most intimate you can imagine. It would have been highly embarrassing to have it fall into the hands of strangers.... May I offer to share half the cost with you? After all, I would have had to acquire the letters myself had the man approached me directly. I do not want any of them to become known to so-called posterity" (Freud, 1985, p. 7).

Mahony (1989) asked the question, "Might one say that the interminability of Freud's transference onto Fliess flowed through the penning of 'Analysis Terminable'?" (p. 62). If this is possible then it would again be because of Freud's difficulty with dependency, an issue that is still largely overlooked in the literature on termination, with the emphasis being placed on the issues of separation, loss and

mourning. Kupers (1988) commented that Freud in practice and Freud in theory, particularly on the issue of termination, was not always consistent, yet it can be said that his theoretical exposition of termination has not been fundamentally altered over the years, it has merely been elaborated on and refined. Gaskill (1980) stated that "Freud's suggestion that an analysis is complete when the ego has attained its maximal psychological capacity for functioning seems as relevant now as it was in 1937" (p. 21).

Marion Miller (1950) added another dimension to the difficulty that analysts might have in resolving counter-transference and dependency issues when she stated,

"Perhaps we, as analysts, are handicapped in knowing all about what ending feels like, for by the mere fact of becoming analysts we have succeeded in bypassing an experience which our patients have to go through. We have chosen to identify ourselves with our analyst's profession and to act out that identification" (p. 191).

And what of this when one has analysed oneself? The analyst's analysis is also, according to Freud (1937) an interminable affair, as he suggested that analysts themselves re-enter an analysis every five years. There are also Freud's notorious breaks with former colleagues and pupils. In the public arena he, as with Rank, attacked the theoretical formulations of his former disciple, but in private became more convinced of the need for total self-sufficiency (Roustang, 1982).

In "Analysis Terminable and Interminable" Freud (1937) stated that the cases' best suited to psychoanalysis and where the possibility of a termination became actual were those with a traumatic aetiology. He wrote,

"Only when a case is a predominantly traumatic one will analysis succeed in doing what it is so superlatively able to do; only then will it, thanks to having strengthened the patient's ego, succeed in

replacing by a correct solution the inadequate decision made in his early life. Only in such cases can one speak of an analysis having definitely ended" (Freud, 1937, p. 220).

Baranger, M., Baranger, W. and Mom (1983, 1988) agree with this formulation as does Ferraro (1995), but they placed this firmly within the trauma of separation. Separation may be described as traumatic, not only because it is separation per se, but "because it mobilizes anxieties that cannot readily be represented mentally, this process appears particularly complex, because it recathects highly primitive levels in which object loss is experienced as a loss of self" (Ferraro, 1995, p. 59). He shifts the emphasis "from the patient's history to the possibility of it crystallising in focal nuclei emerging within the analytic relationship under the pressure of termination" (p. 51). The form assumed by the "focal nuclei" which should be "emerging in the analytic relationship" are most frequently acted out, which can arouse complex counter-transference feelings in the analyst, whether the acting out takes place within the therapy or outside the therapy. Writing more from the perspective of the narcissistic gratification available to the analyst Buxbaum (1950) wrote that, "To resolve the counter-transference becomes a major part of the analytic process of termination" (p. 190).

There can often be a powerful temptation during termination for the analyst to collude with the patient's desire for a painless ending and to spare oneself the vehemence of the infantile rage often directed at one or acted out outside the analysis. Quinodoz (1991) has drawn attention to the link between separation anxieties and acting out, suggesting that the transformation of separation anxieties serve as a meaningful indicator of the progress of the analytic process. He stressed that these anxieties are heightened at termination and can play an important part in the interminability of an analysis. One of the patients mentioned by Ferraro (1995), Irene, had this to say about her termination,

"It is as if I felt that, in the struggle that is going on inside me about

the termination, there lay the problem of my whole life, all my difficulties in concentrated form" (p. 60).

It is during the termination phase of the analysis, when the possibility of acting out is the strongest that the analyst has the opportunity to work with the archaic memory of acting out and to help the patient transform this by supplanting it with the "temporalising memory with its dialectic of future, present and past" (Ferraro 1995 p. 61). What is called for during termination is the transformation of discreet and isolated memories fixed in time and an integration of the patient's own experiences as ameliorated through the transference. Baranger et al. (1988) wrote,

"The same retroactivity that acted in the constitution of the traumatic situation can be used, through interpretation, to undo what it has constituted, to reintegrate the elements of the traumatic situations into new temporal dynamics" (p. 116).

What becomes clear is that there has been a move away from deciding whether or not an analysis can said to be completed or naturally ended, to working with the termination as a very fertile time in the analysis, whether it can be said to be complete or not. For the patient to accept that the analysis has ended rather than been completed Berenstein (1987) held that,

"This involves the acceptance and tolerance of uncertainty towards the future, after the end of the analysis, instead of certainty closed by repetition. It also entails the transmutation of despair at hostile impulses and single meanings in hope...about the ego's potential for the assignment of varying meanings" (p. 33).

Heidegger (1962) commented on the capacity of Dasein to comprehend itself in an authentic future, "Dasein does not come towards itself primarily in its inmost non-relational potentiality-for-being, but *awaits this* concernfully *in terms of that which yields or denies the object of its concern*" (p. 386). The inauthentic future, stated Biemel (1977), is an awaiting, which makes possible the attitude of expecting or hoping in a way that could be called a neurotic hoping in vain for the future.

The text of "Analysis Terminable and Interminable" is generally interpreted as a pessimistic evaluation by Freud of the prophylactic power of analysis, save for those cases with a traumatic aetiology (Sandler, 1987). Thompson (1991) suggested that this is only one side of the argument and that through the courageous step of being critical of his own work and the future of psychoanalysis, Freud was in fact restoring balance to the heroic and forward striving attitude that had crept into psychoanalysis. Jones (1955) quoted a letter from Freud to Ferenczi of the 4th April 1915, he wrote, "Let me admit that I have found in myself only one attribute of first quality: a kind of courage that is not effected by conventions" (p. 183). Thompson (1991) wrote,

"Freud's application of the principle of disintegration bears a family resemblance to post-modernist views, including the impulse to de-construct, to explore the inherent limits of theory and to question the idea of progress. He questions the 'optimistic' views that overemphasize integration and progress in analytic treatment and development" (p. 178).

Thompson (1991) showed how difficult it is to maintain the balance between optimism and pessimism in psychoanalysis, a factor that Mahony (1989) stated is discernible in the lexical rather than content aspects of the text of "Analysis Terminable and Interminable". He highlighted the problems that have arisen through the translation of Freud's work and concentrated on the use Freud made of certain conjunctive/disjunctive pairs of concepts, for example, the constitutional and the accidental or acquired, that Freud used throughout the essay. Perhaps the most relevant of which was his use of this in the title, which from the original German could perhaps be best translated as "Analysis, its endingness and unendingness" (p. 79). This is more than just semantic quibbling as it points directly to Freud's appreciation of the temporal aspect of termination and analysis and whose various references to time as process or time as state define the essay. Furthermore, it points to the fact that Freud accepted that analysis was both endable and unending,

a point that has been taken up by Ticho (1972) who wrote about the goals of analysis as well as the life goals of the patient. Mahony (1989) described "Analysis Terminable and Interminable" as "a piece of enactive discourse that demonstrates itself" (p. 72). Rather than juxtapose the two possibilities as an either/or situation Freud (1937) was at pains through his discourse to enable the reader to be a part of the process of analysis that is firmly embedded in our lived sense of time that transcends the dialectical understanding of either/or with an acceptance of "and".

Mahony (1989) used the work of Jaques (1982) on time to elucidate how we vacillate between the cognitive conception of a continuous field and that of a field of discrete, separate objects.

"From the unconscious and preconscious processes comes the experience of time as flux, as the interaction of memory with the

perceptual present and the future of expectation and desire." (p. 21).

It was Hegel who wrote that the flux of time, which is all there is that is constant, is killed by words, so when working in this mode the analyst should be prepared to use language more poetically or not at all, as sometimes only images will emerge for the patient in this time. Mahony (1989) continued,

"In focused conscious awareness, on the other hand, one perceives an atomistic world and temporal discontinuity - from which arise discrete ideas of past and future time" (p. 21).

This is the sense of time that can be easily languaged, but as it is implied by Freud, one moves in and out of these experiences of time during an analysis, and, therefore temporality is central not only to the analytic or therapeutic endeavour, but is of the greatest significance to the terminability of the analysis.

"But another point has already become clear: if we wish to fulfil the more exacting demands upon analytic therapy, our road will not lead us to, or by way of, a

shortening of its duration" (Freud, 1937, p. 224). Kernberg (1984) who is well-known for his lengthy treatment of borderline patients had a similar thing to say, he wrote,

"The expectation that our increasing knowledge will shorten the psychological treatment of severe character pathology and the borderline disorders may represent one more illusion about the process, technique, and outcome of psychotherapy" (p. 252-53).

When one examines the changes that have taken place in psychoanalysis since the time of Freud then it is perhaps not surprising that the time it takes for an analysis to be completed has increased rather than decreased. Kupers (1988) summarized these shifts into seven categories, namely:

- 1) Analysts are enlarging on the variety and depth of pathology that they consider to be amenable to psychoanalytic treatment.
- 2) The focus for understanding both the development of symptomatology and the evolution of the transference has shifted to an earlier stage of development - from oedipal to pre-oedipal issues. This has also resulted in a shift away from the parents and their relationship with the child to the relationship between the child and its mother only.
- 3) Freud searched for the single traumatic event that interfered with the normal development of the child, whereas, analysts today are more inclined to search for recurrent patterns of early object relations that have influenced character structure. The mother-child dyadic relationship has become the prototype of later difficulties in relating, including those experienced in the therapeutic relationship. The early mother-child relationship has become the model for the therapeutic relationship.
- 4) The role of the therapeutic relationship as the place of healing has become the most important feature of present day analysis. For Freud it was insight that brought about the healing and the changes the patient was or was not able to make, today it is the therapeutic relationship itself and the presence

or nature of the analyst that count. Whether this is described as a "corrective emotional experience" (Alexander, 1952), a reworking of the mother-child relationship through the transference (Loewald, 1960) or the empathic response of the analyst to the narcissistic wounds of the self (Kohut, 1971, 1977), the emphasis remains on the relationship as that which heals.

5) With the shift to an earlier developmental understanding of the aetiology of psychopathology, there has also been an emphasis on more primitive defensive manoeuvres to contain various anxieties on the part of the patient. Whereas Freud focused almost exclusively on repression and some of its derivatives like reaction formation and sublimation, the focus now is primarily on splitting, projection and projective identification, and to some extent, denial.

6) These shifts in theory have taken place largely because of the changing nature of the type of pathology considered treatable by psychoanalysis, but even neurotic patients today are seen within this same framework and there are some who believe that the work of analysis is not complete until one has reached the so-called "psychotic core" of the pathology. Green (1975) has noticed this development and commented,

"Freud's implied model of neurosis is based on perversion (neurosis as negative of perversion)...The implied model of neurosis *and* of perversion is nowadays based on psychosis.... And this is why some analysts write that an analysis of a neurosis is not complete until the psychotic layer is reached.... When at last we reach the psychotic core we find what we may well call the patient's private madness, and this may be one reason why interest is shifting towards borderline states" (p. 5).

7) Analyses, given all the above factors, generally last longer.

At the end of "Studies on Hysteria" which Freud wrote with Breuer (1895), he reported a conversation that he had with a patient who stated,

"Why, you tell me yourself that my illness is probably connected with my circumstances and the events of my life. You cannot alter these in any way. How do you propose to help me then?" Freud replied, "Much will be gained if we succeed in transforming your hysterical misery into common unhappiness. With a mental life that has been restored to health you will be better armed against that unhappiness" (p. 305).

It seems that analysts today in the ever compulsive search for the ultimate cause, the final starting place of the pathology, are unwilling to allow their patients everyday unhappiness, even this is ceded to the realm of the pathological and preferably the psychotic. This progressive psychologization of everyday life impacts in a way on termination that has not been explored. In Freud's day, it could be said that most people seeking analysis did so with the expectation that this would be an once in a lifetime endeavour, and that at the end of it they could consider themselves cured. They would enter analysis, the transference would be analysed and when resolved, the analysis would be terminated. Very few patients would expect that they would have to undergo this type of treatment again, although in the analytic community of the time it was customary for Freud to see most of his disciples from time to time for analysis.

Today, patients are far more likely to enter therapy seeking the relief of certain symptoms, the support of the therapist over a difficult time, help with a problematic relationship or child, generalized anxiety or unhappiness, the inability to cope in an increasingly complex world, loneliness or depression, etc. Often, because of financial reasons or time constraints the average consumer of therapy today is not looking to be in analysis five times a week for the next six to eight years (Malcolm, 1981). When they have finished "the piece of work" for which they came to

therapy, most are happy to leave and to seek help again in the future should they feel that they need it, even if, in the opinion of the analyst they are suffering from narcissistic or borderline pathology that would be thought to require longer treatment.

Whether one enters into long-term, medium-term analysis or short-term focused psychodynamic psychotherapy, the issue of termination remains a crucial one, the dynamics of which need to be reassessed. It seems that the metaphors of loss and mourning no longer applies and that the issues of dependency and intimacy need to be re-examined in the light of both long-term, medium-term, and short-term analysis. For an analysis or therapy to be terminable in a way that brings about a sense of closure for the patient, even if it is temporary, seems to require that the issue of temporality, as it is understood from a phenomenological perspective, be placed at the very centre of the therapeutic endeavour.

## **CHAPTER 7**

### **CONCLUSION**

Termination is a perennial issue in psychotherapy as most patients terminate their analysis at some time, even if this is for reasons of expediency or for a temporary time, i.e. they could return to therapy again either with the same therapist or someone else. The issue of termination is thus not necessarily specific only to the particular therapy being terminated, but has implications for the patient if and when they seek further analysis. The purpose of this thesis has been to look anew, from the perspective of the experience of the analyst and the patient, at the subject of termination. It became clear in reviewing the psychoanalytic literature on termination that there are certain areas of concern about termination that have not fundamentally changed although the types of patients seen have necessitated some major revisions of technique. The criteria for termination specifically have been elaborated on (Balkoura, 1974; Firestein, 1969; Hurn, 1973; Pfeffer, 1963; Robbins, 1975; Symposium, 1937, 1948, 1950) as the theory has become more sophisticated and expanded upon to account for narcissistic and borderline conditions, yet it could also be said that a single criterion is most frequently quoted as significant to termination, namely, the capacity of the patient to internalize the analytic function. The research showed that it was not so much the capacity to internalize the analytic function or even the analyst, but rather the analytic space and the use that the ex-patient could make of it. Once the ex-patients were able to look back on their experience of therapy and termination, they discovered that this was a space in which they were able to honour themselves by being truly who they are, and it is this aspect that stayed with them after termination.

Closely related to the concern with termination criteria are the goals and aims of psychoanalysis. The fundamental goal of analysis was the resolution of the transference neurosis, but this was largely rejected as an impossibility in the

absolute sense, and many have concluded that this striving towards perfectibility is a myth, antithetical to the search for the truth about oneself (Gaskill, 1980). Freud (1937) stated that analysis had dispensed with its task once it had procured for the ego the best conditions for its functioning. He added, however, that "We must not forget that the analytic relationship is based on a love of truth - that is, on a recognition of reality - and that it precludes any other kind of sham or deceit" (Freud, 1937, p. 248). Grinberg (1980) stated that he had some doubts about the goals and criteria of analysis and its termination being an expression of the essence of the psychoanalytic process. He wrote,

"Perhaps we do not realize that we `saturate' the development of the analytical relationship with the aprioristic idea of `leading' our patients to achieve the `therapeutic goals' which we have already fixed for them from the very beginning" (p. 25).

Termination criteria and the goals of psychoanalysis have been largely drawn up and considered in the light of the personality of the analysand in spite of the recognition of the important role played by the analyst in determining the nature of the analytic relationship, and the interaction which takes place between the two members of the analytic couple (Balint, 1950; Buxbaum, 1950; Green, 1986; Grinberg, 1980; Ogden, 1985; Viederman, 1979). Ticho (1972) wrote about "treatment goals" and life goals" and suggested that it would help the analyst to determine when an analysis could be ended to keep these two aspects of the treatment distinct. Ticho (1972) defined the "treatment goals" as those which concerned the removal of psychic obstacles that impeded the patient's discovery of her(his) potentialities. "Life goals" he defined as those goals that the patient would seek to attain if s(he) could put her(his) potentialities to work. Although his work did not focus specifically on the role of the analyst in termination, he defined the goals of analysis in a way that by implication considered that the goals that the analyst might have and the goals of the patient could be different.

Kogan (1996) described a case where the way in which she as the analyst felt about the goals of analysis were seen and experienced differently by the patient. Kogan (1996) was clear that there were primarily four treatment goals: working through of separation from Mother, acceptance of female identity, understanding the meaning of symptoms, and the acceptance of the limitations of age and gender. After the overcoming of various resistances to all of these goals, Kogan (1996) felt that the patient was able to achieve a degree of separateness and independence that was acceptable. The last goal, however, created the greatest difficulty for her as analyst, as the patient had a completely different goal, that she was eventually able to achieve. The patient wanted to have a child without a man, parthenogenesis, and the analyst interpreted this as a manic defence against the acceptance of her own ageing process and death. In thinking about this issue for herself, Kogan (1996) came to the conclusion that during termination particularly, one would need to be aware of the "impact that fear of psychic pain incurred in change and growth can have on both partners of the analytic couple and, as a consequence, on the analytic goals" (p. 1025). Clearly, counter-transference issues play an important part in the resolution of the termination, as has been stated, but Kogan (1996) described what this had been like for her as the analyst too.

Transference resolution as a goal of analysis was eventually recognized as a perfectionistic fiction of theory, but counter-transference was still considered to play a major part in the termination of the analysis, although it has seldom been elaborated on past this acknowledgment. As mentioned by Kogan (1996), fear of change and the confrontation with the pain of our mortality has a strong influence on counter-transference and the responses of the analyst, perhaps particularly at termination. The point that interferes with the resolution of counter-transference issues has to do with the analyst's own striving for perfection and success. Kogan (1996) found out, ten years after the termination of the analysis she discussed, that the patient's decision to have a child without a father (she was artificially

inseminated), was not a defensive manoeuvre on her part. She met the patient accidentally in the street one day and was relieved to find the patient well and accepting of her aging process.

The counter-transference hold that Kogan (1996) had experienced was brought about by her uncertainty that at termination, the treatment goals had been met, especially the goal relating to the patient's capacity to accept the limitation of her own mortality and femininity. If we see the past as something that moves away from us and the future as something that moves towards us then by implication we see ourselves as static. This means that we can subtly avoid both change and death and live in the fantasy of our immortality. After Kogan (1996) had met up with the patient again, she felt that she was at last able to write up the case for publication, although she had wondered why she had been reluctant to write it up in the first place when it had seemed to have been a successful termination. She wrote,

"Listening to Dina for just these few minutes on the street, I realised to my satisfaction that her analysis was not only terminated, but, indeed, had led to a successful outcome" (p. 1027).

Concern about the successful completion of the analysis is one of the strongest counter-transference issues of termination, yet little attention is given to this issue as it is generally discussed under the rubric of aims, goals and criteria of termination which have primarily to do with the patient. The limitations of analysis need to be accepted by the patient and the analyst for the termination to be resolved in the sense that there is a felt experience of termination as an ending. Schafer (1973) expressed this eloquently when he wrote,

"These limitations concern the therapist in quite a powerful, personal way. Through them, he [sic] must recognise that his effectiveness as a healer is quite limited, which means that important narcissistic ideas about himself and ideals for himself are forcefully contradicted by experience. The roots of these ideas and ideals lie in infantile

fantasies of omnipotence, which no one ever renounces completely  
(p. 146).

In his paper on "Analysis Terminable and Interminable" Freud (1937) had already alerted analysts to the folly of seeking a perfect outcome or a cured patient. He wrote,

"We do not always achieve our aim to its full extent - that is, do not achieve it thoroughly enough ... portions of the old mechanism remain untouched by the work of analysis" (p. 229).

Some writers, like Szasz (1971), have worked around the whole issue of aims and goals of analysis and the criteria for termination of an analysis and have instead focused on the issue of whose responsibility it is to terminate the relationship. Szasz (1971) suggested that the analysand take the full responsibility for terminating the analysis as (s)he did for beginning it. This is coherent with the idea expressed about psychoanalysis that it does not aim to advise, direct or dominate the analysand. Other authors, like Ferenczi (1925), for example, wrote that the analysis should ideally come to a natural end or that the analyst should take the responsibility for informing the analysand about termination. Many authors, including Grinberg (1980), state that it should be a mutually agreed upon decision arising out of the process of the analysis, and it could then be seen as evidence that a level of separateness and maturity has been reached by the analysand that presupposes termination. The issues of maturity and responsibility can be linked if one takes the view, as has been suggested by this study, that responsibility is the ability to be able to respond appropriately to oneself and to express the needs which arise out of this understanding in an independent, unmanipulative manner.

Most analysts, even those of different theoretical persuasions, agree that analysis consists of a beginning, a middle and an end. Wolberg (1977), for example, suggested that there were two middle phases, but since the work of Ferenczi and

Rank (1924) when the termination phase of analysis was first formalized, it has been accepted that once started, the analysis will, at some undecided time in the future, end. Analyses that are considered unending or interminable are looked upon as problematic, again seen mainly from the perspective of the analysand who is thought to be someone unable to tolerate object loss. From a theoretical point of view this would include many of the patients seen in analysis today, namely, schizophrenics, narcissists, borderline patients and, in the opinion of the researcher, obsessive neurotics, alcoholics and frequently, drug addicts. Klauber (1977) wrote about analyses that could not be terminated, but eventually took a middle view by concluding that these are perhaps just very slow analyses rather than interminable analyses.

Goldberg (1975) propounded the view that unless the analyst colluded with the analysand in giving her (him) "a future as a patient" (p. 342), then termination is not only inevitable, but desirable, as he wrote that without the possibility of an end the analysis would never begin. In terms of the goal(s) of analysis as well as the criteria for termination, the beginning and the end are linked together. Freud (1937) was the most aware of the paradoxical nature of termination, yet expressed it in the most oblique way in his article "Analysis Terminable and Interminable". As has been suggested his knowledge of the beginning and the end being related in a way that presupposes a non-linear sense of time, is reflected in the title, which in German reads "Die Endliche und die Unendliche Analyse". Various translations have been suggested other than the one "officially" used, but perhaps the most succinct and meaningful translation is "Analysis, its endingness and unendingness" (Mahony, 1989, p. 79).

A connection runs through from the narcissistic striving of the analyst to the goals and aims and of analysis and the criteria for termination, and the perception of the analytic relationship as the primary ground of the endeavour. Capra (1975) made

the observation that if one wanted to achieve something that might help to relieve a sense of stuckness with a concept or an idea, for example, that one started with its opposite (p. 127). Herron and Rouslin (1982) re-examined termination from the role of the motivations of the analyst to terminate by considering the possibility of analysis or therapy as an unending process. In looking at why analysts and therapists were so invested in the analytic or therapeutic relationship coming to an end, they discovered a little researched area of narcissism, from the perspective of the psychoanalyst/therapist. Although it is generally accepted that analysts would have been thoroughly analysed themselves, it cannot be denied that the power of being in the helping role is highly seductive and one of the reasons why Freud (1937) strongly suggested that analysts undergo a re-analysis at least every five years. Reich (1950) commented that analysis and the analytic relationship appealed to the "narcissistic omnipotence fantasies of the analyst" (p. 180). It is also accepted that if analysts suffer from any particular pathology that it is most likely to fall within the arena of narcissistic disorders. Alice Miller (1995) gave a trenchant description of the way in which most people who choose to become psychotherapists have experienced their "childhood fate" (p. 46). She wrote,

"The therapist's sensibility, empathy, responsiveness, and powerful 'antennae' indicate that as a child he [sic] probably used to fulfill other people's needs and to repress his own" (p. 45).

Herron and Rouslin (1982) wrote about what they called the "therapist's retreat" and make mention of two narcissistic qualities, namely, the "lack of capacity for pleasure" and "fear of commitment" that can influence the therapist's motive for suggesting or working towards termination once there is a sense of separation (p. 129-30). Once a sense of emotional separation has been achieved in the therapeutic/analytic relationship, then the depth of the relationship generally alters and there is usually more communication between the two participants which means that the therapist could enjoy their interaction with the patient more and feel that

this is not the task of analysis. There could be an implicit reluctance on the part of the therapist to allow for mutuality in the relationship that would fundamentally alter the way in which the roles of the patient and the analyst are traditionally seen. Herron and Rouslin (1982) suggested that the therapist/patient roles are stereotypically conceived and that this plays a part in meeting some of the narcissistic needs of the analyst. This need not always be a negative event, as when the therapist is listening attentively to a patient "he or she is operating out of the self-interest of being a good therapist that coincides with the patient's need to obtain effective therapy" (Welt & Herron, 1990, p. vi). They wrote, however, that it is often the grandiose perception of the analyst that (s)he is the "expert" and knows best what the problem is, and when the patient has reached the limit of their psychological or emotional potential. The patient is stereotypically seen as "helpless, dependent, subordinate, weak, without emotional, intellectual and interpersonal competencies and resources and potential" (Herron & Rouslin, 1982, p. 127). They also stated that finally, when everything is said and done, it is the therapist who is in charge.

Following Miller's (1995) argument that the therapist has met the needs of one or other parent in their own childhood, one can also assume that emotional commitment could be confused with dependency. Not the dependency of being held, cared for, and in general having one's needs appropriately met, but the pathological dependency of having no choice, no alternative to being at the mercy of the other, and of course never being able to leave in a way that would make the relationship interminable. Therapists in general and psychoanalysts in particular are trained to not meet the needs of the patient, in fact to frustrate the patient, except for the infantile need for merger as it facilitates regression within the transference. The issues of narcissism, dependency and the capacity for intimacy, and the role that they play in termination need further exploration to determine the extent to which they are elements of which the analyst is consciously aware at termination.

The analytic relationship, seen not only from the perspective of the transference, is being thought of as the place in which the healing of analysis takes place. This is because it is a relationship and one hopefully based on honesty and acceptance. The word therapy comes from the Greek root *therapia*, which means to be in the service of, and it is in this sense that the patient/therapist relationship needs to be understood. The perception of the analytic relationship most frequently used is gleaned from early (and earlier) mother/child interactions and is said to set the course that the analytic relationship will take. The use of the parent/child analogy does little to "debunk" (Berger, 1971) the notion of the analyst as parent and the patient as child. Reich (1950) commented that the relationship to the analyst is not a mature one and described it as

"a unique relationship between two persons which *necessarily* causes the one partner to produce infantile reactions and to hold onto infantile behaviour in relation to the other" (p. 182, italics added).

It is perhaps this rigid role definition of the patient/therapist positions within the analytic/therapeutic relationship that most influences what the research of this thesis showed to be fallacious, and that is that termination is equated with separation. Separation and termination are not the same and should not be confused with each other. It is, however, a commonly held idea that termination or the termination phase of the analysis has or can begin once there are two people in the room. It is specifically this understanding that promotes the use of the criterion of the internalization of the analytic function, and in some cases this is stated as the internalization of the therapist imago (Kramer, 1959), as internalization is not possible until the patient is able to perceive the analyst as a separate person (Loewald, 1973). The understanding of separation as one of the final accomplishments of analysis is strongly influenced by the perception that the analytic relationship is by its very nature regressive. Strauss (1964) understands separation as an archetypal phenomenon, and stated that, "I have gradually come

to regard the experience of oneness or fusion, which may be looked upon as regression, as the prerequisite for any process leading to transformation" (p. 105).

Anxiety and separation anxiety in particular is central to the psychoanalytic endeavour. Quinodoz (1993) shows the development of Freud's understanding of anxiety and posits that there were three theories of anxiety rather than two. The first theory that Freud advanced held that the person experiences anxiety as a result of the transformation of unsatisfied libido i.e. if the instinctual desire is granted acknowledgement or expression then retributive or retaliative experiences of guilt and/or shame would arise. The second theory of anxiety evolved out of Freud's understanding that anxiety is experienced when the ego senses danger, a danger that has the implication of separation or object-loss i.e. the anxious situation would have the power to render the ego helpless. The anxious situation is given its potential power through being recognized or remembered as resembling an earlier infantile situation in which the immature ego was faced with a situation in which it found itself actually helpless. The ego anticipates that if it seeks to provide gratification of the instinctual drive then its own existing organization will be undermined. The third theory of anxiety, following from this understanding, posited that the very integrity of the ego was threatened by a situation or event that was then experienced as anxiety provoking. All anxious situations thus involve the ego's attempts to explicitly acknowledge, express and gratify instinctual demands, although three discriminably different types are discernible. Although the term separation is generally used for situations in which there is a temporary separation or one brought about by the inevitability of maturation, and loss is usually reserved for cases where there is a permanent loss through death, for example, the attendant anxiety has remained the focus in psychoanalysis. With anxiety as the primary locus in the theory of psychoanalysis it seems inevitable that termination would have to be theoretically understood as a situation of separation, with the attendant experiences of loss and mourning naturally following the ending. It is in this sense that it has

been argued that psychoanalysis developed a theory about termination and the emotions that could be expected to accompany it out of its theory rather than its practice.

In "An outline of Psycho-Analysis" (1940/1938), Freud suggested that anxiety is experienced when the ego feels threatened in its integrity, which means ultimately the fear of death.

"Separation anxiety is therefore a reflection of the painful emotion - which is to a greater or lesser extent conscious - that accompanies the perception of the transience of human relations, of the existence of others and of our own existence" (p. 4)

In an article called "On transience" Freud (1916) explains how he was walking in the country with two companions. One of them, a poet, could find no joy in the beauty of his surrounding as it was all fated to extinction. Freud commented that although it is possible to defiantly deny the transience of all things, he could not and felt that it was extreme to hold the view that the transience of what is beautiful involves a depreciation of its worth. He continued to argue with his companions,

"On the contrary, an increase. Transience value is scarcity value in time. Limitation in the possibility of an enjoyment raises the value of the enjoyment. It was incomprehensible, I declared, that the thought of the transience of beauty should interfere with our joy in it" (p. 305).

Freud (1916) goes on to describe the way in which the seasons follow each other, and that nothing loses its value because of its temporal limitation. He added that there may come a time when the works of art of older painters, for example, will no longer be appreciated,

"but since the value of all this beauty and perfection is determined only by its significance for our emotional lives, it has no need to

survive us and is therefore independent of absolute duration" (p 306).

Freud (1916) not only showed his understanding of time in a sophisticated way that implies circularity rather than linearity, he showed too his acceptance of transience as being the very thing which gave life, in the broadest sense, meaning. His companions would not be convinced, however, and he concluded,

"The idea that all this beauty was transient was giving these two sensitive minds a foretaste of mourning over its decease and, since the mind instinctively recoils from anything that is painful, they felt

their enjoyment of beauty interfered with by thoughts of its transience: (p. 306).

The war broke out in the following year, robbing the world of much that it and its peoples had thought of as changeless and had perhaps taken for granted. Freud (1916) in this article showed that he did not draw back from the prospect of loss, but that he did not succumb to it either. In his own life, and poignantly at the time that he wrote "Analysis terminable and interminable", Freud constantly had to face the transience of things that he had held dear. His name Sigmund means "victory mouth" (Mahony, 1989), and it is again tragically poignant that the cancer from which he suffered was in the mouth. The courage to face the inevitability of our own mortality, not just the limitations of the effectiveness of our work, in the role of analyst/therapist, the anxieties about which are perhaps most strongly felt as the termination of an analysis approaches, is what lends courage to the patient to go out into the world anew to face the transience inherent in life that encourages the disavowal of attachment. The capacity of the therapist to allow a certain degree of attachment, rather than regression only, to develop in the therapy, but to have the willingness to let this go at termination is what all the therapists interviewed in this study felt to be the most valuable experience that they could impart to the patient as the final adaptive act. Therapists felt that they were able to show, in the

termination of the therapy, the ability to make an attachment and to tolerate the capacity to be alone in the way that they were able to let the patient go.

Quinodoz (1993) interestingly called his work on separation anxiety, "the taming of solitude" and it is in this sense that existentialism can add to the psychoanalytic concept of separation and its attendant anxiety as the capacity to tolerate aloneness and the ambiguity of her (his) world. Many of the patients seen in therapy today "suffer from loneliness" (van den Berg, 1972, p. 110), and are not able to understand or tolerate the facticity of our existential state of being alone, which can

also be understood as being separate, and encompasses an acceptance of our mortality. The bodily aspect of this phenomena is emphasized in existential thought and could help to understand the often disembodied way in which many of the patients seen in therapy experience themselves. "Self-concealment is equal to leaving one's body and the surrounding world to others in a self-chosen manner" (van den Berg, 1972, p. 114). This means that the lonely patient is unable to discriminate the boundaries of her or his environment as they have (are) no body to start with. The experience of loneliness often results from the denial of our need for intimacy or out of a fear of dependency in its pathological form, and is frequently difficult to discern in therapy.

"A manifestation of the need for human intimacy, often the phenomenon of loneliness is neither expressed openly nor experienced in awareness, and it is not observed directly" (Welt & Herron, 1990, p. 247).

van den Berg (1972) showed with his case study that it is not necessary to posit hypotheses about separation anxiety, loss or mourning in order to help a patient understand their self-concealment. "Hypotheses emerge where the description of reality has been discontinued too soon" (van den Berg, 1972, p. 124).

This study has suggested that termination can be understood as a human experience that evokes the foundational issues of existence and its mortality, and that patients can be helped to be "alone in the presence of the other" (Winnicott, 1963) when these factors are borne in mind, particularly at termination.

## REFERENCES

- Addison, R. B. (1992) Grounded hermeneutic research. In B. F. Crabtree, B. F. & W. L. Miller (Eds.) Doing qualitative research: Research methods for primary care Vol. 3 (pp. 100-124) Newbury Park: Sage.
- Alexander, F. (1950) Analysis of the therapeutic factors in psychoanalytic treatment. Psychoanalytic Quarterly, 19, 482-500.
- Alexander, F (1952) The evolution and present trends of psychoanalysis. International Congress of Psychiatry, Paris, reports, 1950, 5, 1-28.
- Alexander, F. & French, T. (1946) Psychoanalytic therapy. New York: Ronald Press.
- Arlow, J. A. (1971) Some problems in current psychoanalytic thought. In S. Arieti (Ed.) World of biennial psychiatry and psychotherapy, Vol. 1. (pp. 34-54). New York: Basic Books.
- Arlow, J. (1987) Perspectives on Freud's "Analysis terminable and interminable". In J. Sandler (Ed.) On Freud's "Analysis terminable and interminable" (pp. 73-88). London: International Psychoanalytic Association.
- Atwood, G. E. & Stolorow, R. D. (1984) Structures of subjectivity: Explorations in psychoanalytic phenomenology. London: Lawrence Erlbaum Associates, Publishers.
- Auger, J. A. (1986) Images of endings. Journal of Analytical Psychology, 31, 45-61.
- Balint, M. (1950) On the termination of analysis. International Journal of Psycho-Analysis, 31, 196-99.
- Balkoura, A. (1974) Reporter, see Panel.
- Baranger, M., Baranger, W. & Mom, M. (1983) Process and non-process in analytic work. International Journal of Psycho-Analysis, 64, 1-16.
- Baranger, M., Baranger, W., & Mom, M. (1988) The infantile psychic trauma from us to Freud: pure trauma, retroactivity and reconstruction. International Journal of Psycho-Analysis, 69, 113-28.
- Becker, E. (1973) The denial of death. New York: Free Press.

- Berenstein, I. (1987) Analysis terminable and interminable, fifty years on. International Journal of Psycho-Analysis, 68, 21-36.
- Berger, P. L. (1971) Invitation to sociology: A humanistic perspective. Harmondsworth, Middlesex, England: Pelican Books.
- Berry-Hillman, P. (1982) Some dream motifs accompanying the "abandonment" of an analytic practice. Chiron Publications. 1985.
- Biemel, W. (1977) Martin Heidegger: An illustrated story. London and Henly: Routledge & Kegan Paul.
- Bird, B. (1972) Notes on transference: Universal phenomenon and hardest part of analysis. Journal of the American Psychoanalytical Association, 20, 267-301.
- Blum, H. (1987) Analysis terminable and interminable: A half century retrospective. International Journal of Psycho-Analysis, 68, 37-47.
- Boss, M. (1963) Psychoanalysis and Daseinsanalysis. Trans. L. Lefebvre, 1982. New York: The Cape Press.
- Bouchard, M-A, & Guerette, L. (1991) Psychotherapy as a hermeneutic experience. Psychotherapy, 28, No. 3, 385-394.
- Bowlby, J. (1960) Grief and mourning in infancy and childhood. In The psychoanalytic study of the child, 15, 9-52.
- Bowlby, J. (1961) Processes of mourning. International Journal of Psycho-Analysis, 42, 317-40.
- Bridger, H. (1950) Criteria for the termination of an analysis. International Journal of Psycho-Analysis, 31, 202-3.
- Brierley, M. (1937) Affects in theory and practice. In Trends in psychoanalysis. 1951. London: Hogarth Press.
- Brooke, R. (1985) What is guilt? Journal of Phenomenological Psychology Vol. 16 (2), 31-46.
- Burland, J. A. (1975) Separation-individuation and reconstruction in psychoanalysis. International Journal Psychoanalytic Psychotherapy, Vol. 4, 303-335.

- Buxbaum, E. (1950) Technique of terminating analysis. International Journal of Psycho-Analysis, 31, 184-190.
- Cardinal, M. (1983) The words to say it. Trans. Pat Goodheart. New York: Picador, Pan Books.
- Capra, F. (1975) The Tao of physics. London: Wildwood House.
- Christou, E (1987) The logos of the soul. Dallas, Texas: Spring Publications.
- Cooper, A. (1987) Comments on Freud's "Analysis terminable and interminable". In J. Sandler (Ed.) On Freud's "Analysis terminable and interminable" (pp. 127-48). London: International Psychoanalytic Association.
- Craib, I. (1995) What's happened to mourning? British Journal of Psychotherapy, Vol. 1. (3), 358-366.
- Davanloo, H. (1978) (Ed.) Basic principles and techniques in short-term dynamic psychotherapy. London: Spectrum.
- Denis, A. (1995) Temporality and modes of language. International journal of Psycho-Analysis, 76, 1109-1119.
- Dewald, P. (1972) The clinical assessment of structural change. Journal of the American Psychoanalytical Association, 20, 302-324.
- Dooley, L. (1941) The concept of time in defense of ego integrity. Psychiatry, 4, 13-23.
- Edelson, M. (1963) The termination of intensive psychotherapy. Publication number 529 of the American Lecture Series, H. P. Rome M. D. (Ed). Springfield, Illinois: Charles C. Thomas Publisher.
- Eissler, K. R. (1953) The effect of the structure of the ego on psychoanalytic technique. Journal of the American Psychoanalytical Association, 1.
- Eissler, K. R. (1971) Talent and genius. New York: Quadrangle Books.
- Ekstein, R. (1965) Working through and termination of analysis. Journal of the American Psychoanalytic Association, 13, 57-78.
- Epston, D. & White, M. (1995) Termination as a rite of passage: Questioning strategies for a therapy of inclusion. In R. A. Neimeyer & M. J. Mahoney (Eds.) Constructivism in psychotherapy. Washington, D.C.: American

Psychological Association.

Fairbairn, W. R. D. (1941) A revised psychopathology of the psychoses and psychoneuroses. In Psychoanalytic studies of the personality. 1952, (pp. 28-58). London: Tavistock.

Faulconer, J. E. & Williams, R. N. (1985) Temporality in human action: An alternative to positivism and historicism. American Psychologist, November, 1179-1188.

Fenichel, O. (1924) From the terminal phase of analysis. In Collected Papers, 1, 1953, 27-31. New York: Norton.

Fenichel, O. (1945) The psychoanalytic theory of neurosis. New York: Norton.

Ferraro, F. (1995) Trauma and termination. International Journal of Psycho-Analysis, 76, 51-65.

Ferenczi, S. (1927) The problem of the termination of the analysis. In M. Balint (Ed.) The selected papers of Sandor Ferenczi: Problems and methods of psychoanalysis, 3, 77-86, 1955. New York: Basic Books.

Ferenczi, S. & Rank, O. (1924) The development of psychoanalysis. (Trans.) C. Newton, 1925. New York: Nervous and Mental Disease Publishing.

Firestein, S. K. (1969) Reporter, see Panel.

Firestein, S. K. (1978) Termination in psychoanalysis. New York: International Universities Press.

Freud A. (1937) The ego and the mechanisms of defence. London: Hogarth Press.

Freud, A. (1954) The widening scope of indications for psychoanalysis: Discussion. Journal of the American Psychoanalytical Association, 2, 607-620.

Freud, S. (1905) Fragment of an analysis of a case of hysteria. In Standard Edition, 7, 3-124. London: Hogarth, 1957-61.

Freud, S. (1913) Further recommendations on the technique of psychoanalysis: On beginning the treatment. In Standard Edition, 12, 121-44. London: Hogarth, 1957-61.

Freud, S. (1915) The unconscious. In Standard Edition, 14, 159-218. London: Hogarth, 1957-61.

- Freud, S. (1916) On transience. In Standard Edition, 14, 305-307. London: Hogarth Press, 1957-61.
- Freud, S. (1917) Mourning and melancholia. In Standard Edition, 14, 239. London: Hogarth, 1957-61.
- Freud, S. (1918) From the history of an infantile neurosis. In Standard Edition, 17, 3-12. London: Hogarth, 1957-61.
- Freud, S. (1930) Civilization and its discontents. In Standard Edition, 21, 59. London: Hogarth, 1957-61.
- Freud, S. (1933) New introductory lectures on psycho-analysis. In Standard Edition, 22, 3-182. London: Hogarth, 1957-61.
- Freud, S. (1937) Analysis terminable and interminable. In Standard Edition, 23, 209-54. London: Hogarth, 1957-61.
- Freud, S. (1974) The Freud/Jung letters. Ed. W. McGuire; trans. R. Manheim and R. Hull. Princeton: Princeton University Press.
- Freud, S. & Breuer, J. (1895) Studies on hysteria. In Standard Edition, 2, 1-309. London: Hogarth, 1957-61.
- Gaarder, K. (1965) The internalized representation of the object in the presence and in the absence of the object. International Journal of Psycho-Analysis, 46, 297-302.
- Gadamer, H. (1975) Truth and method. New York: Seabury Press.
- Gaskill, H. (1980) The closing phase of the psychoanalytic treatment of adults and the goals of psychoanalysis: The myth of perfectability. International Journal of Psycho-Analysis, 6, 11-23.
- Gay, P. (1988) Freud: A life for our time. New York: Norton.
- Giorgi, A. (1970) Psychology as a human science: A phenomenologically based approach. New York: Harper & Row.
- Giorgi, A. (1975a) Convergence and divergence of qualitative and quantitative methods in psychology. In (Eds.) A. Giorgi, C. T. Fischer, E. Murray, Duquesne studies in phenomenological psychology Vol. II, (pp. 72-79). Pittsburgh: Duquesne University Press.

- Giorgi, A. (1975b) An application of phenomenological method in psychology. In (Eds.) A. Giorgi, C. T. Fischer, E. Murray, Duquesne studies in phenomenological psychology, Vol. II, (p. 82-103). Pittsburgh: Duquesne University Press.
- Giorgi, A. (1985) Sketch of a psychological phenomenological method. In A. Giorgi (Ed.) Phenomenology and psychological research (pp. 8-22). Pittsburgh: Duquesne University Press.
- Giorgi, A. (1992) Description versus interpretation: Competing alternative strategies for qualitative research. Journal of Phenomenological Psychology, 23, No. 2, 119-135.
- Glover, E. (1955) The terminal phase (1), The terminal phase (2), Termination. In The technique of psychoanalysis, (pp. 138-640), 1971. New York: International Universities Press.
- Goldberg, C. (1975) Termination - A meaningful psychodilemma in psychotherapy. Psychotherapy: Theory, research and practice, 12, 341-343.
- Gray, P. (1965) Reporter, see Panel.
- Green, A. (1975) The analyst, symbolization and absence in the analytic setting (On changes in analytic practice and analytic experience). International Journal of Psycho-Analysis, 56, 1-22.
- Green, A. (1986) Potential space in psychoanalysis. The object in the setting. In On private madness. London: Hogarth Press & The Institute of Psychoanalysis.
- Green, A. (1987) Instinct in the late works of Freud. International Psychoanalytic Association Educational Monographs, No1. 149-169.
- Greenacre, P. (1954) The role of transference: Practical considerations in relation to psychoanalytic therapy. In Emotional growth, Vol. II. 1971, (pp. 627-640). New York: International Universities Press.
- Greenacre, P. (1966a) Problems of overidealization of the analyst and of analysis: Their manifestations in the transference and counter-transference relationship. In Emotional growth, Vol. II 1971. (pp. 743-761). New York: International Universities Press.
- Greenacre, P. (1966b) Problems of training analysis. In Emotional growth, Vol. II 1971. (pp. 718-742). New York: International Universities Press.

- Greenson, R. (1974) Loving, hating and indifference towards the patient. International Review of Psycho-Analysis, 1, 259-266.
- Greenson, R. R. & Wexler, M. (1969) The non-transference relationship in the psychoanalytic situation. International Journal of Psycho-Analysis, 50, 27-39.
- Grinberg, L. (1980) The closing phase of the psychoanalytic treatment of adults and the goals of psychoanalysis: "the myth of perfectibility". International Journal of Psycho-Analysis, 61, 25-37.
- Guntrip, H. (1975) My experience of analysis with Fairbairn and Winnicott. International Review of Psychoanalysis, 2, 145-56. In Psychoanalytic Practice, 1977, (pp. 49-67). New York: Grune and Stratton.
- Hagman, G. (1995) Mourning: A review and reconsideration. International Journal of Psycho-Analysis, 76, 909-925.
- Hartmann, H. (1950) Comments on the psychoanalytic theory of the ego. In Essays on ego psychology. 1964. New York: International Universities Press.
- Hartocollis, P. (1972) Time as a dimension of affects. Journal of the American Psychoanalytical Association, 20, 92-108.
- Hartocollis, P. (1975) Time and affect in psychopathology. Journal of the American Psychoanalytical Association, 23, 383-395.
- Hartocollis, P. (1976) On the experience of time and its dynamics, with reference to affects. Journal of the American Psychoanalytical Association, 24, 363-375.
- Heidegger, M. (1927/1962) Being and time. J. Macquarrie & E. Robinson (trans.) New York: Harper & Row.
- Heidegger, M. (1971) Poetry, language, thought. Trans. A. Hofstadter. New York: Harper & Row.
- Heimann, P. (1950) On counter-transference. International Journal of Psycho-Analysis, 31, 81-84.
- Held, R. (1955) Les Criteres de la fin du traitement psychoanalytique. Revue Francais de la Psychoanalyse, 19, 603-14. In T.A. Kupers, Ending therapy: The meaning of termination, 1988, New York and London: New York University Press.

- Herron, W. G. & Rouslin, S. (1982) At issue: Termination - the therapist's motive. In Issues in psychotherapy. Maryland: Robert J. Brady co. A Prentice-Hall Publications and Communications Company.
- Hillman, J. (1978) Three ways of failure and analysis. In Loose ends: Primary papers in archetypal psychology. Irving, Texas: Spring Publications.
- Hoffer, W. (1950) Three psychological criteria for the termination of treatment. International Journal of Psycho-Analysis, 31, 194-195.
- Hoffs, J. A. (1972) After the analysis: A note on the post-termination phase. Psychoanalytic Review, 59, 89-93.
- Holt, R. (1965) Freud's cognitive style. In Freud reappraised: A fresh look at psychoanalytic theory. New York: Guilford Press, 1989 (pp. 34-68).
- Holzman, P. S. (1970) Psychoanalysis and psychotherapy. New York: McGraw-Hill.
- Hurn, H. T. (1971) Toward a paradigm of the terminal phase: The current status of the terminal phase. Journal of the American Psychoanalytical Association, 19, 332-348.
- Hurn, H. T. (1973) Reporter, see Panel.
- Jacques, E. (1982) The form of time. New York: Crane Russak.
- Jones, E. (1936) The criteria of success in treatment. In Papers on psycho-analysis. London: Maresfield Reprints, 1977.
- Jones, E. (1953-57) The life and work of Sigmund Freud, Vols. 1-3. New York: Basic Books.
- Kardiner, A. (1977) My analysis with Freud: Reminiscences. New York: Norton.
- Kelly, K. J. (1994) Hermeneutics in psychotherapy: A study of interpretation in the context of the psychotherapeutic dialogue. Ph.D thesis, Rhodes University, Grahamstown, South Africa.
- Kernberg, O. (1968) The treatment of patients with borderline personality organization. International Journal of Psycho-Analysis, 49, 600-619.
- Kernberg, O. (1984) Severe personality disorders: Therapeutic strategies. New

Haven, CT: Yale University Press.

- Kimura, B. (1982) The phenomenology of the between: the problem of the basic disturbance of schizophrenia. In A.J.J. De Koning and F.A. Jenner (Eds.), Phenomenology and psychiatry (pp. 173-185). London: Academic Press Inc.
- Klauber, J. (1976) Some little described elements of the psychoanalytical relationship and their therapeutic implications. International Review of Psycho-Analysis, 3, 283-290.
- Klauber, J. (1977) Analyses that cannot be terminated. International Journal of Psycho-Analysis, 58, 473-477.
- Klein, M. (1930) The importance of symbol-formation in the development of the ego. In Contributions to psycho-analysis, 1921 - 1945. London: Hogarth Press.
- Klein, M. (1946) Notes on some schizoid mechanisms. In Envy and gratitude. 1975. London: Hogarth Press.
- Klein, M. (1948) Contributions to psychoanalysis: 1921-1945. London: Hogarth.
- Klein, M. (1950) On the criteria for the termination of a psycho-analysis. International Journal of psychoanalysis, 31, 78-80.
- Kogan, I. (1996) Termination and the problem of analytic goals: Patient and analyst, different perspectives. International Journal of Psycho-Analysis, 77, 1013-1029.
- Kohut, H. (1971) The analysis of the self: A systematic approach to the psychoanalytic treatment of narcissistic personality disorders. New York: International Universities Press.
- Kohut, H. (1977) The restoration of the self. New York: International Universities Press.
- Kramer, M. K. (1959) On the continuation of the analytic process after psychoanalysis. (A self observation). International Journal of Psycho-Analysis, 40, 17-25.
- Kramer, C. (1967) Maxwell Gitelson: Analytic aphorisms. Psychoanalytical Quarterly, 36, 260-270.
- Kronfeld, A (1930) Perspektiven der Seelenheilkunde. Leipzig. In A. J. J. De

- Koning & F. A. Jenner (Eds.) Phenomenology and psychiatry. London: Academic Press Inc.
- Kruger, D. (1988) An introduction to phenomenological psychology. Cape Town: Juta & Co. Limited.
- Kubie, L. (1968) Unsolved problems in the resolution of the transference. Psychoanalytic Quarterly, 37, 331-352.
- Kupers, T. A. (1986) The dual potential of brief psychotherapy. Free Associations, 6 80-99.
- Kupers, T.A. (1988) Ending therapy: The meaning of termination. New York and London: New York University Press.
- Lachmann, F. M. & Beebe, B. (1989) Oneness fantasies revisited. Psychoanalytic Psychology, 6 (2), 137-149.
- Laforgue, R. (1934) Resistance at the conclusion of psychoanalytic treatment. International Journal of Psycho-Analysis, 15,419-434.
- Laplanche, J., & Pontilis, J-B. (1973) The language of psychoanalysis. New York: Norton.
- Lasch, C. (1979) The culture of narcissism. New York: W. W. Norton.
- Leavy, S. (1980) The psychoanalytic dialogue. New Haven: Yale University Press.
- Lacan, J. (1953) The function and field of speech and language in psychoanalysis. In Ecrits, 1977, (pp. 226-280). New York: Norton.
- Leupold-Lowenthal, H. (1988) Notes on Sigmund's "Analysis terminable and interminable". In J. Sandler (Ed.) On Freud's "Analysis terminable and interminable" (pp.47-72). London: International Psychoanalytic Association.
- Lipton, S. (1961) The last hour. Journal of the American Psychoanalytic Association, 9, 325-30.
- Loewald, H. W. (1960) On the therapeutic action of psychoanalysis. International Journal of Psycho-Analysis, 41, 16-33.
- Loewald, H. W. (1962) Internalization, separation, mourning and the super-ego. Psychoanalytical Quarterly, 31,483-504.

- Loewald, H. W. (1973) On internalization. International Journal of Psycho-Analysis, 54, 9-17.
- Lorand, S. (1946) Termination. In Technique of psychoanalytic therapy. New York: International Universities Press.
- Lowenberg, P. (1988a) An historical, biographical, literary, and clinical consideration of Freud's "Analysis terminable and interminable" on its fiftieth birthday. International Journal of Psycho-Analysis, 69, 273-281.
- Lowenberg, P. (1988b) Analysis terminable and interminable. Partisan Review, 40, 86-96.
- Macalpine, I. (1950) The development of the transference. Psychoanalytical Quarterly, 19, 501-539.
- Mack Brunswick, R. (1928) A supplement to Freud's "History of an infantile neurosis". International Journal of Psycho-Analysis, 9, 439-476.
- MacLeod, R. B. (1964) Phenomenology: A challenge to experimental psychology. In (Ed.) T. W. Wann Behaviorism and phenomenology. Chicago: University of Chicago Press.
- Mahler, M. S. (1968) On human symbiosis and the vicissitudes of individuation. Vol. 1: Infantile psychosis. New York: International Universities Press.
- Mahler, M. S. (1972) On the first three subphases of the separation-individuation process. International Journal of Psycho-Analysis, 53, 333-338.
- Maholick, L. T. & Turner, D. W. (1979) Termination: That difficult farewell. American Journal of Psychotherapy, 33, 583-592.
- Mahony, P. J. (1989) On defining Freud's discourse New Haven and London: Yale University Press.
- Malan, D. (1976) The frontier of brief psychotherapy. London: Plenum.
- Malcolm, J. (1981) Psychoanalysis: The impossible profession. New York: Knopf.
- Mann, J. (1973) Time-limited psychotherapy. Cambridge: Harvard University Press.
- Marmor, J. (1979) Short-term dynamic psychotherapy. American Journal of Psychiatry, 136, 149-55.

- Martin, P. (1964) Psychoanalytic aspects of that type of communication termed "small talk". Journal of the American psychoanalytic Association, 12, 392-400.
- Masler, E. G. (1973) The subjective perception of two aspects of time: Duration and timelessness. International Journal of Psycho-Analysis, 54,425-429.
- Merleau-Ponty, M. (1962) Phenomenology of perception. London: Routledge, & Kegan Paul.
- Meyerhoff, H. (1967) Time in literature. Berkeley, California: University of California Press.
- Miller, I. (1965) On the return of symptoms in the terminal phase of psychoanalysis. International Journal of Psycho-Analysis, 46, 487-501.
- Miller, A. (1995) The drama of being a child. London: Virago Press Limited.
- Milner, M. (1950) A note on the ending of an analysis. International Journal of Psycho-Analysis, 31, 191-93.
- Mohanty, J. N. (1989) Transcendental phenomenology. Oxford: Basil Blackwell.
- Nacht, S. (1954) Collogue sur les criteres de la fin du traitement psychoanalytique. Rev. Fran. Psychoanal. 18, 328-335. In S. K. Firestein Termination in psychoanalysis. 1978. New York: International Universities Press.
- Nacht, S. (1957) Technical remarks on the handling of the transference neurosis. International Journal of Psycho-Analysis, 38, 196-203.
- Nacht, S. (1965) Criteria and technique for the termination of analysis. International Journal of Psycho-Analysis, 46, 107-116.
- Novick, J. (1982) Termination: Themes and issues. Psychoanalytical Inquiry, 2, 329-365.
- Nunberg, H. (1954) Evaluation of the results of psychoanalytic treatment. International Journal of Psycho-Analysis, 35,2-7.
- Ogden, T. H. (1979) On projective identification. International Journal of Psycho-Analysis, 60, 357-373.
- Ogden, T. H. (1985) On potential space. International Journal of Psycho-Analysis, 66, 129-141.

- Orens, M. (1955) Setting a termination date, an impetus to analysis. Journal of the American Psychoanalytical Association, 3,651-665.
- Panel (1963) On analysis terminable and interminable twenty-five years later, A. Pfeffer, reporter. Journal of the American Psychoanalytical Association, 11,229-244.
- Panel (1965) Limitations of psychoanalysis. P. Gray, reporter. Journal of the American Psychoanalytical Association, 13,181-190.
- Panel (1969) Problems of termination in the analysis of adults. S. K Firestein, reporter. Journal of the American Psychoanalytical Association, 17, 222-237.
- Panel (1973) On the fate of the transference after the termination of analysis. H. Hurn, reporter. Journal of the American Psychoanalytical Association, 21, 182-92.
- Panel (1974) The fate of the transference neurosis after analysis. A. Balkoura, reporter. Journal of the American Psychoanalytical Association, 22, 895-903.
- Panel (1975) Termination: problems and techniques. W. Robbins, reporter. Journal of the American Psychoanalytical Association, 23, 166-176.
- Parkes, C. M. (1987) Bereavement: Studies of grief in adult life. Harmondsworth: Penguin Books.
- Payne, S. (1950) Short communication on criteria for terminating analysis. International Journal of Psycho-Analysis, 31,205.
- Pedder, J. R. (1985) Loss and internalisation. British Journal of Psychotherapy, Vol. 1, (3), 164- 169.
- Pedder, J. R. (1988) Termination reconsidered. International Journal of Psycho-Analysis, 69, 495-505.
- Pfeffer, A. Z. (1963a) Reporter, see Panel.
- Pfeffer, A. Z. (1963b) The meaning of the analyst after analysis. Journal of the American Psychoanalytical Association, 7, 229-244.
- Quinodoz, J-M. (1993) The taming of solitude: Separation anxiety in psychoanalysis London and New York: Routledge

- Rank, O. (1924) The trauma of birth. London: Kegan Paul, 1929.
- Reich, A. (1950) On the termination of analysis. International Journal of Psycho-Analysis, 31, 179-83.
- Rickman, J. (1950) On the criteria for the termination of an analysis. International Journal of Psycho-Analysis, 31, 200-1.
- Ricoeur, P. (1970) Freud and philosophy: An essay on interpretation. New Haven: Yale University Press.
- Ricoeur, P. (1980) Narrative time. In Critical Inquiry, Vol, 7, No. 1, 169-190.
- Robbins, W. (1975) Reporter, see Panel.
- Romm, S. (1983) The unwelcome intruder: Freud's struggle with cancer. New York: Praeger Publishers.
- Rosenfeld, D. (1987) Freud: An imaginary dialogue. International Psychoanalytical Association educational Monographs, No1, 171-193.
- Roustang, F. (1982) Dire mastery. Baltimore: John Hopkins University Press.
- Rycroft, C. (1968) A critical dictionary of psychoanalysis. London: Penguin 1972.
- Rycroft, C. (1985) Psychoanalysis and beyond. London: Hogarth.
- Sandler, J. (1987) (Ed.) On Freud's "Analysis terminable and interminable". International Psychoanalytic Association Educational Monographs, No. 1 Madison C.T.: International Universities Press.
- Sardello, R. (1975) Hermeneutical reading: An approach to the classic texts of psychology. In A. Giorgi, C. Fisher, E. Murray (Eds.) Duquesne Studies in Phenomenological Psychology, Vol. II, (pp. 273-280). Pittsburgh: Duquesne University Press.
- Saul, L. (1958) Progression and termination of the analysis. In Technique and practice of analysis (pp. 224-31). Philadelphia: Lippincott.
- Schachter, J. (1990) Post-termination patient-analyst contact: I. Analyst's attitudes and experience; II Impact on patients. International Journal of Psycho-Analysis, 71, 475-486.
- Schachter, J. (1992) Concepts of termination and post-termination patient-analyst

- contact. International Journal of Psycho-Analysis, 73, 137-154.
- Schafer, R. (1973) The termination of brief psychoanalytic psychotherapy. International Journal of Psychoanalytic Psychotherapy, 2, 135-48.
- Schafer, R. (1980) Narration in the psychoanalytic dialogue. Critical Inquiry, Vol. 7, No. 1. 29-53.
- Schilder, P. (1936) Psychopathology of time. Journal of nervous mental Disorders, 83, 530-546.
- Searles, H. (1976) Transitional phenomena and therapeutic symbiosis. International Journal of Psychoanalytic Psychotherapy, 5, 145-203.
- Sherwood, M. (1969) The language of explanation in psychoanalysis. New York: Academic Press.
- Siegel, B. L. (1982) Some thoughts on "Some thoughts on termination" by Leo Rangell. Psychoanalytic Inquirer, 2, 393-398.
- Sifneos, P. (1972) Short-term psychotherapy and emotional crisis. Cambridge: Harvard University Press.
- Silverman, J. S. (1971) Termination of analysis : Graduation-initiation rite and mythopoetic aspects (pp. 288-305). In The unconscious today. M. Kanzer (Ed.) New York: International Universities Press.
- Smith, D. L. (1975) Freud's metapsychology: The psychoanalytic construction of reality. In Duquesne Studies in Phenomenological Psychology, Vol. II, (pp.60-234).
- Steele, R. S. (1979) Psychoanalysis and hermeneutics. International Review of Psychoanalysis, 6, 389-411.
- Steele, R. S. (1982) Freud and Jung, conflicts of interpretation. London: Routledge & Kegan Paul.
- Steiner, J. (1993) Chapter 5. The recovery of parts of the self lost in projective identification: The role of mourning. In Psychic retreats: Pathological organizations in psychotic, neurotic and borderline patients. (pp. 54-63). London: Routledge.
- Stolorow, R. D. (1992) Closing the gap between theory and practice with better psychoanalytic theory. Psychotherapy, Vol. 29, No. 2, 159-166.

- Stolorow, R., Brandchaft, B. & Attwood, G. (1987) Psychoanalytic treatment: An intersubjective approach. Hillsdale, NJ: Analytic Press.
- Stone, L. (1961) The psychoanalytic situation. New York: International Universities Press.
- Stones, C. R. (1988) Research: Toward a phenomenological praxis. In D. Kruger An introduction to phenomenological psychology. Juta & Co. Limited. Cape Town.
- Strachey, J. (1940/1938) Introduction. In Outline of psycho-analysis. Standard Edition, 23, 141-207.
- Strachey, J. (1963) Sigmund Freud, a sketch of his life and ideas. In Introductory lectures on psychoanalysis, Vol. 1, (pp.11-24). London: Pelican Books.
- Strauss, R. (1964) The archetype of separation. In The archetype. (pp.104-112). New York: Klarger.
- Symposium (1937) The theory of the therapeutic results of psychoanalysis. International Journal of Psycho-Analysis, 18, 125-188.
- Symposium (1948) On the evaluation of therapeutic results. International Journal of Psycho-Analysis, 29, 7-33.
- Symposium (1950) On the criteria for the termination of an analysis. International Journal of Psycho-Analysis, 31, 78-80, 179-205.
- Szasz, T. (1971) The ethics of psychoanalysis. 1965. (Ed.) Gredos. In L. Grinberg, The closing phase of the psychoanalytic treatment of adults and the goals of psychoanalysis "the search for truth about one's self". International Journal of Psycho-Analysis 61, 25-37.
- Tellenbach, H. (1968) Geschmack und atmosphere. Median menschlichen Elementarkontaktes. Salzburg. In A. J. J. De Koning & F. A. Jenner (Eds.) Phenomenology and psychiatry. London: Academic Press Inc.
- Tellenbach, H. (1978) Das "Zwischen" und die Rolle (zur Konditionsanalyse endogener Psychosen). Z. f. Klin. Psych. Psychother. 26/2, 142. In A. J. J. De Koning & F. A. Jenner (Eds.) Phenomenology and psychiatry. London: Academic Press Inc.
- Tellenbach, H. (1981) Tasting and smelling - taste and atmosphere - atmosphere

- and trust. Journal of Phenomenological Psychology, Vol. 12, No. 2, 221-230.
- Tellenbach, H. (1984) Cultivated senses - prerequisite of a successful existence. In D. Kruger (Ed.) The changing reality of modern man. Essays in honor of J. H. van den Berg. Cape Town: Juta & Co.
- Thompson, A. E. (1991) Freud's Pessimism, the death instinct, and the theme of disintegration in "Analysis terminable and interminable". International Review of Psycho-Analysis, 18, 165-179.
- Ticho, Ernst, A. (1972) Termination of psychoanalysis: Treatment goals, life goals. Psychoanalytic Quarterly, 41, 315-33.
- Ticho, Gertrude, R. (1967) On self-analysis. International Journal of Psycho-Analysis, 48, 308-318.
- van den Berg, J. H. (1972) A different existence. Pittsburgh: Duquesne University Press.
- Viderman, S. (1979) The analytic space: Meaning and problems. Psychoanalytic Quarterly, 48, 257-291.
- Waelder, R. (1960) Basic theory of psychoanalysis. New York: Schocken Books.
- Weigert, E. (1952) Contribution to the problem of terminating psychoanalysis. Psychoanalytic Quarterly, 21, 465-480.
- Welt, S. R. & Herron, W. G. (1990) Narcissism and the psychotherapist. New York: The Guilford Press.
- Wertz, T. J. (1985) Method and findings in a phenomenological study of a complex life event. In A. Giorgi (Ed.) Phenomenology and psychological research. Pittsburgh: Duquesne University Press.
- Wheelwright, J. B. (1982) Termination. In M. Stein (Ed.) Jungian analysis. (pp. 111-119).
- White, H. (1980) The value of narrativity in the representation of reality. Critical Inquiry, Vol. &, No. 1, 5-27.
- Winnicott, D. W. (1947) Hate in the countertransference. International Journal of Psycho-Analysis, 30, 102-110.

- Winnicott, D. W. (1951) Transitional objects and transitional phenomena. In Playing and reality. 1971. (pp. 1-25). New York: Basic Books.
- Winnicott, D. W. (1953) Transitional objects and transitional phenomena. In Collected papers: Through paediatrics to psycho-analysis. 1958. London: Tavistock.
- Winnicott, D. W. (1955) Metapsychological and clinical aspects of regression within the psycho-analytical set-up. In Collected papers: Through paediatrics to psycho-analysis. 1958. London: Tavistock.
- Winnicott, D. W. (1963) The development for the capacity for concern. In The maturational processes and the facilitating environment. 1965. New York: International Universities Press.
- Winnicott, D. W. (1971) Playing and reality. New York: Basic Books.
- Wolberg, L. R. (1977) The technique of psychotherapy. (3rd ed. ). New York: Grune & Stratton.
- Wolfman (1971) The Wolfman. M. Gardiner (Ed.). New York: Basic Books.
- Zetzel, E. R. (1965) The theory of therapy in relation to a developmental model of the psychic apparatus. International Journal of Psycho-Analysis, 46, 39-52.
- Zimmerman, D. & Mostardiero, A. (1987) On teaching Freud's "Analysis terminable and interminable". International Psychoanalytical Association Educational Monographs, No 1. 89-109.